

Clover Health

2022

Formulario

Integral

Lista de medicamentos cubiertos para planes en New Jersey

Y0129_21MX037A2_00022364 Versión del formulario integral 16_C

Para Planes:

Clover Health Choice Value (PPO) (007)

Clover Health Choice Value (PPO) (042)

Clover Health Premier Value (PPO) (055)

Clover Health Value (HMO) (003)



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

Este formulario se actualizó el 09/20/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Clover al 1-888-778-1478 (TTY/TDD 711) de 8 am a 8 pm (hora local) los 7 días de la semana o visite cloverhealth.com/formulary. Entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) durante los fines de semana y días feriados.

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

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

En este documento, se incluye una lista de medicamentos (formulario) para nuestro plan, la cual se actualizó por última vez el 09/20/2022. Para obtener el formulario actualizado, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario se encuentran en la portada y en la contraportada.

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

¿Qué es el Formulario de Clover Health?

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

¿Puede cambiar el formulario (lista de medicamentos)?

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

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

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

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

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

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

El formulario adjunto es actual a partir del día 09/20/2022. Para obtener información actualizada sobre los medicamentos cubiertos por Clover Health, comuníquese con nosotros. Nuestra información de contacto se encuentra en la portada y en la contraportada. En el caso de que se realicen cambios en el formulario a mitad de año que no estén relacionados con el mantenimiento, la herramienta de búsqueda del formulario publicada en nuestro sitio web se actualizará de manera mensual y los formularios impresos se actualizarán de manera trimestral.

¿Cómo debo utilizar el formulario?

Existen dos formas de encontrar su medicamento en el formulario:

Condición médica

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

Lista en orden alfabético

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

¿Qué son los medicamentos genéricos?

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

¿Existe alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

¿Cómo solicito una excepción al formulario de Clover Health?

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

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

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

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

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

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

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

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

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

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

Si usted reside en un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, pero ya transcurrieron sus primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de dicho medicamento mientras intenta obtener una excepción de formulario.

Si se realiza un cambio en su entorno de tratamiento, por ejemplo, si ingresa a un centro de cuidado a largo plazo (LTC, Long-Term Care) o si recibe el alta de una, se le proporcionará acceso a un resurtido después del ingreso o el alta, según corresponda. Clover Health no utilizará modificaciones anticipadas de los resurtidos para limitar el acceso apropiado y necesario a su beneficio de la Parte D. Es posible que se proporcione un suministro temporal en su farmacia de la red si en la reclamación de la receta enviada se indica que la configuración del tratamiento o el nivel de atención han cambiado. De lo contrario, la farmacia se comunicará con el Centro de Atención a Farmacias para obtener una anulación de la presentación de la solicitud de surtido temporal por nivel de atención.

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

Para obtener más información

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

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

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

Formulario de Clover Health

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

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

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

Se utilizan las siguientes abreviaturas:

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

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

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

PA: Autorización Previa.

QL: El medicamento tiene un límite de cantidad.

ST: Se requiere terapia escalonada.

Niveles de copago por niveles de medicamento

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

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

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

CH_NJ_CY22_GS_CORE_no-SSM_PRINT eff 10/01/2022

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

ANALGESICS**GOUT**

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
--	---	-------------------------------

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

OPIOID ANALGESICS, SHORT-ACTING

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
<i>ivermectin</i> TABS 3mg	3	PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>sulfadiazine</i> 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	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
SYNERCID INJ 500MG	5	
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
TRIMETHOPRIM TABS 100mg	2	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	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</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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	3	
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 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECATOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	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)</i> TABS 100mg	4	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<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)

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

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
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, 2gm, 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	1	
<i>cephalexin</i> CAPS 500mg	2	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	3	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	4	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	4	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	3	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
<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>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	4	PA
<i>tigecycline SOLR 50mg</i>	4	
<i>TIGECYCLINE SOLR 50mg</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	3	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	3	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml</i>	5	B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	5	B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	5	B/D
<i>LEUKERAN TABS 2mg</i>	4	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	4	B/D
<i>oxaliplatin SOLR 50mg, 100mg</i>	5	B/D
<i>paraplatin SOLN 1000mg/100ml</i>	3	B/D
ANTIBIOTICS		
<i>adriamycin SOLN 2mg/ml</i>	4	B/D
<i>doxorubicin hcl SOLN 2mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal INJ 2mg/ml</i>	5	B/D
<i>epirubicin hcl SOLN 50mg/25ml, 200mg/100ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
azacitidine SUSR 100mg	5	B/D, NM
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	5	NM, PA
anastrozole TABS 1mg	2	
bicalutamide TABS 50mg	2	
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	4	
flutamide CAPS 125mg	3	
fulvestrant SOLN 250mg/5ml	5	B/D
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D, NM
<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
PACLITAXEL INJ 100MG	5	B/D, NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<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
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 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	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	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<i>sunitinib malate</i> 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 .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
VELCADE SOLR 3.5mg	5	NM, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), 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	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

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

BLOOD GLUCOSE REGULATOR

DIABETIC TESTING SUPPLIES

ACCU-CHEK TES COMPACT	0	
-----------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH TES VERIO	0	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<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)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<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)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
prevalite PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	4	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	4	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg	2	
dilt-xr CP24 180mg, 240mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl coated beads</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	3	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab</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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-80 mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	4	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digitek</i> TABS .125mg, .25mg	2	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	

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

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl</i> TABS 10mg, 15mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
<i>APTIOM</i> TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
<i>BRIVIACT</i> SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
<i>BRIVIACT</i> SOLN 50mg/5ml	4	PA
<i>BRIVIACT</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>CELONTIN</i> 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
<i>DIACOMIT</i> CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
<i>DIACOMIT</i> CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
<i>DIACOMIT</i> PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
<i>DIACOMIT</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 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	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TB24 500mg, 750mg	3	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	5	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
XCOPRI TABS 50mg	5	QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA if < 30 yrs
<i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack	3	PA; PA if < 30 yrs

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	3	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	3	QL (60 caps / 30 days)

ANTIDEPRESSANTS

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

Drug Name	Drug Tier	Requirements/Limits
<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> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>benztropine mesylate</i> TABS .5mg	2	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-250mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS 1mg	4	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	4	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine elixir</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	4	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
<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), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, 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
<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</i> CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	4	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)

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

HYPNOTICS

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

Drug Name	Drug Tier	Requirements/Limits
<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</i> 1-100 mg	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	5	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	4	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, 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

Drug Name	Drug Tier	Requirements/Limits
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 PAK 0.5& 1MG	4	PA
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	4	PA
VIVITROL SUSR 380mg	5	NM

CONTINUOUS BLOOD GLUCOSE SYSTEMS

DIABETIC TESTING SUPPLIES

DEXCOM G6 RECEIVER	0	
DEXCOM G6 SENSOR	0	
DEXCOM G6 TRANSMITTER	0	
FREESTYLE LIBRE 2/READER/	0	
FREESTYLE LIBRE 2/SENSOR/	0	
FREESTYLE LIBRE 14 DAY/RE	0	
FREESTYLE LIBRE 14 DAY/SE	0	
FREESTYLE LIBRE/READER/FL	0	
FREESTYLE LIBRE/SENSOR/FL	0	

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		

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

ANTIDIABETICS

<i>acarbose</i> TABS 25mg	2	
<i>acarbose</i> TABS 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
OZEMPIC (2MG/DOSE) SOPN 8MG/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)
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

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	4	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
HUMALOG MIX INJ 50/50	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	
HUMULIN INJ 70/30	4	
HUMULIN INJ 70/30KWP	4	
HUMULIN N SUSP 100unit/ml	4	
HUMULIN N KWIKPEN SUPN 100unit/ml	4	
HUMULIN R SOLN 100unit/ml	4	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	
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)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), 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 600mcg/2.4ml	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 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
deferasirox PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
deferasirox TBSO 125mg	3	NM, PA
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	3	
trientine hcl CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	3	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	3	
balziva	3	
blisovi fe 1.5/30	2	
briellyn	3	
camila TABS .35mg	2	
camrese lo	4	
chateal	2	
cryselle-28	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg	3	
elinest	2	

Drug Name	Drug Tier	Requirements/Limits
ELLA TABS 30mg	3	
eluryng	4	
emoquette	2	
enpresse-28	2	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	
falmina	2	
femynor	2	
hailey 1.5/30	2	
heather TABS .35mg	2	
iclevia	3	
incassia TABS .35mg	2	
introvale	3	
isibloom	2	
jasmiel	3	
jolessa	3	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	3	
kelnor 1/35	2	
kelnor 1/50	3	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
larissia	2	
leena	3	
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	4	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	3	
<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-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
<i>amabelz</i>	3	

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN OIL 10mg/ml	4	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol 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	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	
yuvafer TABS 10mcg	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<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 KIT SOLN 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>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	3	
CARBAGLU TBSO 200mg	5	NM, LA, PA
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .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

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml	4	B/D
<i>levocarnitine (metabolic modifiers)</i> TABS 330mg	3	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml	3	
<i>granisetron hcl</i> SOLN 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	

Drug Name	Drug Tier	Requirements/Limits
<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; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg	2	B/D
<i>ondansetron hcl</i> TABS 8mg, 24mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS 20mg	3	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	PA
<i>budesonide</i> TB24 9mg	5	PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
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	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	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>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
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	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
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 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i> 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), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	3	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
PRIOSEC 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 0.5-0.4 mg</i>	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	
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), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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>tropium 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	
VANDAZOLE GEL .75%	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg	4	QL (60 caps / 30 days)
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 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg	4	PA; PA if 70 years and older
<i>dipyridamole</i> TABS 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (112 tabs / year), NM, PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / 365 days), NM, PA
SKYRIZI SOCT 360mg/2.4ml	5	QL (7 cartridges / 365 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOSY 150mg/ml	5	QL (7 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (7 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

<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
BIVIGAM SOLN 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
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 6000000unit/ml, 10000000unit/ml; SOLR 50000000unit	5	B/D, NM
INTRON A SOLR 10000000unit	3	B/D, NM
INTRON A SOLR 18000000unit	4	B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	3	B/D
ZORTRESS TABS 1mg	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	

Drug Name	Drug Tier	Requirements/Limits
DENGXVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENERIX-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	
IPL 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	
PREHEVBRIIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAERT 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
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 50%</i>	4	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con</i> 8 TBCR 8meq	2	
<i>klor-con</i> 10 TBCR 10meq	2	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	3	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq	3	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	
IV NUTRITION		
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 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

Drug Name	Drug Tier	Requirements/Limits
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
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3
<i>tobramycin (ophth) SOLN .3%</i>	1
<i>trifluridine SOLN 1%</i>	4
ZIRGAN GEL .15%	4

Drug Name	Drug Tier	Requirements/Limits
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	
<i>difluprednate</i> 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%	3	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	2	
<i>latanoprost</i> SOLN .005%	2	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	gel forming solution, generic for TIMOPTIC-XE
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	solution, generic for TIMOPTIC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	4	solution, generic for ISTALOL
<i>travoprost</i> SOLN .004%	4	
<i>VYZULTA</i> SOLN .024%	4	

MISCELLANEOUS

<i>ATROPINE SULFATE</i> SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
<i>CYSTADROPS</i> SOLN .37%	5	NM, LA, PA
<i>CYSTARAN</i> SOLN .44%	5	NM, LA, PA
<i>ISOPTO ATROPINE</i> SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
<i>RESTASIS</i> EMUL .05%	3	
<i>RESTASIS MULTIDOSE</i> EMUL .05%	3	
<i>XIIDRA</i> SOLN 5%	3	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml	3	PA; PA if 70 years and older
<i>cyproheptadine hcl</i> TABS 4mg	4	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 Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
BROVANA NEBU 15mcg/2ml	5	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 inhalers / 30 days)
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
-------------------------------------	---	----------------------

Drug Name	Drug Tier	Requirements/Limits
<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 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)

DERMATOLOGY, ANTIPSORIATICS

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

DERMATOLOGY, ANTISEBORRHEICS

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

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>clobetasol propionate</i> GEL .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	3	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	3	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone butyrate</i> OINT .1%	2	QL (45 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	4	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triderm</i> CREA .5%	2	

DERMATOLOGY, LOCAL ANESTHETICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid GEL 15%</i>	4	QL (50 gm / 30 days)
<i>bexarotene (topical) GEL 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical) GEL 1%</i>	3	QL (1000 gm / 30 days), PA
<i>FINACEA FOAM 15%</i>	4	QL (50 gm / 30 days)
<i>fluorouracil (topical) CREA 5%</i>	4	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 2.5%</i>	2	
<i>imiquimod CREA 5%</i>	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%</i>	2	
<i>lactic acid (ammonium lactate) LOTN 12%</i>	3	
<i>metronidazole (topical) CREA .75%</i>	4	QL (45 gm / 30 days)
<i>metronidazole (topical) GEL .75%</i>	3	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	4	QL (59 mL / 30 days)
<i>NORITATE CREA 1%</i>	5	QL (60 gm / 30 days)
<i>PANRETIN GEL .1%</i>	5	QL (60 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	3	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	3	
<i>procto-pak CREA 1%</i>	3	
<i>proctosol hc CREA 2.5%</i>	3	
<i>proctozone-hc CREA 2.5%</i>	3	
<i>RECTIV OINT .4%</i>	4	QL (30 gm / 30 days)
<i>rosadan CREA .75%</i>	4	QL (45 gm / 30 days)
<i>tacrolimus (topical) OINT .03%, .1%</i>	4	QL (100 gm / 30 days)
<i>TARGRETIN GEL 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>VALCHLOR GEL .016%</i>	5	QL (60 gm / 30 days), NM, LA, PA
<i>ZYCLARA PUMP CREA 2.5%</i>	5	QL (15 gm / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion LOTN .5%</i>	4	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL .01%</i>	5	QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	14
ABELCET	12
ABILIFY MAINTENA	43
<i>abiraterone acetate</i>	20
ABRAXANE INJ 100MG	21
<i>acamprosate calcium</i>	49
<i>acarbose</i>	50
ACCU-CHEK TES COMPACT	26
<i>accutane</i>	79
<i>acebutolol hcl</i>	32
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	9
<i>acetaminophen w/ codeine tab 300-15 mg</i>	9
<i>acetaminophen w/ codeine tab 300-30 mg</i>	9
<i>acetaminophen w/ codeine tab 300-60 mg</i>	9
<i>acetazolamide</i>	33
<i>acetic acid</i>	64
<i>acetic acid (otic)</i>	75
<i>acetylcysteine</i>	77
<i>acitretin</i>	80
ACTHIB INJ	69
ACTIMMUNE	69
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
ADACEL INJ	69
<i>adefovir dipivoxil</i>	15
ADEMPAS	35
ADRENALIN	34
<i>adriamycin</i>	19
ADVAIR DISKU AER 100/50	79
ADVAIR DISKU AER 250/50	79
ADVAIR DISKU AER 500/50	79
ADVAIR HFA AER 115/21	79
ADVAIR HFA AER 230/21	79
ADVAIR HFA AER 45/21	79
AFINITOR	22
AFINITOR DISPERZ	22
<i>afirmelle</i>	54
AIMOVIG	47
<i>ala-cort</i>	80
<i>albendazole</i>	10
<i>albuterol sulfate</i>	76
<i>alclometasone dipropionate</i>	80
ALDURAZYME	59
ALECENSA	22
<i>alendronate sodium</i>	53
<i>alfuzosin hcl</i>	64
ALIMTA	20
<i>aliskiren fumarate</i>	34
<i>allopurinol</i>	8
<i>alosetron hcl</i>	63
ALPHAGAN P	74
<i>alprazolam</i>	35
ALREX	74
<i>altavera</i>	54
ALTOPREV	31
ALUNBRIG	22
ALUNBRIG PAK	22
<i>alyacen 1/35</i>	54
<i>alyacen 7/7/7</i>	54
<i>amabelz</i>	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
<i>amiodarone hcl</i>	30
<i>amitriptyline hcl</i>	40
<i>amlodipine besylate</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	34

amlodipine besylate-atorvastatin
 calcium tab 2.5-40 mg34
 amlodipine besylate-atorvastatin
 calcium tab 5-10 mg34
 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 mg27
 amlodipine besylate-benazepril hcl cap
 10-40 mg27
 amlodipine besylate-benazepril hcl cap
 2.5-10 mg.....27
 amlodipine besylate-benazepril hcl cap
 5-10 mg27
 amlodipine besylate-benazepril hcl cap
 5-20 mg27
 amlodipine besylate-benazepril hcl cap
 5-40 mg27
 amlodipine besylate-olmesartan
 medoxomil tab 10-20 mg28
 amlodipine besylate-olmesartan
 medoxomil tab 10-40 mg28
 amlodipine besylate-olmesartan
 medoxomil tab 5-20 mg.....28
 amlodipine besylate-olmesartan
 medoxomil tab 5-40 mg.....28
 amlodipine besylate-valsartan tab 10-
 160 mg28
 amlodipine besylate-valsartan tab 10-
 320 mg28
 amlodipine besylate-valsartan tab 5-
 160 mg28
 amlodipine besylate-valsartan tab 5-
 320 mg28
 amlodipine-valsartan-
 hydrochlorothiazide tab 10-160-12.5
 mg.....28
 amlodipine-valsartan-
 hydrochlorothiazide tab 10-160-25
 mg.....28
 amlodipine-valsartan-
 hydrochlorothiazide tab 10-320-25
 mg.....29

amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-12.5
 mg 28
 amlodipine-valsartan-
 hydrochlorothiazide tab 5-160-25 mg
 28
 amnesteem 79
 amoxapine 40
 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 17
 amoxicillin & k clavulanate for susp
 250-62.5 mg/5ml 17
 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
 amphetamine-dextroamphetamine cap
 er 24hr 10 mg 45
 amphetamine-dextroamphetamine cap
 er 24hr 15 mg 45
 amphetamine-dextroamphetamine cap
 er 24hr 20 mg 45
 amphetamine-dextroamphetamine cap
 er 24hr 25 mg 45
 amphetamine-dextroamphetamine cap
 er 24hr 30 mg 45
 amphetamine-dextroamphetamine cap
 er 24hr 5 mg..... 45
 amphetamine-dextroamphetamine tab
 10 mg 45
 amphetamine-dextroamphetamine tab
 12.5 mg 45
 amphetamine-dextroamphetamine tab
 15 mg 45

<i>amphetamine-dextroamphetamine tab</i>	
20 mg	45
<i>amphetamine-dextroamphetamine tab</i>	
30 mg	45
<i>amphetamine-dextroamphetamine tab</i>	
5 mg	45
<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg	45
<i>amphotericin b</i>	12
<i>amphotericin b liposome</i>	12
<i>ampicillin</i>	18
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm	18
<i>ampicillin & sulbactam sodium for inj 3</i>	
(2-1) gm	18
<i>ampicillin & sulbactam sodium for iv</i>	
soln 1.5 (1-0.5) gm	18
<i>ampicillin & sulbactam sodium for iv</i>	
soln 15 (10-5) gm	18
<i>ampicillin & sulbactam sodium for iv</i>	
soln 3 (2-1) gm	18
<i>ampicillin sodium</i>	18
<i>anagrelide hcl</i>	66
<i>anastrozole</i>	20
<i>ANDRODERM</i>	50
<i>ANORO ELLIPTA AER 62.5-25</i>	75
<i>aprepitant</i>	61
<i>aprepitant capsule therapy pack 80 &</i>	
125 mg	61
<i>apri</i>	54
<i>APTIOM</i>	36
<i>APTIVUS</i>	13
<i>ARALAST NP</i>	77
<i>aranelle</i>	54
<i>ARCALYST</i>	69
<i>arformoterol tartrate</i>	76
<i>aripiprazole</i>	43
<i>ARISTADA</i>	43
<i>ARISTADA INITIO</i>	43
<i>armodafinil</i>	48
<i>ARNUITY ELLIPTA</i>	78
<i>asenapine maleate</i>	43
<i>aspirin-dipyridamole cap er 12hr 25-</i>	
200 mg	66
<i>atazanavir sulfate</i>	13
<i>atenolol</i>	32

<i>atenolol & chlorthalidone tab 100-25</i>	
mg	32
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
.....	32
<i>atomoxetine hcl</i>	45
<i>atorvastatin calcium</i>	31
<i>atovaquone</i>	10
<i>atovaquone-proguanil hcl tab 250-100</i>	
mg	12
<i>atovaquone-proguanil hcl tab 62.5-25</i>	
mg	12
<i>ATROPINE SULFATE</i>	75
<i>atropine sulfate (ophthalmic)</i>	75
<i>ATROVENT HFA</i>	76
<i>aubra eq</i>	54
<i>aurovela 1/20</i>	54
<i>aurovela fe 1.5/30</i>	54
<i>aurovela fe 1/20</i>	54
<i>AUSTEDO</i>	47
<i>AVASTIN</i>	22
<i>aviane</i>	54
<i>avita</i>	79
<i>ayuna</i>	54
<i>AYVAKIT</i>	22
<i>azacitidine</i>	20
<i>azathioprine</i>	69
<i>azelaic acid</i>	82
<i>azelastine hcl</i>	76
<i>azelastine hcl (ophth)</i>	74
<i>azithromycin</i>	17
<i>aztreonam</i>	10
<i>azurette</i>	54
B	
<i>bacitracin (ophthalmic)</i>	73
<i>bacitracin-polymyxin b ophth oint</i>	73
<i>bacitracin-polymyxin-neomycin-hc</i>	
ophth oint 1%	73
<i>baclofen</i>	48
<i>balsalazide disodium</i>	62
<i>BALVERSA</i>	22
<i>balziva</i>	54
<i>BARACLUDE</i>	15
<i>BASAGLAR KWIKPEN</i>	51
<i>BCG VACCINE</i>	69
<i>BD ALCOHOL SWABS</i>	51
<i>BELSOMRA</i>	46

<i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg.....	27	BOOSTRIX INJ	69
<i>benazepril & hydrochlorothiazide tab</i> 20-12.5 mg.....	27	<i>bortezomib</i>	22
<i>benazepril & hydrochlorothiazide tab</i> 20-25 mg	27	BORTEZOMIB.....	22
<i>benazepril hcl</i>	27	<i>bosentan</i>	35
BENDEKA.....	19	BOSULIF	22
BENLYSTA	69	BRAFTOVI	22
<i>benzoyl peroxide-erythromycin gel 5-</i> 3%	79	BREO ELLIPTA INH 100-25.....	79
<i>benztropine mesylate</i>	41	BREO ELLIPTA INH 200-25.....	79
<i>bepotastine besilate</i>	74	BREZTRI AERO AER SPHERE	75
BEPREVE	74	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	75
BERINERT.....	66	<i>briellyn</i>	54
BESIVANCE.....	73	BRILINTA	66
BESREMI	21	<i>brimonidine tartrate</i>	74
<i>betaine powder for oral solution</i>	59	<i>brinzolamide</i>	74
<i>betamethasone dipropionate (topical)</i>	80	BRIVIACT	36
<i>betamethasone dipropionate</i> <i>augmented</i>	80	<i>bromfenac sodium (ophth)</i>	74
<i>betamethasone valerate</i>	80	<i>bromocriptine mesylate</i>	42
BETASERON	48	BROMSITE.....	74
<i>betaxolol hcl (ophth)</i>	74	BROVANA	76
<i>bethanechol chloride</i>	64	BRUKINSA	22
BETOPTIC-S.....	74	<i>budesonide</i>	62
BEVESPI AER 9-4.8MCG.....	75	<i>budesonide (inhalation)</i>	78
<i>bexarotene</i>	21	<i>bumetanide</i>	33
<i>bexarotene (topical)</i>	82	<i>buprenorphine hcl</i>	49
BEXSERO INJ	69	<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv).....	49
<i>bicalutamide</i>	20	<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv).....	49
BICILLIN L-A.....	18	<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	49
BIKTARVY TAB 30-120-15 MG	14	<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	49
BIKTARVY TAB 50-200-25 MG	14	<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv).....	49
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg.....	32	<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	49
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg.....	32	<i>bupropion hcl</i>	40
<i>bisoprolol & hydrochlorothiazide tab 5-</i> 6.25 mg	32	<i>bupropion hcl (smoking deterrent)</i> ...	49
<i>bisoprolol fumarate</i>	32	<i>buspirone hcl</i>	35, 36
BIVIGAM	68	<i>butorphanol tartrate</i>	9
BLEPHAMIDE OIN S.O.P.....	73	BYDUREON BCISE	50
<i>blisovi fe 1.5/30</i>	54	BYETTA.....	50
		C	
		<i>cabergoline</i>	59
		CABOMETYX	22
		<i>calcipotriene</i>	80

<i>calcitonin (salmon) spray</i>	53	<i>carboplatin</i>	19
<i>calcitrene</i>	80	<i>carglumic acid</i>	59
<i>calcitriol</i>	61	<i>carteolol hcl (ophth)</i>	74
<i>calcium acetate (phosphate binder)</i> ..	60	<i>cartia xt</i>	32
CALQUENCE	22	<i>carvedilol</i>	32
<i>camila</i>	54	<i>caspofungin acetate</i>	12
<i>camrese lo</i>	54	CAYSTON	10
<i>candesartan cilexetil</i>	30	<i>cefaclor</i>	16
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	29	CEFACLO ER	16
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	29	<i>cefadroxil</i>	16
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	29	CEFAZOLIN INJ 1GM/50ML.....	16
CAPLYTA.....	43	<i>cefazolin sodium</i>	16
CAPRELSA	22	CEFAZOLIN SOLN 2GM/100ML-4%...	16
<i>captopril</i>	27	<i>cefdinir</i>	16
<i>carb/levo orally disintegrating tab 10-</i> <i>100mg</i>	42	<i>cefepime hcl</i>	16
<i>carb/levo orally disintegrating tab 25-</i> <i>100mg</i>	42	<i>cefixime</i>	16
<i>carb/levo orally disintegrating tab 25-</i> <i>250mg</i>	42	<i>cefoxitin sodium</i>	16
CARBAGLU.....	59	<i>cefpodoxime proxetil</i>	16
<i>carbamazepine</i>	36	<i>cefprozil</i>	16
<i>carbidopa</i>	42	<i>ceftazidime</i>	16
<i>carbidopa & levodopa tab 10-100 mg</i> 42		CEFTAZIDIME/ SOL D5W 1GM	16
<i>carbidopa & levodopa tab 25-100 mg</i> 42		CEFTAZIDIME/ SOL D5W 2GM	16
<i>carbidopa & levodopa tab 25-250 mg</i> 42		<i>ceftriaxone sodium</i>	16
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	42	<i>cefuroxime axetil</i>	16
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	42	<i>cefuroxime sodium</i>	16
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	42	<i>celecoxib</i>	8
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	42	CELONTIN	36
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	42	<i>cephalexin</i>	16
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	42	CERDELGA.....	59
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	42	CEREZYME.....	59
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	42	<i>cetirizine hcl</i>	76
		<i>cevimeline hcl</i>	82
		CHANTIX PAK 0.5& 1MG	49
		<i>chateal</i>	54
		CHEMET	54
		<i>chlorhexidine gluconate (mouth-throat)</i>	83
		<i>chloroquine phosphate</i>	12
		<i>chlorpromazine hcl</i>	43
		CHLORPROMAZINE HYDROCHLOR....	43
		<i>chlorthalidone</i>	33
		<i>cholestyramine</i>	31
		<i>cholestyramine light</i>	31
		<i>choline fenofibrate</i>	31
		<i>ciclopirox olamine</i>	79, 80
		<i>cilostazol</i>	66
		CILOXAN	73

CIMDUO TAB 300-300	14	<i>clotrimazole (topical)</i>	80
<i>cinacalcet hcl</i>	59	<i>clotrimazole w/ betamethasone cream</i>	
CIPRO	17	1-0.05%	80
CIPRO HC SUS OTIC	75	<i>clozapine</i>	43
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	17	COARTEM TAB 20-120MG	13
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	17	<i>colchicine</i>	8
<i>ciprofloxacin hcl</i>	17	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>ciprofloxacin hcl (ophth)</i>	73	mg	8
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>colesevelam hcl</i>	31
0.3-0.1%	75	<i>colestipol hcl</i>	31
<i>cisplatin</i>	19	<i>colistimethate sodium</i>	10
<i>citalopram hydrobromide</i>	40	COMBIGAN SOL 0.2/0.5%	74
<i>claravis</i>	79	COMBIVENT AER 20-100	75
<i>clarithromycin</i>	17	COMETRIQ (60MG DOSE)	22
<i>clindamycin hcl</i>	10	COMETRIQ KIT 100MG	22
<i>clindamycin palmitate hydrochloride</i> ..	10	COMETRIQ KIT 140MG	22
<i>clindamycin phosphate</i>	10	COMPLERA TAB	14
<i>clindamycin phosphate (topical)</i>	79	<i>compro</i>	61
<i>clindamycin phosphate in d5w iv soln</i>		<i>constulose</i>	63
300 mg/50ml	10	COPIKTRA	22
<i>clindamycin phosphate in d5w iv soln</i>		CORLANOR	34
600 mg/50ml	10	COTELLIC	22
<i>clindamycin phosphate in d5w iv soln</i>		CREON CAP 12000UNT	64
900 mg/50ml	10	CREON CAP 24000UNT	64
<i>clindamycin phosphate vaginal</i>	65	CREON CAP 3000UNIT	64
CLINDMYC/NAC INJ 300/50ML	10	CREON CAP 36000UNT	64
CLINDMYC/NAC INJ 600/50ML	10	CREON CAP 6000UNIT	64
CLINDMYC/NAC INJ 900/50ML	10	<i>cromolyn sodium</i>	77
CLINIMIX INJ 4.25/D10	72	<i>cromolyn sodium (mastocytosis)</i>	63
CLINIMIX INJ 4.25/D5W	72	<i>cromolyn sodium (ophth)</i>	74
CLINIMIX INJ 5%/D15W	72	<i>cryselle-28</i>	54
CLINIMIX INJ 5%/D20W	72	<i>cyclobenzaprine hcl</i>	48
CLINIMIX INJ 6/5	72	<i>cyclophosphamide</i>	19
CLINIMIX INJ 8/10	72	CYCLOPHOSPHAMIDE	19
CLINIMIX INJ 8/14	72	CYCLOPHOSPHAMIDE MONOHYDR ...	19
<i>clinisol sf 15%</i>	72	<i>cycloserine</i>	15
CLINOLIPID EMU 20%	72	<i>cyclosporine</i>	69
<i>clobazam</i>	36	<i>cyclosporine modified (for</i>	
<i>clobetasol propionate</i>	81	<i>microemulsion)</i>	69
<i>clobetasol propionate e</i>	81	<i>cyproheptadine hcl</i>	76
<i>clomipramine hcl</i>	40	<i>cyred eq</i>	54
<i>clonazepam</i>	36	CYSTADANE POW	59
<i>clonidine</i>	34	CYSTADROPS	75
<i>clonidine hcl</i>	34	CYSTAGON	59
<i>clopidogrel bisulfate</i>	66	CYSTARAN	75
<i>clorazepate dipotassium</i>	36	<i>cytarabine</i>	20
<i>clotrimazole</i>	83		

D	
D10W/NACL INJ 0.2%	70
D2.5W/NACL INJ 0.45%	70
D5W/LYTES INJ #48	70
dabigatran etexilate mesylate	65
dalfampridine	48
DALIRESP	77
danazol	57
dantrolene sodium	48
dapsone	10
DAPTACEL INJ	69
daptomycin	11
DAPTOMYCIN	10
darifenacin hydrobromide	64
dasetta 1/35	54
dasetta 7/7/7	54
DAURISMO	22
deblitane	54
deferasirox	54
DELESTROGEN	58
DELSTRIGO TAB	14
DENGVAxia SUS	70
DESCOVY TAB 120-15MG	14
DESCOVY TAB 200/25MG	14
desipramine hcl	40
desloratadine	76
desmopressin acetate	59
desmopressin acetate spray	59
desmopressin acetate spray refrigerated	59
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	54
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	54
desvenlafaxine succinate	40
dexamethasone	58
DEXAMETHASONE INTENSOL	58
dexamethasone sodium phosphate ...	58
dexamethasone sodium phosphate (ophth)	74
DEXCOM G6 RECEIVER	49
DEXCOM G6 SENSOR	49
DEXCOM G6 TRANSMITTER	49
dexlansoprazole	64
dexmethylphenidate hcl	46
dextrose	72
dextrose 10% w/ sodium chloride 0.45%	71
dextrose 2.5% w/ sodium chloride 0.45%	71
dextrose 5% in lactated ringers	71
dextrose 5% w/ sodium chloride 0.2%	71
dextrose 5% w/ sodium chloride 0.225%	71
dextrose 5% w/ sodium chloride 0.3%	71
dextrose 5% w/ sodium chloride 0.45%	71
dextrose 5% w/ sodium chloride 0.9%	71
DIACOMIT	36
diazepam	36, 37
diazepam (anticonvulsant)	37
diazepam inj	37
diazoxide	59
diclofenac potassium	8
diclofenac sodium	8
diclofenac sodium (ophth)	74
diclofenac sodium (topical)	82
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	8
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	8
dicloxacillin sodium	18
dicyclomine hcl	62
DIFICID	17
diflunisal	8
difluprednate	74
digitek	34
digoxin	34, 35
dihydroergotamine mesylate	47
DILANTIN	37
DILANTIN INFATABS	37
DILANTIN-125	37
diltiazem hcl	33
diltiazem hcl coated beads	33
diltiazem hcl extended release beads	33
dilt-xr	32
DIP/TET PED INJ 25-5LFU	70
diphenhydramine hcl	76
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	63

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	63	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>dipyridamole</i>	66	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
<i>disopyramide phosphate</i>	30	<i>elinest</i>	54
<i>disulfiram</i>	49	ELIQUIS	65
<i>divalproex sodium</i>	37	ELIQUIS STARTER PACK	65
<i>docetaxel</i>	21	ELLA.....	55
DOCETAXEL	21	<i>eluryng</i>	55
<i>dofetilide</i>	30	EMCYT	20
<i>donepezil hydrochloride</i>	39	<i>emoquette</i>	55
DOPTLET	66	EMSAM	40
<i>dorzolamide hcl</i>	74	<i>emtricitabine</i>	13
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	74	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14
<i>dotti</i>	58	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14
DOVATO TAB 50-300MG	14	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>doxazosin mesylate</i>	28	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
<i>doxepin hcl</i>	40	EMTRIVA	13
<i>doxepin hcl (sleep)</i>	46	EMVERM.....	11
<i>doxercalciferol</i>	61	<i>enalapril maleate</i>	28
<i>doxorubicin hcl</i>	19	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	27
<i>doxorubicin hcl liposomal</i>	19	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	27
<i>doxy 100</i>	19	ENBREL.....	67
<i>doxycycline (monohydrate)</i>	19	ENBREL MINI	67
<i>doxycycline hyclate</i>	19	ENBREL SURECLICK.....	67
DRIZALMA SPRINKLE	40	ENDARI.....	66
<i>dronabinol</i>	61	<i>endocet tab 10-325mg</i>	9
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	54	<i>endocet tab 2.5-325mg</i>	9
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	54	<i>endocet tab 5-325mg</i>	9
DROXIA.....	66	<i>endocet tab 7.5-325mg</i>	9
<i>droxidopa</i>	35	ENGERIX-B.....	70
<i>duloxetine hcl</i>	40	<i>enoxaparin sodium</i>	65
<i>dutasteride</i>	64	<i>enpresse-28</i>	55
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	64	<i>enskyce</i>	55
E		ENSTILAR AER	81
<i>e.e.s. 400</i>	17	<i>entacapone</i>	42
<i>ec-naproxen</i>	8	<i>entecavir</i>	15
EDARBI	30	ENTRESTO TAB 24-26MG.....	29
EDARBYCLOR TAB 40-12.5.....	29	ENTRESTO TAB 49-51MG.....	29
EDARBYCLOR TAB 40-25MG	29	ENTRESTO TAB 97-103MG.....	29
EDURANT	13	<i>enulose</i>	63
<i>efavirenz</i>	13		
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14		

EPCLUSA PAK 150-37.5	15	<i>etoposide</i>	21
EPCLUSA PAK 200-50MG	15	<i>etravirine</i>	13
EPCLUSA TAB 200-50MG	15	EULEXIN	20
EPCLUSA TAB 400-100	15	<i>euthyrox</i>	61
EPIDIOLEX.....	37	<i>everolimus</i>	22, 23
<i>epinephrine (anaphylaxis)</i>	77	<i>everolimus (immunosuppressant)</i>	69
<i>epirubicin hcl</i>	19	EVOTAZ TAB 300-150	14
<i>epitol</i>	37	<i>exemestane</i>	20
EPIVIR HBV.....	15	EXKIVITY	23
<i>eplerenone</i>	28	EZALLOR SPRINKLE	31
EPRONTIA.....	37	<i>ezetimibe</i>	31
<i>ergotamine w/ caffeine tab 1-100 mg</i>	47	<i>ezetimibe-simvastatin tab 10-10 mg</i>	31
ERIVEDGE	22	<i>ezetimibe-simvastatin tab 10-20 mg</i>	31
ERLEADA	20	<i>ezetimibe-simvastatin tab 10-40 mg</i>	31
<i>erlotinib hcl</i>	22	<i>ezetimibe-simvastatin tab 10-80 mg</i>	31
<i>errin</i>	55	F	
<i>ertapenem sodium</i>	11	FABRAZYME.....	59
<i>ery</i>	79	<i>falmina</i>	55
<i>ery-tab</i>	17	<i>famciclovir</i>	15
ERYTHROCIN LACTOBIONATE.....	17	<i>famotidine</i>	62
<i>erythrocine stearate</i>	17	<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	62
<i>erythromycin (acne aid)</i>	79	FANAPT.....	43
<i>erythromycin (ophth)</i>	73	FANAPT PAK	43
<i>erythromycin base</i>	17	FARXIGA	50
<i>erythromycin ethylsuccinate</i>	17	FASENRA.....	77
<i>erythromycin lactobionate</i>	17	FASENRA PEN	77
ESBRIET.....	77	<i>febuxostat</i>	8
<i>escitalopram oxalate</i>	40	<i>felbamate</i>	37
<i>esomeprazole magnesium</i>	64	<i>felodipine</i>	33
<i>estarylla</i>	55	<i>femynor</i>	55
<i>estradiol</i>	58	<i>fenofibrate</i>	31
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	58	<i>fenofibrate micronized</i>	31
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	58	<i>fentanyl</i>	8
<i>estradiol vaginal</i>	58	<i>fentanyl citrate</i>	9
<i>estradiol valerate</i>	58	<i>fesoterodine fumarate</i>	64
<i>ethambutol hcl</i>	15	FETZIMA	40
<i>ethosuximide</i>	37	FETZIMA CAP TITRATIO.....	40
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	55	FIASP FLEX INJ TOUCH.....	51
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	55	FIASP INJ 100/ML.....	51
<i>etodolac</i>	8	FIASP PENFIL INJ U-100	52
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	55	FINACEA	82
		<i>finasteride</i>	64
		FINTEPLA	37
		<i>flac</i>	75
		FLAREX.....	74
		FLEBOGAMMA DIF	68

<i>flecainide acetate</i>	30
FLOVENT DISKUS	78
FLOVENT HFA.....	78
<i>fluconazole</i>	12
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	12
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	12
<i>flucytosine</i>	12
<i>fludrocortisone acetate</i>	58
<i>flunisolide (nasal)</i>	78
<i>fluocinolone acetonide</i>	81
<i>fluocinolone acetonide (otic)</i>	75
<i>fluocinonide</i>	81
<i>fluocinonide emulsified base</i>	81
<i>fluorometholone (ophth)</i>	74
<i>fluorouracil</i>	20
<i>fluorouracil (topical)</i>	82
<i>fluoxetine hcl</i>	40, 41
<i>fluphenazine decanoate</i>	43
<i>fluphenazine elixir</i>	43
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	74
<i>flutamide</i>	20
<i>fluticasone propionate</i>	81
<i>fluticasone propionate (nasal)</i>	78
<i>fluvastatin sodium</i>	31
<i>fluvoxamine maleate</i>	36
<i>fondaparinux sodium</i>	65
<i>formoterol fumarate</i>	76
FORTEO.....	53
FOSAMAX + D TAB 70-2800	53
FOSAMAX + D TAB 70-5600	53
<i>fosamprenavir calcium</i>	13
<i>fosinopril sodium</i>	28
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	27
FOTIVDA	23
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>fulvestrant</i>	20
<i>furosemide</i>	33
<i>furosemide inj</i>	33
FUZEON	13
<i>fyavolv tab 0.5mg-2.5mcg</i>	58
<i>fyavolv tab 1mg-5mcg</i>	58
FYCOMPA	37
G	
<i>gabapentin</i>	37
<i>galantamine hydrobromide</i>	39
GAMASTAN INJ	68
GAMMAGARD LIQUID	68
GAMMAGARD S/D IGA LESS TH	68
GAMMAKED	68
GAMMAPLEX	68
GAMUNEX-C	68
<i>ganciclovir sodium</i>	15
GARDASIL 9 INJ	70
<i>gatifloxacin (ophth)</i>	73
GATTEX.....	63
GAUZE PADS 2.....	52
<i>gavilyte-c</i>	63
<i>gavilyte-g</i>	63
<i>gavilyte-n/flavor pack</i>	63
GAVRETO	23
<i>gemcitabine hcl</i>	20
<i>gemfibrozil</i>	31
<i>generlac</i>	63
<i>gengraf</i>	69
GENOTROPIN	59
GENOTROPIN MINISQUICK	59
<i>gentak</i>	73
<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>	73
<i>gentamicin sulfate (topical)</i>	79
GENVOYA TAB.....	14
GILENYA	48
GILOTRIF	23
<i>glatiramer acetate</i>	48
<i>glatopa</i>	48
<i>glimepiride</i>	50
<i>glipizide</i>	50

<i>glipizide xl</i>	50
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	50
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	50
<i>glipizide-metformin hcl tab 5-500 mg</i>	50
<i>glycopyrrolate</i>	62
<i>glydo</i>	81
GLYXAMBI TAB 10-5 MG	50
GLYXAMBI TAB 25-5 MG	50
GOLYTELY SOL	63
GRALISE.....	47
<i>granisetron hcl</i>	61
<i>griseofulvin microsize</i>	12
<i>griseofulvin ultramicrosize</i>	12
<i>guanfacine hcl</i>	35
<i>guanfacine hcl (adhd)</i>	46
GVOKE HYOPEN 2-PACK.....	59
GVOKE KIT	59
GVOKE PFS	59
H	
HAEGARDA	66
<i>hailey 1.5/30</i>	55
<i>halobetasol propionate</i>	81
<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	70
<i>heather</i>	55
HEP SOD/D5W INJ 20000UNT.....	65
HEP SOD/D5W INJ 25000UNT.....	65
HEP SOD/NACL INJ 25000UNT.....	65
<i>heparin sodium (porcine)</i>	65
HEPARIN/NACL INJ 25000UNT	65
<i>hepatamine</i>	72
HERCEP HYLEC SOL 60-10000	23
HERCEPTIN	23
HERZUMA	23
HETLIOZ.....	46
HIBERIX	70
HUMALOG.....	52
HUMALOG JUNIOR KWIKPEN	52
HUMALOG KWIKPEN.....	52

HUMALOG MIX INJ 50/50.....	52
HUMALOG MIX INJ 50/50KWP	52
HUMALOG MIX INJ 75/25KWP	52
HUMALOG MIX SUS 75/25	52
HUMIRA	67
HUMIRA PEDIA INJ CROHNS	67
HUMIRA PEDIATRIC CROHNS D	67
HUMIRA PEN.....	67
HUMIRA PEN KIT PS/UV.....	67
HUMIRA PEN-CD/UC/HS START	67
HUMIRA PEN-PEDIATRIC UC S.....	67
HUMIRA PEN-PS/UV STARTER	67
HUMULIN INJ 70/30	52
HUMULIN INJ 70/30KWP.....	52
HUMULIN N	52
HUMULIN N KWIKPEN	52
HUMULIN R.....	52
HUMULIN R U-500 (CONCENTR	52
HUMULIN R U-500 KWIKPEN	52
<i>hydralazine hcl</i>	35
<i>hydrochlorothiazide</i>	34
<i>hydrocodone bitartrate</i>	9
<i>hydrocodone-acetaminophen soln 7.5-</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>	82
<i>hydrocortisone (topical)</i>	81
<i>hydrocortisone butyrate</i>	81
<i>hydrocortisone valerate</i>	81
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	68
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	76
<i>hydroxyzine pamoate</i>	76
HYSINGLA ER.....	9
I	
<i>ibandronate sodium</i>	53
IBRANCE	23

<i>ibu</i>	8	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibuprofen</i>	8	300-12.5 mg.....	29
<i>icatibant acetate</i>	66	IRESSA.....	23
<i>iclevia</i>	55	<i>irinotecan hcl</i>	21
ICLUSIG.....	23	ISENTRESS.....	13
IDHIFA.....	23	ISENTRESS HD.....	13
ILEVRO.....	74	<i>isibloom</i>	55
<i>imatinib mesylate</i>	23	ISOLYTE-P INJ /D5W.....	71
IMBRUVICA.....	23	ISOLYTE-S INJ.....	71
<i>imipenem-cilastatin intravenous for</i>		ISOLYTE-S INJ PH 7.4.....	71
<i>soln 250 mg</i>	11	<i>isoniazid</i>	15
<i>imipenem-cilastatin intravenous for</i>		ISOPTO ATROPINE.....	75
<i>soln 500 mg</i>	11	<i>isosorbide dinitrate</i>	35
<i>imipramine hcl</i>	41	<i>isosorbide mononitrate</i>	35
<i>imiquimod</i>	82	<i>isotretinoin</i>	79
IMOVAX RABIES (H.D.C.V.).....	70	<i>isradipine</i>	33
<i>incassia</i>	55	<i>itraconazole</i>	12
INCRELEX.....	59	<i>ivermectin</i>	11
INCRUSE ELLIPTA.....	76	IXIARO INJ.....	70
<i>indapamide</i>	34	J	
INFANRIX INJ.....	70	JAKAFI.....	23
INFLIXIMAB.....	67	<i>jantoven</i>	65
INGREZZA.....	47	JANUMET TAB 50-1000.....	50
INGREZZA CAP 40-80MG.....	47	JANUMET TAB 50-500MG.....	50
INLYTA.....	23	JANUMET XR TAB 100-1000.....	50
INQOVI TAB 35-100MG.....	20	JANUMET XR TAB 50-1000.....	50
INREBIC.....	23	JANUMET XR TAB 50-500MG.....	50
INSULIN SAFETY NEEDLES.....	52	JANUVIA.....	50
INSULIN SYRINGES:		JARDIANCE.....	50
BD/ULTIMED/ALLISON/TRIVIDIA/MH		<i>jasmiel</i>	55
C.....	52	JENTADUETO TAB 2.5-1000.....	50
INTELENCE.....	13	JENTADUETO TAB 2.5-500.....	50
INTRALIPID.....	72	JENTADUETO TAB 2.5-850.....	50
INTRON A.....	69	JENTADUETO TAB XR 2.5-1000MG...	50
<i>introvale</i>	55	JENTADUETO TAB XR 5-1000MG.....	50
INVEGA SUSTENNA.....	43	<i>jinteli</i>	58
INVEGA TRINZA.....	44	<i>jolessa</i>	55
INVIRASE.....	13	<i>juleber</i>	55
IPOL INJ INACTIVE.....	70	JULUCA TAB 50-25MG.....	14
<i>ipratropium bromide</i>	76	<i>junel 1.5/30</i>	55
<i>ipratropium bromide (nasal)</i>	76	<i>junel 1/20</i>	55
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>junel fe 1.5/30</i>	55
<i>2.5(3) mg/3ml</i>	75	<i>junel fe 1/20</i>	55
<i>irbesartan</i>	30	K	
<i>irbesartan-hydrochlorothiazide tab</i>		KADCYLA.....	23
<i>150-12.5 mg</i>	29	KALYDECO.....	77
		KANJINTI.....	23

<i>kariva</i>	55
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	71
<i>KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	71
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ</i>	71
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	71
<i>kelnor 1/35</i>	55
<i>kelnor 1/50</i>	55
<i>KERENDIA</i>	28
<i>KESIMPTA</i>	48
<i>ketoconazole</i>	12
<i>ketoconazole (topical)</i>	80
<i>ketorolac tromethamine (ophth)</i>	74
<i>KEYTRUDA</i>	23
<i>KINRIX INJ</i>	70
<i>KISQALI 200 DOSE</i>	23
<i>KISQALI 200 PAK FEMARA</i>	21
<i>KISQALI 400 DOSE</i>	23
<i>KISQALI 400 PAK FEMARA</i>	21
<i>KISQALI 600 DOSE</i>	24
<i>KISQALI 600 PAK FEMARA</i>	21
<i>klor-con</i>	72
<i>klor-con 10</i>	72
<i>klor-con 8</i>	72
<i>klor-con m10</i>	72
<i>klor-con m15</i>	72
<i>klor-con m20</i>	72
<i>KORLYM</i>	59
<i>kurvelo</i>	55
<i>KYNMOBI</i>	42

L	
<i>labetalol hcl</i>	32
<i>lacosamide</i>	37
<i>lactated ringer's solution</i>	71
<i>lactic acid (ammonium lactate)</i>	82
<i>lactulose</i>	63
<i>lactulose (encephalopathy)</i>	63
<i>lamivudine</i>	13
<i>lamivudine (hbv)</i>	15
<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>lamotrigine</i>	37
<i>lansoprazole</i>	64
<i>lapatinib ditosylate</i>	24
<i>larin 1.5/30</i>	55
<i>larin 1/20</i>	55
<i>larin fe 1.5/30</i>	55
<i>larin fe 1/20</i>	55
<i>larissia</i>	55
<i>LASTACFT</i>	74
<i>latanoprost</i>	74
<i>LATUDA</i>	44
<i>leena</i>	55
<i>leflunomide</i>	68
<i>lenalidomide</i>	21
<i>LENVIMA 10 MG DAILY DOSE</i>	24
<i>LENVIMA 12MG DAILY DOSE</i>	24
<i>LENVIMA 20 MG DAILY DOSE</i>	24
<i>LENVIMA 4 MG DAILY DOSE</i>	24
<i>LENVIMA 8 MG DAILY DOSE</i>	24
<i>LENVIMA CAP 14 MG</i>	24
<i>LENVIMA CAP 18 MG</i>	24
<i>LENVIMA CAP 24 MG</i>	24
<i>lessina</i>	55
<i>letrozole</i>	20
<i>leucovorin calcium</i>	26
<i>LEUKERAN</i>	19
<i>leuprolide acetate</i>	20
<i>levalbuterol hcl</i>	77
<i>levalbuterol tartrate</i>	77
<i>LEVEMIR</i>	52
<i>LEVEMIR FLEXTOUCH</i>	52
<i>levetiracetam</i>	38
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	38
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	38

<i>levetiracetam in sodium chloride iv soln</i>		<i>loestrin 1.5/30-21</i>	56
500 mg/100ml.....	38	<i>loestrin 1/20-21</i>	56
<i>levobunolol hcl</i>	74	<i>loestrin fe 1.5/30</i>	56
<i>levocarnitine (metabolic modifiers)</i> ...	60	<i>loestrin fe 1/20</i>	56
<i>levocetirizine dihydrochloride</i>	76	LOKELMA.....	54
<i>levofloxacin</i>	17	LONSURF TAB 15-6.14	20
<i>levofloxacin in d5w iv soln 250</i>		LONSURF TAB 20-8.19	20
mg/50ml.....	17	<i>loperamide hcl</i>	63
<i>levofloxacin in d5w iv soln 500</i>		<i>lopinavir-ritonavir soln 400-100</i>	
mg/100ml.....	17	mg/5ml (80-20 mg/ml)	14
<i>levofloxacin in d5w iv soln 750</i>		<i>lopinavir-ritonavir tab 100-25 mg</i>	14
mg/150ml.....	17	<i>lopinavir-ritonavir tab 200-50 mg</i>	14
<i>levonest</i>	55	<i>lorazepam</i>	36
<i>levonorgestrel & ethinyl estradiol (91-</i>		<i>lorazepam intensol</i>	36
<i>day) tab 0.15-0.03 mg</i>	55	LORBRENA	24
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>loryna</i>	56
0.1 mg-20 mcg.....	55	<i>losartan potassium</i>	30
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>losartan potassium &</i>	
0.15 mg-30 mcg	55	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>levonorgestrel-eth estra tab 0.05-</i>			29
<i>30/0.075-40/0.125-30mg-mcg</i>	56	<i>losartan potassium &</i>	
<i>levora 0.15/30-28</i>	56	<i>hydrochlorothiazide tab 100-25 mg</i>	29
<i>levo-t</i>	61	<i>losartan potassium &</i>	
<i>levothyroxine sodium</i>	61	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>levoxyl</i>	61		29
LEXIVA.....	13	LOTEMAX	74
<i>lidocaine</i>	81	<i>lovastatin</i>	31
<i>lidocaine hcl</i>	81	<i>low-ogestrel</i>	56
<i>lidocaine hcl (local anesth.)</i>	10	<i>loxapine succinate</i>	44
<i>lidocaine hcl (mouth-throat)</i>	83	LUMAKRAS	24
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	82	LUMIGAN	74
<i>lillow</i>	56	LUMIZYME	60
<i>linezolid</i>	11	LUPRON DEPOT (1-MONTH)	20
<i>linezolid in sodium chloride iv soln 600</i>		LUPRON DEPOT (3-MONTH)	20
mg/300ml-0.9%	11	LUPRON DEPOT-PED (1-MONTH).....	60
LINZESS.....	63	LUPRON DEPOT-PED (3-MONTH).....	60
<i>liothyronine sodium</i>	61	<i>lutera</i>	56
<i>lisinopril</i>	28	<i>lyleq</i>	56
<i>lisinopril & hydrochlorothiazide tab 10-</i>		<i>lyllana</i>	58
<i>12.5 mg</i>	27	LYNPARZA	24
<i>lisinopril & hydrochlorothiazide tab 20-</i>		LYSODREN	20
<i>12.5 mg</i>	27	<i>lyza</i>	56
<i>lisinopril & hydrochlorothiazide tab 20-</i>		M	
<i>25 mg</i>	27	<i>magnesium sulfate</i>	71
LITHIUM	47	MAGNESIUM SULFATE.....	71
<i>lithium carbonate</i>	47, 48	<i>magnesium sulfate in dextrose 5% iv</i>	
LIVALO	31	<i>soln 1 gm/100ml</i>	71

<i>malathion</i>	82	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>maraviroc</i>	13	50-25 mg	32
<i>marlissa</i>	56	<i>metoprolol succinate</i>	32
MARPLAN.....	41	<i>metoprolol tartrate</i>	32
MATULANE.....	21	<i>metronidazole</i>	11
<i>matzim la</i>	33	<i>metronidazole (topical)</i>	82
MAVYRET PAK 50-20MG.....	15	<i>metronidazole vaginal</i>	65
MAVYRET TAB 100-40MG	15	<i>metyrosine</i>	35
<i>meclizine hcl</i>	61	MG SO4/D5W INJ 10MG/ML	71
<i>medroxyprogesterone acetate</i>	60	<i>miconazole sodium</i>	12
<i>medroxyprogesterone acetate</i>		<i>microgestin 1.5/30</i>	56
<i>(contraceptive)</i>	56	<i>microgestin 1/20</i>	56
<i>mefloquine hcl</i>	13	<i>microgestin fe 1.5/30</i>	56
<i>megestrol acetate</i>	20, 60	<i>microgestin fe 1/20</i>	56
<i>megestrol acetate (appetite)</i>	60	<i>midodrine hcl</i>	35
MEKINIST	24	<i>miglustat</i>	60
MEKTOVI	24	<i>mili</i>	56
<i>meloxicam</i>	8	<i>mimvey</i>	58
<i>memantine hcl</i>	39	<i>minocycline hcl</i>	19
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		<i>minoxidil</i>	35
<i>10 mg titration pack</i>	39	<i>mirtazapine</i>	41
MENACTRA INJ	70	<i>misoprostol</i>	63
MENQUADFI INJ	70	MITIGARE.....	8
MENVEO INJ.....	70	M-M-R II INJ	70
<i>mercaptopurine</i>	20	M-NATAL PLUS TAB.....	72
<i>meropenem</i>	11	<i>modafinil</i>	48
<i>mesalamine</i>	62	<i>moexipril hcl</i>	28
<i>mesalamine w/ cleanser</i>	62	<i>molindone hcl</i>	44
MESNEX	26	<i>mometasone furoate</i>	81
<i>metadate er</i>	46	<i>mometasone furoate (nasal)</i>	78
<i>metformin hcl</i>	51	MONJUVI.....	24
<i>methadone hcl</i>	9	<i>mono-lynyah</i>	56
<i>methadone hydrochloride i</i>	9	<i>montelukast sodium</i>	77
<i>methazolamide</i>	34	<i>morphine sulfate</i>	9
<i>methenamine hippurate</i>	11	MORPHINE SULFATE	9
<i>methimazole</i>	61	MOVANTIK.....	63
<i>methotrexate sodium</i>	20, 68	<i>moxifloxacin hcl</i>	17
<i>methylphenidate hcl</i>	46	<i>moxifloxacin hcl (ophth)</i>	73
<i>methylprednisolone</i>	58	MULTAQ	30
<i>methylprednisolone acetate</i>	58	<i>mupirocin</i>	79
<i>methylprednisolone sod succ</i>	58	MVASI	24
<i>metoclopramide hcl</i>	62	<i>mycophenolate mofetil</i>	69
<i>metolazone</i>	34	<i>mycophenolate sodium</i>	69
<i>metoprolol & hydrochlorothiazide tab</i>		<i>myorisan</i>	79
<i>100-25 mg</i>	32	MYRBETRIQ	64
<i>metoprolol & hydrochlorothiazide tab</i>		N	
<i>100-50 mg</i>	32	<i>nabumetone</i>	8

<i>nadolol</i>	32	<i>nisoldipine</i>	33
<i>nafticillin sodium</i>	18	<i>nitazoxanide</i>	11
NAGLAZYME.....	60	<i>nitisinone</i>	60
<i>nalbuphine hcl</i>	10	NITRO-BID.....	35
<i>naloxone hcl</i>	49	<i>nitrofurantoin macrocrystal</i>	11
<i>naltrexone hcl</i>	49	<i>nitrofurantoin monohyd macro</i>	11
NAMZARIC CAP 14-10MG.....	40	<i>nitroglycerin</i>	35
NAMZARIC CAP 21-10MG.....	40	<i>nizatidine</i>	62
NAMZARIC CAP 28-10MG.....	40	<i>nora-be</i>	56
NAMZARIC CAP 7-10MG.....	40	<i>norethindrone (contraceptive)</i>	56
NAMZARIC CAP PACK.....	40	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	56
<i>naproxen</i>	8	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	56
<i>naproxen sodium</i>	8	<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	56
<i>naratriptan hcl</i>	47	<i>norethindrone acetate</i>	60
NATACYN.....	73	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	58
<i>nateglinide</i>	51	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	58
NATPARA.....	53	<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	56
NAYZILAM.....	38	<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	56
<i>nebivolol hcl</i>	32	<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	56
<i>necon 0.5/35-28</i>	56	NORITATE.....	82
<i>nefazodone hcl</i>	41	<i>norlyroc</i>	56
<i>neomycin sulfate</i>	11	NORPACE CR.....	30
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	73	<i>nortrel 0.5/35 (28)</i>	56
<i>neomycin-polymyx-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml ..</i>	73	<i>nortrel 1/35 (21)</i>	56
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	73	<i>nortrel 1/35 (28)</i>	56
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	73	<i>nortrel 7/7/7</i>	56
<i>neomycin-polymyxin-hc ophth susp</i> ..	73	<i>nortriptyline hcl</i>	41
<i>neomycin-polymyxin-hc otic soln 1%</i>	75	NORVIR.....	13
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	75	NOVOLIN INJ 70/30.....	52
NERLYNX.....	24	NOVOLIN INJ 70/30 FP.....	52
NEUPRO.....	42	NOVOLIN N.....	52
<i>nevirapine</i>	13	NOVOLIN N FLEXPEN.....	52
NEXAVAR.....	24	NOVOLIN R.....	52
<i>niacin (antihyperlipidemic)</i>	31	NOVOLIN R FLEXPEN.....	52
<i>nicardipine hcl</i>	33	NOVOLOG.....	52
NICOTROL INHALER.....	49	NOVOLOG FLEXPEN.....	52
NICOTROL NS.....	49	NOVOLOG MIX INJ 70/30.....	52
<i>nifedipine</i>	33	NOVOLOG MIX INJ FLEXPEN.....	52
<i>nikki</i>	56	NOVOLOG PENFILL.....	53
<i>nilutamide</i>	20		
<i>nimodipine</i>	33		
NINLARO.....	24		

NOXAFIL.....	12	olmesartan-amlodipine-	
NUBEQA	20	hydrochlorothiazide tab 40-10-25 mg	
NUDEXTA CAP 20-10MG.....	48		29
NULOJIX.....	69	olmesartan-amlodipine-	
NULYTELY SOL LMN/LIME.....	63	hydrochlorothiazide tab 40-5-12.5	
NUPLAZID.....	44	mg	29
NURTEC	47	olmesartan-amlodipine-	
NUTRILIPID	72	hydrochlorothiazide tab 40-5-25 mg	
NUZYRA	19		29
nyamyc.....	80	olopatadine hcl.....	74
nylia 1/35.....	56	olopatadine hcl (nasal)	76
nylia 7/7/7.....	56	omeprazole.....	64
NYMALIZE.....	33	OMNARIS	78
nymyo	57	OMNIPOD 5 G6 KIT INTRO.....	53
nystatin.....	12	OMNIPOD 5 G6 MIS PODS	53
nystatin (mouth-throat).....	83	OMNIPOD DASH KIT INTRO	53
nystatin (topical)	80	OMNIPOD DASH MIS PODS	53
nystop.....	80	OMNIPOD MIS CLASSIC.....	53
O		OMNIPOD PDM KIT CLASSIC	53
ocella	57	ondansetron	62
OCTAGAM	68	ondansetron hcl	62
octreotide acetate	60	ONETOUCH TES VERIO.....	27
ODEFSEY TAB.....	14	ONTRUZANT	24
ODOMZO	24	ONUREG.....	20
OFEV	77	OPSUMIT.....	35
ofloxacin (ophth)	73	ORGOVYX.....	20
ofloxacin (otic)	75	ORKAMBI GRA 100-125.....	77
OGIVRI	24	ORKAMBI GRA 150-188.....	77
OGIVRI INJ 420MG	24	ORKAMBI TAB 100-125	77
olanzapine	44	ORKAMBI TAB 200-125	77
olmesartan medoxomil	30	orsythia	57
olmesartan medoxomil-		oseltamivir phosphate	15
hydrochlorothiazide tab 20-12.5 mg		OTEZLA.....	67
.....	29	OTEZLA TAB 10/20/30	67
olmesartan medoxomil-		oxacillin sodium.....	18
hydrochlorothiazide tab 40-12.5 mg		oxaliplatin	19
.....	29	oxandrolone.....	50
olmesartan medoxomil-		oxaprozin	8
hydrochlorothiazide tab 40-25 mg .	29	oxcarbazepine.....	38
olmesartan-amlodipine-		oxybutynin chloride	65
hydrochlorothiazide tab 20-5-12.5		oxycodone hcl.....	10
mg.....	29	oxycodone w/ acetaminophen tab 10-	
olmesartan-amlodipine-		325 mg	10
hydrochlorothiazide tab 40-10-12.5		oxycodone w/ acetaminophen tab 2.5-	
mg.....	29	325 mg	10
		oxycodone w/ acetaminophen tab 5-	
		325 mg	10

<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	10
OZEMPIC (0.25 OR 0.5MG/DOSE)	51
OZEMPIC (1MG/DOSE)	51
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	51

P	
<i>pacerone</i>	30
<i>paclitaxel</i>	21
PACLITAXEL INJ 100MG	21
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	21
<i>paliperidone</i>	44
<i>pamidronate disodium</i>	53
PAMIDRONATE DISODIUM	53
PANRETIN.....	82
<i>pantoprazole sodium</i>	64
PANZYGA.....	69
<i>paraplatin</i>	19
<i>paricalcitol</i>	61
<i>paromomycin sulfate</i>	11
<i>paroxetine hcl</i>	41
PASER.....	15
PAXIL.....	41
PEDIARIX INJ 0.5ML.....	70
PEDVAX HIB.....	70
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	63
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	63
PEGASYS	16
PEMAZYRE	24
<i>pemetrexed disodium</i>	20
PEN GK/DEXTR INJ 40000/ML.....	18
PEN GK/DEXTR INJ 60000/ML.....	18
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	53
<i>penicillamine</i>	54
<i>penicillin g potassium</i>	18
PENICILLIN G PROCAINE	18
<i>penicillin g sodium</i>	18
<i>penicillin v potassium</i>	18
PENTACEL INJ	70
<i>pentamidine isethionate inh</i>	11
<i>pentamidine isethionate inj</i>	11
<i>pentoxifylline</i>	66
<i>perindopril erbumine</i>	28
<i>periogard</i>	83
<i>permethrin</i>	82
<i>perphenazine</i>	44
PERSERIS.....	44
<i>pfizerpen</i>	18
<i>phenelzine sulfate</i>	41
<i>phenobarbital</i>	38
<i>phenobarbital sodium</i>	38
PHENYTEK	38
<i>phenytoin</i>	38
<i>phenytoin sodium</i>	38
<i>phenytoin sodium extended</i>	38
PHESGO SOL	24
<i>philith</i>	57
PIFELTRO	13
<i>pilocarpine hcl</i>	74
<i>pilocarpine hcl (oral)</i>	83
<i>pimozide</i>	44
<i>pimtrea</i>	57
<i>pindolol</i>	32
<i>pioglitazone hcl</i>	51
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	19
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	18
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	19
PIQRAY 200MG DAILY DOSE	24
PIQRAY 250MG TAB DOSE	24
PIQRAY 300MG DAILY DOSE	24
<i>pirfenidone</i>	78
<i>pirmella 1/35</i>	57
<i>piroxicam</i>	8
PLASMA-LYTE INJ -148.....	71
PLASMA-LYTE INJ -A	71
<i>plenamine</i>	72
PLENVU SOL	63
<i>podofilox</i>	82
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	73
POMALYST.....	21
<i>portia-28</i>	57

<i>posaconazole</i>	12	<i>procto-pak</i>	82
<i>potassium chloride</i>	71, 72	<i>proctosol hc</i>	82
POTASSIUM CHLORIDE.....	71	<i>proctozone-hc</i>	82
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	72	PROGRAF	69
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	72	PROLASTIN-C	78
<i>potassium citrate (alkalinizer)</i>	64	PROLENSA.....	74
PRADAXA.....	65	PROLIA	53
PRALUENT	32	PROMACTA	66
<i>pramipexole dihydrochloride</i>	42	<i>promethazine hcl</i>	62
<i>prasugrel hcl</i>	66	<i>propafenone hcl</i>	30
<i>pravastatin sodium</i>	31	<i>proparacaine hcl</i>	75
<i>praziquantel</i>	11	<i>propranolol hcl</i>	32
<i>prazosin hcl</i>	28	<i>propylthiouracil</i>	61
<i>prednisolone</i>	59	PROQUAD INJ	70
<i>prednisolone acetate (ophth)</i>	74	PROSOL INJ 20%	73
PREDNISOLONE SODIUM PHOSP.....	74	<i>protriptyline hcl</i>	41
<i>prednisolone sodium phosphate</i>	59	PULMICORT FLEXHALER	78
<i>prednisone</i>	59	PULMOZYME	78
PREDNISONE INTENSOL	59	PURIXAN	20
<i>pregabalin</i>	38	<i>pyrazinamide</i>	15
<i>pregabalin (once-daily)</i>	48	<i>pyridostigmine bromide</i>	48
PREHEVBRIO.....	70	Q	
PREMARIN	58	QINLOCK.....	24
PREMASOL SOL 10%.....	73	QUADRACEL INJ	70
PRENATAL TAB 27-1MG	72	QUADRACEL INJ 0.5ML.....	70
PRENATAL TAB PLUS	72	<i>quetiapine fumarate</i>	44
PRENATAL VIT TAB LOW IRON	72	<i>quinapril hcl</i>	28
<i>prevalite</i>	32	<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	27
PREVYMIS.....	16	<i>quinapril-hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	27
PREZCOBIX TAB 800-150.....	15	<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	27
PREZISTA	13	<i>quinidine sulfate</i>	30
PRIFTIN.....	15	<i>quinine sulfate</i>	13
PRILOSEC	64	R	
<i>primaquine phosphate</i>	13	RABAVERT INJ	70
PRIMAQUINE PHOSPHATE	13	<i>rabeprazole sodium</i>	64
<i>primidone</i>	38	<i>raloxifene hcl</i>	60
PRIORIX INJ.....	70	<i>ramipril</i>	28
PRIVIGEN	69	<i>ranolazine</i>	35
<i>probenecid</i>	8	<i>rasagiline mesylate</i>	42
PROCALAMINE INJ 3%.....	73	RAYALDEE	61
<i>prochlorperazine</i>	62	<i>reclipsen</i>	57
<i>prochlorperazine edisylate</i>	62	RECOMBIVAX HB	70
<i>prochlorperazine maleate</i>	62	RECTIV	82
PROCRIPT	66	REGRANEX	82
<i>procto-med hc</i>	82		

RELENZA DISKHALER	16	SAVELLA	48
RELISTOR	63	SAVELLA MIS TITR PAK	48
REMICADE	67	SCSEMBLIX	25
RENFLEXIS	67	<i>scopolamine</i>	62
<i>repaglinide</i>	51	SECUADO	44
RESTASIS	75	<i>selegiline hcl</i>	42
RESTASIS MULTIDOSE	75	<i>selenium sulfide</i>	80
RETEVMO	24	SELZENTRY	13
REVLIMID	21	SEREVENT DISKUS	77
REXULTI	44	<i>sertraline hcl</i>	41
REYATAZ	13	<i>setlakin</i>	57
REZUROCK	69	<i>sevelamer carbonate</i>	60
RHOPRESSA	74	<i>sharobel</i>	57
RIABNI	24	SHINGRIX	70
<i>ribavirin (hepatitis c)</i>	16	SIGNIFOR	60
<i>rifabutin</i>	15	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	35
<i>rifampin</i>	15	<i>silodosin</i>	64
<i>riluzole</i>	48	<i>silver sulfadiazine</i>	79
<i>rimantadine hydrochloride</i>	16	SIMBRINZA SUS 1-0.2%	74
RINVOQ	67	<i>simliya</i>	57
<i>risedronate sodium</i>	53	<i>simvastatin</i>	31
RISPERDAL CONSTA	44	<i>sirolimus</i>	69
<i>risperidone</i>	44	SIRTURO	15
<i>ritonavir</i>	13	SIVEXTRO	11
RITUXAN	24	SKYRIZI	67, 68
RITUXAN INJ HYCELA	24	SKYRIZI PEN	68
<i>rivastigmine</i>	40	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	63
<i>rivastigmine tartrate</i>	40	<i>sodium chloride</i>	72
<i>rizatriptan benzoate</i>	47	<i>sodium chloride (gu irrigant)</i>	82
<i>ropinirole hydrochloride</i>	42	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	72
<i>rosadan</i>	82	<i>sodium phenylbutyrate</i>	60
<i>rosuvastatin calcium</i>	31	<i>sodium polystyrene sulfonate powder</i>	54
ROTARIX SUS	70	<i>solifenacin succinate</i>	65
ROTATEQ SOL	70	SOLQUA INJ 100/33	53
<i>roweepra</i>	38	SOLTAMOX	20
ROZLYTREK	25	SOLU-CORTEF	59
RUBRACA	25	SOMATULINE DEPOT	60
<i>rufinamide</i>	38	SOMAVERT	60
RUKOBIA	13	<i>sorafenib tosylate</i>	25
RUXIENCE	25	<i>sorine</i>	30
RYBELSUS	51	<i>sotalol hcl</i>	30
RYDAPT	25	<i>sotalol hcl (afib/afl)</i>	31
S		<i>spironolactone</i>	28
<i>sajazir</i>	66		
SANDIMMUNE	69		
SANTYL	82		
<i>sapropterin dihydrochloride</i>	60		

<i>spironolactone & hydrochlorothiazide</i>	
<i>tab 25-25 mg</i>	34
<i>sprintec 28</i>	57
SPRITAM	38
SPRYCEL	25
<i>sps</i>	54
<i>sronyx</i>	57
<i>ssd</i>	79
<i>stavudine</i>	13
STELARA	68
STIVARGA	25
<i>streptomycin sulfate</i>	11
STRIBILD TAB	15
<i>subvenite</i>	39
<i>sucralfate</i>	63
<i>sulfacetamide sodium (acne)</i>	79
<i>sulfacetamide sodium (ophth)</i>	73
<i>sulfacetamide sodium-prednisolone</i>	
<i>ophth soln 10-0.23(0.25)%</i>	73
<i>sulfadiazine</i>	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>	11
SULFAMYLON	79
<i>sulfasalazine</i>	62, 63
<i>sulindac</i>	8
<i>sumatriptan</i>	47
<i>sumatriptan succinate</i>	47
<i>sunitinib malate</i>	25
SUPREP BOWEL SOL PREP KIT	63
<i>syeda</i>	57
SYMBICORT AER 160-4.5.....	79
SYMBICORT AER 80-4.5.....	79
SYMDEKO TAB 100-150	78
SYMDEKO TAB 50-75MG	78
SYMJEPI	78
SYMPAZAN.....	39
SYMTUZA TAB	15
SYNAREL	57
SYNERCID INJ 500MG	11
SYNJARDY TAB 12.5-1000MG	51
SYNJARDY TAB 12.5-500	51

SYNJARDY TAB 5-1000MG	51
SYNJARDY TAB 5-500MG	51
SYNJARDY XR TAB 10-1000	51
SYNJARDY XR TAB 12.5-1000MG	51
SYNJARDY XR TAB 25-1000	51
SYNJARDY XR TAB 5-1000MG.....	51
SYNRIBO.....	21
SYNTHROID	61
T	
TABLOID	20
TABRECTA.....	25
<i>tacrolimus</i>	69
<i>tacrolimus (topical)</i>	82
TAFINLAR.....	25
TAGRISSO	25
TALTZ.....	68
TALZENNA.....	25
<i>tamoxifen citrate</i>	20
<i>tamsulosin hcl</i>	64
TARGRETIN	82
<i>tarina fe 1/20 eq</i>	57
TASIGNA.....	25
<i>tazarotene</i>	80
<i>tazicef</i>	16
TAZORAC	80
<i>taztia xt</i>	33
TAZVERIK.....	25
TDVAX INJ 2-2 LF	70
TECENTRIQ.....	25
TEFLARO	16
<i>telmisartan</i>	30
<i>telmisartan-amlodipine tab 40-10 mg</i>	
.....	29
<i>telmisartan-amlodipine tab 40-5 mg.</i>	29
<i>telmisartan-amlodipine tab 80-10 mg</i>	
.....	29
<i>telmisartan-amlodipine tab 80-5 mg.</i>	29
<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>12.5 mg</i>	29
<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>12.5 mg</i>	29
<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>25 mg</i>	30
<i>temazepam</i>	46
TEMIXYS TAB 300-300	15
TENIVAC INJ 5-2LF	70
<i>tenofovir disoproxil fumarate</i>	14

TEPMETKO	25	<i>tranexamic acid</i>	66
<i>terazosin hcl</i>	28	<i>tranylcypromine sulfate</i>	41
<i>terbinafine hcl</i>	12	TRAVASOL INJ 10%	73
<i>terbutaline sulfate</i>	77	<i>travoprost</i>	75
<i>terconazole vaginal</i>	65	TRAZIMERA	25
<i>testosterone</i>	50	<i>trazodone hcl</i>	41
<i>testosterone cypionate</i>	50	TRECATOR	15
<i>testosterone enanthate</i>	50	TRELEGY AER ELLIPTA 100-62.5-25	
<i>tetrabenazine</i>	48	MCG	75
<i>tetracycline hcl</i>	19	TRELEGY AER ELLIPTA 200-62.5-25	
THALOMID	21	MCG	75
THEO-24	78	TRELSTAR MIXJECT	20
<i>theophylline</i>	78	<i>treprostinil</i>	35
<i>thioridazine hcl</i>	44	TRESIBA	53
<i>thiothixene</i>	44	TRESIBA FLEXTOUCH	53
<i>tiadylt er</i>	33	<i>tretinoin</i>	79
<i>tiagabine hcl</i>	39	<i>tretinoin (chemotherapy)</i>	21
TIBSOVO	25	TREXALL	68
TICOVAC	70	<i>triamcinolone acetonide (mouth)</i>	83
<i>tigecycline</i>	19	<i>triamcinolone acetonide (topical)</i>	81
TIGECYCLINE	19	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tilia fe</i>	57	37.5-25 mg	34
<i>timolol maleate</i>	32	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i>	75	37.5-25 mg	34
<i>timolol maleate (ophth) once-daily</i> ...	75	<i>triamterene & hydrochlorothiazide tab</i>	
TIVICAY	14	75-50 mg	34
TIVICAY PD	14	TRICARE TAB PRENATAL	72
<i>tizanidine hcl</i>	48	<i>triderm</i>	81
TOBRADEX OIN 0.3-0.1%	73	<i>trientine hcl</i>	54
TOBRADEX ST SUS 0.3-0.05	73	<i>tri-estarylla</i>	57
<i>tobramycin</i>	11	<i>trifluoperazine hcl</i>	45
<i>tobramycin (ophth)</i>	73	<i>trifluridine</i>	73
<i>tobramycin sulfate</i>	12	<i>trihexyphenidyl hcl</i>	42
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 10-5-	
0.3-0.1%	73	1000MG	51
<i>tolterodine tartrate</i>	65	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>topiramate</i>	39	1000MG	51
<i>toposar</i>	22	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	20	1000MG	51
<i>torse mide</i>	34	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOVIAZ	65	1000MG	51
TPN ELECTROL INJ	72	TRIKAFTA TAB 100-50-75MG & 150MG	
TRADJENTA	51		78
<i>tramadol hcl</i>	10	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>tramadol-acetaminophen tab 37.5-325</i>			78
mg	10	<i>tri-legest fe</i>	57
<i>trandolapril</i>	28	<i>tri-linyah</i>	57

<i>tri-lo-estarylla</i>	57	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	30
<i>tri-lo-marzia</i>	57	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	30
<i>tri-lo-mili</i>	57	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	30
<i>tri-lo-sprintec</i>	57	VALTOCO	39
TRIMETHOPRIM	12	<i>vancomycin hcl</i>	12
<i>tri-mili</i>	57	VANCOMYCIN INJ 1 GM	12
<i>trimipramine maleate</i>	41	VANCOMYCIN INJ 500MG	12
TRINTELLIX	41	VANCOMYCIN INJ 750MG	12
<i>tri-nymyo</i>	57	VANDAZOLE	65
<i>tri-sprintec</i>	57	VAQTA	70
TRIUMEQ PD TAB	15	<i>varenicline tartrate</i>	49
TRIUMEQ TAB	15	<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	49
<i>trivora-28</i>	57	VARIVAX	70
<i>tri-vylibra</i>	57	VASCEPA	32
<i>tri-vylibra lo</i>	57	VELCADE	25
TRIZIVIR TAB	15	<i>velivet</i>	57
TROGARZO	14	VELPHORO	60
TROPHAMINE INJ 10%	73	VELTASSA	54
<i>tropium chloride</i>	65	VEMLIDY	16
TRULICITY	51	VENCLEXTA	25, 26
TRUMENBA INJ	70	VENCLEXTA TAB START PK	26
TRUSELTIQ 100 MG DAILY DOSE	25	<i>venlafaxine hcl</i>	41
TRUSELTIQ 125 MG DAILY DOSE	25	VENTAVIS	35
TRUSELTIQ 50 MG DAILY DOSE	25	VENTOLIN HFA	77
TRUSELTIQ 75 MG DAILY DOSE	25	VENTOLIN HFA (INSTITUTIONAL PACK)	77
TRUXIMA	25	<i>verapamil hcl</i>	33
TUKYSA	25	VERQUVO	35
TURALIO	25	VERSACLOZ	45
TWINRIX INJ	70	VERZENIO	26
TYBOST	14	<i>vestura</i>	57
TYPHIM VI	70	V-GO 20 KIT	53
U		V-GO 30 KIT	53
UBRELVY	47	V-GO 40 KIT	53
<i>unithroid</i>	61	VICTOZA	51
<i>ursodiol</i>	63	<i>vienva</i>	57
V		<i>vigabatrin</i>	39
<i>valacyclovir hcl</i>	16	<i>vigadrone</i>	39
VALCHLOR	82	VIIBRYD	41
<i>valganciclovir hcl</i>	16	VIIBRYD KIT STARTER	41
<i>valproate sodium</i>	39	<i>vilazodone hcl</i>	41
<i>valproic acid</i>	39	VIMPAT	39
<i>valsartan</i>	30	<i>vincristine sulfate</i>	22
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	30		
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	30		

<i>vinorelbine tartrate</i>	22
<i>violele</i>	57
VIRACEPT	14
VIREAD	14
VITRAKVI	26
VIVITROL	49
VIZIMPRO.....	26
VONJO	26
<i>voriconazole</i>	12
VOSEVI TAB.....	16
VOTRIENT.....	26
VRAYLAR	45
VRAYLAR CAP 1.5-3MG	45
<i>vyfemla</i>	57
<i>vylibra</i>	57
VYVANSE.....	46
VYZULTA	75
W	
<i>warfarin sodium</i>	65
<i>water for irrigation, sterile irrigation</i> <i>soln</i>	82
WELIREG	21
<i>wera</i>	57
X	
XALKORI	26
XARELTO	65
XARELTO STAR TAB 15/20MG.....	66
XATMEP.....	68
XCOPRI	39
XCOPRI PAK 100-150	39
XCOPRI PAK 12.5-25.....	39
XCOPRI PAK 150-200MG (MAINTENANCE)	39
XCOPRI PAK 150-200MG (TITRATION)	39
XCOPRI PAK 50-100MG	39
XELJANZ.....	68
XELJANZ XR.....	68
XERMELO.....	63
XGEVA	53
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.....	75

XOLAIR.....	78
XOSPATA.....	26
XPOVIO 100 MG ONCE WEEKLY	26
XPOVIO 40 MG ONCE WEEKLY.....	26
XPOVIO 40 MG TWICE WEEKLY	26
XPOVIO 60 MG ONCE WEEKLY.....	26
XPOVIO 60 MG TWICE WEEKLY	26
XPOVIO 80 MG ONCE WEEKLY.....	26
XPOVIO 80 MG TWICE WEEKLY	26
XTANDI.....	20
<i>xulane</i>	57
XULTOPHY INJ 100/3.6.....	53
XYREM	49
Y	
YF-VAX INJ	70
<i>yuvaferm</i>	58
Z	
<i>zafemy</i>	57
<i>zafirlukast</i>	77
ZARXIO.....	66
ZEJULA	26
ZELBORAF	26
ZEMAIRA.....	78
<i>zenatane</i>	79
ZENPEP CAP 10000UNT	64
ZENPEP CAP 15000UNT	64
ZENPEP CAP 20000UNT	64
ZENPEP CAP 25000UNT	64
ZENPEP CAP 3000UNIT.....	64
ZENPEP CAP 40000UNT	64
ZENPEP CAP 5000UNIT.....	64
ZERVIAE.....	74
<i>zidovudine</i>	14
<i>ziprasidone hcl</i>	45
<i>ziprasidone mesylate</i>	45
ZIRABEV	26
ZIRGAN.....	73
<i>zoledronic acid</i>	53
ZOLINZA	26
<i>zolmitriptan</i>	47
<i>zolpidem tartrate</i>	47
<i>zonisamide</i>	39
ZORTRESS.....	69
<i>zovia 1/35</i>	57
<i>zumandimine</i>	57
ZYCLARA PUMP	82
ZYDELIG	26

ZYKADIA	26
ZYLET SUS 0.5-0.3%	73

ZYPITAMAG	31
ZYPREXA RELPREVV.....	45

**Estamos
aquí
para ayudar.**

Este formulario se actualizó el **09/20/2022**. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Clover al 1-888-778-1478 (TTY/TDD 711) de 8 am a 8 pm (hora local) los 7 días de la semana o visite cloverhealth.com/formulary. Entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) durante los fines de semana y días feriados.

Y0129_21MX037A2_C