

Clover Health

2023

Formulario

Integral

Lista de medicamentos cubiertos para planes:

Clover Health LiveHealthy Value (plans 045, 051, 053)

Mensaje importante sobre lo que paga por las vacunas:

Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no ha pagado su deducible (si corresponde). Llame a Servicios para miembros para obtener más información.

Mensaje importante sobre lo que paga por la insulina:

No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre, incluso si no ha pagado su deducible (si corresponde).



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

Este formulario se actualizó el 09/19/2023. 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 los 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 09/19/2023. 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 coseguros pueden cambiar el 1 de enero del 2023 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. En general, Clover Health cubrirá los medicamentos incluidos en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta se surta en una farmacia dentro 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 ocurren el 1 de enero, pero Clover Health puede agregar o eliminar medicamentos de 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 más bajo y con las mismas restricciones o menos. 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 emisor de la receta pueden solicitar que hagamos una excepción y que continuemos cubriendo el medicamento 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, 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 emisor de la receta pueden solicitar 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 2023 que estaba cubierto al comienzo del año, nosotros no interrumpiremos ni reduciremos la cobertura de dicho medicamento durante el año de cobertura 2023, 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 09/19/2023. 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, deberá buscar su medicamento en el índice que comienza en la página 84. El índice brinda una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos se encuentran enumerados en el Índice. 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 los medicamentos de marca y los medicamentos genéricos. Un medicamento genérico es un medicamento aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) por tener el mismo ingrediente 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 obtengan 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 un comprimido al día por receta médica. Esto podría ser adicional al suministro estándar de uno o tres meses.
- **Terapia escalonada:** en algunos casos, Clover Health exige que primero intente tratar su condición médica con ciertos medicamentos antes de cubrir otro medicamento para la misma condición. Por ejemplo, si el medicamento A y el medicamento B tratan la misma condición médica, Clover Health podría no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no le da buenos resultados, Clover Health cubrirá el medicamento B.

Puede averiguar si su medicamento presenta requisitos o límites adicionales consultando el formulario que comienza en la página 8. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos si visita nuestro sitio web. Publicamos documentos en línea en los que

se explican nuestras restricciones de autorización previa y terapia escalonada. Puede solicitarnos que le enviemos una copia. Nuestra información de contacto y la fecha de la última actualización del formulario se encuentran en la portada y en la contraportada.

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

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

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

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

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

¿Cómo solicito una excepción al formulario de Clover Health?

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

- Puede solicitarnos que cubramos un medicamento, aunque este no esté en nuestro formulario. Si se aprueba, este medicamento se cubrirá en un nivel de costo compartido predeterminado y usted no podrá solicitar que le proporcionemos dicho medicamento en un nivel de costo compartido menor.
- Puede solicitarnos cubrir 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, [the lower cost-sharing drug] o las restricciones de utilización adicionales interfieren con la efectividad del tratamiento de su condición o podrían llegar a provocar efectos médicos adversos.

Comuníquese con nosotros para solicitarnos una decisión de cobertura inicial respecto a una excepción de una restricción de formulario, nivel o utilización. **Cuando solicite una excepción a una restricción de formulario, nivel o utilización, deberá presentar una declaración de la persona que emitió la receta o de su médico para respaldar su solicitud.** En general, debemos tomar una decisión dentro de las 72 horas

de haber recibido la declaración de la persona que emitió la receta. Puede solicitar una excepción expedita (rápida) si usted o su médico consideran que esperar por hasta 72 horas para la toma de una decisión podría perjudicar gravemente su salud. Si se aprueba su solicitud de acelerar el proceso, deberemos comunicarle nuestra decisión en un plazo que no supere las 24 horas desde el momento de la recepción de la declaración del médico o de la persona que emitió la receta.

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

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

Por cada uno de sus medicamentos que no esté incluido en nuestro formulario o si su capacidad de obtener los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos resurtidos hasta llegar a un máximo de un suministro para 30 días del medicamento. Después del primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si usted reside en un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si sus posibilidades de obtener sus medicamentos están limitadas, pero ya pasaron 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, www.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 bien visite <http://www.medicare.gov>.

Formulario de Clover Health

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

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

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

Se utilizan las siguientes abreviaturas:

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

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

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

PA: Autorización Previa.

QL: El medicamento tiene un límite de cantidad.

ST: Se requiere terapia escalonada.

Niveles de copago por niveles de medicamento

El formulario 2023 de Clover Health cubre la mayoría de los medicamentos identificados por Medicare como medicamentos de la Parte D y su copago puede diferir según el nivel en el que se encuentre el medicamento. Los montos de los copagos y los porcentajes de coseguro para cada nivel varían según el plan. Consulte el Resumen de Beneficios o la Evidencia de Cobertura del plan para ver los montos de copagos y coseguros.

Nivel de copago	Tipo de medicamento
Nivel 1	Medicamentos Genéricos Preferidos: Medicamentos que están disponibles en el nivel de distribución de costos más bajo
Nivel 2	Medicamentos Genéricos
Nivel 3	Medicamentos de Marca Preferidos: Incluye medicamentos de marca preferidos y genéricos no preferidos
Nivel 4	Medicamentos No Preferidos: Incluye medicamentos de marca no preferidos y genéricos no preferidos
Nivel 5	Medicamentos Especializados: Incluye medicamentos especializados, y medicamentos genéricos y de marca de muy alto costo, que pueden requerir un manejo especial o un control estricto

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

Mensaje importante sobre lo que paga por las vacunas:

Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no ha pagado su deducible (si corresponde). Llame a Servicios para miembros para obtener más información.

Mensaje importante sobre lo que paga por la insulina:

No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre, incluso si no ha pagado su deducible (si corresponde).

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Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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	
butorphanol tartrate SOLN 10mg/ml	3	QL (10 mL / 30 days)
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 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 4mg/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)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

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

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
<i>ivermectin</i> TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	4	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	3	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	3	
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

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

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 25mg	4	
SUNLENCA TBPK 300mg	5	LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	
<i>zidovudine</i> TABS 300mg	3	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
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	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	4	
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)

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

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFAZOLIN ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, LA, PA
LONSURF TAB 20-8.19	5	NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg, 240mg	5	NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	4	
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg, 345mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 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, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, 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
KRAZATI TABS 200mg	5	NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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, 320mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPK 4mg	5	NM, LA, PA
MEKINIST SOLR .05mg/ml; 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, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
REZLIDHIA CAPS 150mg	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
RYDAPT CAPS 25mg	5	NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .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 50MG DAILY DOSE CPPK 25mg	5	LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	LA, PA
TRUSELTIQ 125MG DAILY DOSE	5	LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 125mg, 200mg	5	NM, LA, 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

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

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

BLOOD GLUCOSE REGULATOR

DIABETIC TESTING SUPPLIES

ACCU-CHEK TES COMPACT	0	B
ONETOUCH TES VERIO	0	B

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>epplerenone</i> TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> 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	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	1	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	3	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 145mg	2	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	2	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	3	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hcl coated beads CP24 360mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml	3	
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- <i>50 mg</i>	1	
MISCELLANEOUS		
<i>ADRENALIN SOLN</i> 1mg/ml	4	
<i>aliskiren fumarate TABS</i> 150mg, 300mg	4	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-80 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-80 mg	1	
<i>clonidine PTWK</i> .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl TABS</i> .1mg, .2mg, .3mg	1	
<i>CORLANOR SOLN</i> 5mg/5ml; <i>TABS</i> 5mg, 7.5mg	4	
<i>digoxin SOLN</i> .05mg/ml, .25mg/ml	4	
<i>digoxin TABS</i> 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS</i> 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS</i> 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN</i> 1mg/ml	4	
<i>guanfacine hcl TABS</i> 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN</i> 20mg/ml	4	
<i>hydralazine hcl TABS</i> 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine CAPS</i> 250mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTICONVULSANTS

APTiom TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTiom TABS 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

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	
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; TB24 250mg, 500mg	4	
divalproex sodium TBEC 125mg, 250mg, 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TB24 500mg, 750mg	3	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 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)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA

ANTIDEMENTIA

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

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 40mg	4	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	

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

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-250mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	4	
<i>clozapine TABS 25mg, 50mg</i>	3	
<i>clozapine TABS 100mg</i>	4	QL (270 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 200mg	4	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine elixir</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
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)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA

HYPNOTICS

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

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)

MISCELLANEOUS

AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg	4	QL (120 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 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
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
<i>BAFIERTAM</i> CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
<i>BETASERON</i> KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>KESIMPTA</i> SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	3	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	4	QL (60 tabs / 30 days), PA
<i>SODIUM OXYBATE</i> SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
<i>XYREM</i> SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	3	
<i>disulfiram TABS 250mg, 500mg</i>	3	
<i>naloxone hcl LIQD 4mg/0.1ml</i>	3	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	2	
<i>naltrexone hcl TABS 50mg</i>	3	
<i>NICOTROL INHALER INHA 10mg</i>	4	
<i>NICOTROL NS SOLN 10mg/ml</i>	4	
<i>varenicline tartrate TABS .5mg, 1mg</i>	4	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	PA
<i>VIVITROL SUSR 380mg</i>	5	NM

CONTINUOUS GLUCOSE MONITORING SYSTEMS

DIABETIC TESTING SUPPLIES

<i>DEXCOM G6 RECEIVER</i>	0	B
<i>DEXCOM G6 SENSOR</i>	0	B
<i>DEXCOM G6 TRANSMITTER</i>	0	B
<i>DEXCOM G7 RECEIVER</i>	0	B
<i>DEXCOM G7 SENSOR</i>	0	B
<i>FREESTYLE LIBRE 2/READER/</i>	0	B
<i>FREESTYLE LIBRE 2/SENSOR/</i>	0	B
<i>FREESTYLE LIBRE 14 DAY/RE</i>	0	B
<i>FREESTYLE LIBRE 14 DAY/SE</i>	0	B
<i>FREESTYLE LIBRE/READER/FL</i>	0	B
<i>FREESTYLE LIBRE/SENSOR/FL</i>	0	B

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	3	PA
<i>oxandrolone TABS 2.5mg</i>	3	QL (120 tabs / 30 days), PA
<i>oxandrolone TABS 10mg</i>	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
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), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXPEN SOPN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	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
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	

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

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>chateal</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane</i> TABS .35mg	2	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey</i> 1.5/30	3	
<i>haloette</i>	4	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel</i> 1.5/30	3	
<i>junel</i> 1/20	3	
<i>junel fe</i> 1.5/30	2	
<i>junel fe</i> 1/20	2	
<i>kariva</i>	3	
<i>kelnor</i> 1/35	2	
<i>kelnor</i> 1/50	3	
<i>kurvelo</i>	3	
<i>larin</i> 1.5/30	3	
<i>larin</i> 1/20	3	
<i>larin fe</i> 1.5/30	2	
<i>larin fe</i> 1/20	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.1 <i>mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.15 <i>mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab</i> 0.05- <i>30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora</i> 0.15/30-28	3	
<i>lillow</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab</i> 0.5- 0.1 mg	3	
<i>estradiol & norethindrone acetate tab</i> 1-0.5 mg	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab</i> 0.5mg-2.5mcg	3	
<i>fyavolv tab</i> 1mg-5mcg	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	3	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; <i>SOSY</i> 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; <i>SOSY</i> 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	

Drug Name	Drug Tier	Requirements/Limits
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THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTIEMETICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
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

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

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	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)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, 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, LA, 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 (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	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 (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 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, LA
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, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D, NM, LA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	3	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAIXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) SUSR 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	
MENVEO SOL	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; SUSY 5mcg/0.5ml, 10mcg/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%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	4	
<i>klor-con</i> 8 TBCR 8meq	2	
<i>klor-con</i> 10 TBCR 10meq	2	
<i>klor-con</i> m10 TBCR 10meq	2	
<i>klor-con</i> m15 TBCR 15meq	3	
<i>klor-con</i> m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> er TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol</i> sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3
<i>neo-polycin hc ophth oint 1%</i>	3
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2
<i>neomycin-polymyxin-hc ophth susp</i>	4
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2
TOBRADEX OIN 0.3-0.1%	3
TOBRADEX ST SUS 0.3-0.05	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4
ZYLET SUS 0.5-0.3%	3

ANTI-INFECTIVES

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

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

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	gel forming solution, generic for TIMOPTIC-XE
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	solution, generic for TIMOPTIC
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 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

Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast</i> TABS 250mcg, 500mcg	3	
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 inhalers / 30 days), ST
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

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

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

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%	3	QL (60 gm / 30 days)
<i>clobetasol propionate</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days)
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%	3	
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 gm / 28 days)

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
ABELCET	12
ABILIFY MAINTENA	42
<i>abiraterone acetate</i>	20
ABRYSVO.....	69
<i>acamprosate calcium</i>	48
<i>acarbose</i>	50
ACCU-CHEK TES COMPACT.....	26
<i>accutane</i>	79
<i>acebutolol hcl</i>	32
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	9
<i>acetaminophen w/ codeine tab 300-15 mg</i>	9
<i>acetaminophen w/ codeine tab 300-30 mg</i>	9
<i>acetaminophen w/ codeine tab 300-60 mg</i>	9
<i>acetazolamide</i>	33
<i>acetic acid</i>	64
<i>acetic acid (otic)</i>	75
<i>acetylcysteine</i>	77
<i>acitretin</i>	80
ACTHIB INJ	69
ACTIMMUNE.....	68
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
ADACEL INJ	69
<i>adefovir dipivoxil</i>	15
ADEMPAS	35
ADRENALIN.....	34
ADVAIR DISKU AER 100/50.....	79
ADVAIR DISKU AER 250/50.....	79
ADVAIR DISKU AER 500/50.....	79
ADVAIR HFA AER 115/21	79
ADVAIR HFA AER 230/21	79
ADVAIR HFA AER 45/21	79
<i>afirmelle</i>	54
AIMOVIG	46
<i>ala-cort</i>	80
<i>albendazole</i>	10
<i>albuterol sulfate</i>	76
<i>alclometasone dipropionate</i>	80
ALDURAZYME.....	59
ALECENSA.....	22
<i>alendronate sodium</i>	53
<i>alfuzosin hcl</i>	64
<i>aliskiren fumarate</i>	34
<i>allopurinol</i>	8
<i>alosetron hcl</i>	63
ALPHAGAN P	74
<i>alprazolam</i>	35
ALREX.....	74
<i>altavera</i>	54
ALTOPREV	31
ALUNBRIG	22
ALUNBRIG PAK.....	22
<i>alyacen 1/35</i>	54
<i>alyacen 7/7/7</i>	54
<i>amabelz</i>	57
<i>amantadine hcl</i>	41
<i>ambrisentan</i>	35
<i>amikacin sulfate</i>	10
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	33
<i>amiloride hcl</i>	33
<i>amiodarone hcl</i>	30
<i>amitriptyline hcl</i>	39
<i>amlodipine besylate</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	34

<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-40 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>2.5-10 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-10 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-20 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	27
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	28
<i>amnestem</i>	79
<i>amoxapine</i>	40
<i>amoxicillin</i>	17
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	17
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	18
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	18

<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	18
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>5 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	45
<i>amphotericin b</i>	12
<i>amphotericin b liposome</i>	12
<i>ampicillin</i>	18
<i>ampicillin & sulbactam sodium for inj</i>	
<i>1.5 (1-0.5) gm</i>	18
<i>ampicillin & sulbactam sodium for inj 3</i>	
<i>(2-1) gm</i>	18
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 1.5 (1-0.5) gm</i>	18
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 15 (10-5) gm</i>	18
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 3 (2-1) gm</i>	18
<i>ampicillin sodium</i>	18
<i>anagrelide hcl</i>	66

<i>anastrozole</i>	20	<i>ayuna</i>	54
ANORO ELLIPT AER 62.5-25	75	AYVAKIT	22
<i>aprepitant</i>	61	<i>azacitidine</i>	20
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	61	<i>azathioprine</i>	69
<i>apri</i>	54	<i>azelaic acid</i>	81
APTIOM	35	<i>azelastine hcl</i>	76
APTIVUS.....	13	<i>azelastine hcl (ophth)</i>	74
ARALAST NP.....	77	<i>azithromycin</i>	17
<i>aranelle</i>	54	<i>aztreonam</i>	10
ARCALYST	68	<i>azurette</i>	54
AREXVY	69	B	
<i>arformoterol tartrate</i>	76	<i>bacitracin (ophthalmic)</i>	73
<i>aripiprazole</i>	42	<i>bacitracin-polymyxin b ophth oint</i>	73
ARISTADA	42	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	73
ARISTADA INITIO	42	<i>baclofen</i>	48
<i>armodafinil</i>	48	BAFIERTAM.....	48
ARNUITY ELLIPTA	78	<i>balsalazide disodium</i>	62
<i>asenapine maleate</i>	42	BALVERSA	22
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	66	<i>balziva</i>	54
<i>atazanavir sulfate</i>	13	BARACLUDE.....	15
<i>atenolol</i>	32	BASAGLAR KWIKPEN.....	51
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	31	BCG VACCINE	69
<i>atenolol & chlorthalidone tab 50-25 mg</i>	31	BD ALCOHOL SWABS	51
<i>atomoxetine hcl</i>	45	BELSOMRA	46
<i>atorvastatin calcium</i>	31	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	27
<i>atovaquone</i>	10	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	27
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	12	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	27
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	12	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	27
ATROPINE SULFATE	75	<i>benazepril hcl</i>	27
<i>atropine sulfate (ophthalmic)</i>	75	BENDEKA	19
ATROVENT HFA	76	BENLYSTA	69
<i>aubra eq</i>	54	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	79
<i>aurovela 1/20</i>	54	<i>benztropine mesylate</i>	41
<i>aurovela fe 1.5/30</i>	54	BERINERT	66
<i>aurovela fe 1/20</i>	54	BESIVANCE	73
AUSTEDO	47	BESREMI	21
AUSTEDO XR.....	47	<i>betaine powder for oral solution</i>	59
AUSTEDO XR TAB TITR KIT	47	<i>betamethasone dipropionate (topical)</i>	80
AUVELITY TAB 45-105MG	40	<i>betamethasone dipropionate</i> <i>augmented</i>	80
<i>aviane</i>	54		
<i>avita</i>	79		

<i>betamethasone valerate</i>	80, 81
BETASERON	48
<i>betaxolol hcl (ophth)</i>	74
<i>bethanechol chloride</i>	64
BETOPTIC-S	74
BEVESPI AER 9-4.8MCG	75
<i>bexarotene</i>	21
<i>bexarotene (topical)</i>	82
BXSERO INJ	69
<i>bicalutamide</i>	20
BICILLIN L-A	18
BIKTARVY TAB 30-120-15 MG	14
BIKTARVY TAB 50-200-25 MG	14
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg	32
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	31
<i>bisoprolol & hydrochlorothiazide tab</i> 5- 6.25 mg	31
<i>bisoprolol fumarate</i>	32
BIVIGAM	68
<i>blisovi fe 1.5/30</i>	54
BOOSTRIX INJ	69
<i>bortezomib</i>	22
BORTEZOMIB	22
<i>bosentan</i>	35
BOSULIF	22
BRAFTOVI	22
BREO ELLIPTA INH 100-25	79
BREO ELLIPTA INH 200-25	79
BREZTRI AERO AER SPHERE	75
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	75
<i>briellyn</i>	54
BRILINTA	66
<i>brimonidine tartrate</i>	74
<i>brinzolamide</i>	74
BRIVIACT	35, 36
<i>bromfenac sodium (ophth)</i>	74
<i>bromocriptine mesylate</i>	41
BROMSITE	74
BRUKINSA	22
<i>budesonide</i>	62
<i>budesonide (inhalation)</i>	78
<i>bumetanide</i>	33
<i>buprenorphine hcl</i>	48

<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	49
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	48
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	49
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	49
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	49
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	49
<i>bupropion hcl</i>	40
<i>bupropion hcl (smoking deterrent)</i> ...	49
<i>buspirone hcl</i>	35
<i>butorphanol tartrate</i>	9
BYDUREON BCISE	50
BYETTA	50
C	
<i>cabergoline</i>	59
CABOMETYX	22
<i>calcipotriene</i>	80
<i>calcitonin (salmon) spray</i>	53
<i>calcitrene</i>	80
<i>calcitriol</i>	61
<i>calcitriol (oral)</i>	61
<i>calcium acetate (phosphate binder)</i> ..	60
CALQUENCE	22
<i>camila</i>	54
<i>candesartan cilexetil</i>	30
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	28
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	28
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	28
CAPLYTA	42
CAPRELSA	22
<i>captopril</i>	27
<i>captopril & hydrochlorothiazide tab</i> 25- 15 mg	27
<i>captopril & hydrochlorothiazide tab</i> 25- 25 mg	27
<i>captopril & hydrochlorothiazide tab</i> 50- 15 mg	27

<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	27	<i>cefprozil</i>	16
<i>carb/levo orally disintegrating tab 10-100mg</i>	41	<i>ceftazidime</i>	16
<i>carb/levo orally disintegrating tab 25-100mg</i>	41	<i>CEFTAZIDIME/ SOL D5W 1GM</i>	16
<i>carb/levo orally disintegrating tab 25-250mg</i>	41	<i>CEFTAZIDIME/ SOL D5W 2GM</i>	16
<i>carbamazepine</i>	36	<i>ceftriaxone sodium</i>	16
<i>carbidopa</i>	41	<i>cefuroxime axetil</i>	16
<i>carbidopa & levodopa tab 10-100 mg</i>	41	<i>cefuroxime sodium</i>	16
<i>carbidopa & levodopa tab 25-100 mg</i>	41	<i>celecoxib</i>	8
<i>carbidopa & levodopa tab 25-250 mg</i>	41	<i>CELONTIN</i>	36
<i>carbidopa & levodopa tab er 25-100 mg</i>	41	<i>cephalexin</i>	16
<i>carbidopa & levodopa tab er 50-200 mg</i>	41	<i>CERDELGA</i>	59
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	41	<i>CEREZYME</i>	59
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	41	<i>cetirizine hcl</i>	76
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	42	<i>cevimeline hcl</i>	82
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	42	<i>chateal</i>	54
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	42	<i>CHEMET</i>	53
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	42	<i>chlorhexidine gluconate (mouth-throat)</i>	82
<i>carboplatin</i>	19	<i>chloroquine phosphate</i>	13
<i>carglumic acid</i>	59	<i>chlorpromazine hcl</i>	42
<i>carteolol hcl (ophth)</i>	74	<i>chlorthalidone</i>	33
<i>cartia xt</i>	32	<i>cholestyramine</i>	31
<i>carvedilol</i>	32	<i>cholestyramine light</i>	31
<i>caspofungin acetate</i>	12	<i>choline fenofibrate</i>	30
<i>CAYSTON</i>	10	<i>ciclopirox olamine</i>	80
<i>cefaclor</i>	16	<i>cilostazol</i>	66
<i>CEFACLOR ER</i>	16	<i>CILOXAN</i>	73
<i>cefadroxil</i>	16	<i>CIMDUO TAB 300-300</i>	14
<i>CEFAZOLIN</i>	16	<i>cinacalcet hcl</i>	59
<i>CEFAZOLIN INJ 1GM/50ML</i>	16	<i>CIPRO</i>	17
<i>cefazolin sodium</i>	16	<i>CIPRO HC SUS OTIC</i>	75
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	16	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	17
<i>cefdinir</i>	16	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	17
<i>cefepime hcl</i>	16	<i>ciprofloxacin hcl</i>	17
<i>cefixime</i>	16	<i>ciprofloxacin hcl (ophth)</i>	73
<i>cefoxitin sodium</i>	16	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	75
		<i>cisplatin</i>	19
		<i>citalopram hydrobromide</i>	40
		<i>claravis</i>	79
		<i>clarithromycin</i>	17
		<i>clindamycin hcl</i>	10
		<i>clindamycin palmitate hydrochloride</i> ..	10
		<i>clindamycin phosphate</i>	10
		<i>clindamycin phosphate (topical)</i>	79

<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	10	<i>constulose</i>	63
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	10	COPIKTRA	22
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	10	CORLANOR	34
<i>clindamycin phosphate vaginal</i>	65	COTELLIC	22
CLINDMYC/NAC INJ 300/50ML	10	CREON CAP 12000UNT	63
CLINDMYC/NAC INJ 600/50ML	10	CREON CAP 24000UNT	63
CLINDMYC/NAC INJ 900/50ML	10	CREON CAP 3000UNIT	63
CLINIMIX INJ 4.25/D10	72	CREON CAP 36000UNT	63
CLINIMIX INJ 4.25/D5W	72	CREON CAP 6000UNIT	63
CLINIMIX INJ 5%/D15W	72	<i>cromolyn sodium</i>	77
CLINIMIX INJ 5%/D20W	72	<i>cromolyn sodium (mastocytosis)</i>	63
CLINIMIX INJ 6/5	72	<i>cromolyn sodium (ophth)</i>	74
CLINIMIX INJ 8/10	72	<i>cryselle-28</i>	54
CLINIMIX INJ 8/14	72	<i>cyclobenzaprine hcl</i>	48
<i>clinisol sf 15%</i>	72	<i>cyclophosphamide</i>	19
CLINOLIPID EMU 20%	72	CYCLOPHOSPHAMIDE	19
<i>clobazam</i>	36	CYCLOPHOSPHAMIDE MONOHYDR ...	19
<i>clobetasol propionate</i>	81	<i>cycloserine</i>	15
<i>clobetasol propionate e</i>	81	<i>cyclosporine</i>	69
<i>clomipramine hcl</i>	40	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	69
<i>clonazepam</i>	36	<i>cypheptadine hcl</i>	76
<i>clonidine</i>	34	<i>cyred eq</i>	54
<i>clonidine hcl</i>	34	CYSTADROPS	75
<i>clopidogrel bisulfate</i>	66	CYSTAGON	59
<i>clorazepate dipotassium</i>	36	CYSTARAN	75
<i>clotrimazole</i>	82	<i>cytarabine</i>	20
<i>clotrimazole (topical)</i>	80	D	
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	80	D10W/NACL INJ 0.2%	70
<i>clozapine</i>	42, 43	D2.5W/NACL INJ 0.45%	70
COARTEM TAB 20-120MG	13	D5W/LYTES INJ #48	70
<i>colchicine</i>	8	<i>dabigatran etexilate mesylate</i>	65
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	8	<i>dalfampridine</i>	48
<i>colesevelam hcl</i>	31	<i>danazol</i>	57
<i>colestipol hcl</i>	31	<i>dantrolene sodium</i>	48
<i>colistimethate sodium</i>	10	<i>dapsone</i>	10
COMBIGAN SOL 0.2/0.5%	74	DAPTACEL INJ	69
COMBIVENT AER 20-100	75	<i>daptomycin</i>	11
COMETRIQ (60MG DOSE)	22	DAPTOMYCIN	10
COMETRIQ KIT 100MG	22	<i>darifenacin hydrobromide</i>	64
COMETRIQ KIT 140MG	22	<i>darunavir</i>	13
COMPLERA TAB	14	<i>dasetta 1/35</i>	54
<i>compro</i>	61	<i>dasetta 7/7/7</i>	54
		DAURISMO	22
		DAYVIGO	46
		<i>deblitane</i>	54
		<i>deferasirox</i>	54

DELESTROGEN	57	<i>diazepam inj</i>	36
DELSTRIGO TAB	14	<i>diazoxide</i>	59
DENGVAIXIA SUS	69	<i>diclofenac potassium</i>	8
<i>depo-testosterone</i>	49	<i>diclofenac sodium</i>	8
DESCOVY TAB 120-15MG	14	<i>diclofenac sodium (ophth)</i>	74
DESCOVY TAB 200/25MG	14	<i>diclofenac sodium (topical)</i>	82
<i>desipramine hcl</i>	40	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>desloratadine</i>	76	<i>release 50-0.2 mg</i>	8
<i>desmopressin acetate</i>	59	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>desmopressin acetate spray</i>	59	<i>release 75-0.2 mg</i>	8
<i>desmopressin acetate spray</i>		<i>dicloxacillin sodium</i>	18
<i>refrigerated</i>	59	<i>dicyclomine hcl</i>	62
<i>desogest-eth estrad & eth estrad tab</i>		DIFICID	17
<i>0.15-0.02/0.01 mg(21/5)</i>	54	<i>diflunisal</i>	8
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>difluprednate</i>	74
<i>mg-30 mcg</i>	54	<i>digoxin</i>	34
<i>desvenlafaxine succinate</i>	40	<i>dihydroergotamine mesylate</i>	46
<i>dexamethasone</i>	58	DILANTIN	36
DEXAMETHASONE INTENSOL	58	DILANTIN INFATABS	36
<i>dexamethasone sodium phosphate</i>	58	DILANTIN-125	36
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl</i>	32
<i>(ophth)</i>	74	<i>diltiazem hcl coated beads</i>	32
DEXCOM G6 RECEIVER	49	<i>diltiazem hcl extended release beads</i>	33
DEXCOM G6 SENSOR	49	<i>dilt-xr</i>	32
DEXCOM G6 TRANSMITTER	49	DIP/TET PED INJ 25-5LFU	69
DEXCOM G7 RECEIVER	49	<i>diphenhydramine hcl</i>	76
DEXCOM G7 SENSOR	49	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dexmethylphenidate hcl</i>	45	<i>mg/5ml</i>	63
<i>dextrose</i>	72	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dextrose 10% w/ sodium chloride</i>		<i>0.025 mg</i>	63
<i>0.45%</i>	71	<i>dipyridamole</i>	66
<i>dextrose 2.5% w/ sodium chloride</i>		<i>disopyramide phosphate</i>	30
<i>0.45%</i>	70	<i>disulfiram</i>	49
<i>dextrose 5% in lactated ringers</i>	70	<i>divalproex sodium</i>	36
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>docetaxel</i>	21
.....	70	DOCETAXEL	21
<i>dextrose 5% w/ sodium chloride</i>		<i>dofetilide</i>	30
<i>0.225%</i>	71	<i>donepezil hydrochloride</i>	39
<i>dextrose 5% w/ sodium chloride 0.3%</i>		DOPTELET	66
.....	70	<i>dorzolamide hcl</i>	74
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>dorzolamide hcl-timolol maleate ophth</i>	
.....	71	<i>soln 22.3-6.8 mg/ml</i>	74
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>dotti</i>	57
.....	71	DOVATO TAB 50-300MG	14
DIACOMIT	36	<i>doxazosin mesylate</i>	28
<i>diazepam</i>	36	<i>doxepin hcl</i>	40
<i>diazepam (anticonvulsant)</i>	36	<i>doxepin hcl (sleep)</i>	46

<i>doxercalciferol</i>	61
<i>doxorubicin hcl</i>	19
<i>doxorubicin hcl liposomal</i>	19
<i>doxy 100</i>	19
<i>doxycycline (monohydrate)</i>	19
<i>doxycycline hyclate</i>	19
DRIZALMA SPRINKLE	40
<i>dronabinol</i>	61
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	54
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	54
DROXIA.....	66
<i>droxidopa</i>	34
<i>duloxetine hcl</i>	40
DUPIXENT.....	66
<i>dutasteride</i>	64
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	64
E	
<i>e.e.s. 400</i>	17
<i>ec-naproxen</i>	8
EDARBI	30
EDARBYCLOR TAB 40-12.5.....	28
EDARBYCLOR TAB 40-25MG	28
EDURANT	13
<i>efavirenz</i>	13
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14
ELIGARD	20
<i>elinest</i>	54
ELIQUIS	65
ELIQUIS STARTER PACK	65
ELLENCE.....	19
<i>eluryng</i>	54
EMCYT	20
<i>emoquette</i>	54
EMSAM.....	40
<i>emtricitabine</i>	13
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14

<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
EMTRIVA.....	13
EMVERM.....	11
<i>enalapril maleate</i>	27
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	27
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	27
ENBREL.....	66
ENBREL MINI	67
ENBREL SURECLICK.....	67
ENDARI.....	66
<i>endocet tab 10-325mg</i>	9
<i>endocet tab 2.5-325mg</i>	9
<i>endocet tab 5-325mg</i>	9
<i>endocet tab 7.5-325mg</i>	9
ENGERIX-B.....	69
<i>enoxaparin sodium</i>	65
<i>enpresse-28</i>	54
<i>enskyce</i>	55
ENSTILAR AER	81
<i>entacapone</i>	42
<i>entecavir</i>	15
ENTRESTO TAB 24-26MG.....	28
ENTRESTO TAB 49-51MG.....	28
ENTRESTO TAB 97-103MG.....	29
<i>enulose</i>	63
EPCLUSA PAK 150-37.5.....	15
EPCLUSA PAK 200-50MG	15
EPCLUSA TAB 200-50MG	15
EPCLUSA TAB 400-100.....	15
EPIDIOLEX	37
<i>epinephrine (anaphylaxis)</i>	34, 77
<i>epitol</i>	37
EPIVIR HBV	15
<i>eplerenone</i>	28
EPRONTIA	37
<i>ergotamine w/ caffeine tab 1-100 mg</i>	46
ERIVEDGE	22
ERLEADA.....	20
<i>erlotinib hcl</i>	22
<i>errin</i>	55
<i>ertapenem sodium</i>	11

<i>ery</i>	79	<i>famciclovir</i>	15
<i>ery-tab</i>	17	<i>famotidine</i>	62
ERYTHROCIN LACTOBIONATE	17	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythrocin stearate</i>	17	<i>mg/50ml</i>	62
<i>erythromycin (acne aid)</i>	79	FANAPT	43
<i>erythromycin (ophth)</i>	73	FANAPT PAK	43
<i>erythromycin base</i>	17	FARXIGA	50
<i>erythromycin ethylsuccinate</i>	17	FASENRA.....	77
<i>erythromycin lactobionate</i>	17	FASENRA PEN	77
<i>escitalopram oxalate</i>	40	<i>febuxostat</i>	8
<i>esomeprazole magnesium</i>	64	<i>felbamate</i>	37
<i>estarylla</i>	55	<i>felodipine</i>	33
<i>estradiol</i>	58	<i>femynor</i>	55
<i>estradiol & norethindrone acetate tab</i>		<i>fenofibrate</i>	30
<i>0.5-0.1 mg</i>	58	<i>fenofibrate micronized</i>	30
<i>estradiol & norethindrone acetate tab</i>		<i>fentanyl</i>	8
<i>1-0.5 mg</i>	58	<i>fentanyl citrate</i>	9
<i>estradiol vaginal</i>	58	<i>fesoterodine fumarate</i>	64
<i>estradiol valerate</i>	58	FETZIMA	40
<i>ethambutol hcl</i>	15	FETZIMA CAP TITRATIO.....	40
<i>ethosuximide</i>	37	FIASP FLEX INJ TOUCH.....	51
<i>ethynodiol diacetate & ethinyl estradiol</i>		FIASP INJ 100/ML.....	51
<i>tab 1 mg-35 mcg</i>	55	FIASP PENFIL INJ U-100	51
<i>ethynodiol diacetate & ethinyl estradiol</i>		FINACEA	82
<i>tab 1 mg-50 mcg</i>	55	<i>finasteride</i>	64
<i>etodolac</i>	8	<i> fingolimod hcl</i>	48
<i>etonogestrel-ethinyl estradiol va ring</i>		FINTEPLA	37
<i>0.120-0.015 mg/24hr</i>	55	<i>flac</i>	75
<i>etoposide</i>	21	FLAREX	74
<i>etravirine</i>	13	FLEBOGAMMA DIF	68
EULEXIN	20	<i>flecainide acetate</i>	30
<i>euthyrox</i>	61	FLOVENT DISKUS	78
<i>everolimus</i>	22	FLOVENT HFA	78
<i>everolimus (immunosuppressant)</i>	69	<i>fluconazole</i>	12
EVOTAZ TAB 300-150.....	14	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>exemestane</i>	20	<i>mg/100ml</i>	12
EXKIVITY.....	22	<i>fluconazole in nacl 0.9% inj 400</i>	
EYSUVIS.....	74	<i>mg/200ml</i>	12
EZALLOR SPRINKLE	31	<i>flucytosine</i>	12
<i>ezetimibe</i>	31	<i>fludrocortisone acetate</i>	58
<i>ezetimibe-simvastatin tab 10-10 mg</i>	31	<i>flunisolide (nasal)</i>	78
<i>ezetimibe-simvastatin tab 10-20 mg</i>	31	<i>fluocinolone acetonide</i>	81
<i>ezetimibe-simvastatin tab 10-40 mg</i>	31	<i>fluocinolone acetonide (otic)</i>	75
<i>ezetimibe-simvastatin tab 10-80 mg</i>	31	<i>fluocinonide</i>	81
F		<i>fluocinonide emulsified base</i>	81
FABRAZYME	59	<i>fluorometholone (ophth)</i>	74
<i>falmina</i>	55	<i>fluorouracil</i>	20

<i>fluorouracil (topical)</i>	82	GATTEX.....	63
<i>fluoxetine hcl</i>	40	GAUZE PADS 2.....	51
<i>fluphenazine decanoate</i>	43	<i>gavilyte-c</i>	63
<i>fluphenazine elixir</i>	43	<i>gavilyte-g</i>	63
<i>flurbiprofen</i>	8	GAVRETO	22
<i>flurbiprofen sodium</i>	74	<i>gefitinib</i>	22
<i>fluticasone propionate</i>	81	<i>gemcitabine hcl</i>	20
<i>fluticasone propionate (nasal)</i>	78	<i>gemfibrozil</i>	30
<i>fluvastatin sodium</i>	31	GEMTESA	64
<i>fluvoxamine maleate</i>	35	<i>generlac</i>	63
<i>fondaparinux sodium</i>	65	<i>engraf</i>	69
<i>formoterol fumarate</i>	76	GENOTROPIN	59
FORTEO.....	53	GENOTROPIN MINIQUEL	59
FOSAMAX + D TAB 70-2800	53	<i>gentak</i>	73
FOSAMAX + D TAB 70-5600	53	<i>gentamicin in saline inj 0.8 mg/ml</i> ...	11
<i>fosamprenavir calcium</i>	13	<i>gentamicin in saline inj 1 mg/ml</i>	11
<i>fosinopril sodium</i>	28	<i>gentamicin in saline inj 1.2 mg/ml</i> ...	11
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	27	<i>gentamicin in saline inj 1.6 mg/ml</i> ...	11
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	27	<i>gentamicin in saline inj 2 mg/ml</i>	11
FOTIVDA	22	<i>gentamicin sulfate</i>	11
FREESTYLE LIBRE 14 DAY/RE	49	<i>gentamicin sulfate (ophth)</i>	73
FREESTYLE LIBRE 14 DAY/SE	49	<i>gentamicin sulfate (topical)</i>	79
FREESTYLE LIBRE 2/READER/.....	49	GENVOYA TAB.....	14
FREESTYLE LIBRE 2/SENSOR/	49	GILOTRIF	22
FREESTYLE LIBRE/READER/FL	49	<i>glatiramer acetate</i>	48
FREESTYLE LIBRE/SENSOR/FL	49	<i>glatopa</i>	48
<i>fulvestrant</i>	20	GLEOSTINE	19
<i>furosemide</i>	33	<i>glimepiride</i>	50
<i>furosemide inj</i>	33	<i>glipizide</i>	50
FUZEON	13	<i>glipizide xl</i>	50
<i>fyavolv tab 0.5mg-2.5mcg</i>	58	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	50
<i>fyavolv tab 1mg-5mcg</i>	58	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	50
FYCOMPA.....	37	<i>glipizide-metformin hcl tab 5-500 mg</i>	50
G		<i>glycopyrrolate</i>	62
<i>gabapentin</i>	37	<i>glydo</i>	81
<i>galantamine hydrobromide</i>	39	GLYXAMBI TAB 10-5 MG	50
GAMASTAN INJ.....	68	GLYXAMBI TAB 25-5 MG	50
GAMMAGARD LIQUID	68	GOLYTELY SOL.....	63
GAMMAGARD S/D IGA LESS TH	68	GRALISE	47
GAMMAKED.....	68	<i>granisetron hcl</i>	61
GAMMAPLEX.....	68	<i>griseofulvin microsize</i>	12
GAMUNEX-C.....	68	<i>griseofulvin ultramicrosize</i>	12
<i>ganciclovir sodium</i>	15	<i>guanfacine hcl</i>	34
GARDASIL 9 INJ	69	<i>guanfacine hcl (adhd)</i>	45
<i>gatifloxacin (ophth)</i>	73	GVOKE HYPOPEN 2-PACK.....	59

GVOKE KIT	59
GVOKE PFS	59
H	
HAEGARDA	66
<i>hailey 1.5/30</i>	55
<i>halobetasol propionate</i>	81
<i>haloette</i>	55
<i>haloperidol</i>	43
<i>haloperidol decanoate</i>	43
<i>haloperidol lactate</i>	43
HARVONI PAK 33.75-150MG	15
HARVONI PAK 45-200MG	15
HARVONI TAB 45-200MG	15
HARVONI TAB 90-400MG	15
HAVRIX	69
<i>heather</i>	55
HEP SOD/D5W INJ 20000UNT.....	65
HEP SOD/D5W INJ 25000UNT.....	65
HEP SOD/NACL INJ 12500UNT.....	65
HEP SOD/NACL INJ 25000UNT.....	65
<i>heparin sodium (porcine)</i>	65
HEPARIN/NACL INJ 25000UNT	65
HEPLISAV-B	69
HERCEP HYLEC SOL 60-10000	22
HERCEPTIN	22
HERZUMA	22
HIBERIX	69
HUMIRA	67
HUMIRA PEDIA INJ CROHNS.....	67
HUMIRA PEDIATRIC CROHNS D	67
HUMIRA PEN	67
HUMIRA PEN KIT PS/UV.....	67
HUMIRA PEN-CD/UC/HS START	67
HUMIRA PEN-PEDIATRIC UC S	67
HUMIRA PEN-PS/UV STARTER.....	67
HUMULIN R U-500 (CONCENTR.....	51
HUMULIN R U-500 KWIKPEN	52
<i>hydralazine hcl</i>	34
<i>hydrochlorothiazide</i>	33
<i>hydrocodone bitartrate</i>	8
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	9
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	9
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9

<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	9
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	9
<i>hydrocortisone</i>	58
<i>hydrocortisone (intrarectal)</i>	62
<i>hydrocortisone (rectal)</i>	82
<i>hydrocortisone (topical)</i>	81
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	68
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	76
<i>hydroxyzine pamoate</i>	76
HYSINGLA ER.....	9
I	
<i>ibandronate sodium</i>	53
IBRANCE	23
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>icatibant acetate</i>	66
<i>iclevia</i>	55
ICLUSIG	23
IDHIFA.....	23
ILEVRO	74
<i>imatinib mesylate</i>	23
IMBRUVICA	23
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	11
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	11
<i>imipramine hcl</i>	40
<i>imiquimod</i>	82
IMOVAX RABIES (H.D.C.V.).....	70
INBRIJA	42
<i>incassia</i>	55
INCRELEX.....	59
INCRUSE ELLIPTA.....	76
<i>indapamide</i>	33
INFANRIX INJ	70
INFLIXIMAB	67
INGREZZA.....	47
INGREZZA CAP 40-80MG	47
INLYTA.....	23
INQOVI TAB 35-100MG	20
INREBIC.....	23
INSULIN PEN NEEDLES: BD/NOVO ...	52
INSULIN SAFETY NEEDLES.....	52

INSULIN SYRINGES: BD	52	JAYPIRCA	23
INTELENCE	13	JENTADUETO TAB 2.5-1000	50
INTRALIPID.....	72	JENTADUETO TAB 2.5-500	50
INTRON A.....	69	JENTADUETO TAB 2.5-850	50
<i>introvale</i>	55	JENTADUETO TAB XR 2.5-1000MG...	50
INVEGA HAFYERA	43	JENTADUETO TAB XR 5-1000MG.....	50
INVEGA SUSTENNA.....	43	<i>jinteli</i>	58
INVEGA TRINZA	43	<i>jolessa</i>	55
IPOL INJ INACTIVE	70	<i>juleber</i>	55
<i>ipratropium bromide</i>	76	JULUCA TAB 50-25MG	14
<i>ipratropium bromide (nasal)</i>	76	<i>junel 1.5/30</i>	55
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	75	<i>junel 1/20</i>	55
<i>irbesartan</i>	30	<i>junel fe 1.5/30</i>	55
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	29	<i>junel fe 1/20</i>	55
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	29	K	
IRESSA	23	KADCYLA.....	23
<i>irinotecan hcl</i>	21	KALYDECO.....	77
ISENTRESS	13	KANJINTI	23
ISENTRESS HD.....	13	<i>kariva</i>	55
<i>isibloom</i>	55	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	71
ISOLYTE-P INJ /D5W	71	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.2% inj</i>	71
ISOLYTE-S INJ	71	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	71
ISOLYTE-S INJ PH 7.4	71	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	71
<i>isoniazid</i>	15	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	71
ISOPTO ATROPINE.....	75	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	71
<i>isosorbide dinitrate</i>	35	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	71
<i>isosorbide mononitrate</i>	35	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	71
<i>isotretinoin</i>	79	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	71
<i>isradipine</i>	33	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	71
<i>itraconazole</i>	12	KCL/D5W/NACL INJ 0.3/0.9%	71
<i>ivermectin</i>	11	<i>kelnor 1/35</i>	55
IXIARO INJ	70	<i>kelnor 1/50</i>	55
J		KERENDIA	28
JAKAFI	23	KESIMPTA	48
<i>jantoven</i>	65	<i>ketoconazole</i>	12
JANUMET TAB 50-1000	50	<i>ketoconazole (topical)</i>	80
JANUMET TAB 50-500MG	50	<i>ketorolac tromethamine (ophth)</i>	74
JANUMET XR TAB 100-1000	50	KEVZARA	67
JANUMET XR TAB 50-1000	50		
JANUMET XR TAB 50-500MG	50		
JANUVIA.....	50		
JARDIANCE	50		
<i>jasmiel</i>	55		
<i>javygtor</i>	59		

KEYTRUDA.....	23	LENVIMA 8 MG DAILY DOSE.....	23
KINRIX INJ	70	LENVIMA CAP 14 MG.....	24
KISQALI 200 DOSE	23	LENVIMA CAP 18 MG.....	24
KISQALI 200 PAK FEMARA	21	LENVIMA CAP 24 MG.....	24
KISQALI 400 DOSE	23	<i>lessina</i>	55
KISQALI 400 PAK FEMARA	21	<i>letrozole</i>	20
KISQALI 600 DOSE	23	<i>leucovorin calcium</i>	26
KISQALI 600 PAK FEMARA	21	LEUKERAN.....	19
<i>klor-con</i>	72	<i>leuprolide acetate</i>	20
<i>klor-con 10</i>	72	<i>levalbuterol hcl</i>	76
<i>klor-con 8</i>	72	<i>levalbuterol tartrate</i>	76
<i>klor-con m10</i>	72	LEVEMIR	52
<i>klor-con m15</i>	72	LEVEMIR FLEXPEN	52
<i>klor-con m20</i>	72	LEVEMIR FLEXTOUCH.....	52
KORLYM	59	<i>levetiracetam</i>	37
KRAZATI.....	23	<i>levetiracetam in sodium chloride iv soln</i>	
<i>kurvelo</i>	55	1000 mg/100ml.....	37
L		<i>levetiracetam in sodium chloride iv soln</i>	
<i>labetalol hcl</i>	32	1500 mg/100ml.....	37
<i>lacosamide</i>	37	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lacosamide oral</i>	37	500 mg/100ml	37
<i>lactated ringer's solution</i>	71	<i>levobunolol hcl</i>	74
<i>lactic acid (ammonium lactate)</i>	82	<i>levocarnitine (metabolic modifiers)</i> ..	59
<i>lactulose</i>	63	<i>levocetirizine dihydrochloride</i>	76
<i>lactulose (encephalopathy)</i>	63	<i>levofloxacin</i>	17
<i>lamivudine</i>	13	<i>levofloxacin in d5w iv soln 250</i>	
<i>lamivudine (hbv)</i>	15	mg/50ml	17
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>levofloxacin in d5w iv soln 500</i>	
.....	14	mg/100ml.....	17
<i>lamotrigine</i>	37	<i>levofloxacin in d5w iv soln 750</i>	
<i>lansoprazole</i>	64	mg/150ml.....	17
LANTUS.....	52	<i>levonest</i>	55
LANTUS SOLOSTAR.....	52	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>lapatinib ditosylate</i>	23	<i>day) tab 0.15-0.03 mg</i>	55
<i>larin 1.5/30</i>	55	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin 1/20</i>	55	0.1 mg-20 mcg	55
<i>larin fe 1.5/30</i>	55	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin fe 1/20</i>	55	0.15 mg-30 mcg.....	55
<i>latanoprost</i>	74	<i>levonorgestrel-eth estra tab 0.05-</i>	
LATUDA.....	43	30/0.075-40/0.125-30mg-mcg	55
<i>leena</i>	55	<i>levora 0.15/30-28</i>	55
<i>leflunomide</i>	68	<i>levo-t</i>	61
<i>lenalidomide</i>	21	<i>levothyroxine sodium</i>	61
LENVIMA 10 MG DAILY DOSE	24	<i>levoxyl</i>	61
LENVIMA 12MG DAILY DOSE	24	LEXIVA	13
LENVIMA 20 MG DAILY DOSE	24	<i>lidocaine</i>	81
LENVIMA 4 MG DAILY DOSE	23	<i>lidocaine hcl</i>	81

<i>lidocaine hcl (local anesth.)</i>	10	LUMIGAN	74
<i>lidocaine hcl (mouth-throat)</i>	82	LUMIZYME	60
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	81	LUPRON DEPOT (1-MONTH)	20
<i>lillow</i>	55	LUPRON DEPOT (3-MONTH)	20
<i>linezolid</i>	11	LUPRON DEPOT-PED (1-MONTH)	60
LINEZOLID INJ 2MG/ML	11	LUPRON DEPOT-PED (3-MONTH)	60
LINZESS	63	LUPRON DEPOT-PED (6-MONTH)	60
<i>liothyronine sodium</i>	61	<i>lurasidone hcl</i>	43
<i>lisinopril</i>	28	<i>lutea</i>	56
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	27	<i>lyleq</i>	56
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	27	<i>lyllana</i>	58
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	27	LYNPARZA	24
<i>lithium carbonate</i>	47	LYSODREN	20
LIVALO	31	LYTGOBI	24
<i>loestrin 1.5/30-21</i>	56	<i>lyza</i>	56
<i>loestrin 1/20-21</i>	56	M	
<i>loestrin fe 1.5/30</i>	56	<i>magnesium sulfate</i>	71
<i>loestrin fe 1/20</i>	56	MAGNESIUM SULFATE	71
LOKELMA	54	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	71
LONSURF TAB 15-6.14	20	<i>malathion</i>	82
LONSURF TAB 20-8.19	20	<i>maraviroc</i>	13
<i>loperamide hcl</i>	63	<i>marlissa</i>	56
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	14	MARPLAN	40
<i>lopinavir-ritonavir tab 100-25 mg</i>	14	MATULANE	21
<i>lopinavir-ritonavir tab 200-50 mg</i>	14	<i>matzim la</i>	33
<i>lorazepam</i>	35	MAVYRET PAK 50-20MG	15
<i>lorazepam intensol</i>	35	MAVYRET TAB 100-40MG	15
LORBRENA	24	<i>meclizine hcl</i>	61
<i>loryna</i>	56	<i>medroxyprogesterone acetate</i>	60
<i>losartan potassium</i>	30	<i>medroxyprogesterone acetate (contraceptive)</i>	56
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	29	<i>mefloquine hcl</i>	13
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	29	<i>megestrol acetate</i>	20, 60
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	29	<i>megestrol acetate (appetite)</i>	60
LOTEMAX	74	MEKINIST	24
<i>lovastatin</i>	31	MEKTOVI	24
<i>low-ogestrel</i>	56	<i>meloxicam</i>	8
<i>loxapine succinate</i>	43	<i>memantine hcl</i>	39
LUMAKRAS	24	MENACTRA INJ	70
		MENQUADFI INJ	70
		MENVEO INJ	70
		MENVEO SOL	70
		<i>mercaptopurine</i>	20
		<i>meropenem</i>	11
		<i>mesalamine</i>	62
		<i>mesalamine w/ cleanser</i>	62

MESNEX	26	<i>molindone hcl</i>	43
<i>metadate er</i>	45	<i>mometasone furoate</i>	81
<i>metformin hcl</i>	50, 51	<i>mometasone furoate (nasal)</i>	78
<i>methadone hcl</i>	9	MONJUVI.....	24
<i>methadone hydrochloride i</i>	9	<i>mono-lynyah</i>	56
<i>methazolamide</i>	33	<i>montelukast sodium</i>	77
<i>methenamine hippurate</i>	11	<i>morphine sulfate</i>	9
<i>methimazole</i>	61	MORPHINE SULFATE	9
<i>methotrexate sodium</i>	20, 68	MORPHINE SULFATE/SODIUM C.....	9
<i>methsuximide</i>	37	MOVANTIK.....	63
<i>methylphenidate hcl</i>	45, 46	<i>moxifloxacin hcl</i>	17
<i>methylprednisolone</i>	58	<i>moxifloxacin hcl (ophth)</i>	73
<i>methylprednisolone acetate</i>	58	MULTAQ	30
<i>methylprednisolone sod succ</i>	58	<i>multiple electrolytes ph 5.5</i>	71
<i>metoclopramide hcl</i>	61, 62	<i>multiple electrolytes ph 7.4</i>	71
<i>metolazone</i>	33	<i>mupirocin</i>	79
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	32	MVASI	24
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	32	<i>mycophenolate mofetil</i>	69
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	32	<i>mycophenolate sodium</i>	69
<i>metoprolol succinate</i>	32	MYRBETRIQ	64
<i>metoprolol tartrate</i>	32	N	
<i>metronidazole</i>	11	<i>nabumetone</i>	8
<i>metronidazole (topical)</i>	82	<i>nadolol</i>	32
<i>metronidazole vaginal</i>	65	<i>nafcillin sodium</i>	18
<i>metyrosine</i>	34	NAGLAZYME	60
MG SO4/D5W INJ 10MG/ML	71	<i>nalbuphine hcl</i>	10
<i>micafungin sodium</i>	12	<i>naloxone hcl</i>	49
<i>microgestin 1.5/30</i>	56	<i>naltrexone hcl</i>	49
<i>microgestin 1/20</i>	56	NAMZARIC CAP 14-10MG.....	39
<i>microgestin fe 1.5/30</i>	56	NAMZARIC CAP 21-10MG.....	39
<i>microgestin fe 1/20</i>	56	NAMZARIC CAP 28-10MG.....	39
<i>midodrine hcl</i>	35	NAMZARIC CAP 7-10MG	39
<i>miglustat</i>	60	NAMZARIC CAP PACK.....	39
<i>mili</i>	56	<i>naproxen</i>	8
<i>mimvey</i>	58	<i>naproxen sodium</i>	8
<i>minocycline hcl</i>	19	<i>naratriptan hcl</i>	46
<i>minoxidil</i>	35	NATACYN	73
<i>mirtazapine</i>	40	<i>nateglinide</i>	51
<i>misoprostol</i>	63	NATPARA.....	53
MITIGARE	8	NAYZILAM	37
M-M-R II INJ	70	<i>nebivolol hcl</i>	32
M-NATAL PLUS TAB	72	<i>necon 0.5/35-28</i>	56
<i>modafinil</i>	48	<i>nefazodone hcl</i>	40
<i>moexipril hcl</i>	28	<i>neomycin sulfate</i>	11
		<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin 73	

<i>neomycin-polymy-gramicid op sol</i>		<i>norethindrone ac-ethinyl estrad-fe tab</i>	
1.75-10000-0.025mg-unt-mg/ml ..73		1-20/1-30/1-35 mg-mcg..... 56	
<i>neomycin-polymyxin-dexamethasone</i>		<i>norgestimate & ethinyl estradiol tab</i>	
<i>ophth oint 0.1%.....73</i>		0.25 mg-35 mcg..... 56	
<i>neomycin-polymyxin-dexamethasone</i>		<i>norgestimate-eth estrad tab 0.18-</i>	
<i>ophth susp 0.1%73</i>		25/0.215-25/0.25-25 mg-mcg 56	
<i>neomycin-polymyxin-hc ophth susp..73</i>		<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neomycin-polymyxin-hc otic soln 1%75</i>		35/0.215-35/0.25-35 mg-mcg 56	
<i>neomycin-polymyxin-hc otic susp 3.5</i>		NORITATE82	
<i>mg/ml-10000 unit/ml-1%75</i>		<i>norlyroc56</i>	
<i>neo-polycin 5(3.5)mg-400unt-</i>		NORPACE CR 30	
<i>10000unt op oin73</i>		<i>nortrel 0.5/35 (28)56</i>	
<i>neo-polycin hc ophth oint 1%73</i>		<i>nortrel 1/35 (21)56</i>	
NERLYNX24		<i>nortrel 1/35 (28)56</i>	
NEUPRO42		<i>nortrel 7/7/7.....56</i>	
<i>nevirapine13</i>		<i>nortriptyline hcl.....40</i>	
NEXAVAR.....24		NORVIR 13	
<i>niacin (antihyperlipidemic)31</i>		NOVOLIN INJ 70/30 52	
<i>nicardipine hcl.....33</i>		NOVOLIN INJ 70/30 FP 52	
NICOTROL INHALER49		NOVOLIN N..... 52	
NICOTROL NS49		NOVOLIN N FLEXPEN 52	
<i>nifedipine33</i>		NOVOLIN R..... 52	
<i>nikki56</i>		NOVOLIN R FLEXPEN..... 52	
<i>nilutamide20</i>		NOVOLOG 52	
<i>nimodipine.....33</i>		NOVOLOG FLEXPEN 52	
NINLARO24		NOVOLOG MIX INJ 70/30..... 52	
<i>nisoldipine33</i>		NOVOLOG MIX INJ FLEXPEN..... 52	
<i>nitazoxanide11</i>		NOVOLOG PENFILL 52	
<i>nitisinone.....60</i>		NOXAFIL 12	
NITRO-BID35		NUBEQA.....20	
<i>nitrofurantoin macrocrystal11</i>		NUEDEXTA CAP 20-10MG47	
<i>nitrofurantoin monohyd macro.....11</i>		NULOJIX.....69	
<i>nitroglycerin.....35</i>		NUPLAZID43	
<i>nizatidine.....62</i>		NURTEC46	
<i>nora-be56</i>		NUTRILIPID72	
<i>norethindrone (contraceptive)56</i>		NUZYRA 19	
<i>norethindrone ace & ethinyl estradiol</i>		<i>nyamyc.....80</i>	
<i>tab 1 mg-20 mcg56</i>		<i>nylia 1/35.....56</i>	
<i>norethindrone ace & ethinyl estradiol</i>		<i>nylia 7/7/756</i>	
<i>tab 1.5 mg-30 mcg56</i>		NYMALIZE 33	
<i>norethindrone ace & ethinyl estradiol-fe</i>		<i>nymyo56</i>	
<i>tab 1 mg-20 mcg56</i>		<i>nystatin12</i>	
<i>norethindrone acetate60</i>		<i>nystatin (mouth-throat).....82</i>	
<i>norethindrone acetate-ethinyl estradiol</i>		<i>nystatin (topical)80</i>	
<i>tab 0.5 mg-2.5 mcg58</i>		<i>nystop80</i>	
<i>norethindrone acetate-ethinyl estradiol</i>		O	
<i>tab 1 mg-5 mcg58</i>		<i>ocella.....56</i>	

OCTAGAM	68	OMNIPOD GO KIT 35UNT/DY	53
<i>octreotide acetate</i>	60	OMNIPOD GO KIT 40UNT/DY	53
ODEFSEY TAB.....	15	OMNIPOD MIS CLASSIC.....	53
ODOMZO	24	OMNIPOD PDM KIT CLASSIC	53
OFEV	77	<i>ondansetron</i>	62
<i>ofloxacin (ophth)</i>	73	<i>ondansetron hcl</i>	62
<i>ofloxacin (otic)</i>	75	ONETOUCH TES VERIO.....	26
OGIVRI	24	ONTRUZANT	24
OGIVRI INJ 420MG	24	ONUREG.....	20
<i>olanzapine</i>	43	OPSUMIT.....	35
<i>olmesartan medoxomil</i>	30	ORGOVYX.....	20
<i>olmesartan medoxomil-</i>		ORKAMBI GRA 100-125.....	77
<i>hydrochlorothiazide tab 20-12.5 mg</i>		ORKAMBI GRA 150-188.....	77
.....	29	ORKAMBI GRA 75-94MG.....	77
<i>olmesartan medoxomil-</i>		ORKAMBI TAB 100-125	77
<i>hydrochlorothiazide tab 40-12.5 mg</i>		ORKAMBI TAB 200-125	77
.....	29	ORSERDU	20
<i>olmesartan medoxomil-</i>		<i>oseltamivir phosphate</i>	15
<i>hydrochlorothiazide tab 40-25 mg</i> .	29	OTEZLA.....	67
<i>olmesartan-amlodipine-</i>		OTEZLA TAB 10/20/30	67
<i>hydrochlorothiazide tab 20-5-12.5</i>		<i>oxacillin sodium</i>	18
<i>mg</i>	29	<i>oxaliplatin</i>	19
<i>olmesartan-amlodipine-</i>		<i>oxandrolone</i>	49
<i>hydrochlorothiazide tab 40-10-12.5</i>		<i>oxaprozin</i>	8
<i>mg</i>	29	<i>oxcarbazepine</i>	37
<i>olmesartan-amlodipine-</i>		<i>oxybutynin chloride</i>	64
<i>hydrochlorothiazide tab 40-10-25 mg</i>		<i>oxycodone hcl</i>	10
.....	29	<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>olmesartan-amlodipine-</i>		<i>325 mg</i>	10
<i>hydrochlorothiazide tab 40-5-12.5</i>		<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>mg</i>	29	<i>325 mg</i>	10
<i>olmesartan-amlodipine-</i>		<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>325 mg</i>	10
.....	29	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>olopatadine hcl</i>	74	<i>325 mg</i>	10
<i>olopatadine hcl (nasal)</i>	76	OZEMPIC (0.25 OR 0.5MG/DOSE)	51
<i>omeprazole</i>	64	OZEMPIC (1MG/DOSE)	51
OMNARIS	78	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	
OMNIPOD 5 G6 KIT INTRO	52		51
OMNIPOD 5 G6 MIS PODS.....	52	P	
OMNIPOD DASH KIT INTRO.....	52	<i>pacerone</i>	30
OMNIPOD DASH MIS PODS	52	<i>paclitaxel</i>	21
OMNIPOD GO KIT 10UNT/DY	52	<i>paclitaxel protein-bound particles for iv</i>	
OMNIPOD GO KIT 15UNT/DY	52	<i>susp 100 mg</i>	21
OMNIPOD GO KIT 20UNT/DY	52	<i>paliperidone</i>	44
OMNIPOD GO KIT 25UNT/DY	52	<i>pamidronate disodium</i>	53
OMNIPOD GO KIT 30UNT/DY	52	PAMIDRONATE DISODIUM	53

PANRETIN.....	82	<i>pindolol</i>	32
<i>pantoprazole sodium</i>	64	<i>pioglitazone hcl</i>	51
PANZYGA.....	68	<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm).....	18
<i>paraplatin</i>	19	<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	19
<i>paricalcitol</i>	61	<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	18
<i>paromomycin sulfate</i>	11	<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm).....	18
<i>paroxetine hcl</i>	41	<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	19
PEDIARIX INJ 0.5ML.....	70	PIQRAY 200MG DAILY DOSE	24
PEDVAX HIB.....	70	PIQRAY 250MG TAB DOSE	24
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> for soln 236 gm	63	PIQRAY 300MG DAILY DOSE	24
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	63	<i>pirfenidone</i>	77
PEGASYS	16	<i>pirmella 1/35</i>	57
PEMAZYRE	24	<i>piroxicam</i>	8
<i>pemetrexed disodium</i>	20	PLASMA-LYTE INJ -148.....	71
PEN GK/DEXTR INJ 40000/ML.....	18	PLASMA-LYTE INJ -A	71
PEN GK/DEXTR INJ 60000/ML.....	18	<i>plenamine</i>	72
<i>penicillamine</i>	54	PLENVU SOL	63
<i>penicillin g potassium</i>	18	<i>podofilox</i>	82
PENICILLIN G PROCAINE	18	<i>polycin ophth oint</i>	73
<i>penicillin g sodium</i>	18	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	73
<i>penicillin v potassium</i>	18	POMALYST.....	21
PENTACEL INJ	70	<i>portia-28</i>	57
<i>pentamidine isethionate inh</i>	11	<i>posaconazole</i>	12
<i>pentamidine isethionate inj</i>	11	POT CHL 20MEQ/L IN NACL 0.45% INJ	71
<i>pentoxifylline</i>	66	POT CHL 20MEQ/L IN NACL 0.9% INJ	71
<i>perindopril erbumine</i>	28	POT CHL 40MEQ/L IN NACL 0.9% INJ	71
<i>perlogard</i>	82	<i>potassium chloride</i>	71, 72
<i>permethrin</i>	82	POTASSIUM CHLORIDE	71
<i>perphenazine</i>	44	<i>potassium chloride 20 meq/l (0.15%)</i> in dextrose 5% inj	72
PERSERIS	44	<i>potassium chloride microencapsulated</i> crystals er	72
<i>pfizerpen</i>	18	<i>potassium citrate (alkalinizer)</i>	64
<i>phenelzine sulfate</i>	41	PRADAXA	65
<i>phenobarbital</i>	38	PRALUENT	31
<i>phenobarbital sodium</i>	38	<i>pramipexole dihydrochloride</i>	42
PHENYTEK	38	<i>prasugrel hcl</i>	66
<i>phenytoin</i>	38	<i>pravastatin sodium</i>	31
<i>phenytoin sodium</i>	38		
<i>phenytoin sodium extended</i>	38		
PHESGO SOL.....	24		
<i>philith</i>	57		
PIFELTRO	13		
<i>pilocarpine hcl</i>	74		
<i>pilocarpine hcl (oral)</i>	83		
<i>pimozide</i>	44		
<i>pimtrea</i>	57		

<i>praziquantel</i>	11
<i>prazosin hcl</i>	28
<i>prednisolone</i>	58
<i>prednisolone acetate (ophth)</i>	74
PREDNISOLONE SODIUM PHOSP.....	74
<i>prednisolone sodium phosphate</i> .	58, 59
<i>prednisone</i>	59
PREDNISONE INTENSOL	59
<i>pregabalin</i>	38
PREHEVBRIO.....	70
PREMASOL SOL 10%.....	73
PRENATAL TAB 27-1MG	72
PRENATAL TAB PLUS	72
<i>prevalite</i>	31
PREVYMIS.....	16
PREZCOBIX TAB 800-150.....	15
PREZISTA	13
PRIFTIN.....	15
<i>primaquine phosphate</i>	13
PRIMAQUINE PHOSPHATE	13
<i>primidone</i>	38
PRIORIX INJ.....	70
PRIVIGEN	68
<i>probenecid</i>	8
<i>prochlorperazine</i>	62
<i>prochlorperazine edisylate</i>	62
<i>prochlorperazine maleate</i>	62
PROCRIT	65
<i>procto-med hc</i>	82
<i>proctosol hc</i>	82
<i>proctozone-hc</i>	82
PROGRAF.....	69
PROLASTIN-C.....	77
PROLENSA	74
PROLIA.....	53
PROMACTA	66
<i>promethazine hcl</i>	62
<i>propafenone hcl</i>	30
<i>proparacaine hcl</i>	75
<i>propranolol hcl</i>	32
<i>propylthiouracil</i>	61
PROQUAD INJ.....	70
PROSOL INJ 20%.....	73
<i>protriptyline hcl</i>	41
PULMICORT FLEXHALER.....	78
PULMOZYME.....	77
PURIXAN	20

<i>pyrazinamide</i>	15
<i>pyridostigmine bromide</i>	47
Q	
QINLOCK.....	24
QUADRACEL INJ	70
QUADRACEL INJ 0.5ML.....	70
<i>quetiapine fumarate</i>	44
<i>quinapril hcl</i>	28
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	27
<i>quinidine sulfate</i>	30
<i>quinine sulfate</i>	13
R	
RABAVERT INJ	70
<i>rabeprazole sodium</i>	64
<i>raloxifene hcl</i>	60
<i>ramipril</i>	28
<i>ranolazine</i>	35
<i>rasagiline mesylate</i>	42
RAYALDEE	61
<i>reclipsen</i>	57
RECOMBIVAX HB	70
RECTIV	82
REGRANEX	82
RELENZA DISKHALER.....	16
RELISTOR.....	63
REMICADE.....	67
RENFLEXIS	67
<i>repaglinide</i>	51
RESTASIS.....	75
RESTASIS MULTIDOSE	75
RETEVMO	24
REVLIMID	21
REXULTI.....	44
REYATAZ.....	13
REZLIDHIA	24
REZUROCK	69
RHOPRESSA	74
<i>ribavirin (hepatitis c)</i>	16
<i>rifabutin</i>	15
<i>rifampin</i>	15
<i>riluzole</i>	47
<i>rimantadine hydrochloride</i>	16

RINVOQ	67	<i>simvastatin</i>	31
<i>risedronate sodium</i>	53	<i>sirolimus</i>	69
RISPERDAL CONSTA.....	44	SIRTURO	15
<i>risperidone</i>	44	SIVEXTRO	11
<i>ritonavir</i>	13	SKYRIZI	67
<i>rivastigmine</i>	39	SKYRIZI PEN.....	67
<i>rivastigmine tartrate</i>	39	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>rizatriptan benzoate</i>	46	17.5-3.13-1.6 gm/177ml	63
ROCKLATAN DRO.....	74	<i>sodium chloride</i>	72
<i>roflumilast</i>	78	<i>sodium chloride (gu irrigant)</i>	82
<i>ropinirole hydrochloride</i>	42	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>rosuvastatin calcium</i>	31	mg/ml soln	72
ROTARIX SUS.....	70	SODIUM OXYBATE	48
ROTATEQ SOL	70	<i>sodium phenylbutyrate</i>	60
<i>roweepra</i>	38	<i>sodium polystyrene sulfonate powder</i>	
ROZLYTREK	24		54
RUBRACA	24	<i>solifenacin succinate</i>	64
<i>rufinamide</i>	38	SOLIQUE INJ 100/33	53
RUKOBIA.....	13	SOLTAMOX	20
RYBELSUS	51	SOLU-CORTEF.....	59
RYDAPT	24	SOMATULINE DEPOT	60
S		SOMAVERT	60
<i>sajazir</i>	66	<i>sorafenib tosylate</i>	25
SANDIMMUNE	69	<i>sorine</i>	30
SANTYL	82	<i>sotalol hcl</i>	30
<i>sapropterin dihydrochloride</i>	60	<i>sotalol hcl (afib/af)</i>	30
SAVELLA.....	47	<i>spironolactone</i>	28
SAVELLA MIS TITR PAK	47	<i>spironolactone & hydrochlorothiazide</i>	
SCSEMBLIX.....	24	<i>tab 25-25 mg</i>	33
<i>scopolamine</i>	62	<i>sprintec 28</i>	57
SECUADO	44	SPRITAM	38
<i>selegiline hcl</i>	42	SPRYCEL	25
<i>selenium sulfide</i>	80	<i>sps</i>	54
SELZENTRY	13, 14	<i>sronyx</i>	57
SEREVENT DISKUS	77	<i>ssd</i>	79
<i>sertraline hcl</i>	41	STELARA	67, 68
<i>setlakin</i>	57	STIVARGA	25
<i>sevelamer carbonate</i>	60	<i>streptomycin sulfate</i>	11
<i>sharobel</i>	57	STRIBILD TAB.....	15
SHINGRIX.....	70	<i>subvenite</i>	38
SIGNIFOR.....	60	<i>sucrafate</i>	63
<i>sildenafil citrate (pulmonary</i>		<i>sulfacetamide sodium (acne)</i>	79
<i>hypertension)</i>	35	<i>sulfacetamide sodium (ophth)</i>	73
<i>silodosin</i>	64	<i>sulfacetamide sodium-prednisolone</i>	
<i>silver sulfadiazine</i>	79	<i>ophth soln 10-0.23(0.25)%</i>	73
SIMBRINZA SUS 1-0.2%.....	75	<i>sulfadiazine</i>	11
<i>simliya</i>	57		

<i>sulfamethoxazole-trimethoprim iv soln</i>	
400-80 mg/5ml	11
<i>sulfamethoxazole-trimethoprim susp</i>	
200-40 mg/5ml	11
<i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	11
<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	11
SULFAMYLLON	79
sulfasalazine	62
sulindac.....	8
sumatriptan	47
sumatriptan succinate	47
sunitinib malate.....	25
SUNLENCA.....	14
SUPREP BOWEL SOL PREP KIT	63
syeda.....	57
SYMBICORT AER 160-4.5.....	79
SYMBICORT AER 80-4.5.....	79
SYMDEKO TAB 100-150	78
SYMDEKO TAB 50-75MG	78
SYMJEPI	78
SYMPAZAN.....	38
SYMTUZA TAB	15
SYNAREL	57
SYNJARDY TAB 12.5-1000MG	51
SYNJARDY TAB 12.5-500	51
SYNJARDY TAB 5-1000MG.....	51
SYNJARDY TAB 5-500MG	51
SYNJARDY XR TAB 10-1000.....	51
SYNJARDY XR TAB 12.5-1000MG	51
SYNJARDY XR TAB 25-1000.....	51
SYNJARDY XR TAB 5-1000MG.....	51
SYNRIBO	21
SYNTHROID	61
T	
TABLOID	20
TABRECTA	25
tacrolimus	69
tacrolimus (topical)	82
TAFINLAR	25
TAGRISSO	25
TALTZ	68
TALZENNA	25
tamoxifen citrate	20
tamsulosin hcl	64
tarina fe 1/20 eq	57

TASIGNA.....	25
tasimelteon	46
tazarotene.....	80
tazicef.....	16
TAZORAC	80
taztia xt	33
TAZVERIK.....	25
TDVAX INJ 2-2 LF	70
TECENTRIQ.....	25
TEFLARO	17
telmisartan	30
telmisartan-amlodipine tab 40-10 mg	
.....	29
telmisartan-amlodipine tab 40-5 mg.	29
telmisartan-amlodipine tab 80-10 mg	
.....	29
telmisartan-amlodipine tab 80-5 mg.	29
telmisartan-hydrochlorothiazide tab 40-	
12.5 mg	29
telmisartan-hydrochlorothiazide tab 80-	
12.5 mg	29
telmisartan-hydrochlorothiazide tab 80-	
25 mg	29
temazepam	46
TENIVAC INJ 5-2LF	70
tenofovir disoproxil fumarate.....	14
TEPMETKO.....	25
terazosin hcl	28
terbinafine hcl.....	12
terbutaline sulfate	77
terconazole vaginal	65
TERIPARATIDE	53
testosterone	50
testosterone cypionate	50
testosterone enanthate	50
tetrabenazine.....	47, 48
tetracycline hcl.....	19
THALOMID.....	21
THEO-24	78
theophylline.....	78
thioridazine hcl.....	44
thiothixene	44
tiadylt er	33
tiagabine hcl	38
TIBSOVO.....	25
TICOVAC.....	70
tigecycline	19

TIGECYCLINE	19	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tilia fe</i>	57	<i>37.5-25 mg</i>	33
<i>timolol maleate</i>	32	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i>	75	<i>37.5-25 mg</i>	34
<i>tinidazole</i>	11	<i>triamterene & hydrochlorothiazide tab</i>	
TIVICAY	14	<i>75-50 mg</i>	34
TIVICAY PD.....	14	TRICARE TAB PRENATAL.....	72
<i>tizanidine hcl</i>	48	<i>trientine hcl</i>	54
TOBRADEX OIN 0.3-0.1%	73	<i>tri-estarylla</i>	57
TOBRADEX ST SUS 0.3-0.05	73	<i>trifluoperazine hcl</i>	44
<i>tobramycin</i>	11	<i>trifluridine</i>	74
<i>tobramycin (ophth)</i>	73	<i>trihexyphenidyl hcl</i>	42
<i>tobramycin sulfate</i>	12	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin-dexamethasone ophth susp</i>		<i>1000MG</i>	51
<i>0.3-0.1%</i>	73	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tolterodine tartrate</i>	64	<i>1000MG</i>	51
<i>topiramate</i>	38	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	20	<i>1000MG</i>	51
<i>torseamide</i>	33	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOUJEO MAX SOLOSTAR.....	53	<i>1000MG</i>	51
TOUJEO SOLOSTAR.....	53	TRIKAFTA PAK 59.5MG.....	78
TPN ELECTROL INJ.....	72	TRIKAFTA PAK 75MG.....	78
TRADJENTA.....	51	TRIKAFTA TAB 100-50-75MG & 150MG	
<i>tramadol hcl</i>	10		78
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>mg</i>	10		78
<i>trandolapril</i>	28	<i>tri-legest fe</i>	57
<i>tranexamic acid</i>	66	<i>tri-linyah</i>	57
<i>tranylcypromine sulfate</i>	41	<i>tri-lo-estarylla</i>	57
TRAVASOL INJ 10%	73	<i>tri-lo-marzia</i>	57
<i>travoprost</i>	75	<i>tri-lo-mili</i>	57
TRAZIMERA	25	<i>tri-lo-sprintec</i>	57
<i>trazodone hcl</i>	41	<i>trimethoprim</i>	12
TRECTOR.....	15	<i>tri-mili</i>	57
TRELEGY AER ELLIPTA 100-62.5-25		<i>trimipramine maleate</i>	41
<i>MCG</i>	75	TRINTELLIX	41
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-nymyo</i>	57
<i>MCG</i>	75	<i>tri-sprintec</i>	57
<i>treprostinil</i>	35	TRIUMEQ PD TAB	15
TRESIBA.....	53	TRIUMEQ TAB	15
TRESIBA FLEXTOUCH	53	<i>trivora-28</i>	57
<i>tretinoin</i>	79	<i>tri-vylibra</i>	57
<i>tretinoin (chemotherapy)</i>	21	<i>tri-vylibra lo</i>	57
TREXALL.....	68	TRIZIVIR TAB	15
<i>triamcinolone acetonide (mouth)</i>	83	TROGARZO	14
<i>triamcinolone acetonide (topical)</i>	81	TROPHAMINE INJ 10%	73
		<i>trospium chloride</i>	64, 65

TRULICITY	51
TRUMENBA INJ	70
TRUSELTIQ 100MG DAILY DOSE	25
TRUSELTIQ 125MG DAILY DOSE	25
TRUSELTIQ 50MG DAILY DOSE	25
TRUSELTIQ 75MG DAILY DOSE	25
TRUXIMA	25
TUKYSA.....	25
TURALIO	25
TWINRIX INJ	70
TYBOST	14
TYPHIM VI	70
TYRVAYA	75

U

<i>unithroid</i>	61
<i>ursodiol</i>	63

V

<i>valacyclovir hcl</i>	16
VALCHLOR	82
<i>valganciclovir hcl</i>	16
<i>valproate sodium</i>	38
<i>valproic acid</i>	38
<i>valsartan</i>	30
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29
VALTOCO 10 MG DOSE	38
VALTOCO 15 MG DOSE	38
VALTOCO 20 MG DOSE	39
VALTOCO 5 MG DOSE.....	38
<i>vancomycin hcl</i>	12
VANCOMYCIN INJ 1 GM	12
VANCOMYCIN INJ 500MG.....	12
VANCOMYCIN INJ 750MG.....	12
VAQTA	70
<i>varenicline tartrate</i>	49
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	49
VARIVAX	70
VASCEPA	31

<i>velivet</i>	57
VELPHORO	60
VELTASSA	54
VEMLIDY	16
VENCLEXTA	25
VENCLEXTA TAB START PK	25
<i>venlafaxine hcl</i>	41
VENTAVIS	35
VENTOLIN HFA	77
VENTOLIN HFA (INSTITUTIONAL PACK)	77
<i>verapamil hcl</i>	33
VERQUVO	35
VERSACLOZ	44
VERZENIO	25
<i>vestura</i>	57
V-GO 20 KIT	53
V-GO 30 KIT	53
V-GO 40 KIT	53
VICTOZA	51
<i>vienva</i>	57
<i>vigabatrin</i>	39
<i>vigadrone</i>	39
VIIBRYD KIT STARTER	41
<i>vilazodone hcl</i>	41
VIMPAT	39
<i>vincristine sulfate</i>	21
<i>vinorelbine tartrate</i>	21
<i>viorele</i>	57
VIRACEPT	14
VIREAD	14
VITRAKVI	25
VIVITROL	49
VIZIMPRO	25
VONJO	25
<i>voriconazole</i>	12
VOSEVI TAB	16
VOTRIENT	26
VRAYLAR	44
VRAYLAR CAP 1.5-3MG.....	44
<i>vyfemla</i>	57
<i>vylibra</i>	57
VYVANSE.....	46
VYZULTA	75

W

<i>warfarin sodium</i>	65
------------------------------	----

<i>water for irrigation, sterile irrigation</i>	
<i>soln</i>	82
WELIREG	21
<i>wera</i>	57
X	
XALKORI	26
XARELTO	65
XARELTO STAR TAB 15/20MG.....	65
XATMEP.....	68
XCOPRI	39
XCOPRI PAK 100-150	39
XCOPRI PAK 12.5-25.....	39
XCOPRI PAK 150-200MG	
(MAINTENANCE)	39
XCOPRI PAK 150-200MG (TITRATION)	
.....	39
XCOPRI PAK 50-100MG	39
XELJANZ.....	68
XELJANZ XR.....	68
XERMELO.....	63
XGEVA	53
XHANCE	78
XIFAXAN.....	63
XIGDUO XR TAB 10-1000.....	51
XIGDUO XR TAB 10-500MG.....	51
XIGDUO XR TAB 2.5-1000.....	51
XIGDUO XR TAB 5-1000MG.....	51
XIGDUO XR TAB 5-500MG.....	51
XIIDRA.....	75
XOLAIR	78
XOSPATA.....	26
XPOVIO 100 MG ONCE WEEKLY	26
XPOVIO 40 MG ONCE WEEKLY	26
XPOVIO 40 MG TWICE WEEKLY.....	26
XPOVIO 60 MG ONCE WEEKLY	26
XPOVIO 60 MG TWICE WEEKLY.....	26
XPOVIO 80 MG ONCE WEEKLY	26
XPOVIO 80 MG TWICE WEEKLY.....	26
XTANDI	20
<i>xulane</i>	57
XULTOPHY INJ 100/3.6.....	53

XYREM	48
Y	
YF-VAX INJ	70
<i>yuvaferm</i>	58
Z	
<i>zafemy</i>	57
<i>zafirlukast</i>	77
ZARXIO.....	65
ZEJULA	26
ZELBORAF	26
ZEMAIRA.....	78
<i>zenatane</i>	79
ZENPEP CAP 10000UNT	64
ZENPEP CAP 15000UNT	64
ZENPEP CAP 20000UNT	64
ZENPEP CAP 25000UNT	64
ZENPEP CAP 3000UNIT.....	63
ZENPEP CAP 40000UNT	64
ZENPEP CAP 5000UNIT.....	64
ZERViate.....	74
<i>zidovudine</i>	14
ZIEXTENZO	65
<i>ziprasidone hcl</i>	44
<i>ziprasidone mesylate</i>	44
ZIRABEV	26
ZIRGAN.....	74
<i>zoledronic acid</i>	53
ZOLINZA	26
<i>zolmitriptan</i>	47
<i>zolpidem tartrate</i>	46
ZONISADE.....	39
<i>zonisamide</i>	39
<i>zovia 1/35</i>	57
ZTALMY.....	39
<i>zumandimine</i>	57
ZYCLARA PUMP	82
ZYDELIG	26
ZYKADIA	26
ZYLET SUS 0.5-0.3%	73
ZYPITAMAG	31
ZYPREXA RELPREVV	44

**Estamos
aquí
para ayudar.**

Este formulario se actualizó el **09/19/2023**. 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 los días feriados.

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