Clover Health

2022 Formulario Integral

Lista de medicamentos cubiertos
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Para Planes:
Clover Health Choice (PPO) (025)
Clover Health LiveHealthy (PPO) (026)
Clover Health Choice (PPO) (033)
Clover Health Choice Value (PPO) (034)
Clover Health Choice (PPO) (035)
Clover Health LiveHealthy (PPO) (036)
Clover Health LiveHealthy Value (PPO) (037)
Clover Health Choice (PPO) (038)
Clover Health Choice (PPO) (040)
Clover Health LiveHealthy (PPO) (046)

Clover Health LiveHealthy (PPO) (048)
Clover Health LiveHealthy (PPO) (050)
Clover Health LiveHealthy (PPO) (052)
Clover Health Classic (HMO) (005)
Clover Health Classic (HMO) (008)

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 en 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 85. 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.
- **Límite 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 5, 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.

En general, Clover Health solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, (el medicamento de costo compartido mas bajo) o las restricciones de utilización adicionales interfieren con la efectividad del tratamiento de su condición o podrían llegar a 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 qué 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 su capacidad de obtener los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, autorizaremos resurtidos hasta llegar a un máximo de un suministro de 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.

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 85.

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 en que se describa el uso y la situación en que se requiere el medicamento para tomar una determinación.

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. Los usuarios de TTY deben llamar al 711. Nuestro horario de atención es entre las 8 am y las 8 pm, hora local, los 7 días de la semana. Del 1 de abril al 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los días feriados, o visite cloverhealth.com.

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

PA: Autorización Previa.

QL: El medicamento tiene un límite de cantidad.

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

ST: Se requiere terapia escalonada.

Niveles de copago por niveles de medicamento

En el formulario de 2022 de Clover Health, se incluye la mayoría de los medicamentos identificados por Medicare como medicamentos de la Parte D y su copago puede variar según el nivel en el que se encuentre cada medicamento. Los montos de copago y los porcentajes de coseguro para cada nivel varían según el plan. Consulte el Resumen de Beneficios o la Evidencia de Cobertura de su plan para conocer los montos de copagos y de coseguro aplicables.

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 de cada medicamento que toma.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	2	
colchicine TABS .6mg	3	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
febuxostat TABS 40mg, 80mg	2	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
probenecid TABS 500mg	3	
NSAIDS		
celecoxib CAPS 50mg	3	QL (240 caps / 30 days)
celecoxib CAPS 100mg	3	QL (120 caps / 30 days)
celecoxib CAPS 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	3	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	
diflunisal TABS 500mg	3	
ec-naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
ec-naproxen TBEC 500mg	4	QL (90 tabs / 30 days)
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen TBEC 500mg	4	QL (90 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	3	
oxaprozin TABS 600mg	4	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	3	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	3	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	3	QL (180 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	4	
oxycodone hcl CAPS 5mg	4	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	4	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	4	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	5	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
atovaquone SUSP 750mg/5ml	4	
aztreonam SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg	3	PA
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
linezolid TABS 600mg	4	QL (60 tabs / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
meropenem SOLR 1gm, 500mg	4	
methenamine hippurate TABS 1gm	4	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg	5	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
paromomycin sulfate CAPS 250mg	4	
pentamidine isethionate inh SOLR 300mg	4	B/D
pentamidine isethionate inj SOLR 300mg	4	
praziquantel TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
streptomycin sulfate SOLR 1gm	4	
sulfadiazine TABS 500mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SYNERCID INJ 500MG	5	
tobramycin NEBU 300mg/5ml	5	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
TRIMETHOPRIM TABS 100mg	2	
vancomycin hcl CAPS 125mg	4	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	4	QL (160 caps / 180 days)
vancomycin hcl 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
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	4	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
fluconazole TABS 150mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	PA
ketoconazole TABS 200mg	3	PA
micafungin sodium SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
nystatin TABS 500000unit	3	
posaconazole TBEC 100mg	5	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (90 tabs / year)
voriconazole SOLR 200mg; SUSR 40mg/ml	5	PA
voriconazole TABS 50mg	4	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	4	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	

Drug Name	Drug Tier	Requirements/Limits
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml	4	
abacavir sulfate TABS 300mg	3	
APTIVUS CAPS 250mg	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	
EDURANT TABS 25mg	5	
efavirenz CAPS 50mg, 200mg; TABS 600mg	4	
emtricitabine CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium 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	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
maraviroc TABS 150mg, 300mg	5	
nevirapine SUSP 50mg/5ml; TB24 100mg, 400mg	4	
nevirapine 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	
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
stavudine CAPS 15mg, 20mg, 30mg, 40mg	4	
tenofovir disoproxil fumarate TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	
zidovudine TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	3	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	
BIKTARVY TAB 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	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	

Drug Name	Drug Tier	Requirements/Limits
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	
lopinavir-ritonavir tab 100-25 mg	4	
lopinavir-ritonavir tab 200-50 mg	5	
ODEFSEY TAB	5	
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		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECATOR TABS 250mg	4	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
entecavir 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	
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium 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

Drug Name	Drug Tier	Requirements/Limits
lamivudine (hbv) TABS 100mg	4	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg	3	NM
ribavirin (hepatitis c) TABS 200mg	4	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	3	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM, PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefaclor SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime SUSR 100mg/5ml, 200mg/5ml	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime axetil TABS 250mg, 500mg	3	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg	1	
cephalexin CAPS 500mg	2	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	4	
clarithromycin TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
ery-tab TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
erythrocin stearate TABS 250mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
erythromycin lactobionate SOLR 500mg	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 100mg	4	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
tetracycline hcl CAPS 250mg, 500mg	4	PA
tigecycline SOLR 50mg	4	
TIGECYCLINE SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
LEUKERAN TABS 2mg	4	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
oxaliplatin SOLR 50mg, 100mg	5	B/D

Drug Name	Drug Tier	Requirements/Limits
paraplatin SOLN 1000mg/100ml	3	B/D
ANTIBIOTICS		
adriamycin SOLN 2mg/ml	4	B/D
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal INJ 2mg/ml	5	B/D
epirubicin hcl SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
azacitidine SUSR 100mg	5	B/D, NM
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
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

Drug Name	Drug Tier	Requirements/Limits
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
IMMUNOMODULATORS		
lenalidomide CAPS 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
lenalidomide 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
bexarotene CAPS 75mg	5	NM, PA
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D, NM
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
PACLITAXEL INJ 100MG	5	B/D, NM
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D, NM
toposar SOLN 1gm/50ml, 100mg/5ml	3	B/D
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
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
bortezomib SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
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

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
erlotinib hcl TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
everolimus 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
imatinib mesylate TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
imatinib mesylate 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

Drug Name	Drug Tier	Requirements/Limits
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
lapatinib ditosylate 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

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
sorafenib tosylate 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
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .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

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
VELCADE SOLR 3.5mg	5	NM, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
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

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg	3	
leucovorin calcium TABS 15mg, 25mg	4	
MESNEX TABS 400mg	5	
BLOOD GLUCOSE REGULATOR		
DIABETIC TESTING SUPPLIES		
ACCU-CHEK TES COMPACT	0	
ONETOUCH TES VERIO	0	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	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	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (30 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	2	
sorine TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate TABS 48mg, 145mg	2	
fenofibrate TABS 54mg, 160mg	1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	2	
gemfibrozil 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
atorvastatin calcium 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
fluvastatin sodium CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
fluvastatin sodium TB24 80mg	1	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
simvastatin 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		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	3	
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl coated beads TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
isradipine CAPS 2.5mg, 5mg	3	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	

Drug Name	Drug Tier	Requirements/Limits
taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 120mg, 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	
verapamil hcl TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
acetazolamide CP12 500mg	4	
acetazolamide TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml	3	
bumetanide TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	2	
furosemide SOLN 8mg/ml, 10mg/ml	2	
furosemide TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	2	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg	4	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	4	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
digitek TABS .125mg, .25mg	2	QL (30 tabs / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
guanfacine hcl TABS 1mg, 2mg	3	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
metyrosine CAPS 250mg	5	PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TABS 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
nitroglycerin PT24 .1mg/hr	2	
nitroglycerin 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
ambrisentan TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
bosentan TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (90 tabs / 30 days), NM, PA
treprostinil 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		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
buspirone hcl TABS 10mg, 15mg	2	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml	3	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	2	
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
carbamazepine CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
diazepam CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	
ethosuximide CAPS 250mg	4	

Drug Name	Drug Tier	Requirements/Limits
ethosuximide SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml	5	
felbamate 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
gabapentin CAPS 100mg	2	QL (1080 caps / 30 days)
gabapentin CAPS 300mg	2	QL (360 caps / 30 days)
gabapentin CAPS 400mg	2	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
gabapentin TABS 600mg	3	QL (180 tabs / 30 days)
gabapentin TABS 800mg	3	QL (120 tabs / 30 days)
lacosamide SOLN 10mg/ml	4	QL (1200 mL / 30 days)
lacosamide SOLN 200mg/20ml	5	
lacosamide TABS 50mg	4	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
levetiracetam SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	2	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam TB24 500mg, 750mg	3	
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
phenobarbital ELIX 20mg/5ml	4	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	3	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	3	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
primidone TABS 50mg, 250mg	2	
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	QL (2300 mL / 28 days), PA
rufinamide TABS 200mg	5	QL (480 tabs / 30 days), PA
rufinamide 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)
subvenite 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
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	2	
valproic acid CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	

Drug Name	Drug Tier	Requirements/Limits
vigabatrin PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
vigadrone 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)
zonisamide CAPS 25mg, 50mg, 100mg	2	
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
memantine hcl TABS 5mg, 10mg	3	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg	3	QL (90 caps / 30 days)
rivastigmine tartrate CAPS 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
desvenlafaxine succinate TB24 25mg	3	QL (30 tabs / 30 days), PA
desvenlafaxine succinate TB24 50mg, 100mg	4	QL (30 tabs / 30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
doxepin hcl CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
duloxetine hcl CPEP 40mg	4	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate 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
fluoxetine hcl CAPS 10mg, 20mg	1	
fluoxetine hcl CAPS 40mg	2	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg	4	QL (240 caps / 30 days)
trimipramine maleate CAPS 50mg	4	QL (120 caps / 30 days)
trimipramine maleate 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)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS 1mg, 2mg	3	PA; PA if 70 years and older
benztropine mesylate TABS .5mg	2	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	4	
carb/levo orally disintegrating tab 25-100mg	4	
carb/levo orally disintegrating tab 25-250mg	4	
carbidopa TABS 25mg	4	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone 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	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
rasagiline mesylate TABS 1mg	4	QL (30 tabs / 30 days)
rasagiline mesylate TABS .5mg	4	QL (60 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	4	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
aripiprazole 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	

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days), PA
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	4	QL (270 tabs / 30 days)
clozapine TABS 200mg	4	QL (135 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	4	QL (180 tabs / 30 days), PA
clozapine 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
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine elixir CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	4	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 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)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate 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)
risperidone SOLN 1mg/ml	3	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
risperidone 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)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl 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	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	4	QL (6 injections / 3 days)

Drug Name	Drug Tier	Requirements/Limits
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		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
metadate er TBCR 20mg	4	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days), PA
methylphenidate hcl 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)
doxepin hcl (sleep) TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, LA, PA
temazepam 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
temazepam 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
temazepam CAPS 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
zolpidem tartrate 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

Drug Name	Drug Tier	Requirements/Limits
dihydroergotamine mesylate SOLN 1mg/ml	5	
dihydroergotamine mesylate SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	3	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	5	QL (16 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
zolmitriptan 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	
lithium carbonate CAPS 150mg, 300mg, 600mg	1	
lithium carbonate TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
pregabalin (once-daily) TB24 82.5mg, 165mg, 330mg	4	QL (60 tabs / 30 days), PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
tetrabenazine TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	3	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa 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		
baclofen TABS 10mg, 20mg	3	
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	3	QL (90 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	4	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	4	QL (60 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	3	
CHANTIX PAK 0.5& 1MG	4	PA
disulfiram TABS 250mg, 500mg	3	
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	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	

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
oxandrolone TABS 2.5mg	3	QL (120 tabs / 30 days), PA
oxandrolone TABS 10mg	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg	2	
acarbose 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)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	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)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide 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)
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide 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	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI
NOVOLIN INJ 70/30	3	SI (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI (brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	SI (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI (brand RELION not covered)
OMNIPOD 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); SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	4	
alendronate sodium TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray 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
ibandronate sodium SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TABS 30mg; TBEC 35mg	4	
XGEVA SOLN 120mg/1.7ml	5	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levora 0.15/30-28	2	
lillow	2	
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna	3	
low-ogestrel	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
nikki	3	
nora-be TABS .35mg	2	
norethindrone (contraceptive) TABS .35mg	4	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
nymyo	2	
ocella	3	
orsythia	2	
philith	3	
pimtrea	3	
pirmella 1/35	2	
portia-28	2	
reclipsen	2	
setlakin	3	
sharobel TABS .35mg	2	
simliya	3	
sprintec 28	2	
sronyx	2	

Drug Name	Drug Tier	Requirements/Limits
syeda	3	
tarina fe 1/20 eq	2	
tilia fe	4	
tri-estarylla	2	
tri-legest fe	4	
tri-linyah	2	
tri-lo-estarylla	3	
tri-lo-marzia	3	
tri-lo-mili	3	
tri-lo-sprintec	3	
tri-mili	2	
tri-nymyo	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	3	
trivora-28	2	
velivet	2	
vestura	3	
vienva	2	
viorele	3	
vyfemla	3	
vylibra	2	
wera	2	
xulane	4	
zafemy	4	
zovia 1/35	2	
zumandimine	3	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
amabelz	3	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
yuvafem 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
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	3	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
prednisone TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	

Drug Name	Drug Tier	Requirements/Limits
GLUCOSE ELEVATING AGENTS		
diazoxide 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
betaine powder for oral solution	5	NM, LA
cabergoline TABS .5mg	3	
CARBAGLU TBSO 200mg	5	NM, LA, PA
carglumic acid TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
cinacalcet hcl TABS 30mg	4	B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK 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
levocarnitine (metabolic modifiers) SOLN 1gm/10ml	4	B/D
levocarnitine (metabolic modifiers) 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
miglustat CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
nitisinone CAPS 2mg, 5mg, 10mg	5	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
raloxifene hcl TABS 60mg	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
sodium phenylbutyrate 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		
calcium acetate (phosphate binder) CAPS 667mg	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	4	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	2	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol SOLN 1mcg/ml	4	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml	3	
granisetron hcl SOLN 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg	2	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl TABS 8mg, 24mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg	2	
dicyclomine hcl SOLN 10mg/5ml	4	
dicyclomine hcl TABS 20mg	3	
glycopyrrolate TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml	4	QL (300 mL / 30 days)
famotidine TABS 20mg	1	QL (120 tabs / 30 days)
famotidine TABS 40mg	1	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	4	PA
budesonide TB24 9mg	5	PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	4	
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	3	
enulose SOLN 10gm/15ml	3	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	

Drug Name	Drug Tier	Requirements/Limits
generlac SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	3	
NULYTELY SOL LMN/LIME	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
alosetron hcl TABS 1mg	5	QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	4	QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	3	
misoprostol 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
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	3	
ursodiol TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	

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

Drug Name	Drug Tier	Requirements/Limits
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
trospium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
VANDAZOLE GEL .75%	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate 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)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium 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	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
jantoven 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)
warfarin sodium 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)
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

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
cilostazol 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
icatibant acetate SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
pentoxifylline 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
sajazir SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	4	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg	4	PA; PA if 70 years and older
dipyridamole TABS 50mg, 75mg	3	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
RENFLEXIS 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
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

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	3	
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
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
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

Drug Name	Drug Tier	Requirements/Limits
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		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
sirolimus SOLN 1mg/ml	5	B/D
sirolimus TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus 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	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
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	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.2%	3	

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

Drug Name	Drug Tier	Requirements/Limits
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	3	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; PACK 20meq	3	
potassium chloride SOLN 10%, 20%	4	
potassium chloride TBCR 8meq, 10meq, 20meq	2	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	2	
potassium chloride microencapsulated crystals er TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
sodium fluoride 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
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%, 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
hepatamine	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
BLEPHAMIDE OIN S.O.P.	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentak OINT .3%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) SOLN .5%	3	
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
ZIRGAN GEL .15%	4	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .09%	4	
BROMSITE SOLN .075%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	3	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	3	
bepotastine besilate SOLN 1.5%	3	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	
LASTACAFT SOLN .25%	4	
olopatadine hcl SOLN .1%	3	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
betaxolol hcl (ophth) SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate SOLN .15%	4	
brinzolamide SUSP 1%	4	
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	2	
latanoprost SOLN .005%	2	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUS 1-0.2%	3	
timolol maleate (ophth) SOLG .25%, .5%	4	gel forming solution, generic for TIMOPTIC-XE
timolol maleate (ophth) SOLN .25%, .5%	1	solution, generic for TIMOPTIC
timolol maleate (ophth) once-daily SOLN .5%	4	solution, generic for ISTALOL
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	
CIPRO HC SUS OTIC	4	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
ANTIHISTAMINES		
azelastine hcl SOLN .1%, .15%	3	
cetirizine hcl SOLN 1mg/ml	2	
cyproheptadine hcl SYRP 2mg/5ml	3	PA; PA if 70 years and older
cyproheptadine hcl TABS 4mg	4	PA; PA if 70 years and older
desloratadine TABS 5mg	3	
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl SYRP 10mg/5ml	3	PA; PA if 70 years and older
hydroxyzine hcl TABS 10mg, 25mg, 50mg	2	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml	4	
levocetirizine dihydrochloride TABS 5mg	1	
olopatadine hcl (nasal) SOLN .6%	4	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP 2mg/5ml	2	
albuterol sulfate TABS 2mg, 4mg	4	

Drug Name	Drug Tier	Requirements/Limits
arformoterol tartrate NEBU 15mcg/2ml	4	B/D
BROVANA NEBU 15mcg/2ml	5	B/D
formoterol fumarate NEBU 20mcg/2ml	5	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate 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		
montelukast sodium CHEW 4mg, 5mg	3	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) 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

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
pirfenidone TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
pirfenidone 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	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg	4	
theophylline 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		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
mometasone furoate (nasal) 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)
budesonide (inhalation) 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)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
avita CREA .025%; GEL .025%	4	QL (45 gm / 30 days), PA
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1%	4	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
ery PADS 2%	3	QL (60 pledgets / 30 days)
erythromycin (acne aid) SOLN 2%	3	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
myorisan CAPS 10mg, 20mg, 30mg, 40mg	4	PA
sulfacetamide sodium (acne) LOTN 10%	4	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%	4	QL (30 gm / 30 days)
gentamicin sulfate (topical) OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	QL (220 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	3	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene OINT .005%	4	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	4	QL (120 mL / 30 days), PA
calcitrene OINT .005%	4	QL (120 gm / 30 days), PA
tazarotene CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
ala-cort CREA 2.5%	2	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
lidocaine OINT 5%	4	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl GEL 2%	4	QL (30 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	3	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15%	4	QL (50 gm / 30 days)
bexarotene (topical) GEL 1%	5	QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) GEL 1%	3	QL (1000 gm / 30 days), PA
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
fluorouracil (topical) CREA 5%	4	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	3	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 2.5%	2	
imiquimod CREA 5%	3	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%	2	
lactic acid (ammonium lactate) LOTN 12%	3	
metronidazole (topical) CREA .75%	4	QL (45 gm / 30 days)
metronidazole (topical) GEL .75%	3	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
podofilox SOLN .5%	3	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	3	
procto-pak CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
rosadan CREA .75%	4	QL (45 gm / 30 days)
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (15 gm / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	3	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	4	QL (150 lozenges / 30 days)
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	3	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

Index

A

abacavir sulfate 13
abacavir sulfate-lamivudine tab 600-300 mg 14
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg 14
ABELCET 12
ABILIFY MAINTENA 43
abiraterone acetate 20
ABRAXANE INJ 100MG 21
acamprosate calcium 49
acarbose 51
ACCU-CHEK TES COMPACT 27
accutane 80
acebutolol hcl 32
acetaminophen w/ codeine soln 120-12 mg/5ml 9
acetaminophen w/ codeine tab 300-15 mg 9
acetaminophen w/ codeine tab 300-30 mg 9
acetaminophen w/ codeine tab 300-60 mg 9
acetazolamide 34
acetic acid 65
acetic acid (otic) 76
acetylcysteine 78
acitretin 81
ACTHIB INJ 70
ACTIMMUNE 70
acyclovir 15
acyclovir sodium 15
ADACEL INJ 70
adefovir dipivoxil 15
ADEMPAS 36
ADRENALIN 34
adriamycin 20
ADVAIR DISKU AER 100/50 80
ADVAIR DISKU AER 250/50 80
ADVAIR DISKU AER 500/50 80
ADVAIR HFA AER 115/21 80
ADVAIR HFA AER 230/21 80
ADVAIR HFA AER 45/21 80
AFINITOR 22
AFINITOR DISPERZ 22
afirmelle 54
AIMOVIG 47
ala-cort 81
albendazole 10
albuterol sulfate 77
alclometasone dipropionate 81
ALDURAZYME 60
ALECENSA 22
alendronate sodium 54
alfuzosin hcl 65
ALIMTA 20
aliskiren fumarate 34
allopurinol 8
alosetron hcl 64
ALPHAGAN P 75
alprazolam 36
ALREX 75
altavera 54
ALTOPREV 31
ALUNBRIG 22
ALUNBRIG PAK 22
alyacen 1/35 54
alyacen 7/7/7 55
amabelz 58
amantadine hcl 42
AMBISOME 12
ambrisentan 36
amikacin sulfate 10
amiloride & hydrochlorothiazide tab 5-50 mg 34
amiloride hcl 34
amiodarone hcl 30
amitriptyline hcl 40
amlodipine besylate 33
amlodipine besylate-atorvastatin calcium tab 10-10 mg 35
amlodipine besylate-atorvastatin calcium tab 10-20 mg 35
amlodipine besylate-atorvastatin calcium tab 10-40 mg 35
amlodipine besylate-atorvastatin calcium tab 10-80 mg 35
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 34
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 34

amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 35
amlodipine besylate-atorvastatin calcium tab 5-10 mg 35
amlodipine besylate-atorvastatin calcium tab 5-20 mg 35
amlodipine besylate-atorvastatin calcium tab 5-40 mg 35
amlodipine besylate-atorvastatin calcium tab 5-80 mg 35
amlodipine besylate-benazepril hcl cap 10-20 mg 27
amlodipine besylate-benazepril hcl cap 10-40 mg 27
amlodipine besylate-benazepril hcl cap 2.5-10 mg 27
amlodipine besylate-benazepril hcl cap 5-10 mg 27
amlodipine besylate-benazepril hcl cap 5-20 mg 27
amlodipine besylate-benazepril hcl cap 5-40 mg 27
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 28
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 28
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 28
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 28
amlodipine besylate-valsartan tab 10-160 mg 29
amlodipine besylate-valsartan tab 10-320 mg 29
amlodipine besylate-valsartan tab 5-160 mg 29
amlodipine besylate-valsartan tab 5-320 mg 29
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 29
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 29
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 29
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 29
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 29
amnesteem 80
amoxapine 40
amoxicillin 17
amoxicillin & k clavulanate chew tab 200-28.5 mg 18
amoxicillin & k clavulanate chew tab 400-57 mg 18
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 18
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 18
amoxicillin & k clavulanate for susp 400-57 mg/5ml 18
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 18
amoxicillin & k clavulanate tab 250-125 mg 18
amoxicillin & k clavulanate tab 500-125 mg 18
amoxicillin & k clavulanate tab 875-125 mg 18
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 18
amphetamine-dextroamphetamine cap er 24hr 10 mg 46
amphetamine-dextroamphetamine cap er 24hr 15 mg 46
amphetamine-dextroamphetamine cap er 24hr 20 mg 46
amphetamine-dextroamphetamine cap er 24hr 25 mg 46
amphetamine-dextroamphetamine cap er 24hr 30 mg 46
amphetamine-dextroamphetamine cap er 24hr 5 mg 46
amphetamine-dextroamphetamine tab 10 mg 46
amphetamine-dextroamphetamine tab 12.5 mg 46
amphetamine-dextroamphetamine tab 15 mg 46

amphetamine-dextroamphetamine tab 20 mg 46
amphetamine-dextroamphetamine tab 30 mg 46
amphetamine-dextroamphetamine tab 5 mg 46
amphetamine-dextroamphetamine tab 7.5 mg 46
amphotericin b 12
amphotericin b liposome 12
ampicillin 18
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 18
ampicillin & sulbactam sodium for inj 3 (2-1) gm 18
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm 18
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 18
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 18
ampicillin sodium 18
anagrelide hcl 67
anastrozole 20
ANDRODERM 50
ANORO ELLIPT AER 62.5-25 76
aprepitant 62
aprepitant capsule therapy pack 80 & 125 mg 62
apri 55
APTIOM 36
APTIVUS 13
ARALAST NP 78
aranelle 55
ARCALYST 70
arformoterol tartrate 78
aripiprazole 43
ARISTADA 43
ARISTADA INITIO 43
armodafinil 49
ARNUITY ELLIPTA 79
asenapine maleate 44
aspirin-dipyridamole cap er 12hr 25-200 mg 67
atazanavir sulfate 13
atenolol 32
atenolol & chlorthalidone tab 100-25 mg 32
atenolol & chlorthalidone tab 50-25 mg 32
atomoxetine hcl 46
atorvastatin calcium 31
atovaquone 10
atovaquone-proguanil hcl tab 250-100 mg 13
atovaquone-proguanil hcl tab 62.5-25 mg 12
ATROPINE SULFATE 76
atropine sulfate (ophthalmic) 76
ATROVENT HFA 77
aubra eq 55
aurovela 1/20 55
aurovela fe 1.5/30 55
aurovela fe 1/20 55
AUSTEDO 48
AVASTIN 22
aviane 55
avita 80
ayuna 55
AYVAKIT 22
azacitidine 20
azathioprine 70
azelaic acid 83
azelastine hcl 77
azelastine hcl (ophth) 75
azithromycin 17
aztreonam 10
azurette 55

B

bacitracin (ophthalmic) 74
bacitracin-polymyxin b ophth oint 74
bacitracin-polymyxin-neomycin-hc ophth oint 1% 74
baclofen 49
balsalazide disodium 63
BALVERSA 22
balziva 55
BARACLUDE 15
BASAGLAR KWIKPEN 52
BCG VACCINE 70
BD ALCOHOL SWABS 52
BELSOMRA 47

benazepril & hydrochlorothiazide tab 10-12.5 mg 27
benazepril & hydrochlorothiazide tab 20-12.5 mg 27
benazepril & hydrochlorothiazide tab 20-25 mg 27
benazepril & hydrochlorothiazide tab 5-6.25mg 27
benazepril hcl 28
BENDEKA 19
BENLYSTA 70
benzoyl peroxide-erythromycin gel 5-3% 80
benztropine mesylate 42
bepotastine besilate 75
BEPREVE 75
BERINERT 67
BESIVANCE 74
BESREMI 21
betaine powder for oral solution 60
betamethasone dipropionate (topical) 81
betamethasone dipropionate augmented 81, 82
betamethasone valerate 82
BETASERON 49
betaxolol hcl (ophth) 75
bethanechol chloride 65
BETOPTIC-S 75
BEVESPI AER 9-4.8MCG 76
bexarotene 21
bexarotene (topical) 83
BEXSERO INJ 70
bicalutamide 20
BICILLIN L-A 18
BIKTARVY TAB 30-120-15 MG 14
BIKTARVY TAB 50-200-25 MG 14
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 32
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 32
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 32
bisoprolol fumarate 32
BIVIGAM 69
BLEPHAMIDE OIN S.O.P. 74
blisovi fe 1.5/30 55
BOOSTRIX INJ 70
bortezomib 22
BORTEZOMIB 22
bosentan 36
BOSULIF 22
BRAFTOVI 22
BREO ELLIPTA INH 100-25 80
BREO ELLIPTA INH 200-25 80
BREZTRI AERO AER SPHERE 76
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 76
briellyn 55
BRILINTA 67
brimonidine tartrate 75
brinzolamide 75
BRIVIACT 36
bromfenac sodium (ophth) 75
bromocriptine mesylate 42
BROMSITE 75
BROVANA 78
BRUKINSA 22
budesonide 63
budesonide (inhalation) 79
bumetanide 34
buprenorphine hcl 49
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 50
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 50
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 50
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 50
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 50
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 50
bupropion hcl 41
bupropion hcl (smoking deterrent) 50
buspirone hcl 36
butorphanol tartrate 9
BYDUREON BCISE 51
BYETTA 51

C

cabergoline 60
CABOMETYX 22
calcipotriene 81

calcitonin (salmon) spray 54
calcitrene 81
calcitriol 62
calcium acetate (phosphate binder) 61
CALQUENCE 22
camila 55
camrese lo 55
candesartan cilexetil 30
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 29
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 29
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 29
CAPLYTA 44
CAPRELSA 22
captopril 28
carb/levo orally disintegrating tab 10-100mg 42
carb/levo orally disintegrating tab 25-100mg 42
carb/levo orally disintegrating tab 25-250mg 42
CARBAGLU 60
carbamazepine 36, 37
carbidopa 42
carbidopa & levodopa tab 10-100 mg 42
carbidopa & levodopa tab 25-100 mg 42
carbidopa & levodopa tab 25-250 mg 42
carbidopa & levodopa tab er 25-100 mg 43
carbidopa & levodopa tab er 50-200 mg 43
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 43
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 43
carbidopa-levodopa-entacapone tabs 25-100-200 mg 43
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 43
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 43
carbidopa-levodopa-entacapone tabs 50-200-200 mg 43
carboplatin 19
carglumic acid 60
carteolol hcl (ophth) 75
cartia xt 33
carvedilol 32
caspofungin acetate 12
CAYSTON 10
cefaclor 16
CEFACLOR ER 16
cefadroxil 16
CEFAZOLIN INJ 1GM/50ML 16
cefazolin sodium 16
CEFAZOLIN SOLN 2GM/100ML-4% 16
cefdinir 16
cefepime hcl 16
cefixime 16
cefoxitin sodium 16
cefpodoxime proxetil 16
cefprozil 16
ceftazidime 16
CEFTAZIDIME/ SOL D5W 1GM 16
CEFTAZIDIME/ SOL D5W 2GM 16
ceftriaxone sodium 16
cefuroxime axetil 17
cefuroxime sodium 17
celecoxib 8
CELONTIN 37
cephalexin 17
CERDELGA 60
CEREZYME 60
cetirizine hcl 77
cevimeline hcl 84
CHANTIX PAK 0.5& 1MG 50
chateal 55
CHEMET 54
chlorhexidine gluconate (mouth-throat) 84
chloroquine phosphate 13
chlorpromazine hcl 44
CHLORPROMAZINE HYDROCHLOR 44
chlorthalidone 34
cholestyramine 32
cholestyramine light 32
choline fenofibrate 31
ciclopirox olamine 81
cilostazol 67
CILOXAN 74

CIMDUO TAB 300-300 14
cinacalcet hcl 60
CIPRO 17
CIPRO HC SUS OTIC 76
ciprofloxacin 200 mg/100ml in d5w 17
ciprofloxacin 400 mg/200ml in d5w 17
ciprofloxacin hcl 17
ciprofloxacin hcl (ophth) 74
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 76
cisplatin 19
citalopram hydrobromide 41
claravis 80
clarithromycin 17
clindamycin hcl 10
clindamycin palmitate hydrochloride 10
clindamycin phosphate 10
clindamycin phosphate (topical) 80
clindamycin phosphate in d5w iv soln 300 mg/50ml 10
clindamycin phosphate in d5w iv soln 600 mg/50ml 10
clindamycin phosphate in d5w iv soln 900 mg/50ml 10
clindamycin phosphate vaginal 66
CLINDMYC/NAC INJ 300/50ML 10
CLINDMYC/NAC INJ 600/50ML 10
CLINDMYC/NAC INJ 900/50ML 10
CLINIMIX INJ 4.25/D10 73
CLINIMIX INJ 4.25/D5W 73
CLINIMIX INJ 5%/D15W 73
CLINIMIX INJ 5%/D20W 73
CLINIMIX INJ 6/5 73
CLINIMIX INJ 8/10 73
CLINIMIX INJ 8/14 73
clinisol sf 15% 73
CLINOLIPID EMU 20% 73
clobazam 37
clobetasol propionate 82
clobetasol propionate e 82
clomipramine hcl 41
clonazepam 37
clonidine 35
clonidine hcl 35
clopidogrel bisulfate 67
clorazepate dipotassium 37
clotrimazole 84
clotrimazole (topical) 81
clotrimazole w/ betamethasone cream 1-0.05% 81
clozapine 44
COARTEM TAB 20-120MG 13
colchicine 8
colchicine w/ probenecid tab 0.5-500 mg 8
colesevelam hcl 32
colestipol hcl 32
colistimethate sodium 10
COMBIGAN SOL 0.2/0.5% 75
COMBIVENT AER 20-100 76
COMETRIQ (60MG DOSE) 22
COMETRIQ KIT 100MG 22
COMETRIQ KIT 140MG 22
COMPLERA TAB 14
compro 62
constulose 63
COPIKTRA 22
CORLANOR 35
COTELLIC 22
CREON CAP 12000UNT 64
CREON CAP 24000UNT 64
CREON CAP 3000UNIT 64
CREON CAP 36000UNT 64
CREON CAP 6000UNIT 64
cromolyn sodium 78
cromolyn sodium (mastocytosis) 64
cromolyn sodium (ophth) 75
cryselle-28 55
cyclobenzaprine hcl 49
cyclophosphamide 19
CYCLOPHOSPHAMIDE 19
CYCLOPHOSPHAMIDE MONOHYDR 19
cycloserine 15
cyclosporine 70
cyclosporine modified (for microemulsion) 70
cyproheptadine hcl 77
cyred eq 55
CYSTADANE POW 60
CYSTADROPS 76
CYSTAGON 60
CYSTARAN 76
cytarabine 20

D

D10W/NACL INJ 0.2% 71
D2.5W/NACL INJ 0.45% 71
D5W/LYTES INJ #48 71
dabigatran etexilate mesylate 66
dalfampridine 49
DALIRESP 78
danazol 58
dantrolene sodium 49
dapsone 10
DAPTACEL INJ 70
daptomycin 11
DAPTOMYCIN 11
darifenacin hydrobromide 65
dasetta 1/35 55
dasetta 7/7/7 55
DAURISMO 23
deblitane 55
deferasirox 54
DELESTROGEN 58
DELSTRIGO TAB 14
DENGVAXIA SUS 70
DESCOVY TAB 120-15MG 14
DESCOVY TAB 200/25MG 14
desipramine hcl 41
desloratadine 77
desmopressin acetate 60
desmopressin acetate spray 60
desmopressin acetate spray refrigerated 60
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 55
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg 55
desvenlafaxine succinate 41
dexamethasone 59
DEXAMETHASONE INTENSOL 59
dexamethasone sodium phosphate ... 59
dexamethasone sodium phosphate (ophth) 75
DEXCOM G6 RECEIVER 50
DEXCOM G6 SENSOR 50
DEXCOM G6 TRANSMITTER 50
dexlansoprazole 65
dexmethylphenidate hcl 46
dextrose 73
dextrose 10% w/ sodium chloride 0.45% 72
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% 72
dextrose 5% w/ sodium chloride 0.3% 72
dextrose 5% w/ sodium chloride 0.45% 72
dextrose 5% w/ sodium chloride 0.9% 72
DIACOMIT 37
diazepam 37
diazepam (anticonvulsant) 37
diazepam inj 37
diazoxide 60
diclofenac potassium 8
diclofenac sodium 8
diclofenac sodium (ophth) 75
diclofenac sodium (topical) 83
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 8
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 8
dicloxacillin sodium 18
dicyclomine hcl 63
DIFICID 17
diflunisal 8
difluprednate 75
digitek 35
digoxin 35
dihydroergotamine mesylate 48
DILANTIN 37
DILANTIN INFATABS 37
DILANTIN-125 37
diltiazem hcl 33
diltiazem hcl coated beads 33
diltiazem hcl extended release beads 33
dilt-xr 33
DIP/TET PED INJ 25-5LFU 70
diphenhydramine hcl 77
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 64

diphenoxylate w/ atropine tab 2.5-0.025 mg 64
dipyridamole 67
disopyramide phosphate 31
disulfiram 50
divalproex sodium 37
docetaxel 21
DOCETAXEL 22
dofetilide 31
donepezil hydrochloride 40
DOPTELET 67
dorzolamide hcl 75
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml 75
dotti 58
DOVATO TAB 50-300MG 14
doxazosin mesylate 28
doxepin hcl 41
doxepin hcl (sleep) 47
doxercalciferol 62
doxorubicin hcl 20
doxorubicin hcl liposomal 20
doxy 100 19
doxycycline (monohydrate) 19
doxycycline hyclate 19
DRIZALMA SPRINKLE 41
dronabinol 62
drospirenone-ethinyl estradiol tab 3-0.02 mg 55
drospirenone-ethinyl estradiol tab 3-0.03 mg 55
DROXIA 67
droxidopa 35
duloxetine hcl 41
dutasteride 65
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 65

E

e.e.s. 400 17
ec-naproxen 8
EDARBI 30
EDARBYCLOR TAB 40-12.5 29
EDARBYCLOR TAB 40-25MG 29
EDURANT 13
efavirenz 13
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 14
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 14
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 14
elinest 55
ELIQUIS 66
ELIQUIS STARTER PACK 66
ELLA 55
eluryng 55
EMCYT 20
emoquette 55
EMSAM 41
emtricitabine 13
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 14
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 14
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 14
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 14
EMTRIVA 13
EMVERM 11
enalapril maleate 28
enalapril maleate & hydrochlorothiazide tab 10-25 mg 27
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 27
ENBREL 67, 68
ENBREL MINI 68
ENBREL SURECLICK 68
ENDARI 67
endocet tab 10-325mg 9
endocet tab 2.5-325mg 9
endocet tab 5-325mg 9
endocet tab 7.5-325mg 9
ENGERIX-B 70
enoxaparin sodium 66
enpresse-28 55
enskyce 55
ENSTILAR AER 82
entacapone 43
entecavir 15
ENTRESTO TAB 24-26MG 29
ENTRESTO TAB 49-51MG 29
ENTRESTO TAB 97-103MG 29
enulose 63

EPCLUSA PAK 150-37.5 15
EPCLUSA PAK 200-50MG 15
EPCLUSA TAB 200-50MG 15
EPCLUSA TAB 400-100 15
EPIDIOLEX 37
epinephrine (anaphylaxis) 78
epirubicin hcl 20
epitol 37
EPIVIR HBV 15
eplerenone 28
EPRONTIA 37
ergotamine w/ caffeine tab 1-100 mg 48
ERIVEDGE 23
ERLEADA 20
erlotinib hcl 23
errin 55
ertapenem sodium 11
ery 80
ery-tab 17
ERYTHROCIN LACTOBIONATE 17
erythrocin stearate 17
erythromycin (acne aid) 80
erythromycin (ophth) 74
erythromycin base 17
erythromycin ethylsuccinate 17
erythromycin lactobionate 17
ESBRIET 78
escitalopram oxalate 41
esomeprazole magnesium 65
estarylla 55
estradiol 58
estradiol & norethindrone acetate tab 0.5-0.1 mg 58
estradiol & norethindrone acetate tab 1-0.5 mg 58
estradiol vaginal 59
estradiol valerate 59
ethambutol hcl 15
ethosuximide 37, 38
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 55
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 55
etodolac 8
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 55
etoposide 22
etravirine 13
EULEXIN 20
euthyrox 61
everolimus 23
everolimus (immunosuppressant) 70
EVOTAZ TAB 300-150 14
exemestane 20
EXKIVITY 23
EZALLOR SPRINKLE 31
ezetimibe 32
ezetimibe-simvastatin tab 10-10 mg 32
ezetimibe-simvastatin tab 10-20 mg 32
ezetimibe-simvastatin tab 10-40 mg 32
ezetimibe-simvastatin tab 10-80 mg 32

F

FABRAZYME 60
falmina 55
famciclovir 15
famotidine 63
famotidine in nacl 0.9% iv soln 20 mg/50ml 63
FANAPT 44
FANAPT PAK 44
FARXIGA 51
FASENRA 78
FASENRA PEN 78
febuxostat 8
felbamate 38
felodipine 33
femynor 55
fenofibrate 31
fenofibrate micronized 31
fentanyl 8
fentanyl citrate 9
fesoterodine fumarate 65
FETZIMA 41
FETZIMA CAP TITRATIO 41
FIASP FLEX INJ TOUCH 52
FIASP INJ 100/ML 52
FIASP PENFIL INJ U-100 52
FINACEA 83
finasteride 65
FINTEPLA 38
flac 76
FLAREX 75
FLEBOGAMMA DIF 69

flecainide acetate 31
FLOVENT DISKUS 79
FLOVENT HFA 79
fluconazole 12
fluconazole in nacl 0.9% inj 200 mg/100ml 12
fluconazole in nacl 0.9% inj 400 mg/200ml 12
flucytosine 12
fludrocortisone acetate 59
flunisolide (nasal) 79
fluocinolone acetonide 82
fluocinolone acetonide (otic) 76
fluocinonide 82
fluocinonide emulsified base 82
fluorometholone (ophth) 75
fluorouracil 20
fluorouracil (topical) 83
fluoxetine hcl 41
fluphenazine decanoate 44
fluphenazine elixir 44
flurbiprofen 8
flurbiprofen sodium 75
flutamide 20
fluticasone propionate 82
fluticasone propionate (nasal) 79
fluvastatin sodium 31
fluvoxamine maleate 36
fondaparinux sodium 66
formoterol fumarate 78
FORTEO 54
FOSAMAX + D TAB 70-2800 54
FOSAMAX + D TAB 70-5600 54
fosamprenavir calcium 13
fosinopril sodium 28
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 27
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 27
FOTIVDA 23
FREAMINE III INJ 10% 73
FREESTYLE LIBRE 14 DAY/RE 50
FREESTYLE LIBRE 14 DAY/SE 50
FREESTYLE LIBRE 2/READER/ 50
FREESTYLE LIBRE 2/SENSOR/ 50
FREESTYLE LIBRE/READER/FL 50
FREESTYLE LIBRE/SENSOR/FL 50
fulvestrant 20
furosemide 34
furosemide inj 34
FUZEON 13
fyavolv tab 0.5mg-2.5mcg 59
fyavolv tab 1mg-5mcg 59
FYCOMPA 38

G

gabapentin 38
galantamine hydrobromide 40
GAMASTAN INJ 69
GAMMAGARD LIQUID 69
GAMMAGARD S/D IGA LESS TH 69
GAMMAKED 69
GAMMAPLEX 69
GAMUNEX-C 69
ganciclovir sodium 15
GARDASIL 9 INJ 71
gatifloxacin (ophth) 74
GATTEX 64
GAUZE PADS 2 52
gavilyte-c 63
gavilyte-g 63
gavilyte-n/flavor pack 63
GAVRETO 23
gemcitabine hcl 20
gemfibrozil 31
generlac 64
gengraf 70
GENOTROPIN 60
GENOTROPIN MINIQUICK 60
gentak 74
gentamicin in saline inj 0.8 mg/ml 11
gentamicin in saline inj 1 mg/ml 11
gentamicin in saline inj 1.2 mg/ml 11
gentamicin in saline inj 1.6 mg/ml 11
gentamicin in saline inj 2 mg/ml 11
gentamicin sulfate 11
gentamicin sulfate (ophth) 74
gentamicin sulfate (topical) 80
GENVOYA TAB 14
GILENYA 49
GILOTRIF 23
glatiramer acetate 49
glatopa 49
glimepiride 51
glipizide 51

glipizide xl 51
glipizide-metformin hcl tab 2.5-250 mg 51
glipizide-metformin hcl tab 2.5-500 mg 51
glipizide-metformin hcl tab 5-500 mg 51
glycopyrrolate 63
glydo 82
GLYXAMBI TAB 10-5 MG 51
GLYXAMBI TAB 25-5 MG 51
GOLYTELY SOL 64
GRALISE 48
granisetron hcl 62
griseofulvin microsize 12
griseofulvin ultramicrosize 12
guanfacine hcl 35
guanfacine hcl (adhd) 46
GVOKE HYPOPEN 2-PACK 60
GVOKE KIT 60
GVOKE PFS 60
H
HAEGARDA 67
hailey 1.5/30 56
halobetasol propionate 82
haloperidol 44
haloperidol decanoate 44
haloperidol lactate 44
HARVONI PAK 33.75-150MG 15
HARVONI PAK 45-200MG 15
HARVONI TAB 45-200MG 15
HARVONI TAB 90-400MG 15
HAVRIX 71
heather 56
HEP SOD/D5W INJ 20000UNT 66
HEP SOD/D5W INJ 25000UNT 66
HEP SOD/NACL INJ 25000UNT 66
heparin sodium (porcine) 66
HEPARIN/NACL INJ 25000UNT 66
hepatamine 73
HERCEP HYLEC SOL 60-10000 23
HERCEPTIN 23
HERZUMA 23
HETLIOZ 47
HIBERIX 71
HUMIRA 68
HUMIRA PEDIA INJ CROHNS 68
HUMIRA PEDIATRIC CROHNS D 68
HUMIRA PEN 68
HUMIRA PEN KIT PS/UV 68
HUMIRA PEN-CD/UC/HS START 68
HUMIRA PEN-PEDIATRIC UC S 68
HUMIRA PEN-PS/UV STARTER 68
HUMULIN R U-500 (CONCENTR 52
HUMULIN R U-500 KWIKPEN 53
hydralazine hcl 35
hydrochlorothiazide 34
hydrocodone bitartrate 9
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 9
hydrocodone-acetaminophen tab 10-325 mg 9
hydrocodone-acetaminophen tab 5-325 mg 9
hydrocodone-acetaminophen tab 7.5-325 mg 9
hydrocodone-ibuprofen tab 7.5-200 mg 9
hydrocortisone 59
hydrocortisone (intrarectal) 63
hydrocortisone (rectal) 83
hydrocortisone (topical) 82
hydrocortisone butyrate 82
hydrocortisone valerate 82
hydromorphone hcl 9
hydroxychloroquine sulfate 69
hydroxyurea 21
hydroxyzine hcl 77
hydroxyzine pamoate 77
HYSINGLA ER 9
I
ibandronate sodium 54
IBRANCE 23
ibu 8
ibuprofen 8
icatibant acetate 67
iclevia 56
ICLUSIG 23
IDHIFA 23
ILEVRO 75
imatinib mesylate 23
IMBRUVICA 23
imipenem-cilastatin intravenous for soln 250 mg 11

imipenem-cilastatin intravenous for soln 500 mg 11
imipramine hcl 41
imiquimod 83
IMOVAX RABIES (H.D.C.V.) 71
incassia 56
INCRELEX 60
INCRUSE ELLIPTA 77
indapamide 34
INFANRIX INJ 71
INFLIXIMAB 68
INGREZZA 48
INGREZZA CAP 40-80MG 48
INLYTA 23
INQOVI TAB 35-100MG 20
INREBIC 23
INSULIN SAFETY NEEDLES 53
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MH C 53
INTELENCE 13
INTRALIPID 73
INTRON A 70
introvale 56
INVEGA SUSTENNA 44
INVEGA TRINZA 44
INVIRASE 13
IPOL INJ INACTIVE 71
ipratropium bromide 77
ipratropium bromide (nasal) 77
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 76
irbesartan 30
irbesartan-hydrochlorothiazide tab 150-12.5 mg 29
irbesartan-hydrochlorothiazide tab 300-12.5 mg 29
IRESSA 24
irinotecan hcl 21
ISENTRESS 13
ISENTRESS HD 13
isibloom 56
ISOLYTE-P INJ /D5W 72
ISOLYTE-S INJ 72
ISOLYTE-S INJ PH 7.4 72
isoniazid 15
ISOPTO ATROPINE 76
isosorbide dinitrate 35
isosorbide mononitrate 35, 36
isotretinoin 80
isradipine 33
itraconazole 12
ivermectin 11
IXIARO INJ 71

J

JAKAFI 24
jantoven 66
JANUMET TAB 50-1000 51
JANUMET TAB 50-500MG 51
JANUMET XR TAB 100-1000 51
JANUMET XR TAB 50-1000 51
JANUMET XR TAB 50-500MG 51
JANUVIA 51
JARDIANCE 51
jasmiel 56
JENTADUETO TAB 2.5-1000 51
JENTADUETO TAB 2.5-500 51
JENTADUETO TAB 2.5-850 51
JENTADUETO TAB XR 2.5-1000MG 51
JENTADUETO TAB XR 5-1000MG 51
jinteli 59
jolessa 56
juleber 56
JULUCA TAB 50-25MG 14
junel 1.5/30 56
junel 1/20 56
junel fe 1.5/30 56
junel fe 1/20 56

K

KADCYLA 24
KALYDECO 78
KANJINTI 24
kariva 56
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj 72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 72
kcl 20 meq/l (0.15%) in nacl 0.45% inj 72

KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ....72
kcl 20 meq/l (0.15%) in nacl 0.9% inj....72
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj....72
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj....72
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ....72
KCL/D5W/NACL INJ 0.3/0.9%....72
kelnor 1/35....56
kelnor 1/50....56
KERENDIA....28
KESIMPTA....49
ketoconazole....12
ketoconazole (topical)....81
ketorolac tromethamine (ophth)....75
KEYTRUDA....24
KINRIX INJ....71
KISQALI 200 DOSE....24
KISQALI 200 PAK FEMARA....21
KISQALI 400 DOSE....24
KISQALI 400 PAK FEMARA....21
KISQALI 600 DOSE....24
KISQALI 600 PAK FEMARA....21
klor-con....73
klor-con 10....73
klor-con 8....73
klor-con m10....73
klor-con m15....73
klor-con m20....73
KORLYM....60
kurvelo....56
KYNMOBI....43

L

labetalol hcl....32
lacosamide....38
lactated ringer's solution....72
lactic acid (ammonium lactate)....83
lactulose....64
lactulose (encephalopathy)....64
lamivudine....13
lamivudine (hbv)....16
lamivudine-zidovudine tab 150-300 mg....15
lamotrigine....38
lansoprazole....65
lapatinib ditosylate....24
larin 1.5/30....56
larin 1/20....56
larin fe 1.5/30....56
larin fe 1/20....56
larissia....56
LASTACAFT....75
latanoprost....75
LATUDA....44
leena....56
leflunomide....69
lenalidomide....21
LENVIMA 10 MG DAILY DOSE....24
LENVIMA 12MG DAILY DOSE....24
LENVIMA 20 MG DAILY DOSE....24
LENVIMA 4 MG DAILY DOSE....24
LENVIMA 8 MG DAILY DOSE....24
LENVIMA CAP 14 MG....24
LENVIMA CAP 18 MG....24
LENVIMA CAP 24 MG....24
lessina....56
letrozole....20
leucovorin calcium....27
LEUKERAN....19
leuprolide acetate....20
levalbuterol hcl....78
levalbuterol tartrate....78
LEVEMIR....53
LEVEMIR FLEXTOUCH....53
levetiracetam....38
levetiracetam in sodium chloride iv soln 1000 mg/100ml....38
levetiracetam in sodium chloride iv soln 1500 mg/100ml....38
levetiracetam in sodium chloride iv soln 500 mg/100ml....38
levobunolol hcl....75
levocarnitine (metabolic modifiers)....60
levocetirizine dihydrochloride....77
levofloxacin....17
levofloxacin in d5w iv soln 250 mg/50ml....17
levofloxacin in d5w iv soln 500 mg/100ml....17
levofloxacin in d5w iv soln 750 mg/150ml....17

levonest 56
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 56
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 56
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 56
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 56
levora 0.15/30-28 56
levo-t 61
levothyroxine sodium 62
levoxyl 62
LEXIVA 13
lidocaine 83
lidocaine hcl 83
lidocaine hcl (local anesth.) 10
lidocaine hcl (mouth-throat) 84
lidocaine-prilocaine cream 2.5-2.5% 83
lillow 56
linezolid 11
linezolid in sodium chloride iv soln 600 mg/300ml-0.9% 11
LINZESS 64
liothyronine sodium 62
lisinopril 28
lisinopril & hydrochlorothiazide tab 10-12.5 mg 27
lisinopril & hydrochlorothiazide tab 20-12.5 mg 28
lisinopril & hydrochlorothiazide tab 20-25 mg 28
LITHIUM 48
lithium carbonate 48
LIVALO 31
loestrin 1.5/30-21 56
loestrin 1/20-21 56
loestrin fe 1.5/30 56
loestrin fe 1/20 56
LOKELMA 54
LONSURF TAB 15-6.14 20
LONSURF TAB 20-8.19 20
loperamide hcl 64
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 15
lopinavir-ritonavir tab 100-25 mg 15
lopinavir-ritonavir tab 200-50 mg 15
lorazepam 36
lorazepam intensol 36
LORBRENA 24
loryna 56
losartan potassium 30
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 29
losartan potassium & hydrochlorothiazide tab 100-25 mg 29
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 29
LOTEMAX 75
lovastatin 31
low-ogestrel 56
loxapine succinate 44
LUMAKRAS 24
LUMIGAN 75
LUMIZYME 60
LUPRON DEPOT (1-MONTH) 20
LUPRON DEPOT (3-MONTH) 20
LUPRON DEPOT-PED (1-MONTH 60
LUPRON DEPOT-PED (3-MONTH 60
lutera 56
lyleq 56
lyllana 59
LYNPARZA 24
LYSODREN 20
lyza 56

M

magnesium sulfate 72
MAGNESIUM SULFATE 72
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 72
malathion 83
maraviroc 13
marlissa 56
MARPLAN 41
MATULANE 21
matzim la 33
MAVYRET PAK 50-20MG 16
MAVYRET TAB 100-40MG 16
meclizine hcl 62
medroxyprogesterone acetate 61
medroxyprogesterone acetate (contraceptive) 57

mefloquine hcl 13
megestrol acetate 20, 61
megestrol acetate (appetite) 61
MEKINIST 24
MEKTOVI 24
meloxicam 8
memantine hcl 40
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 40
MENACTRA INJ 71
MENQUADFI INJ 71
MENVEO INJ 71
mercaptopurine 20
meropenem 11
mesalamine 63
mesalamine w/ cleanser 63
MESNEX 27
metadate er 46
metformin hcl 51, 52
methadone hcl 9
methadone hydrochloride i 9
methazolamide 34
methenamine hippurate 11
methimazole 62
methotrexate sodium 20, 69
methylphenidate hcl 47
methylprednisolone 59
methylprednisolone acetate 59
methylprednisolone sod succ 59
metoclopramide hcl 62
metolazone 34
metoprolol & hydrochlorothiazide tab 100-25 mg 32
metoprolol & hydrochlorothiazide tab 100-50 mg 32
metoprolol & hydrochlorothiazide tab 50-25 mg 32
metoprolol succinate 33
metoprolol tartrate 33
metronidazole 11
metronidazole (topical) 83
metronidazole vaginal 66
metyrosine 35
MG SO4/D5W INJ 10MG/ML 72
micafungin sodium 12
microgestin 1.5/30 57
microgestin 1/20 57
microgestin fe 1.5/30 57
microgestin fe 1/20 57
midodrine hcl 35
miglustat 60
mili 57
mimvey 59
minocycline hcl 19
minoxidil 35
mirtazapine 41
misoprostol 64
MITIGARE 8
M-M-R II INJ 71
M-NATAL PLUS TAB 73
modafinil 49
moexipril hcl 28
molindone hcl 44
mometasone furoate 82
mometasone furoate (nasal) 79
MONJUVI 24
mono-linyah 57
montelukast sodium 78
morphine sulfate 9, 10
MORPHINE SULFATE 9
MOVANTIK 64
moxifloxacin hcl 17
moxifloxacin hcl (ophth) 74
MULTAQ 31
mupirocin 80
MVASI 24
mycophenolate mofetil 70
mycophenolate sodium 70
myorisan 80
MYRBETRIQ 65

N

nabumetone 8
nadolol 33
nafcillin sodium 18
NAGLAZYME 60
nalbuphine hcl 10
naloxone hcl 50
naltrexone hcl 50
NAMZARIC CAP 14-10MG 40
NAMZARIC CAP 21-10MG 40
NAMZARIC CAP 28-10MG 40
NAMZARIC CAP 7-10MG 40
NAMZARIC CAP PACK 40
naproxen 8

naproxen sodium 8
naratriptan hcl.....48
NATACYN.....74
nateglinide.....52
NATPARA.....54
NAYZILAM 38
nebivolol hcl.....33
necon 0.5/35-28.....57
nefazodone hcl 41
neomycin sulfate 11
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 74
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ..74
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....74
neomycin-polymyxin-dexamethasone ophth susp 0.1% 74
neomycin-polymyxin-hc ophth susp..74
neomycin-polymyxin-hc otic soln 1% 76
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 76
NERLYNX.....24
NEUPRO 43
nevirapine 13
NEXAVAR.....24
niacin (antihyperlipidemic) 32
nicardipine hcl 33
NICOTROL INHALER.....50
NICOTROL NS 50
nifedipine 33
nikki 57
nilutamide 20
nimodipine.....33
NINLARO 24
nisoldipine 33
nitazoxanide 11
nitisinone.....61
NITRO-BID 36
nitrofurantoin macrocrystal 11
nitrofurantoin monohyd macro.....11
nitroglycerin.....36
nizatidine.....63
nora-be 57
norethindrone (contraceptive) 57
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 57
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 57
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 57
norethindrone acetate 61
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 59
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....59
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....57
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....57
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....57
NORITATE 83
norlyroc 57
NORPACE CR 31
nortrel 0.5/35 (28) 57
nortrel 1/35 (21) 57
nortrel 1/35 (28) 57
nortrel 7/7/7.....57
nortriptyline hcl.....41
NORVIR 13
NOVOLIN INJ 70/30 53
NOVOLIN INJ 70/30 FP.....53
NOVOLIN N.....53
NOVOLIN N FLEXPEN 53
NOVOLIN R.....53
NOVOLIN R FLEXPEN.....53
NOVOLOG 53
NOVOLOG FLEXPEN 53
NOVOLOG MIX INJ 70/30.....53
NOVOLOG MIX INJ FLEXPEN.....53
NOVOLOG PENFILL 53
NOXAFIL 12
NUBEQA.....20
NUEDEXTA CAP 20-10MG 48
NULOJIX.....70
NULYTELY SOL LMN/LIME 64
NUPLAZID 44, 45
NURTEC 48
NUTRILIPID 73
NUZYRA 19
nyamyc.....81
nylia 1/35.....57
nylia 7/7/7 57

NYMALIZE....33
nymyo....57
nystatin....12
nystatin (mouth-throat)....84
nystatin (topical)....81
nystop....81

O

ocella....57
OCTAGAM....69
octreotide acetate....61
ODEFSEY TAB....15
ODOMZO....24
OFEV....78
ofloxacin (ophth)....74
ofloxacin (otic)....76
OGIVRI....24
OGIVRI INJ 420MG....24
olanzapine....45
olmesartan medoxomil....30
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg....29
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg....29
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg....29
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg....29
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg....30
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg....30
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg....30
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg....30
olopatadine hcl....75
olopatadine hcl (nasal)....77
omeprazole....65
OMNARIS....79
OMNIPOD 5 G6 KIT INTRO....53
OMNIPOD 5 G6 MIS PODS....53
OMNIPOD DASH KIT INTRO....53
OMNIPOD DASH MIS PODS....53
OMNIPOD MIS CLASSIC....53
OMNIPOD PDM KIT CLASSIC....53
ondansetron....62
ondansetron hcl....62, 63
ONETOUCH TES VERIO....27
ONTRUZANT....24
ONUREG....20
OPSUMIT....36
ORGOVYX....21
ORKAMBI GRA 100-125....78
ORKAMBI GRA 150-188....78
ORKAMBI TAB 100-125....79
ORKAMBI TAB 200-125....79
orsythia....57
oseltamivir phosphate....16
OTEZLA....68
OTEZLA TAB 10/20/30....68
oxacillin sodium....18
oxaliplatin....19
oxandrolone....50
oxaprozin....8
oxcarbazepine....38
oxybutynin chloride....65
oxycodone hcl....10
oxycodone w/ acetaminophen tab 10-325 mg....10
oxycodone w/ acetaminophen tab 2.5-325 mg....10
oxycodone w/ acetaminophen tab 5-325 mg....10
oxycodone w/ acetaminophen tab 7.5-325 mg....10
OZEMPIC (0.25 OR 0.5MG/DOSE)....52
OZEMPIC (1MG/DOSE)....52
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML....52

P

pacerone....31
paclitaxel....22
PACLITAXEL INJ 100MG....22
paclitaxel protein-bound particles for iv susp 100 mg....22
paliperidone....45
pamidronate disodium....54

PAMIDRONATE DISODIUM 54
PANRETIN 83
pantoprazole sodium 65
PANZYGA 69
paraplatin 20
paricalcitol 62
paromomycin sulfate 11
paroxetine hcl 41, 42
PASER 15
PAXIL 42
PEDIARIX INJ 0.5ML 71
PEDVAX HIB 71
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 64
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 64
PEGASYS 16
PEMAZYRE 25
pemetrexed disodium 20
PEN GK/DEXTR INJ 40000/ML 18
PEN GK/DEXTR INJ 60000/ML 18
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA 53
penicillamine 54
penicillin g potassium 18
PENICILLIN G PROCAINE 18
penicillin g sodium 18
penicillin v potassium 18
PENTACEL INJ 71
pentamidine isethionate inh 11
pentamidine isethionate inj 11
pentoxifylline 67
perindopril erbumine 28
periogard 84
permethrin 83
perphenazine 45
PERSERIS 45
pfizerpen 19
phenelzine sulfate 42
phenobarbital 38, 39
phenobarbital sodium 39
PHENYTEK 39
phenytoin 39
phenytoin sodium 39
phenytoin sodium extended 39
PHESGO SOL 25
philith 57
PIFELTRO 13
pilocarpine hcl 75
pilocarpine hcl (oral) 84
pimozide 45
pimtrea 57
pindolol 33
pioglitazone hcl 52
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 19
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 19
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 19
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 19
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 19
PIQRAY 200MG DAILY DOSE 25
PIQRAY 250MG TAB DOSE 25
PIQRAY 300MG DAILY DOSE 25
pirfenidone 79
pirmella 1/35 57
piroxicam 8
PLASMA-LYTE INJ -148 72
PLASMA-LYTE INJ -A 72
plenamine 73
PLENVU SOL 64
podofilox 83
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 74
POMALYST 21
portia-28 57
posaconazole 12
potassium chloride 72, 73
POTASSIUM CHLORIDE 72
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 72
potassium chloride microencapsulated crystals er 73
potassium citrate (alkalinizer) 65
PRADAXA 66
PRALUENT 32
pramipexole dihydrochloride 43
prasugrel hcl 67
pravastatin sodium 31
praziquantel 11

prazosin hcl 28
prednisolone 59
prednisolone acetate (ophth) 75
PREDNISOLONE SODIUM PHOSP 75
prednisolone sodium phosphate 59
prednisone 59
PREDNISONE INTENSOL 59
pregabalin 39
pregabalin (once-daily) 48
PREHEVBRIO 71
PREMARIN 59
PREMASOL SOL 10% 73
PRENATAL TAB 27-1MG 73
PRENATAL TAB PLUS 73
PRENATAL VIT TAB LOW IRON 73
prevalite 32
PREVYMIS 16
PREZCOBIX TAB 800-150 15
PREZISTA 13
PRIFTIN 15
PRILOSEC 65
primaquine phosphate 13
PRIMAQUINE PHOSPHATE 13
primidone 39
PRIORIX INJ 71
PRIVIGEN 69
probenecid 8
PROCALAMINE INJ 3% 74
prochlorperazine 63
prochlorperazine edisylate 63
prochlorperazine maleate 63
PROCRIT 66
procto-med hc 83
procto-pak 83
proctosol hc 83
proctozone-hc 83
PROGRAF 70
PROLASTIN-C 79
PROLENSA 75
PROLIA 54
PROMACTA 67
promethazine hcl 63
propafenone hcl 31
proparacaine hcl 76
propranolol hcl 33
propylthiouracil 62
PROQUAD INJ 71
PROSOL INJ 20% 74
protriptyline hcl 42
PULMICORT FLEXHALER 80
PULMOZYME 79
PURIXAN 20
pyrazinamide 15
pyridostigmine bromide 48

Q

QINLOCK 25
QUADRACEL INJ 71
QUADRACEL INJ 0.5ML 71
quetiapine fumarate 45
quinapril hcl 28
quinapril-hydrochlorothiazide tab 10-12.5 mg 28
quinapril-hydrochlorothiazide tab 20-12.5 mg 28
quinapril-hydrochlorothiazide tab 20-25 mg 28
quinidine sulfate 31
quinine sulfate 13

R

RABAVERT INJ 71
rabeprazole sodium 65
raloxifene hcl 61
ramipril 28
ranolazine 35
rasagiline mesylate 43
RAYALDEE 62
reclipsen 57
RECOMBIVAX HB 71
RECTIV 83
REGRANEX 84
RELENZA DISKHALER 16
RELISTOR 64
REMICADE 68
RENFLEXIS 68
repaglinide 52
RESTASIS 76
RESTASIS MULTIDOSE 76
RETEVMO 25
REVLIMID 21
REXULTI 45
REYATAZ 13
REZUROCK 70
RHOPRESSA 75
RIABNI 25

ribavirin (hepatitis c) 16
rifabutin 15
rifampin 15
riluzole 48
rimantadine hydrochloride 16
RINVOQ 68
risedronate sodium 54
RISPERDAL CONSTA 45
risperidone 45
ritonavir 13
RITUXAN 25
RITUXAN INJ HYCELA 25
rivastigmine 40
rivastigmine tartrate 40
rizatriptan benzoate 48
ropinirole hydrochloride 43
rosadan 83
rosuvastatin calcium 31
ROTARIX SUS 71
ROTATEQ SOL 71
roweepra 39
ROZLYTREK 25
RUBRACA 25
rufinamide 39
RUKOBIA 13
RUXIENCE 25
RYBELSUS 52
RYDAPT 25

S

sajazir 67
SANDIMMUNE 70
SANTYL 84
sapropterin dihydrochloride 61
SAVELLA 49
SAVELLA MIS TITR PAK 49
SCEMBLIX 25
scopolamine 63
SECUADO 45
selegiline hcl 43
selenium sulfide 81
SELZENTRY 14
SEREVENT DISKUS 78
sertraline hcl 42
setlakin 57
sevelamer carbonate 61
sharobel 57
SHINGRIX 71
SIGNIFOR 61
sildenafil citrate (pulmonary hypertension) 36
silodosin 65
silver sulfadiazine 81
SIMBRINZA SUS 1-0.2% 76
simliya 57
simvastatin 32
sirolimus 70
SIRTURO 15
SIVEXTRO 11
SKYRIZI 68
SKYRIZI PEN 68
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 64
sodium chloride 73
sodium chloride (gu irrigant) 84
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 73
sodium phenylbutyrate 61
sodium polystyrene sulfonate powder 54
solifenacin succinate 65
SOLIQUA INJ 100/33 53
SOLTAMOX 21
SOLU-CORTEF 59
SOMATULINE DEPOT 61
SOMAVERT 61
sorafenib tosylate 25
sorine 31
sotalol hcl 31
sotalol hcl (afib/afl) 31
spironolactone 28
spironolactone & hydrochlorothiazide tab 25-25 mg 34
sprintec 28 57
SPRITAM 39
SPRYCEL 25
sps 54
sronyx 57
ssd 81
stavudine 14
STELARA 68, 69
STIVARGA 25
streptomycin sulfate 11
STRIBILD TAB 15
subvenite 39

sucralfate 64
sulfacetamide sodium (acne) 80
sulfacetamide sodium (ophth) 74
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 74
sulfadiazine 11
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 11
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 11
sulfamethoxazole-trimethoprim tab 400-80 mg 11
sulfamethoxazole-trimethoprim tab 800-160 mg 11
SULFAMYLON 81
sulfasalazine 63
sulindac 8
sumatriptan 48
sumatriptan succinate 48
sunitinib malate 25
SUPREP BOWEL SOL PREP KIT 64
syeda 58
SYMBICORT AER 160-4.5 80
SYMBICORT AER 80-4.5 80
SYMDEKO TAB 100-150 79
SYMDEKO TAB 50-75MG 79
SYMJEPI 79
SYMPAZAN 39
SYMTUZA TAB 15
SYNAREL 58
SYNERCID INJ 500MG 12
SYNJARDY TAB 12.5-1000MG 52
SYNJARDY TAB 12.5-500 52
SYNJARDY TAB 5-1000MG 52
SYNJARDY TAB 5-500MG 52
SYNJARDY XR TAB 10-1000 52
SYNJARDY XR TAB 12.5-1000MG 52
SYNJARDY XR TAB 25-1000 52
SYNJARDY XR TAB 5-1000MG 52
SYNRIBO 21
SYNTHROID 62

T

TABLOID 20
TABRECTA 25
tacrolimus 70
tacrolimus (topical) 83
TAFINLAR 25
TAGRISSO 25
TALTZ 69
TALZENNA 25
tamoxifen citrate 21
tamsulosin hcl 65
TARGRETIN 83
tarina fe 1/20 eq 58
TASIGNA 25
tazarotene 81
tazicef 17
TAZORAC 81
taztia xt 34
TAZVERIK 25
TDVAX INJ 2-2 LF 71
TECENTRIQ 25
TEFLARO 17
telmisartan 30
telmisartan-amlodipine tab 40-10 mg 30
telmisartan-amlodipine tab 40-5 mg 30
telmisartan-amlodipine tab 80-10 mg 30
telmisartan-amlodipine tab 80-5 mg 30
telmisartan-hydrochlorothiazide tab 40-12.5 mg 30
telmisartan-hydrochlorothiazide tab 80-12.5 mg 30
telmisartan-hydrochlorothiazide tab 80-25 mg 30
temazepam 47
TEMIXYS TAB 300-300 15
TENIVAC INJ 5-2LF 71
tenofovir disoproxil fumarate 14
TEPMETKO 25
terazosin hcl 28
terbinafine hcl 12
terbutaline sulfate 78
terconazole vaginal 66
testosterone 51
testosterone cypionate 51
testosterone enanthate 51
tetrabenazine 49
tetracycline hcl 19
THALOMID 21
THEO-24 79
theophylline 79
thioridazine hcl 45

thiothixene 45
tiadylt er 34
tiagabine hcl 39
TIBSOVO 25
TICOVAC 71
tigecycline 19
TIGECYCLINE 19
tilia fe 58
timolol maleate 33
timolol maleate (ophth) 76
timolol maleate (ophth) once-daily ... 76
TIVICAY 14
TIVICAY PD 14
tizanidine hcl 49
TOBRADEX OIN 0.3-0.1% 74
TOBRADEX ST SUS 0.3-0.05 74
tobramycin 12
tobramycin (ophth) 74
tobramycin sulfate 12
tobramycin-dexamethasone ophth susp 0.3-0.1% 74
tolterodine tartrate 65, 66
topiramate 39
toposar 22
toremifene citrate 21
torsemide 34
TOVIAZ 66
TPN ELECTROL INJ 73
TRADJENTA 52
tramadol hcl 10
tramadol-acetaminophen tab 37.5-325 mg 10
trandolapril 28
tranexamic acid 67
tranylcypromine sulfate 42
TRAVASOL INJ 10% 74
travoprost 76
TRAZIMERA 25
trazodone hcl 42
TRECATOR 15
TRELEGY AER ELLIPTA 100-62.5-25 MCG 76
TRELEGY AER ELLIPTA 200-62.5-25 MCG 77
TRELSTAR MIXJECT 21
treprostinil 36
TRESIBA 53
TRESIBA FLEXTOUCH 53
tretinoin 80
tretinoin (chemotherapy) 21
TREXALL 69
triamcinolone acetonide (mouth) 84
triamcinolone acetonide (topical) 82
triamterene & hydrochlorothiazide cap 37.5-25 mg 34
triamterene & hydrochlorothiazide tab 37.5-25 mg 34
triamterene & hydrochlorothiazide tab 75-50 mg 34
TRICARE TAB PRENATAL 73
triderm 82
trientine hcl 54
tri-estarylla 58
trifluoperazine hcl 45
trifluridine 74
trihexyphenidyl hcl 43
TRIJARDY XR TAB ER 24HR 10-5-1000MG 52
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 52
TRIJARDY XR TAB ER 24HR 25-5-1000MG 52
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 52
TRIKAFTA TAB 100-50-75MG & 150MG 79
TRIKAFTA TAB 50-25-37.5MG & 75MG 79
tri-legest fe 58
tri-linyah 58
tri-lo-estarylla 58
tri-lo-marzia 58
tri-lo-mili 58
tri-lo-sprintec 58
TRIMETHOPRIM 12
tri-mili 58
trimipramine maleate 42
TRINTELLIX 42
tri-nymyo 58
tri-sprintec 58
TRIUMEQ PD TAB 15
TRIUMEQ TAB 15
trivora-28 58
tri-vylibra 58

tri-vylibra lo 58
TRIZIVIR TAB 15
TROGARZO 14
TROPHAMINE INJ 10% 74
trospium chloride 66
TRULICITY 52
TRUMENBA INJ 71
TRUSELTIQ 100 MG DAILY DOSE 26
TRUSELTIQ 125 MG DAILY DOSE 26
TRUSELTIQ 50 MG DAILY DOSE 25
TRUSELTIQ 75 MG DAILY DOSE 26
TRUXIMA 26
TUKYSA 26
TURALIO 26
TWINRIX INJ 71
TYBOST 14
TYPHIM VI 71
U
UBRELVY 48
unithroid 62
ursodiol 64
V
valacyclovir hcl 16
VALCHLOR 83
valganciclovir hcl 16
valproate sodium 39
valproic acid 39
valsartan 30
valsartan-hydrochlorothiazide tab 160-12.5 mg 30
valsartan-hydrochlorothiazide tab 160-25 mg 30
valsartan-hydrochlorothiazide tab 320-12.5 mg 30
valsartan-hydrochlorothiazide tab 320-25 mg 30
valsartan-hydrochlorothiazide tab 80-12.5 mg 30
VALTOCO 39
vancomycin hcl 12
VANCOMYCIN INJ 1 GM 12
VANCOMYCIN INJ 500MG 12
VANCOMYCIN INJ 750MG 12
VANDAZOLE 66
VAQTA 71
varenicline tartrate 50
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack 50
VARIVAX 71
VASCEPA 32
VELCADE 26
velivet 58
VELPHORO 61
VELTASSA 54
VEMLIDY 16
VENCLEXTA 26
VENCLEXTA TAB START PK 26
venlafaxine hcl 42
VENTAVIS 36
VENTOLIN HFA 78
VENTOLIN HFA (INSTITUTIONAL PACK) 78
verapamil hcl 34
VERQUVO 35
VERSACLOZ 45
VERZENIO 26
vestura 58
V-GO 20 KIT 53
V-GO 30 KIT 53
V-GO 40 KIT 54
VICTOZA 52
vienva 58
vigabatrin 40
vigadrone 40
VIIBRYD 42
VIIBRYD KIT STARTER 42
vilazodone hcl 42
VIMPAT 40
vincristine sulfate 22
vinorelbine tartrate 22
viorele 58
VIRACEPT 14
VIREAD 14
VITRAKVI 26
VIVITROL 50
VIZIMPRO 26
VONJO 26
voriconazole 12
VOSEVI TAB 16
VOTRIENT 26
VRAYLAR 45
VRAYLAR CAP 1.5-3MG 45
vyfemla 58

vylibra 58
VYVANSE 47
VYZULTA 76
W
warfarin sodium 66
water for irrigation, sterile irrigation soln 84
WELIREG 21
wera 58
X
XALKORI 26
XARELTO 66
XARELTO STAR TAB 15/20MG 66
XATMEP 69
XCOPRI 40
XCOPRI PAK 100-150 40
XCOPRI PAK 12.5-25 40
XCOPRI PAK 150-200MG (MAINTENANCE) 40
XCOPRI PAK 150-200MG (TITRATION) 40
XCOPRI PAK 50-100MG 40
XELJANZ 69
XELJANZ XR 69
XERMELO 64
XGEVA 54
XIFAXAN 64
XIGDUO XR TAB 10-1000 52
XIGDUO XR TAB 10-500MG 52
XIGDUO XR TAB 2.5-1000 52
XIGDUO XR TAB 5-1000MG 52
XIGDUO XR TAB 5-500MG 52
XIIDRA 76
XOLAIR 79
XOSPATA 26
XPOVIO 100 MG ONCE WEEKLY 26
XPOVIO 40 MG ONCE WEEKLY 26
XPOVIO 40 MG TWICE WEEKLY 26
XPOVIO 60 MG ONCE WEEKLY 26
XPOVIO 60 MG TWICE WEEKLY 26
XPOVIO 80 MG ONCE WEEKLY 26
XPOVIO 80 MG TWICE WEEKLY 26
XTANDI 21
xulane 58
XULTOPHY INJ 100/3.6 54
XYREM 49
Y
YF-VAX INJ 71
yuvafem 59
Z
zafemy 58
zafirlukast 78
ZARXIO 67
ZEJULA 26
ZELBORAF 26
ZEMAIRA 79
zenatane 80
ZENPEP CAP 10000UNT 65
ZENPEP CAP 15000UNT 65
ZENPEP CAP 20000UNT 65
ZENPEP CAP 25000UNT 65
ZENPEP CAP 3000UNIT 64
ZENPEP CAP 40000UNT 65
ZENPEP CAP 5000UNIT 65
ZERVIATE 75
zidovudine 14
ziprasidone hcl 45
ziprasidone mesylate 45
ZIRABEV 26
ZIRGAN 74
zoledronic acid 54
ZOLINZA 26
zolmitriptan 48
zolpidem tartrate 47
zonisamide 40
ZORTRESS 70
zovia 1/35 58
zumandimine 58
ZYCLARA PUMP 83
ZYDELIG 27
ZYKADIA 27
ZYLET SUS 0.5-0.3% 74
ZYPITAMAG 32
ZYPREXA RELPREVV 46

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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.

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