

Clover Health

2021

Comprehensive

Formulary

List of Covered Drugs

Y0129_20MX038B_00021187 Comprehensive Formulary Version 16_C



**Please read: this document contains information
about the drugs covered in your plan.**

This formulary was updated on 09/21/2021. For more recent information or other questions, please contact Clover at 1-888-778-1478 (TTY 711), 8 am–8 pm local time, 7 days a week, or visit cloverhealth.com/medicines. Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Clover Health. When it refers to “plan” or “our plan,” it means Clover Health.

This document includes list of the drugs (formulary) for our plan which is current as of 09/21/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the Clover Health Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Clover Health may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clover Health’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30 day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Clover Health's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/21/2021. To get updated information about the drugs covered by Clover Health please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formulary search tool posted on our website will be updated monthly and the printed formularies will be updated quarterly.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR. If you know

what your drug is used for, look for the category name in the list that begins on page number 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 8. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization restriction, step therapy restriction, prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Clover Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Clover Health's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Clover Health does not cover your drug, you have two options:

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

How do I request an exception to the Clover Health's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Clover Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Clover Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, [the lower cost-sharing drug] or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a treatment setting change, such as being admitted to or discharged from a Long-Term Care (LTC) facility, you will be provided access to a refill upon admission or discharge. Clover Health will not use early refill edits to limit appropriate and necessary access to your Part D Benefit. A temporary supply may be provided at your network pharmacy if the prescription claim submitted shows your treatment setting, or Level of Care, has changed. Otherwise, the pharmacy will call our Pharmacy Help Desk in order to obtain an override to submit a Level of Care temporary supply request.

Our Transition Fill Policy is available on Clover Health's website, www.cloverhealth.com/medicines.

For more information

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

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

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

Clover Health's Formulary

The formulary below provides coverage information about the drugs covered by Clover Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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

The information in the Requirements/Limits column tells you if Clover Health has any special requirements for coverage of your drug.

The following abbreviations are used:

B/D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or contact Clover Health Member Services, at 1-888-778-1478 or, for TTY users, 711. Hours are 8 am-8pm, local time, 7 days a week. From April 1 through September 30, alternate technologies (for example voicemail) will be used on weekends and holidays, or visit www.cloverhealth.com.

NM: Not Available at our mail-order pharmacies.

PA: Prior Authorization.

QL: Drug has quantity limit.

ST: Step therapy required.

Drug tier copay levels

Clover Health's 2021 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides. Copay amounts and coinsurance percentages for each tier vary by plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier:	Type of drug:
Tier 1	Preferred Generic drugs
Tier 2	Generic drugs
Tier 3	Preferred Brand drugs
Tier 4	Non-Preferred drugs
Tier 5	Specialty drugs

Clover Health, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

CH_CY21_5T_GS_CORE eff 10/01/2021

Drug Name	Drug Tier	Requirements/Limits
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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	
ULORIC TABS 40mg, 80mg	3	PA

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, 500mg	2	
<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, 500mg	2	
<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, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg	4	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	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 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</i> 2.5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	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	5	
<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 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	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 / 365 days)
<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	3	
<i>metronidazole</i> TABS 250mg, 500mg	2	
<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	5	
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	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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 HYDROCHLORIDE SOLR 250mg	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>	5	
<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	
<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)
<i>nystatin TABS 500000unit</i>	2	
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days)
<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
<i>voriconazole TABS 200mg</i>	4	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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 TABS 250mg, 500mg</i>	3	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl TABS 250mg</i>	3	
<i>primaquine phosphate TABS 26.3mg</i>	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate CAPS 324mg</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate SOLN 20mg/ml</i>	4	
<i>abacavir sulfate TABS 300mg</i>	3	
APTIVUS CAPS 250mg; SOLN 100mg/ml	5	
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	4	
CRIXIVAN CAPS 200mg, 400mg	4	
EDURANT TABS 25mg	5	
<i>efavirenz CAPS 50mg, 200mg; TABS 600mg</i>	4	
<i>emtricitabine CAPS 200mg</i>	3	
EMTRIVA SOLN 10mg/ml	3	
<i>etravirine TABS 100mg, 200mg</i>	5	
<i>fosamprenavir calcium TABS 700mg</i>	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INTELENCE TABS 100mg, 200mg	5	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine SOLN 10mg/ml; TABS 150mg, 300mg</i>	3	
LEXIVA SUSP 50mg/ml	4	
<i>nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg</i>	4	
<i>nevirapine TABS 200mg</i>	3	
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)
REYATAZ PACK 50mg	5	

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	4	
<i>tenofovir disoproxil fumarate</i> 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	4	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	
<i>zidovudine</i> TABS 300mg	3	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	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	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	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
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<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
TRECATOR 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

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<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/0.5ml, 180mcg/ml	5	NM, 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; 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	
CEFACLOR 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, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	

Drug Name	Drug Tier	Requirements/Limits
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	4	
clarithromycin TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
ery-tab TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythrocin stearate TABS 250mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 100mg	4	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	4	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate chew tab 200- 28.5 mg	4	
amoxicillin & k clavulanate chew tab 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>	4	
<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</i>	4	
<i>oxacillin sodium SOLR 10gm</i>	5	
<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>	5	
<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>	5	
<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
<i>doxorubicin hcl SOLN 2mg/ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>ALIMTA</i> SOLR 100mg, 500mg	5	B/D
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> 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
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
<i>ONUREG</i> TABS 200mg, 300mg	5	NM, LA, PA
<i>PURIXAN</i> SUSP 2000mg/100ml	5	NM
<i>TABLOID</i> TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
<i>EMCYT</i> CAPS 140mg	4	
<i>ERLEADA</i> 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
<i>LUPRON DEPOT (1-MONTH)</i> KIT 3.75mg	5	NM, PA
<i>LUPRON DEPOT (3-MONTH)</i> KIT 11.25mg	5	NM, PA
<i>LYSODREN</i> TABS 500mg	5	
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
<i>NUBEQA</i> TABS 300mg	5	NM, LA, PA
<i>ORGOVYX</i> TABS 120mg	5	NM, LA, PA
<i>SOLTAMOX</i> SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
<i>TRELSTAR MIXJECT</i> SUSR 3.75mg, 11.25mg	5	NM, PA
<i>XTANDI</i> CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA
<i>ZYTIGA</i> TABS 500mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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, 20mg, 25mg	5	QL (28 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		
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
INQOVI TAB 35-100MG	5	NM, LA, PA
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	NM, PA
KISQALI 400 PAK FEMARA	5	NM, PA
KISQALI 600 PAK FEMARA	5	NM, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> 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
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	3	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
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

Drug Name	Drug Tier	Requirements/Limits
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	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
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, 15mg	5	QL (60 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS 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 (56 caps / 28 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg	5	QL (112 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 280mg	5	QL (56 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 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 TBPK 200mg	5	NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NM, LA, PA
LENVIMA CAP 14 MG	5	NM, LA, PA
LENVIMA CAP 18 MG	5	NM, LA, PA
LENVIMA CAP 24 MG	5	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

Drug Name	Drug Tier	Requirements/Limits
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	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	NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA
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
SUTENT 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 .25mg, 1mg	5	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

Drug Name	Drug Tier	Requirements/Limits
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	NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
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	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

Drug Name	Drug Tier	Requirements/Limits
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 COMPACT PLUS TEST STRIP	0	B
ACCU-CHEK TEST STRIP	0	B
ONE TOUCH VERIO TEST STRIP	0	B
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)
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 10mg</i>	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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	

ANTILIPEMICS, FIBRATES

ANTARA CAPS 30mg, 90mg	4	
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<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)

Drug Name	Drug Tier	Requirements/Limits
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)
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	NM, LA, PA
<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	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50- 25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> 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)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<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	

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

MISCELLANEOUS

<i>ADRENALIN</i> SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>digitek TABS .125mg, .25mg</i>	2	QL (30 tabs / 30 days)
<i>digox TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>methyldopa TABS 250mg, 500mg</i>	2	PA; PA if 70 years and older
<i>metyrosine CAPS 250mg</i>	5	PA
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>NORTHERA CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, LA, PA
<i>NORTHERA CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine TB12 500mg, 1000mg</i>	3	
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide dinitrate TABS 40mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<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	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	
<i>nitroglycerin</i> PT24 .1mg/hr, .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
<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>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	3	
<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)
BANZEL TABS 200mg, 400mg	5	PA
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

Drug Name	Drug Tier	Requirements/Limits
<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, 500mg; PACK 250mg, 500mg	5	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; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
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

Drug Name	Drug Tier	Requirements/Limits
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)
<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</i> in sodium chloride iv soln 500 mg/100ml	4	
<i>levetiracetam</i> in sodium chloride iv soln 1000 mg/100ml	4	
<i>levetiracetam</i> in sodium chloride iv soln 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
PEGANONE TABS 250mg	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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; TABS 200mg, 400mg	5	PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	
<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	3	
<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 50-200MG	5	QL (56 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
zonisamide CAPS 25mg, 50mg, 100mg	2	

ANTIDEMENTIA

donepezil hydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg, 23mg	1	
donepezil hydrochloride TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
memantine hcl TABS 5mg, 10mg	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	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg	4	QL (90 caps / 30 days)
rivastigmine tartrate CAPS 4.5mg, 6mg	4	QL (60 caps / 30 days)

ANTIDEPRESSANTS

amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
bupropion hcl TABS 75mg, 100mg; TB24 150mg, 300mg	3	
bupropion hcl TB12 100mg, 150mg, 200mg	2	
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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)
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
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> SYRP 50mg/5ml	2	
<i>amantadine hcl</i> TABS 100mg	3	
APOKYN SOCT 30mg/3ml	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	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	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<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	4	
<i>selegiline hcl</i> 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; SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	5	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	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 injection / 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)
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	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	5	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
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
<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	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	5	QL (1 injection / 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 injection / 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
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
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	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	
<i>frovatriptan succinate</i> TABS 2.5mg	4	QL (18 tabs / 30 days)
<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 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 inhalers / 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)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, 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	
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	3	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
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<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	PA
CHANTIX CONTINUING MONTH TABS 1mg	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
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 RECEIVER	0	B
DEXCOM G6 SENSOR	0	B
DEXCOM G6 TRANSMITTER	0	B
FREESTYLE LIBRE 2/READER/	0	B
FREESTYLE LIBRE 2/SENSOR/	0	B
FREESTYLE LIBRE 14 DAY/RE	0	B
FREESTYLE LIBRE 14 DAY/SE	0	B
FREESTYLE LIBRE/READER/FL	0	B
FREESTYLE LIBRE/SENSOR/FL	0	B

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, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYDUREON PEN PEN 2mg	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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	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</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
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	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD KIT STARTER	4	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	4	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
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)

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
<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 injection / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	4	
TYMLOS SOPN 3120mcg/1.56ml	5	NM, PA
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	
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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	5	NM, PA
EXJADE TBSO 125mg, 250mg, 500mg	5	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i> <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>	3	
<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	
<i>blisovi fe 1.5/30</i>	2	
<i>brielllyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>caziant</i>	3	
<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</i> TABS .35mg	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	

Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<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>gianvi</i>	3	
<i>hailey 1.5/30</i>	3	
<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	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<i>loestrin 1/20-21</i>	3	
<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>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel</i> 0.5/35 (28)	3	
<i>nortrel</i> 1/35 (21)	2	
<i>nortrel</i> 1/35 (28)	2	
<i>nortrel</i> 7/7/7	2	
<i>nylia</i> 7/7/7	2	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella</i> 1/35	2	
<i>portia</i> -28	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	3	
<i>sprintec</i> 28	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina</i> fe 1/20 eq	2	
<i>tilia</i> fe	3	
<i>tri-estarylla</i>	2	
<i>tri-legest</i> fe	3	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	3	
<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</i> lo	3	
<i>trivora</i> -28	2	
<i>tulana</i> TABS .35mg	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35e</i>	3	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN 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	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lopreeza</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	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS 25mg	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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; TABS 330mg	4	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
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	NM, PA
OSPHENA TABS 60mg	3	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
STIMATE SOLN 1.5mg/ml	5	NM
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	4	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	1	
<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	2	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<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	2	
<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	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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)
EMEND SUSR 125mg/5ml	4	B/D
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	3	
<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, 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	
<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
SANCUSO PTCH 3.1mg/24hr	5	QL (4 patches / 28 days)
<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; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<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 20 mg/50ml</i>	3	
<i>nizatidine</i> CAPS 150mg, 300mg	3	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	
<i>budesonide</i> TB24 9mg	5	
<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	
KRISTALOSE PACK 10gm, 20gm	4	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
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</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	4	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	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

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	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</i> TABS 1gm	3	
TRULANCE TABS 3mg	4	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
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	

PROTON PUMP INHIBITORS

DEXILANT CPDR 30mg, 60mg	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	4	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	2	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	4	
<i>solifenacin succinate</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>trosipium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<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	
FRAGMIN SOLN 2500unit/0.2ml	4	
FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) SOLN</i> 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	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 TABS</i> 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 TABS</i> 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 CAPS</i> .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol TABS</i> 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
FIRAZYR SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, 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 SOLN</i> 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline TBCR</i> 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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>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, 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 injections / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 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

Drug Name	Drug Tier	Requirements/Limits
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 / year), 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 (1 vial / 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)

<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
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

Drug Name	Drug Tier	Requirements/Limits
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 10mu, 18mu, 50mu	5	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	5	NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg	5	B/D
everolimus (immunosuppressant) TABS .25mg	4	B/D
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN 1mg/ml; TABS 2mg	5	B/D
sirolimus TABS .5mg, 1mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	3	B/D
ZORTRESS TABS 1mg	5	B/D

Drug Name	Drug Tier	Requirements/Limits
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
ENGRIX-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	
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	
ZOSTAVAX SUSR 19400unt/0.65ml	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3	
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Drug Name	Drug Tier	Requirements/Limits
D5W/LYTES INJ #48	4	
D5W/NACL INJ 0.3%	3	
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 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	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	
<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/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<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	
POT CHL/NACL INJ 20MEQ/L	3	
POT CHL/NACL INJ 40MEQ/L	3	
<i>potassium chloride SOLN 2meq/ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	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

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	4	
<i>klor-con 8</i> TBCR 8meq	2	
<i>klor-con 10</i> TBCR 10meq	2	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
PNV FOLIC AC TAB + IRON	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	2	
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	2	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	3	
<i>tobramycin (ophth)</i> SOLN .3%	2	
<i>trifluridine</i> SOLN 1%	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .09%	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<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%, .2%	3	
PAZEO SOLN .7%	3	
ZERViate SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
AZOPT SUSP 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%	3	
<i>brinzolamide</i> SUSP 1%	3	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	

Drug Name	Drug Tier	Requirements/Limits
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	
TRAVATAN Z SOLN .004%	4	
<i>travoprost</i> SOLN .004%	2	
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	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

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</i> 0.5-2.5(3) mg/3ml	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)
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Drug Name	Drug Tier	Requirements/Limits
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>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<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 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	5	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)
PERFOROMIST NEBU 20mcg/2ml	5	B/D
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	2	
<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 1mg/ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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	
<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)
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)

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

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 20mg, 30mg, 40mg	4	PA
<i>amnesteem</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	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	3	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	
<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	
<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	
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
<i>SULFAMYLON</i> CREA 85mg/gm	4	

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	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	3	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	
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	3	
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%	3	
<i>betamethasone dipropionate augmented</i> LOTN .05%; OINT .05%	4	
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	3	
<i>calcipotriene-betamethasone dipropionate</i> <i>susp</i> 0.005-0.064%	5	QL (400 gm / 28 days), PA
<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)
<i>desonide</i> OINT .05%	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%, .025%; OINT .025%	3	
<i>fluocinolone acetonide</i> OIL .01%	4	
<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%	3	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
TACLONEX OIN	5	QL (400 gm / 28 days), PA
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm	4	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triderm</i> CREA .5%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	3	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%	3	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%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%; LOTN .75%	4	
<i>metronidazole (topical)</i> GEL .75%	3	
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
PICATO GEL .05%	4	QL (2 tubes / 30 days)
PICATO GEL .015%	4	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN .5%	3	
<i>procto-med hc</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	4	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
TARGETIN 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	
<i>permethrin</i> CREA 5%	3	

DERMATOLOGY, WOUND CARE AGENTS

REGTRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<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	2	
<i>paroex</i> SOLN .12%	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	4	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Drug Name	Drug Tier	Requirements/Limits
OTIC		
<i>acetic acid (otic) SOLN 2%</i>	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
<i>flac OIL .01%</i>	4	
<i>fluocinolone acetonide (otic) OIL .01%</i>	4	
<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) SOLN .3%</i>	4	

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	42
<i>abiraterone acetate</i>	20
ABRAXANE INJ 100MG.....	21
<i>acamprosate calcium</i>	48
<i>acarbose</i>	49
ACCU-CHEK COMPACT PLUS TEST STRIP.....	26
ACCU-CHEK TEST STRIP	26
<i>accutane</i>	78
<i>acebutolol hcl</i>	31
<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>	64
<i>acetic acid (otic)</i>	82
<i>acetylcysteine</i>	76
<i>acitretin</i>	79
ACTHIB INJ.....	69
ACTIMMUNE.....	68
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
ADACEL INJ	69
<i>adefovir dipivoxil</i>	15
ADEMPAS	35
ADRENALIN.....	33
<i>adriamycin</i>	19
ADVAIR DISKU AER 100/50.....	77
ADVAIR DISKU AER 250/50.....	77
ADVAIR DISKU AER 500/50.....	77
ADVAIR HFA AER 115/21	77
ADVAIR HFA AER 230/21	77
ADVAIR HFA AER 45/21	77
AFINITOR	21
AFINITOR DISPERZ	21, 22
<i>afirmelle</i>	53
AIMOVIG	46
<i>ala-cort</i>	79
<i>albendazole</i>	10
<i>albuterol sulfate</i>	75
<i>alclometasone dipropionate</i>	79
ALDURAZYME.....	58
ALECENSA.....	22
<i>alendronate sodium</i>	52
<i>alfuzosin hcl</i>	63
ALIMTA	20
<i>aliskiren fumarate</i>	33
<i>allopurinol</i>	8
<i>alosetron hcl</i>	62
ALPHAGAN P.....	73
<i>alprazolam</i>	35
ALREX.....	73
<i>altavera</i>	53
ALTOPREV	30
ALUNBRIG	22
ALUNBRIG PAK.....	22
<i>alyacen 1/35</i>	53
<i>alyacen 7/7/7</i>	53
<i>amabelz</i>	57
<i>amantadine hcl</i>	41
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%.....	71
<i>amiodarone hcl</i>	29
<i>amitriptyline hcl</i>	39
<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

*amlodipine besylate-atorvastatin
 calcium tab 2.5-10 mg33*
*amlodipine besylate-atorvastatin
 calcium tab 2.5-20 mg33*
*amlodipine besylate-atorvastatin
 calcium tab 2.5-40 mg33*
*amlodipine besylate-atorvastatin
 calcium tab 5-10 mg33*
*amlodipine besylate-atorvastatin
 calcium tab 5-20 mg34*
*amlodipine besylate-atorvastatin
 calcium tab 5-40 mg34*
*amlodipine besylate-atorvastatin
 calcium tab 5-80 mg34*
*amlodipine besylate-benazepril hcl cap
 10-20 mg26*
*amlodipine besylate-benazepril hcl cap
 10-40 mg26*
*amlodipine besylate-benazepril hcl cap
 2.5-10 mg.....26*
*amlodipine besylate-benazepril hcl cap
 5-10 mg26*
*amlodipine besylate-benazepril hcl cap
 5-20 mg26*
*amlodipine besylate-benazepril hcl cap
 5-40 mg26*
*amlodipine besylate-olmesartan
 medoxomil tab 10-20 mg27*
*amlodipine besylate-olmesartan
 medoxomil tab 10-40 mg27*
*amlodipine besylate-olmesartan
 medoxomil tab 5-20 mg27*
*amlodipine besylate-olmesartan
 medoxomil tab 5-40 mg27*
*amlodipine besylate-valsartan tab 10-
 160 mg28*
*amlodipine besylate-valsartan tab 10-
 320 mg28*
*amlodipine besylate-valsartan tab 5-
 160 mg27*
*amlodipine besylate-valsartan tab 5-
 320 mg28*
*amlodipine-valsartan-
 hydrochlorothiazide tab 10-160-12.5
 mg28*

*amlodipine-valsartan-
 hydrochlorothiazide tab 10-160-25
 mg 28*
*amlodipine-valsartan-
 hydrochlorothiazide tab 10-320-25
 mg 28*
*amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-12.5
 mg 28*
*amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-25 mg
 28*
amnesteem 78
amoxapine 39
amoxicillin 17
*amoxicillin & k clavulanate chew tab
 200-28.5 mg 17*
*amoxicillin & k clavulanate chew tab
 400-57 mg..... 17*
*amoxicillin & k clavulanate for susp
 200-28.5 mg/5ml 18*
*amoxicillin & k clavulanate for susp
 250-62.5 mg/5ml 18*
*amoxicillin & k clavulanate for susp
 400-57 mg/5ml 18*
*amoxicillin & k clavulanate for susp
 600-42.9 mg/5ml 18*
*amoxicillin & k clavulanate tab 250-125
 mg 18*
*amoxicillin & k clavulanate tab 500-125
 mg 18*
*amoxicillin & k clavulanate tab 875-125
 mg 18*
*amoxicillin & k clavulanate tab er 12hr
 1000-62.5 mg 18*
*amoxicillin cap-clarithro tab-lansopraz
 cap dr therapy pack 62*
*amphetamine-dextroamphetamine cap
 er 24hr 10 mg 44*
*amphetamine-dextroamphetamine cap
 er 24hr 15 mg 44*
*amphetamine-dextroamphetamine cap
 er 24hr 20 mg 44*
*amphetamine-dextroamphetamine cap
 er 24hr 25 mg 44*
*amphetamine-dextroamphetamine cap
 er 24hr 30 mg 44*

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	44
<i>amphetamine-dextroamphetamine tab 10 mg</i>	45
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	45
<i>amphetamine-dextroamphetamine tab 15 mg</i>	45
<i>amphetamine-dextroamphetamine tab 20 mg</i>	45
<i>amphetamine-dextroamphetamine tab 30 mg</i>	45
<i>amphetamine-dextroamphetamine tab 5 mg</i>	44
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	45
<i>amphotericin b</i>	12
<i>ampicillin</i>	18
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	18
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	18
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	18
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	18
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	18
<i>ampicillin sodium</i>	18
<i>anagrelide hcl</i>	65
<i>anastrozole</i>	20
<i>ANDRODERM</i>	49
<i>ANORO ELLIPT AER 62.5-25</i>	74
<i>ANTARA</i>	30
<i>APOKYN</i>	41
<i>aprepitant</i>	61
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	61
<i>apri</i>	53
<i>APTIOM</i>	35
<i>APTIVUS</i>	13
<i>ARALAST NP</i>	76
<i>aranelle</i>	53
<i>ARCALYST</i>	68
<i>arformoterol tartrate</i>	75
<i>aripiprazole</i>	42
<i>ARISTADA</i>	42

<i>ARISTADA INITIO</i>	42
<i>armodafinil</i>	48
<i>ARNUIITY ELLIPTA</i>	77
<i>asenapine maleate</i>	42
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	66
<i>atazanavir sulfate</i>	13
<i>atenolol</i>	31
<i>atenolol & chlorthalidone tab 100-25 mg</i>	31
<i>atenolol & chlorthalidone tab 50-25 mg</i>	31
<i>atomoxetine hcl</i>	45
<i>atorvastatin calcium</i>	30
<i>atovaquone</i>	10
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	13
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	13
<i>ATROPINE SULFATE</i>	74
<i>ATROVENT HFA</i>	74
<i>aubra eq</i>	53
<i>aurovela 1/20</i>	53
<i>aurovela fe 1.5/30</i>	53
<i>aurovela fe 1/20</i>	53
<i>AURYXIA</i>	59
<i>AUSTEDO</i>	47
<i>AVASTIN</i>	22
<i>aviane</i>	53
<i>avita</i>	78
<i>ayuna</i>	53
<i>AYVAKIT</i>	22
<i>azacitidine</i>	20
<i>azathioprine</i>	68
<i>azelaic acid</i>	80
<i>azelastine hcl</i>	75
<i>azelastine hcl (ophth)</i>	73
<i>azithromycin</i>	17
<i>AZOPT</i>	73
<i>aztreonam</i>	10
<i>azurette</i>	53
B	
<i>bacitracin (ophthalmic)</i>	72
<i>bacitracin-polymyxin b ophth oint</i>	72
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	72
<i>baclofen</i>	48

<i>balsalazide disodium</i>	62	<i>bisoprolol & hydrochlorothiazide tab</i>	
BALVERSA	22	2.5-6.25 mg.....	31
<i>balziva</i>	53	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
BANZEL.....	35	6.25 mg	31
BARACLUDE	15	<i>bisoprolol fumarate</i>	31
BASAGLAR KWIKPEN	51	BIVIGAM	67
BCG VACCINE INJ	69	BLEPHAMIDE OIN S.O.P.....	72
BD ALCOHOL SWABS	51	<i>blisovi fe 1.5/30</i>	53
<i>bekyree</i>	53	BOOSTRIX INJ	69
BELSOMRA.....	46	BORTEZOMIB.....	22
<i>benazepril & hydrochlorothiazide tab</i>		<i>bosentan</i>	35
10-12.5 mg.....	26	BOSULIF	22
<i>benazepril & hydrochlorothiazide tab</i>		BRAFTOVI	22
20-12.5 mg.....	26	BREO ELLIPTA INH 100-25.....	78
<i>benazepril & hydrochlorothiazide tab</i>		BREO ELLIPTA INH 200-25.....	78
20-25 mg	26	BREZTRI AERO AER SPHERE	74
BENAZEPRIL &		BREZTRI AERO AER SPHERE	
HYDROCHLOROTHIAZIDE TAB 5-		(INSTITUTIONAL PACK)	74
6.25MG	26	<i>briellyn</i>	53
<i>benazepril hcl</i>	27	BRILINTA	66
BENDEKA.....	19	<i>brimonidine tartrate</i>	73
BENLYSTA	68	<i>brinzolamide</i>	73
<i>benzoyl peroxide-erythromycin gel 5-</i>		BRIVIACT	35
3%	78	<i>bromfenac sodium (ophth)</i>	73
<i>benztropine mesylate</i>	41	<i>bromocriptine mesylate</i>	41
<i>bepotastine besilate</i>	73	BROMSITE.....	73
BEPREVE	73	BROVANA.....	75
BERINERT.....	65	BRUKINSA.....	22
BESIVANCE.....	72	<i>budesonide</i>	62
<i>betamethasone dipropionate (topical)</i>		<i>budesonide (inhalation)</i>	77
.....	79	<i>bumetanide</i>	33
<i>betamethasone dipropionate</i>		<i>buprenorphine hcl</i>	48
<i>augmented</i>	79	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>betamethasone valerate</i>	79	12-3 mg (base equiv).....	48
BETASERON	47	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>betaxolol hcl (ophth)</i>	73	2-0.5 mg (base equiv).....	48
<i>bethanechol chloride</i>	64	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BETOPTIC-S.....	73	4-1 mg (base equiv)	48
BEVESPI AER 9-4.8MCG.....	74	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bexarotene</i>	21	8-2 mg (base equiv)	48
BEXSERO INJ	69	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bicalutamide</i>	20	2-0.5 mg (base equiv).....	48
BICILLIN L-A.....	18	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BIKTARVY TAB	14	8-2 mg (base equiv)	48
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl</i>	39
10-6.25 mg.....	31	<i>bupropion hcl (smoking deterrent)</i> ...	48
		<i>buspirone hcl</i>	35

<i>butorphanol tartrate</i>	9
BYDUREON BCISE.....	49
BYDUREON PEN.....	49
BYETTA	49
BYSTOLIC.....	31

C

<i>cabergoline</i>	58
CABOMETYX.....	22
<i>calcipotriene</i>	79
<i>calcipotriene-betamethasone</i> <i>dipropionate susp 0.005-0.064%</i> ..	79
<i>calcitonin (salmon) spray</i>	52
<i>calcitrene</i>	79
<i>calcitriol</i>	60
<i>calcium acetate (phosphate binder)</i> ..	59
CALQUENCE	22
<i>camila</i>	53
<i>candesartan cilexetil</i>	29
<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.....	42
CAPRELSA	22
<i>captopril</i>	27
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	41
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	41
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	41
CARBAGLU.....	58
<i>carbamazepine</i>	36
<i>carbidopa</i>	41
<i>carbidopa & levodopa tab 10-100 mg</i> 41	
<i>carbidopa & levodopa tab 25-100 mg</i> 41	
<i>carbidopa & levodopa tab 25-250 mg</i> 41	
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	41
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	41

<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	41
<i>carboplatin</i>	19
<i>carteolol hcl (ophth)</i>	73
<i>cartia xt</i>	32
<i>carvedilol</i>	31
<i>caspofungin acetate</i>	12
CAYSTON	10
<i>caziant</i>	53
<i>cefaclor</i>	16
CEFACTOR 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
CERDELGA.....	58
CEREZYME.....	58
<i>cetirizine hcl</i>	75
<i>cevimeline hcl</i>	81
CHANTIX.....	48
CHANTIX CONTINUING MONTH	48
CHANTIX PAK 0.5& 1MG	48
<i>chateal</i>	53
CHEMET	52

<i>chlorhexidine gluconate (mouth-throat)</i>	81
<i>chloroquine phosphate</i>	13
<i>chlorpromazine hcl</i>	42
<i>chlorthalidone</i>	33
<i>cholestyramine</i>	31
<i>cholestyramine light</i>	31
<i>choline fenofibrate</i>	30
<i>ciclopirox olamine</i>	78
<i>cilostazol</i>	65
CILOXAN	72
CIMDUO TAB 300-300	14
<i>cinacalcet hcl</i>	58
CIPRO	17
CIPRO HC SUS OTIC	82
<i>ciprofloxacin 200 mg/100ml in d5w</i>	17
<i>ciprofloxacin 400 mg/200ml in d5w</i>	17
<i>ciprofloxacin hcl</i>	17
<i>ciprofloxacin hcl (ophth)</i>	72
<i>ciprofloxacin-dexamethasone otic susp</i>	
0.3-0.1%	82
<i>cisplatin</i>	19
<i>citalopram hydrobromide</i>	39
<i>claravis</i>	78
<i>clarithromycin</i>	17
<i>clindamycin hcl</i>	10
<i>clindamycin palmitate hydrochloride</i>	10
<i>clindamycin phosphate</i>	10
<i>clindamycin phosphate (topical)</i>	78
<i>clindamycin phosphate in d5w iv soln</i>	
300 mg/50ml	10
<i>clindamycin phosphate in d5w iv soln</i>	
600 mg/50ml	10
<i>clindamycin phosphate in d5w iv soln</i>	
900 mg/50ml	10
<i>clindamycin phosphate vaginal</i>	64
CLINDMYC/NAC INJ 300/50ML	10
CLINDMYC/NAC INJ 600/50ML	10
CLINDMYC/NAC INJ 900/50ML	10
CLINIMIX INJ 4.25/D10	71
CLINIMIX INJ 4.25/D5W	71
CLINIMIX INJ 5%/D15W	71
CLINIMIX INJ 5%/D20W	71
CLINIMIX INJ 6/5	71
CLINIMIX INJ 8/10	71
CLINIMIX INJ 8/14	71
<i>clinisol sf 15%</i>	71

CLINOLIPID EMU 20%	71
<i>clobazam</i>	36
<i>clobetasol propionate</i>	79
<i>clobetasol propionate e</i>	79
<i>clomipramine hcl</i>	39
<i>clonazepam</i>	36
<i>clonidine</i>	34
<i>clonidine hcl</i>	34
<i>clopidogrel bisulfate</i>	66
<i>clorazepate dipotassium</i>	36
<i>clotrimazole</i>	81
<i>clotrimazole (topical)</i>	78
<i>clotrimazole w/ betamethasone cream</i>	
1-0.05%	78
<i>clozapine</i>	42
COARTEM TAB 20-120MG	13
<i>colchicine</i>	8
<i>colchicine w/ probenecid tab 0.5-500</i>	
mg	8
<i>colesevelam hcl</i>	31
<i>colestipol hcl</i>	31
<i>colistimethate sodium</i>	10
COMBIGAN SOL 0.2/0.5%	74
COMBIVENT AER 20-100	74
COMETRIQ (60MG DOSE)	22
COMETRIQ KIT 100MG	22
COMETRIQ KIT 140MG	22
COMPLERA TAB	14
<i>compro</i>	61
<i>constulose</i>	62
COPIKTRA	22
CORLANOR	34
<i>cortisone acetate</i>	57
COTELLIC	22
CREON CAP 12000UNT	63
CREON CAP 24000UNT	63
CREON CAP 3000UNIT	63
CREON CAP 36000UNT	63
CREON CAP 6000UNIT	63
CRIXIVAN	13
<i>cromolyn sodium</i>	76
<i>cromolyn sodium (mastocytosis)</i>	62
<i>cromolyn sodium (ophth)</i>	73
<i>cryselle-28</i>	53
<i>cyclafem 1/35</i>	53
<i>cyclafem 7/7/7</i>	53
<i>cyclobenzaprine hcl</i>	48

<i>cyclophosphamide</i>	19
CYCLOPHOSPHAMIDE	19
<i>cycloserine</i>	15
<i>cyclosporine</i>	68
<i>cyclosporine modified (for microemulsion)</i>	68
<i>cypheptadine hcl</i>	75
<i>cyred eq</i>	53
CYSTADANE POW.....	58
CYSTADROPS	74
CYSTAGON	58
CYSTARAN	74
<i>cytarabine</i>	20
D	
D10W/NACL INJ 0.2%	70
D2.5W/NACL INJ 0.45%	69
D5W/LYTES INJ #48	70
D5W/NACL INJ 0.3%.....	70
<i>dalfampridine</i>	47
DALIRESP	76
<i>danazol</i>	57
<i>dantrolene sodium</i>	48
<i>dapsone</i>	11
DAPTACEL INJ	69
<i>daptomycin</i>	11
DAPTOMYCIN	11
<i>darifenacin hydrobromide</i>	64
<i>dasetta 1/35</i>	53
<i>dasetta 7/7/7</i>	53
DAURISMO	22
<i>deblitane</i>	53
<i>deferisirox</i>	53
DELESTROGEN	57
DELSTRIGO TAB	14
DESCOVY TAB 200/25MG.....	14
<i>desipramine hcl</i>	39
<i>desloratadine</i>	75
<i>desmopressin acetate</i>	58
<i>desmopressin acetate spray</i>	58
<i>desmopressin acetate spray refrigerated</i>	59
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	53
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	53
<i>desonide</i>	79
<i>desvenlafaxine succinate</i>	39

<i>dexamethasone</i>	57
DEXAMETHASONE INTENSOL	57
<i>dexamethasone sodium phosphate</i> ... 58	
<i>dexamethasone sodium phosphate (ophth)</i>	73
DEXCOM G6 RECEIVER.....	49
DEXCOM G6 SENSOR	49
DEXCOM G6 TRANSMITTER.....	49
DEXILANT.....	63
<i>dexmethylphenidate hcl</i>	45
<i>dextrose</i>	71
<i>dextrose 10% w/ sodium chloride 0.45%</i>	70
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	70
<i>dextrose 5% in lactated ringers</i>	70
<i>dextrose 5% w/ sodium chloride 0.2%</i>	70
<i>dextrose 5% w/ sodium chloride 0.3%</i>	70
<i>dextrose 5% w/ sodium chloride 0.45%</i>	70
<i>dextrose 5% w/ sodium chloride 0.9%</i>	70
DIACOMIT	36
<i>diazepam</i>	36
<i>diazepam (anticonvulsant)</i>	36
<i>diazepam inj</i>	36
<i>diazoxide</i>	58
<i>diclofenac potassium</i>	8
<i>diclofenac sodium</i>	8
<i>diclofenac sodium (ophth)</i>	73
<i>diclofenac sodium (topical)</i>	80
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	8
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	8
<i>dicloxacin sodium</i>	18
<i>dicyclomine hcl</i>	61
DIFICID	17
<i>diflunisal</i>	8
<i>digitek</i>	34
<i>digox</i>	34
<i>digoxin</i>	34
<i>dihydroergotamine mesylate</i>	46
DILANTIN	36
DILANTIN INFATABS	36

DILANTIN-125.....	36
<i>diltiazem hcl</i>	32
<i>diltiazem hcl coated beads</i>	32
<i>diltiazem hcl extended release beads</i>	32
<i>dilt-xr</i>	32
DIP/TET PED INJ 25-5LFU	69
<i>diphenhydramine hcl</i>	75
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	62
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	62
<i>dipyridamole</i>	66
<i>disopyramide phosphate</i>	29
<i>disulfiram</i>	48
<i>divalproex sodium</i>	36
<i>docetaxel</i>	21
DOCETAXEL	21
<i>dofetilide</i>	30
<i>donepezil hydrochloride</i>	39
DOPTLET	65
<i>dorzolamide hcl</i>	74
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	74
<i>dotti</i>	57
DOVATO TAB 50-300MG	14
<i>doxazosin mesylate</i>	27
<i>doxepin hcl</i>	40
<i>doxepin hcl (sleep)</i>	46
<i>doxercalciferol</i>	60
<i>doxorubicin hcl</i>	19
<i>doxorubicin hcl liposomal</i>	20
<i>doxy 100</i>	19
<i>doxycycline (monohydrate)</i>	19
<i>doxycycline hyclate</i>	19
DRIZALMA SPRINKLE	40
<i>dronabinol</i>	61
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	53
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	54
DROXIA.....	65
<i>droxidopa</i>	34
<i>duloxetine hcl</i>	40
DUREZOL	73
<i>dutasteride</i>	63
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	63

E	
<i>ec-naproxen</i>	8
EDARBI.....	29
EDARBYCLOR TAB 40-12.5.....	28
EDARBYCLOR TAB 40-25MG.....	28
EDURANT	13
<i>efavirenz</i>	13
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	14
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	14
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	14
<i>elinest</i>	54
ELIQUIS	64
ELIQUIS STARTER PACK	64
ELLA	54
<i>eluryng</i>	54
EMCYT	20
EMEND.....	61
<i>emoquette</i>	54
EMSAM	40
<i>emtricitabine</i>	13
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	14
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	14
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	14
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	14
EMTRIVA	13
EMVERM.....	11
<i>enalapril maleate</i>	27
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	26
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	26
ENBREL.....	66
ENBREL MINI	66
ENBREL SURECLICK.....	66
ENDARI.....	65
<i>endocet tab 10-325mg</i>	9
<i>endocet tab 2.5-325mg</i>	9
<i>endocet tab 5-325mg</i>	9
<i>endocet tab 7.5-325mg</i>	9
ENGERIX-B.....	69

<i>enoxaparin sodium</i>	64
<i>enpresse-28</i>	54
<i>enskyce</i>	54
ENSTILAR AER.....	79
<i>entacapone</i>	41
<i>entecavir</i>	15
ENTRESTO TAB 24-26MG.....	28
ENTRESTO TAB 49-51MG.....	28
ENTRESTO TAB 97-103MG.....	28
<i>enulose</i>	62
EPCLUSA TAB 200-50MG.....	15
EPCLUSA TAB 400-100.....	15
EPIDIOLEX.....	36
<i>epinephrine (anaphylaxis)</i>	76
<i>epirubicin hcl</i>	20
<i>epitol</i>	36
EPIVIR HBV.....	15
<i>eplerenone</i>	27
<i>ergotamine w/ caffeine tab 1-100 mg</i>	46
ERIVEDGE.....	22
ERLEADA.....	20
<i>erlotinib hcl</i>	22
<i>errin</i>	54
<i>ertapenem sodium</i>	11
<i>ery</i>	78
<i>ery-tab</i>	17
ERYTHROCIN LACTOBIONATE.....	17
<i>erythrocine stearate</i>	17
<i>erythromycin (acne aid)</i>	78
<i>erythromycin (ophth)</i>	72
<i>erythromycin base</i>	17
<i>erythromycin ethylsuccinate</i>	17
ESBRIET.....	76
<i>escitalopram oxalate</i>	40
<i>esomeprazole magnesium</i>	63
<i>estarylla</i>	54
<i>estradiol</i>	57
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	57
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	57
<i>estradiol vaginal</i>	57
<i>estradiol valerate</i>	57
<i>ethambutol hcl</i>	15
<i>ethosuximide</i>	36

<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	54
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	54
<i>etodolac</i>	8
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	54
<i>etoposide</i>	21
<i>etravirine</i>	13
<i>euthyrox</i>	60
<i>everolimus</i>	22
<i>everolimus (immunosuppressant)</i>	68
EVOTAZ TAB 300-150.....	14
<i>exemestane</i>	20
EXJADE.....	53
EZALLOR SPRINKLE.....	30
<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	
FABRAZYME.....	59
<i>falmina</i>	54
<i>famciclovir</i>	15
<i>famotidine</i>	61
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	61
FANAPT.....	42
FANAPT PAK.....	42
FARXIGA.....	49
FARYDAK.....	22
FASENRA.....	76
FASENRA PEN.....	76
<i>febuxostat</i>	8
<i>felbamate</i>	36
<i>felodipine</i>	32
<i>femynor</i>	54
<i>fenofibrate</i>	30
<i>fenofibrate micronized</i>	30
<i>fentanyl</i>	8
<i>fentanyl citrate</i>	9
FETZIMA.....	40
FETZIMA CAP TITRATIO.....	40
FIASP FLEX INJ TOUCH.....	51
FIASP INJ 100/ML.....	51
FIASP PENFIL INJ U-100.....	51

FINACEA.....	80
<i>finasteride</i>	63
FINTEPLA.....	36
FIRAZYR.....	65
<i>flac</i>	82
FLAREX	73
FLEBOGAMMA DIF.....	67
<i>flecainide acetate</i>	30
FLOVENT DISKUS	77
FLOVENT HFA.....	77
<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>	58
<i>flunisolide (nasal)</i>	77
<i>fluocinolone acetonide</i>	79
<i>fluocinolone acetonide (otic)</i>	82
<i>fluocinonide</i>	79
<i>fluocinonide emulsified base</i>	80
<i>fluorometholone (ophth)</i>	73
<i>fluorouracil</i>	20
<i>fluorouracil (topical)</i>	80
<i>fluoxetine hcl</i>	40
<i>fluphenazine decanoate</i>	42
<i>fluphenazine elixir</i>	43
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	73
<i>flutamide</i>	20
<i>fluticasone propionate</i>	80
<i>fluticasone propionate (nasal)</i>	77
<i>fluvastatin sodium</i>	30
<i>fluvoxamine maleate</i>	35
<i>fondaparinux sodium</i>	64
<i>formoterol fumarate</i>	75
FORTEO.....	52
FOSAMAX + D TAB 70-2800	52
FOSAMAX + D TAB 70-5600	52
<i>fosamprenavir calcium</i>	13
<i>fosinopril sodium</i>	27
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	26
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	26
FOTIVDA	22

FRAGMIN.....	64
FREAMINE HBC INJ 6.9%.....	71
FREAMINE III INJ 10%	72
FREESTYLE LIBRE 14 DAY/RE	49
FREESTYLE LIBRE 14 DAY/SE	49
FREESTYLE LIBRE 2/READER/	49
FREESTYLE LIBRE 2/SENSOR/	49
FREESTYLE LIBRE/READER/FL	49
FREESTYLE LIBRE/SENSOR/FL.....	49
<i>frovatriptan succinate</i>	46
<i>fulvestrant</i>	20
<i>furosemide</i>	33
<i>furosemide inj</i>	33
FUZEON	13
<i>fyavolv tab 0.5mg-2.5mcg</i>	57
<i>fyavolv tab 1mg-5mcg</i>	57
FYCOMPA	37

G

<i>gabapentin</i>	37
<i>galantamine hydrobromide</i>	39
GAMASTAN INJ	67
GAMMAGARD LIQUID	67
GAMMAGARD S/D IGA LESS TH	67
GAMMAKED	67
GAMMAPLEX	67
GAMUNEX-C	68
<i>ganciclovir sodium</i>	15
GARDASIL 9 INJ	69
<i>gatifloxacin (ophth)</i>	72
GATTEX.....	62
GAUZE PADS 2.....	51
<i>gavilyte-c</i>	62
<i>gavilyte-g</i>	62
<i>gavilyte-n/flavor pack</i>	62
GAVRETO	22
<i>gemcitabine hcl</i>	20
<i>gemfibrozil</i>	30
<i>generlac</i>	62
<i>gengraf</i>	68
GENOTROPIN	59
GENOTROPIN MINISQUICK	59
<i>gentak</i>	72
<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>	72
<i>gentamicin sulfate (topical)</i>	78
GENVOYA TAB	14
<i>gianvi</i>	54
GILENYA	47
GILOTRIF	22
<i>glatiramer acetate</i>	47
<i>glatopa</i>	47, 48
<i>glimepiride</i>	49
<i>glipizide</i>	49
<i>glipizide xl</i>	49
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49
<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>glycopyrrolate</i>	61
<i>glydo</i>	80
GLYXAMBI TAB 10-5 MG	50
GLYXAMBI TAB 25-5 MG	50
GOLYTELY SOL	62
GRALISE	47
<i>granisetron hcl</i>	61
<i>griseofulvin microsize</i>	12
<i>griseofulvin ultramicrosize</i>	12
<i>guanfacine hcl</i>	34
<i>guanfacine hcl (adhd)</i>	45
GVOKE HYOPEN 2-PACK	58
GVOKE PFS	58
H	
HAEGARDA	65
<i>hailey 1.5/30</i>	54
<i>halobetasol propionate</i>	80
<i>haloperidol</i>	43
<i>haloperidol decanoate</i>	43
<i>haloperidol lactate</i>	43
HARVONI PAK 33.75-150MG	15
HARVONI PAK 45-200MG	15
HARVONI TAB 45-200MG	15
HARVONI TAB 90-400MG	15
HAVRIX	69
<i>heather</i>	54
HEP SOD/NACL INJ 25000UNT	64
<i>heparin sodium (porcine)</i>	65
<i>heparin sodium (porcine) 100 unit/ml</i> <i>in d5w</i>	65

<i>heparin sodium (porcine)-dextrose iv</i> <i>sol 20000 unit/500ml-5%</i>	65
<i>heparin sodium (porcine)-dextrose iv</i> <i>sol 25000 unit/500ml-5%</i>	65
HEPARIN/NACL INJ 25000UNT	65
<i>hepatamine</i>	72
HERCEP HYLEC SOL 60-10000	22
HERCEPTIN	22
HERZUMA	22
HETLIOZ	46
HIBERIX	69
HUMIRA	66
HUMIRA PEDIA INJ CROHNS	66
HUMIRA PEDIATRIC CROHNS D	66
HUMIRA PEN	66
HUMIRA PEN KIT PS/UV	66
HUMIRA PEN-CD/UC/HS START	66
HUMIRA PEN-PEDIATRIC UC S	66
HUMIRA PEN-PS/UV STARTER	67
HUMULIN R U-500 (CONCENTR	51
HUMULIN R U-500 KWIKPEN	51
<i>hydralazine hcl</i>	34
<i>hydrochlorothiazide</i>	33
<i>hydrocodone bitartrate</i>	9
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	9
<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	9
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	9
<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	9
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	9
<i>hydrocortisone</i>	58
<i>hydrocortisone (intrarectal)</i>	62
<i>hydrocortisone (rectal)</i>	80
<i>hydrocortisone (topical)</i>	80
<i>hydrocortisone butyrate</i>	80
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	67
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	75
<i>hydroxyzine pamoate</i>	75
HYSINGLA ER	9
I	
<i>ibandronate sodium</i>	52

IBRANCE	22
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>icatibant acetate</i>	65
<i>iclevia</i>	54
ICLUSIG	22, 23
IDHIFA	23
ILEVRO	73
<i>imatinib mesylate</i>	23
IMBRUVICA.....	23
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	11
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	11
<i>imipramine hcl</i>	40
<i>imiquimod</i>	80
IMOVAX RABIES (H.D.C.V.).....	69
<i>incassia</i>	54
INCRELEX.....	59
INCRUSE ELLIPTA	75
<i>indapamide</i>	33
INFANRIX INJ.....	69
INGREZZA	47
INGREZZA CAP 40-80MG	47
INLYTA.....	23
INQOVI TAB 35-100MG	21
INREBIC	23
INSULIN SAFETY NEEDLES.....	51
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/TRIVIDIA/MH C	51
INTELENCE	13
INTRALIPID.....	72
INTRON A	68
<i>introvale</i>	54
INVEGA SUSTENNA	43
INVEGA TRINZA	43
INVIRASE	13
IPOL INJ INACTIVE	69
<i>ipratropium bromide</i>	75
<i>ipratropium bromide (nasal)</i>	75
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	74
<i>irbesartan</i>	29
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	28

<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	28
IRESSA	23
<i>irinotecan hcl</i>	21
ISENTRESS.....	13
ISENTRESS HD.....	13
<i>isibloom</i>	54
ISOLYTE-P INJ /D5W.....	70
ISOLYTE-S INJ	70
<i>isoniazid</i>	15
ISOPTO ATROPINE.....	74
<i>isosorbide dinitrate</i>	34
<i>isosorbide mononitrate</i>	35
<i>isotretinoin</i>	78
<i>isradipine</i>	32
<i>itraconazole</i>	12
<i>ivermectin</i>	11
IXIARO INJ	69
J	
JAKAFI	23
<i>jantoven</i>	65
JANUMET TAB 50-1000.....	50
JANUMET TAB 50-500MG.....	50
JANUMET XR TAB 100-1000	50
JANUMET XR TAB 50-1000.....	50
JANUMET XR TAB 50-500MG	50
JANUVIA	50
JARDIANCE.....	50
<i>jasmiel</i>	54
JENTADUETO TAB 2.5-1000	50
JENTADUETO TAB 2.5-500	50
JENTADUETO TAB 2.5-850	50
JENTADUETO TAB XR 2.5-1000MG...	50
JENTADUETO TAB XR 5-1000MG.....	50
<i>jinteli</i>	57
<i>jolessa</i>	54
<i>juleber</i>	54
JULUCA TAB 50-25MG	14
<i>junel 1.5/30</i>	54
<i>junel 1/20</i>	54
<i>junel fe 1.5/30</i>	54
<i>junel fe 1/20</i>	54
JUXTAPID	31
K	
KADCYLA.....	23
KALETRA TAB 100-25MG	15
KALETRA TAB 200-50MG	15

KALYDECO	76
KANJINTI.....	23
kariva	54
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....	70
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj.....	70
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....	70
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj.....	70
kcl 20 meq/l (0.15%) in nacl 0.45% inj	70
kcl 20 meq/l (0.15%) in nacl 0.9% inj	70
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....	70
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj.....	70
KCL/D5W/NACL INJ 0.15/0.2.....	70
KCL/D5W/NACL INJ 0.3/0.9%.....	70
kelnor 1/35.....	54
kelnor 1/50.....	54
ketoconazole.....	12
ketoconazole (topical)	78, 79
ketorolac tromethamine (ophth)	73
KEYTRUDA.....	23
KINRIX INJ	69
KISQALI	23
KISQALI 200 PAK FEMARA	21
KISQALI 400 PAK FEMARA	21
KISQALI 600 PAK FEMARA	21
klor-con.....	71
klor-con 10	71
klor-con 8.....	71
klor-con m10	71
klor-con m15	71
klor-con m20	71
KORLYM	59
KRISTALOSE	62
kurvelo.....	54
KYNMOBI.....	41
L	
labetalol hcl	31
lactated ringer's solution.....	70
lactic acid (ammonium lactate) ..	80, 81
lactulose.....	62

lactulose (encephalopathy)	62
lamivudine.....	13
lamivudine (hbv)	15
lamivudine-zidovudine tab 150-300 mg	15
lamotrigine	37
lansoprazole	63
lapatinib ditosylate	23
larin 1.5/30	54
larin 1/20	54
larin fe 1.5/30.....	54
larin fe 1/20	54
larissia	54
LASTACFT.....	73
latanoprost	74
LATUDA	43
leena	54
leflunomide.....	67
LENVIMA 10 MG DAILY DOSE	23
LENVIMA 12MG DAILY DOSE	23
LENVIMA 20 MG DAILY DOSE	23
LENVIMA 4 MG DAILY DOSE.....	23
LENVIMA 8 MG DAILY DOSE.....	23
LENVIMA CAP 14 MG.....	23
LENVIMA CAP 18 MG.....	23
LENVIMA CAP 24 MG.....	23
lessina	54
letrozole.....	20
leucovorin calcium	26
LEUKERAN.....	19
leuprolide acetate	20
levalbuterol hcl.....	75
levalbuterol tartrate	75
LEVEMIR	51
LEVEMIR FLEXTOUCH.....	51
levetiracetam	37
levetiracetam in sodium chloride iv soln 1000 mg/100ml.....	37
levetiracetam in sodium chloride iv soln 1500 mg/100ml.....	37
levetiracetam in sodium chloride iv soln 500 mg/100ml	37
levobunolol hcl	74
levocarnitine (metabolic modifiers) ..	59
levocetirizine dihydrochloride	75
levofloxacin	17

<i>levofloxacin in d5w iv soln 250</i>	
<i>mg/50ml.....</i>	<i>17</i>
<i>levofloxacin in d5w iv soln 500</i>	
<i>mg/100ml.....</i>	<i>17</i>
<i>levofloxacin in d5w iv soln 750</i>	
<i>mg/150ml.....</i>	<i>17</i>
<i>levonest</i>	<i>54</i>
<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>day) tab 0.15-0.03 mg</i>	<i>55</i>
<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>0.1 mg-20 mcg.....</i>	<i>55</i>
<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>0.15 mg-30 mcg</i>	<i>55</i>
<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>30/0.075-40/0.125-30mg-mcg</i>	<i>55</i>
<i>levora 0.15/30-28.....</i>	<i>55</i>
<i>levo-t.....</i>	<i>60</i>
<i>levothyroxine sodium</i>	<i>60</i>
<i>levoxyl</i>	<i>60</i>
<i>LEXIVA.....</i>	<i>13</i>
<i>lidocaine.....</i>	<i>80</i>
<i>lidocaine hcl.....</i>	<i>80</i>
<i>lidocaine hcl (local anesth.)</i>	<i>10</i>
<i>lidocaine hcl (mouth-throat).....</i>	<i>81</i>
<i>lidocaine-prilocaine cream 2.5-2.5%.</i>	<i>80</i>
<i>lillow</i>	<i>55</i>
<i>linezolid.....</i>	<i>11</i>
<i>linezolid in sodium chloride iv soln 600</i>	
<i>mg/300ml-0.9%</i>	<i>11</i>
<i>LINZESS.....</i>	<i>63</i>
<i>liothyronine sodium.....</i>	<i>60</i>
<i>lisinopril</i>	<i>27</i>
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	<i>26</i>
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	<i>26</i>
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>25 mg</i>	<i>27</i>
<i>LITHIUM.....</i>	<i>47</i>
<i>lithium carbonate.....</i>	<i>47</i>
<i>LIVALO.....</i>	<i>30</i>
<i>loestrin 1.5/30-21.....</i>	<i>55</i>
<i>loestrin 1/20-21</i>	<i>55</i>
<i>loestrin fe 1.5/30.....</i>	<i>55</i>
<i>loestrin fe 1/20.....</i>	<i>55</i>
<i>LOKELMA.....</i>	<i>53</i>
<i>LONSURF TAB 15-6.14</i>	<i>21</i>

<i>LONSURF TAB 20-8.19</i>	<i>21</i>
<i>loperamide hcl</i>	<i>63</i>
<i>lopinavir-ritonavir soln 400-100</i>	
<i>mg/5ml (80-20 mg/ml)</i>	<i>15</i>
<i>lopinavir-ritonavir tab 100-25 mg</i>	<i>15</i>
<i>lopinavir-ritonavir tab 200-50 mg</i>	<i>15</i>
<i>lopreeza</i>	<i>57</i>
<i>lorazepam</i>	<i>35</i>
<i>lorazepam intensol</i>	<i>35</i>
<i>LORBRENA</i>	<i>23</i>
<i>loryna</i>	<i>55</i>
<i>losartan potassium</i>	<i>29</i>
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>.....</i>	<i>28</i>
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	<i>28</i>
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>.....</i>	<i>28</i>
<i>LOTEMAX</i>	<i>73</i>
<i>lovastatin</i>	<i>30</i>
<i>low-ogestrel.....</i>	<i>55</i>
<i>loxapine succinate</i>	<i>43</i>
<i>LUMAKRAS</i>	<i>23</i>
<i>LUMIGAN</i>	<i>74</i>
<i>LUMIZYME</i>	<i>59</i>
<i>LUPRON DEPOT (1-MONTH)</i>	<i>20</i>
<i>LUPRON DEPOT (3-MONTH)</i>	<i>20</i>
<i>LUPRON DEPOT-PED (1-MONTH.....</i>	<i>59</i>
<i>LUPRON DEPOT-PED (3-MONTH.....</i>	<i>59</i>
<i>lutea.....</i>	<i>55</i>
<i>lyleq</i>	<i>55</i>
<i>lyllana.....</i>	<i>57</i>
<i>LYNPARZA</i>	<i>23</i>
<i>LYRICA CR.....</i>	<i>47</i>
<i>LYSODREN</i>	<i>20</i>
<i>lyza</i>	<i>55</i>
M	
<i>magnesium sulfate</i>	<i>70</i>
<i>MAGNESIUM SULFATE.....</i>	<i>70</i>
<i>magnesium sulfate in dextrose 5% iv</i>	
<i>soln 1 gm/100ml</i>	<i>70</i>
<i>malathion</i>	<i>81</i>
<i>marlissa</i>	<i>55</i>
<i>MARPLAN</i>	<i>40</i>
<i>MATULANE</i>	<i>21</i>

<i>matzim la</i>	32
MAVYRET TAB 100-40MG	15
<i>meclizine hcl</i>	61
<i>medroxyprogesterone acetate</i>	60
<i>medroxyprogesterone acetate</i> (contraceptive)	55
<i>mefloquine hcl</i>	13
<i>megestrol acetate</i>	20, 60
<i>megestrol acetate (appetite)</i>	60
MEKINIST	23
MEKTOVI	23
<i>meloxicam</i>	8
<i>memantine hcl</i>	39
MENACTRA INJ	69
MENQUADFI INJ	69
MENVEO INJ	69
<i>mercaptopurine</i>	20
<i>meropenem</i>	11
<i>mesalamine</i>	62
<i>mesalamine w/ cleanser</i>	62
MESNEX	26
<i>metadate er</i>	45
<i>metformin hcl</i>	50
<i>methadone hcl</i>	9
<i>methadone hydrochloride i</i>	9
<i>methazolamide</i>	33
<i>methenamine hippurate</i>	11
<i>methimazole</i>	60
<i>methotrexate sodium</i>	20, 67
<i>methyldopa</i>	34
<i>methylphenidate hcl</i>	45
<i>methylprednisolone</i>	58
<i>methylprednisolone acetate</i>	58
<i>methylprednisolone sod succ</i>	58
<i>metoclopramide hcl</i>	61
<i>metolazone</i>	33
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	31
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	31
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	31
<i>metoprolol succinate</i>	32
<i>metoprolol tartrate</i>	32
<i>metronidazole</i>	11
<i>metronidazole (topical)</i>	81

<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml	11
<i>metronidazole vaginal</i>	64
<i>metyrosine</i>	34
MG SO4/D5W INJ 10MG/ML	70
<i>micalungin sodium</i>	12
<i>microgestin 1.5/30</i>	55
<i>microgestin 1/20</i>	55
<i>microgestin fe 1.5/30</i>	55
<i>microgestin fe 1/20</i>	55
<i>midodrine hcl</i>	34
<i>miglustat</i>	59
<i>mili</i>	55
<i>mimvey</i>	57
<i>minitrans</i>	35
<i>minocycline hcl</i>	19
<i>minoxidil</i>	34
<i>mirtazapine</i>	40
<i>misoprostol</i>	63
MITIGARE	8
M-M-R II INJ	69
M-NATAL PLUS TAB	71
<i>modafinil</i>	48
<i>moexipril hcl</i>	27
<i>molindone hcl</i>	43
<i>mometasone furoate</i>	80
<i>mondoxylene nl</i>	19
MONJUVI	23
<i>mono-lynyah</i>	55
<i>montelukast sodium</i>	76
<i>morphine sulfate</i>	9, 10
MORPHINE SULFATE	9
MOVANTIK	63
<i>moxifloxacin hcl</i>	17
<i>moxifloxacin hcl (ophth)</i>	72
<i>moxifloxacin hcl 400 mg/250ml in</i> sodium chloride 0.8% inj	17
MOXIFLOXACIN HYDROCHLORID	17
MULTAQ	30
<i>mupirocin</i>	78
MVASI	24
<i>mycophenolate mofetil</i>	68
<i>mycophenolate sodium</i>	68
<i>myorisan</i>	78
MYRBETRIQ	64
N	
<i>nabumetone</i>	8

<i>nadolol</i>	32	<i>nisoldipine</i>	32
<i>nafticillin sodium</i>	18	<i>nitazoxanide</i>	11
NAGLAZYME.....	59	<i>nitisinone</i>	59
<i>nalbuphine hcl</i>	10	NITRO-BID	35
<i>naloxone hcl</i>	48	NITRO-DUR	35
<i>naltrexone hcl</i>	48	<i>nitrofurantoin macrocrystal</i>	11
NAMZARIC CAP 14-10MG.....	39	<i>nitrofurantoin monohyd macro</i>	11
NAMZARIC CAP 21-10MG.....	39	<i>nitroglycerin</i>	35
NAMZARIC CAP 28-10MG.....	39	<i>nizatidine</i>	61
NAMZARIC CAP 7-10MG.....	39	<i>nora-be</i>	55
NAMZARIC CAP PACK	39	<i>norethindrone (contraceptive)</i>	55
<i>naproxen</i>	8	<i>norethindrone ace & ethinyl estradiol</i>	
<i>naproxen sodium</i>	8	<i>tab 1 mg-20 mcg</i>	55
<i>naratriptan hcl</i>	46	<i>norethindrone ace & ethinyl estradiol</i>	
NARCAN	48	<i>tab 1.5 mg-30 mcg</i>	55
NATACYN.....	72	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>nateglinide</i>	50	<i>tab 1 mg-20 mcg</i>	55
NATPARA	52	<i>norethindrone acetate</i>	60
NAYZILAM	37	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>necon 0.5/35-28</i>	55	<i>tab 0.5 mg-2.5 mcg</i>	57
<i>nefazodone hcl</i>	40	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin sulfate</i>	11	<i>tab 1 mg-5 mcg</i>	57
<i>neomycin-bacitrac zn-polymyx</i>		<i>norgestimate & ethinyl estradiol tab</i>	
5(3.5)mg-400unt-10000unt op oin	72	0.25 mg-35 mcg	55
<i>neomycin-polymy-gramicid op sol</i>		<i>norgestimate-eth estrad tab 0.18-</i>	
1.75-10000-0.025mg-unt-mg/ml ..	72	25/0.215-25/0.25-25 mg-mcg	55
<i>neomycin-polymyxin-dexamethasone</i>		<i>norgestimate-eth estrad tab 0.18-</i>	
<i>ophth oint 0.1%</i>	72	35/0.215-35/0.25-35 mg-mcg	55
<i>neomycin-polymyxin-dexamethasone</i>		NORITATE	81
<i>ophth susp 0.1%</i>	72	<i>norlyroc</i>	56
<i>neomycin-polymyxin-hc ophth susp</i> ..	72	NORPACE CR	30
<i>neomycin-polymyxin-hc otic soln 1%</i>	82	NORTHERA	34
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nortrel 0.5/35 (28)</i>	56
mg/ml-10000 unit/ml-1%	82	<i>nortrel 1/35 (21)</i>	56
NERLYNX	24	<i>nortrel 1/35 (28)</i>	56
NEUPRO	41	<i>nortrel 7/7/7</i>	56
<i>nevirapine</i>	13	<i>nortriptyline hcl</i>	40
NEXAVAR.....	24	NORVIR	13
<i>niacin (antihyperlipidemic)</i>	31	NOVOLIN INJ 70/30	51
<i>nicardipine hcl</i>	32	NOVOLIN INJ 70/30 FP.....	51
NICOTROL INHALER	49	NOVOLIN N.....	51
NICOTROL NS	49	NOVOLIN N FLEXPEN	51
<i>nifedipine</i>	32	NOVOLIN R.....	51
<i>nikki</i>	55	NOVOLIN R FLEXPEN.....	51
<i>nilutamide</i>	20	NOVOLOG	51
<i>nimodipine</i>	32	NOVOLOG FLEXPEN	51
NINLARO	24	NOVOLOG MIX INJ 70/30.....	51

NOVOLOG MIX INJ FLEXPEN	52
NOVOLOG PENFILL.....	52
NOXAFIL.....	12
NUBEQA	20
NUDEXTA CAP 20-10MG.....	47
NULOJIX.....	68
NULYTELY SOL LMN/LIME.....	62
NUPLAZID.....	43
NUTRILIPID	72
<i>nyamyc</i>	78
<i>nylia 7/7/7</i>	56
NYMALIZE.....	32
<i>nymyo</i>	56
<i>nystatin</i>	12
<i>nystatin (mouth-throat)</i>	81
<i>nystatin (topical)</i>	78
<i>nystop</i>	79
O	
<i>ocella</i>	56
OCTAGAM	68
<i>octreotide acetate</i>	59
ODEFSEY TAB.....	15
ODOMZO	24
OFEV	76
<i>ofloxacin (ophth)</i>	72
<i>ofloxacin (otic)</i>	82
OGIVRI	24
OGIVRI INJ 420MG	24
<i>olanzapine</i>	43
<i>olmesartan medoxomil</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	28
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	28
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	28
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	28
<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>	28
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	29
<i>olopatadine hcl</i>	73
<i>olopatadine hcl (nasal)</i>	75
<i>omeprazole</i>	63
OMNARIS	77
OMNIPOD KIT STARTER.....	52
OMNIPOD MIS 5 PACK.....	52
<i>ondansetron</i>	61
<i>ondansetron hcl</i>	61
ONE TOUCH VERIO TEST STRIP	26
ONTRUZANT	24
ONUREG.....	20
OPSUMIT.....	35
ORGOVYX.....	20
ORKAMBI GRA 100-125.....	76
ORKAMBI GRA 150-188.....	76
ORKAMBI TAB 100-125	76
ORKAMBI TAB 200-125	76
<i>orsythia</i>	56
<i>oseltamivir phosphate</i>	16
OSPHERA	59
<i>oxacillin sodium</i>	18
<i>oxaliplatin</i>	19
<i>oxandrolone</i>	49
<i>oxaprozin</i>	8
<i>oxcarbazepine</i>	37
<i>oxybutynin chloride</i>	64
<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
OXYTROL.....	64
OZEMPIC (0.25 OR 0.5MG/DOSE)	50
OZEMPIC (1MG/DOSE)	50
P	
<i>pacerone</i>	30
<i>paclitaxel</i>	21

<i>paliperidone</i>	43	PHENYTEK	37
<i>pamidronate disodium</i>	52	<i>phenytoin</i>	37
PAMIDRONATE DISODIUM	52	<i>phenytoin sodium</i>	37
PANRETIN	81	<i>phenytoin sodium extended</i>	38
<i>pantoprazole sodium</i>	63	PHESGO SOL	24
PANZYGA	68	<i>philith</i>	56
<i>paraplatin</i>	19	PICATO	81
<i>paricalcitol</i>	60	PIFELTRO	13
<i>paroex</i>	81	<i>pilocarpine hcl</i>	74
<i>paromomycin sulfate</i>	11	<i>pilocarpine hcl (oral)</i>	81
<i>paroxetine hcl</i>	40	<i>pimozide</i>	43
PASER	15	<i>pimtrea</i>	56
PAXIL	40	<i>pindolol</i>	32
PAZEO	73	<i>pioglitazone hcl</i>	50
PEDIARIX INJ 0.5ML	69	<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	19
PEDVAX HIB	69	<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	19
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> for soln 236 gm	62	<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	19
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	62	<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	19
PEGANONE	37	<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	19
PEGASYS	16	PIQRAY 200MG DAILY DOSE	24
PEMAZYRE	24	PIQRAY 250MG TAB DOSE	24
PEN GK/DEXTR INJ 40000/ML	18	PIQRAY 300MG DAILY DOSE	24
PEN GK/DEXTR INJ 60000/ML	18	<i>pirmella 1/35</i>	56
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	52	<i>piroxicam</i>	8
<i>penicillamine</i>	53	PLASMA-LYTE INJ -148	70
<i>penicillin g potassium</i>	18	PLASMA-LYTE INJ -A	70
PENICILLIN G PROCAINE	18	<i>plenamine</i>	72
<i>penicillin g sodium</i>	18	PLENVU SOL	62
<i>penicillin v potassium</i>	18	PNV FOLIC AC TAB + IRON	71
PENTACEL INJ	69	<i>podofilox</i>	81
<i>pentamidine isethionate inh</i>	11	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	73
<i>pentamidine isethionate inj</i>	11	POMALYST	21
<i>pentoxifylline</i>	65	<i>portia-28</i>	56
PERFOROMIST	75	<i>posaconazole</i>	12
<i>perindopril erbumine</i>	27	POT CHL/NACL INJ 20MEQ/L	70
<i>perlogard</i>	81	POT CHL/NACL INJ 40MEQ/L	70
<i>permethrin</i>	81	<i>potassium chloride</i>	70, 71
<i>perphenazine</i>	43	POTASSIUM CHLORIDE	71
PERSERIS	43	<i>potassium chloride 20 meq/l (0.15%)</i> in dextrose 5% inj	71
<i>pfizerpen</i>	18		
<i>phenelzine sulfate</i>	40		
<i>phenobarbital</i>	37		
<i>phenobarbital sodium</i>	37		

<i>potassium chloride microencapsulated crystals er</i>	71
<i>potassium citrate (alkalinizer)</i>	64
PRADAXA.....	65
PRALUENT	31
<i>pramipexole dihydrochloride</i>	42
<i>prasugrel hcl</i>	66
<i>pravastatin sodium</i>	30
<i>praziquantel</i>	11
<i>prazosin hcl</i>	27
<i>prednisolone</i>	58
<i>prednisolone acetate (ophth)</i>	73
PREDNISOLONE SODIUM PHOSP.....	73
<i>prednisolone sodium phosphate</i>	58
<i>prednisone</i>	58
PREDNISONES INTENSOL	58
<i>pregabalin</i>	38
<i>pregabalin (once-daily)</i>	47
PREMASOL SOL 10%.....	72
PRENATAL TAB 27-1MG	71
PRENATAL TAB PLUS	71
PRENATAL VIT TAB LOW IRON	71
<i>prevalite</i>	31
<i>previfem</i>	56
PREZCOBIX TAB 800-150.....	15
PREZISTA	13
PRIFTIN.....	15
PRILOSEC.....	63
<i>primaquine phosphate</i>	13
PRIMAQUINE PHOSPHATE	13
<i>primidone</i>	38
PRIVIGEN	68
<i>probenecid</i>	8
PROCALAMINE INJ 3%.....	72
<i>prochlorperazine</i>	61
<i>prochlorperazine edisylate</i>	61
<i>prochlorperazine maleate</i>	61
PROCRIT	65
<i>procto-med hc</i>	81
<i>procto-pak</i>	81
<i>proctosol hc</i>	81
<i>proctozone-hc</i>	81
PROGRAF.....	68
PROLASTIN-C.....	76
PROLENSA	73
PROLIA.....	52
PROMACTA	65, 66
<i>promethazine hcl</i>	61
<i>propafenone hcl</i>	30
<i>proparacaine hcl</i>	74
<i>propranolol hcl</i>	32
<i>propylthiouracil</i>	60
PROQUAD INJ	69
PROSOL INJ 20%	72
<i>protriptyline hcl</i>	40
PULMICORT FLEXHALER	77
PULMOZYME	76
PURIXAN	20
<i>pyrazinamide</i>	15
<i>pyridostigmine bromide</i>	47
Q	
QINLOCK.....	24
QUADRACEL INJ	69
<i>quetiapine fumarate</i>	43
<i>quinapril hcl</i>	27
<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	69
<i>rabeprazole sodium</i>	63
<i>raloxifene hcl</i>	59
<i>ramipril</i>	27
<i>ranolazine</i>	34
<i>rasagiline mesylate</i>	42
RAYALDEE	60
<i>reclipsen</i>	56
RECOMBIVAX HB	69
RECTIV	81
REGRANEX	81
RELENZA DISKHALER.....	16
RELISTOR.....	63
REMICADE.....	67
RENFLEXIS	67
<i>repaglinide</i>	50
RESTASIS.....	74
RESTASIS MULTIDOSE	74
RETEVMO	24
REVLIMID	21

REXULTI	43	<i>sevelamer carbonate</i>	59, 60
REYATAZ	13	<i>sharobel</i>	56
RHOPRESSA	74	SHINGRIX	69
RIABNI	24	SIGNIFOR	59
<i>ribavirin (hepatitis c)</i>	16	<i>sildenafil citrate (pulmonary</i>	
<i>rifabutin</i>	15	<i>hypertension)</i>	35
<i>rifampin</i>	15	<i>silodosin</i>	63
<i>riluzole</i>	47	<i>silver sulfadiazine</i>	78
<i>rimantadine hydrochloride</i>	16	SIMBRINZA SUS 1-0.2%	74
RINVOQ	67	<i>simliya</i>	56
<i>risedronate sodium</i>	52	<i>simvastatin</i>	30
RISPERDAL CONSTA	44	<i>sirolimus</i>	68
<i>risperidone</i>	44	SIRTURO	15
<i>ritonavir</i>	14	SIVEXTRO	11
RITUXAN	24	SKYRIZI	67
RITUXAN INJ HYCELA	24	SKYRIZI PEN	67
<i>rivastigmine</i>	39	<i>sodium chloride</i>	71
<i>rivastigmine tartrate</i>	39	<i>sodium chloride (gu irrigant)</i>	81
<i>rizatriptan benzoate</i>	46	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>ropinirole hydrochloride</i>	42	<i>mg/ml soln</i>	71
<i>rosadan</i>	81	<i>sodium phenylbutyrate</i>	59
<i>rosuvastatin calcium</i>	30	<i>sodium polystyrene sulfonate powder</i>	
ROTARIX SUS	69		53
ROTATEQ SOL	69	<i>solifenacin succinate</i>	64
<i>roweepra</i>	38	SOLQUA INJ 100/33	52
ROZLYTREK	24	SOLTAMOX	20
RUBRACA	24	SOLU-CORTEF	58
<i>rufinamide</i>	38	SOMATULINE DEPOT	59
RUKOBIA	14	SOMAVERT	59
RUXIENCE	24	<i>sorine</i>	30
RYBELSUS	50	<i>sotalol hcl</i>	30
RYDAPT	24	<i>sotalol hcl (afib/afl)</i>	30
S		<i>spironolactone</i>	27
SANCUSO	61	<i>spironolactone & hydrochlorothiazide</i>	
SANDIMMUNE	68	<i>tab 25-25 mg</i>	33
SANTYL	81	<i>sprintec 28</i>	56
<i>sapropterin dihydrochloride</i>	59	SPRITAM	38
SAVELLA	47	SPRYCEL	24
SAVELLA MIS TITR PAK	47	<i>sps</i>	53
<i>scopolamine</i>	61	<i>sronyx</i>	56
SECUADO	44	<i>ssd</i>	78
<i>selegiline hcl</i>	42	<i>stavudine</i>	14
<i>selenium sulfide</i>	79	STELARA	67
SELZENTRY	14	STIMATE	59
SEREVENT DISKUS	75	STIVARGA	24
<i>sertraline hcl</i>	40	<i>streptomycin sulfate</i>	11
<i>setlakin</i>	56	STRIBILD TAB	15

<i>subvenite</i>	38
<i>sucralfate</i>	63
<i>sulfacetamide sodium (acne)</i>	78
<i>sulfacetamide sodium (ophth)</i>	73
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	72
SULFADIAZINE	11
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	11
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	11
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	11
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	12
SULFAMYLON	78
<i>sulfasalazine</i>	62
<i>sulindac</i>	8
<i>sumatriptan</i>	46
<i>sumatriptan succinate</i>	46
<i>sunitinib malate</i>	24
SUPREP BOWEL SOL PREP KIT	62
SUTENT	24
<i>syeda</i>	56
SYMBICORT AER 160-4.5	78
SYMBICORT AER 80-4.5.....	78
SYMDEKO TAB 100-150	77
SYMDEKO TAB 50-75MG	76
SYMJEPI	77
SYMPAZAN.....	38
SYMTUZA TAB	15
SYNAREL	57
SYNERCID INJ 500MG	12
SYNJARDY TAB 12.5-1000MG	50
SYNJARDY TAB 12.5-500	50
SYNJARDY TAB 5-1000MG.....	50
SYNJARDY TAB 5-500MG	50
SYNJARDY XR TAB 10-1000.....	50
SYNJARDY XR TAB 12.5-1000MG	50
SYNJARDY XR TAB 25-1000.....	50
SYNJARDY XR TAB 5-1000MG.....	50
SYNRIBO	21
SYNTHROID	60

T

TABLOID	20
TABRECTA	24
TACLONEX OIN.....	80

<i>tacrolimus</i>	68
<i>tacrolimus (topical)</i>	81
TAFINLAR	24
TAGRISSE	24
TALTZ	67
TALZENNA	24
<i>tamoxifen citrate</i>	20
<i>tamsulosin hcl</i>	63
TARGRETIN	81
<i>tarina fe 1/20 eq</i>	56
TASIGNA	24
<i>tazarotene</i>	79
<i>tazicef</i>	16
TAZORAC	79
<i>taztia xt</i>	32
TAZVERIK.....	24
TDVAX INJ 2-2 LF	69
TECENTRIQ.....	24
TEFLARO	17
<i>telmisartan</i>	29
<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>	46
TEMIXYS TAB 300-300	15
TENIVAC INJ 5-2LF	69
<i>tenofovir disoproxil fumarate</i>	14
TEPMETKO.....	24
<i>terazosin hcl</i>	27
<i>terbinafine hcl</i>	12
<i>terbutaline sulfate</i>	76
<i>terconazole vaginal</i>	64
<i>testosterone</i>	49
<i>testosterone cypionate</i>	49
<i>testosterone enanthate</i>	49
<i>tetrabenazine</i>	47
<i>tetracycline hcl</i>	19
THALOMID.....	21

THEO-24	77	TRELSTAR MIXJECT	20
<i>theophylline</i>	77	<i>treprostinil</i>	35
<i>thioridazine hcl</i>	44	TRESIBA	52
<i>thiothixene</i>	44	TRESIBA FLEXTOUCH	52
<i>tiadylt er</i>	32	<i>tretinoin</i>	78
<i>tiagabine hcl</i>	38	<i>tretinoin (chemotherapy)</i>	21
TIBSOVO	24	TREXALL	67
<i>tigecycline</i>	19	<i>triamcinolone acetonide (mouth)</i>	81
TIGECYCLINE	19	<i>triamcinolone acetonide (topical)</i>	80
<i>tilia fe</i>	56	<i>triamterene & hydrochlorothiazide cap</i>	
<i>timolol maleate</i>	32	37.5-25 mg	33
<i>timolol maleate (ophth)</i>	74	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth) once-daily</i> ...	74	37.5-25 mg	33
TIVICAY	14	<i>triamterene & hydrochlorothiazide tab</i>	
TIVICAY PD	14	75-50 mg	33
<i>tizanidine hcl</i>	48	TRICARE TAB PRENATAL	71
TOBRADEX OIN 0.3-0.1%	72	<i>triderm</i>	80
TOBRADEX ST SUS 0.3-0.05	72	<i>trientine hcl</i>	53
<i>tobramycin</i>	12	<i>tri-estarylla</i>	56
<i>tobramycin (ophth)</i>	73	<i>trifluoperazine hcl</i>	44
<i>tobramycin sulfate</i>	12	<i>trifluridine</i>	73
<i>tobramycin-dexamethasone ophth susp</i>		<i>trihexyphenidyl hcl</i>	42
0.3-0.1%	72	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tolterodine tartrate</i>	64	1000MG	50
<i>topiramate</i>	38	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>toposar</i>	21	1000MG	51
<i>toremifene citrate</i>	20	TRIJARDY XR TAB ER 24HR 25-5-	
<i>torsemide</i>	33	1000MG	51
TOVIAZ	64	TRIJARDY XR TAB ER 24HR 5-2.5-	
TPN ELECTROL INJ	71	1000MG	50
TRADJENTA	50	TRIKAFTA TAB 100-50-75MG & 150MG	
<i>tramadol hcl</i>	10		77
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIKAFTA TAB 50-25-37.5MG & 75MG	
mg	10		77
<i>trandolapril</i>	27	<i>tri-legest fe</i>	56
<i>tranexamic acid</i>	66	<i>tri-linyah</i>	56
<i>tranylcypromine sulfate</i>	40	<i>tri-lo-estarylla</i>	56
TRAVASOL INJ 10%	72	<i>tri-lo-marzia</i>	56
TRAVATAN Z	74	<i>tri-lo-mili</i>	56
<i>travoprost</i>	74	<i>tri-lo-sprintec</i>	56
TRAZIMERA	24	<i>trimethoprim</i>	12
<i>trazodone hcl</i>	40	<i>tri-mili</i>	56
TRECATOR	15	<i>trimipramine maleate</i>	40
TRELEGY AER ELLIPTA 100-62.5-25		TRINTELLIX	40
MCG	74	<i>tri-nymyo</i>	56
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-previfem</i>	56
MCG	74	<i>tri-sprintec</i>	56

TRIUMEQ TAB	15
<i>trivora-28</i>	56
<i>tri-vylibra</i>	56
<i>tri-vylibra lo</i>	56
TROGARZO	14
TROPHAMINE INJ 10%	72
<i>tropium chloride</i>	64
TRULANCE	63
TRULICITY	51
TRUMENBA INJ	69
TRUSELTIQ 100 MG DAILY DOSE	25
TRUSELTIQ 125 MG DAILY DOSE	25
TRUSELTIQ 50 MG DAILY DOSE	24
TRUSELTIQ 75 MG DAILY DOSE	25
TRUXIMA	25
TUKYSA	25
<i>tulana</i>	56
TURALIO	25
TWINRIX INJ	69
TYBOST	14
TYMLOS	52
TYPHIM VI	69

U

UBRELVI	46
UKONIQ	25
ULORIC	8
<i>unithroid</i>	60
<i>ursodiol</i>	63

V

<i>valacyclovir hcl</i>	16
VALCHLOR	81
<i>valganciclovir hcl</i>	16
<i>valproate sodium</i>	38
<i>valproic acid</i>	38
<i>valsartan</i>	29
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29
VALTOCO	38
<i>vancomycin hcl</i>	12

VANCOMYCIN HYDROCHLORIDE	12
VANCOMYCIN INJ 1 GM	12
VANCOMYCIN INJ 500MG	12
VANCOMYCIN INJ 750MG	12
<i>vandazole</i>	64
VAQTA	69
VARIVAX	69
VASCEPA	31
VELCADE	25
<i>velivet</i>	56
VELTASSA	53
VEMLIDY	16
VENCLEXTA	25
VENCLEXTA TAB START PK	25
<i>venlafaxine hcl</i>	41
VENTAVIS	35
VENTOLIN HFA	76
VENTOLIN HFA (INSTITUTIONAL PACK)	76
<i>verapamil hcl</i>	33
VERSACLOZ	44
VERZENIO	25
<i>vestura</i>	56
V-GO 20 KIT	52
V-GO 30 KIT	52
V-GO 40 KIT	52
VICTOZA	51
<i>vienva</i>	56
<i>vigabatrin</i>	38
<i>vigadrone</i>	38
VIIBRYD	41
VIIBRYD KIT STARTER	41
VIMPAT	38
<i>vincristine sulfate</i>	21
<i>vinorelbine tartrate</i>	21
<i>violele</i>	56
VIRACEPT	14
VIREAD	14
VITRAKVI	25
VIVITROL	49
VIZIMPRO	25
<i>voriconazole</i>	12
VOSEVI TAB	16
VOTRIENT	25
VRAYLAR	44
VRAYLAR CAP 1.5-3MG	44
<i>vyfemla</i>	56

<i>vylibra</i>	56
VYVANSE.....	45
VYZULTA	74
W	
<i>warfarin sodium</i>	65
<i>water for irrigation, sterile irrigation</i>	
<i>soln</i>	81
<i>wera</i>	56
X	
XALKORI	25
XARELTO	65
XARELTO STAR TAB 15/20MG.....	65
XATMEP.....	67
XCOPRI	38
XCOPRI PAK 100-150	39
XCOPRI PAK 12.5-25.....	38
XCOPRI PAK 150-200MG	
(MAINTENANCE)	39
XCOPRI PAK 150-200MG (TITRATION)	
.....	39
XCOPRI PAK 50-100MG	38
XCOPRI PAK 50-200MG	38
XELJANZ.....	67
XELJANZ XR.....	67
XGEVA	52
XIFAXAN.....	63
XIGDUO XR TAB 10-1000.....	51
XIGDUO XR TAB 10-500MG.....	51
XIGDUO XR TAB 2.5-1000.....	51
XIGDUO XR TAB 5-1000MG.....	51
XIGDUO XR TAB 5-500MG.....	51
XIIDRA.....	74
XOLAIR	77
XOSPATA.....	25
XPOVIO 100 MG ONCE WEEKLY	25
XPOVIO 40 MG ONCE WEEKLY	25
XPOVIO 40 MG TWICE WEEKLY.....	25
XPOVIO 60 MG ONCE WEEKLY	25
XPOVIO 60 MG TWICE WEEKLY.....	25
XPOVIO 80 MG ONCE WEEKLY	25
XPOVIO 80 MG TWICE WEEKLY.....	25
XTANDI	20
<i>xulane</i>	57

XULTOPHY INJ 100/3.6.....	52
XYREM	48
Y	
YF-VAX INJ	69
<i>yuvaferm</i>	57
Z	
<i>zafemy</i>	57
<i>zafirlukast</i>	76
<i>zarah</i>	57
ZARXIO.....	65
ZEJULA	25
ZELBORAF.....	25
ZEMAIRA.....	77
<i>zenatane</i>	78
ZENPEP CAP 10000UNT	63
ZENPEP CAP 15000UNT	63
ZENPEP CAP 20000UNT	63
ZENPEP CAP 25000	63
ZENPEP CAP 3000UNIT.....	63
ZENPEP CAP 40000	63
ZENPEP CAP 5000UNIT.....	63
ZERVIAE.....	73
<i>zidovudine</i>	14
<i>ziprasidone hcl</i>	44
<i>ziprasidone mesylate</i>	44
ZIRABEV	25
ZIRGAN.....	73
<i>zoledronic acid</i>	52
ZOLINZA	25
<i>zolmitriptan</i>	47
<i>zolpidem tartrate</i>	46
<i>zonisamide</i>	39
ZORTRESS.....	68
ZOSTAVAX	69
<i>zovia 1/35e</i>	57
<i>zumandimine</i>	57
ZYCLARA PUMP	81
ZYDELIG	25
ZYKADIA	25
ZYLET SUS 0.5-0.3%	72
ZYPITAMAG	31
ZYPREXA RELPREVV	44
ZYTIGA	20

Clover Health

Non-Discrimination Notice

Clover Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Clover Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Clover Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-888-657-1207. (TTY users should call 711.) We are open 8 a.m. - 8 p.m. local time, 7 days a week. Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

If you believe that Clover Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Clover Health

Attention: Appeals and Grievances
PO Box 471
Jersey City, NJ 07303

Phone: 1-888-657-1207 (TTY 711)

Fax: 1-888-240-7243

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Clover Health Appeals and Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019, 800-537-7697 (TDD)

Online: Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Clover

AMHARIC:

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወዲህ ሚከተለው ቁጥር ይደውሉ
1-888-657-1207 (መስማት ለተሳናቸው፡ 711).

ARABIC:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-657-1207 رقم هاتف الصم والبكم: 711).

ASSYRIAN:

1-888-657-1207 (TTY: 711)

CAMBODIAN:

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ
Call 1-888-657-1207 (TTY: 711)។

CHINESE:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-657-1207 (TTY: 711).

DEITSCH (PENNSYLVANIA DUTCH):

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-657-1207 (TTY: 711).

FRENCH:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-657-1207 (ATS: 711).

FRENCH CREOLE:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-657-1207 (TTY: 711).

GERMAN:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-657-1207 (TTY: 711).

GUJARATI:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-657-1207 (TTY: 711).

Clover

HINDI:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं
1-888-657-1207 (TTY: 711) पर कॉल करें।

ITALIAN:

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-888-657-1207 (TTY: 711).

JAPANESE:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-888-657-1207 (TTY: 711) まで、お電話にてご連絡ください。

KOREAN:

주의: 한국어를사용하시는경우, 언어지원서비스를무료로이용하실수있습니다.
1-888-657-1207 (TTY: 711)번으로 전화해주십시오.

LAOTIAN:

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-657-1207 (TTY: 711).

NAVAJO:

Díí baa akó nínizin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih áoiíioéeíóaaóí ÍTTY: íááÓ.

PERSIAN (FARSI TRANSLATION):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-657-1207 تماس بگیرید.

POLISH:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-657-1207 (TTY: 711).

PORTUGUESE:

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-657-1207 (TTY: 711).

RUSSIAN:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-657-1207 (телетайп 711).

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SERBO-CROATIAN:

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-657-1207 (TTY-711 Telefon za osobe sa oštećenim govorom ili sluhom: 1-888-657-1207).

SPANISH:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-657-1207 (TTY: 711).

TAGALOG:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-657-1207 (TTY: 711).

THAI:

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-657-1207 (TTY: 711).

UKRAINIAN:

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-657-1207 (телетайп: 711)

URDU:

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-657-1207 (TTY: 711).

VIETNAMESE:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-657-1207 (TTY: 711).

Clover Health is a Preferred Provider Organization (PPO) plan and a Health Maintenance Organization (HMO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal. This information is not a complete description of benefits. Call 1-888-657-1207 (TTY 711) for more information.

**We're
here
to help.**

This formulary was updated on **09/21/2021**. For more recent information or other questions, please contact Clover at **1-888-778-1478** (TTY 711), 8 am–8 pm local time, 7 days a week, or visit **cloverhealth.com/medicines**. Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

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