

Florida Complete Care

2023 Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00023109, Version Number # 9

This formulary was updated on 3/1/2023. For more recent information or other questions, please contact Florida Complete Care Customer Service at 1-844-740-0625 (TTY users should call 711) or visit www.fc2healthplan.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Florida Complete Care.

When it refers to “plan” or “our plan,” it means Florida Complete Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 3/1/2023.

For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Florida Complete Care Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 3/1/2023. To get updated information about the drugs covered by Florida Complete Care please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on 76. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 76. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that Florida Complete Care does not cover your drug, you have two options:

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

How do I request an exception to the Florida Complete Care's Formulary?

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

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

Generally, Florida Complete Care will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll

allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), you are allowed a transition fill where applicable. Your physician or pharmacy can call us to request the transition fill override. This one-time override will be up to a month supply (unless you have a prescription written for fewer days).

For more information

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

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

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

Florida Complete Care Formulary

The formulary below provides coverage information about the drugs covered by Florida Complete Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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

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

- LA stands for Limited Access. This indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Florida Complete Care Customer Service at 1-844-740-0625 (TTY users should call 711) or visit www.fc2healthplan.com.
- NM stands for Non-Mail Order: These drugs are limited to a 1-month supply for both retail and mail order pharmacies.
- PA stands for Prior Authorization: This drug requires approval from Florida Complete Care before you fill your prescriptions. If you don't get approval, Florida Complete Care may not cover the drug.
- B/D stands for Prior Authorization Restriction for Part B vs Part D Determination: This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Florida Complete Care to determine

that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Florida Complete Care may not cover this drug.

- QL stands for Quantity Limits: For certain drugs, Florida Complete Care limits the amount of the drug that Florida Complete Care will cover.
- ST stands for Step Therapy: In some cases, Florida Complete Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Florida Complete Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Florida Complete Care will then cover Drug B.

Drug Coinsurance Amounts

Yearly Deductible Stage: During this stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$505 for your drugs.					
Initial Coverage Stage: During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. After you (or others on your behalf) have met your, the plan pays its share of the costs of your drugs and you pay your share.					
Drug Tier	Retail Cost-Sharing (30-day Supply)	Retail Cost-Sharing (90-day Supply)	Long-term Care (LTC) Cost-Sharing (31-day Supply)	Mail-Order Cost-Sharing (90-day supply)	Out of Network Cost-Sharing (30-day supply)
Tier 1:	25%	25%	25%	25%	25%
Coverage Gap Stage: During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs.					
Catastrophic Coverage Stage: During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2023). You pay the greater of either a \$4.15 copay for generic (or a drug that is treated as generic) and \$10.35 for all other drugs, or a 5% coinsurance of the cost of the drug. Florida Complete Care pays for the rest of the drug.					

Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and deductible amount.

This formulary was updated on 3/1/2023. For more recent information or other questions, please contact Florida Complete Care Customer Service at 1-844-740-0625 (TTY users should call 711) or visit www.fc2healthplan.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

CY23_1T_SNP eff 03/01/2023

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	
<i>daptomycin SOLR 350mg, 500mg</i>	1	
<i>EMVERM CHEW 100mg</i>	1	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate TABS 1gm</i>	1	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg</i>	1	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	1	
<i>paromomycin sulfate CAPS 250mg</i>	1	
<i>pentamidine isethionate inh SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	1	
<i>praziquantel TABS 600mg</i>	1	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	1	
<i>streptomycin sulfate SOLR 1gm</i>	1	
<i>sulfadiazine TABS 500mg</i>	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>SYNERCID INJ 500MG</i>	1	
<i>tobramycin NEBU 300mg/5ml</i>	1	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>TRIMETHOPRIM TABS 100mg</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	1	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	1	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
NOXAFIL SUSP 40mg/ml	1	QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	1	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	1	PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
EDURANT TABS 25mg	1	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NM
FUZEON SOLR 90mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	1	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	1	QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	1	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM, LA
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
COMPLERA TAB	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM
TRIZIVIR TAB	1	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	1	
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NM, LA, PA
TRECTOR TABS 250mg	1	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NM, PA
EPCLUSA PAK 200-50MG	1	NM, PA
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
EPIVIR HBV SOLN 5mg/ml	1	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM, PA
HARVONI PAK 45-200MG	1	NM, PA
HARVONI TAB 45-200MG	1	NM, PA
HARVONI TAB 90-400MG	1	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
MAVYRET PAK 50-20MG	1	NM, PA
MAVYRET TAB 100-40MG	1	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	1	NM
VOSEVI TAB	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	1	
CEFTAZIDIME/ SOL D5W 2GM	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythrocin stearate</i> TABS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	1	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	1	
TIGECYCLINE SOLR 50mg	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	1	B/D, NM, LA

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
LEUKERAN TABS 2mg	1	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NM, LA, PA
LONSURF TAB 15-6.14	1	NM, LA, PA
LONSURF TAB 20-8.19	1	NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	NM
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	1	NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
EMCYT CAPS 140mg	1	
ERLEADA TABS 60mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
EULEXIN CAPS 125mg	1	
exemestane TABS 25mg	1	
fulvestrant SOSY 250mg/5ml	1	B/D
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	NM
megestrol acetate TABS 20mg, 40mg	1	
nilutamide TABS 150mg	1	
NUBEQA TABS 300mg	1	NM, LA, PA
ORGOVYX TABS 120mg	1	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	
XTANDI CAPS 40mg; TABS 40mg, 80mg	1	NM, LA, PA

IMMUNOMODULATORS

lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	1	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	1	QL (56 caps / 28 days), NM, LA, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	1	NM, LA, PA
bexarotene CAPS 75mg	1	NM, PA
hydroxyurea CAPS 500mg	1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	1	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NM, LA
SYNRIBO SOLR 3.5mg	1	NM, PA
tretinoin (chemotherapy) CAPS 10mg	1	
WELIREG TABS 40mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	1	NM, LA, PA
ALUNBRIG PAK	1	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	1	NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	1	NM, PA
BRAFTOVI CAPS 75mg	1	NM, LA, PA
BRUKINSA CAPS 80mg	1	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	1	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NM, LA, PA
COMETRIQ KIT 100MG	1	NM, LA, PA
COMETRIQ KIT 140MG	1	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NM, LA, PA
COTELLIC TABS 20mg	1	NM, LA, PA
DAURISMO TABS 25mg, 100mg	1	NM, LA, PA
ERIVEDGE CAPS 150mg	1	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	1	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NM, LA, PA
HERCEPTIN SOLR 150mg	1	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	1	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NM, LA, PA
IRESSA TABS 250mg	1	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 DOSE TBPK 200mg	1	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	1	NM, LA, PA
LUMAKRAS TABS 120mg	1	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	1	NM, LA, PA
MEKTOVI TABS 15mg	1	NM, LA, PA
MONJUVI SOLR 200mg	1	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	1	NM, LA, PA
NERLYNX TABS 40mg	1	NM, LA, PA
NEXAVAR TABS 200mg	1	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NM, LA, PA
OGIVRI SOLR 150mg	1	NM, LA, PA
OGIVRI INJ 420MG	1	NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NM, LA, PA
PHESGO SOL	1	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NM, PA
PIQRAY 250MG TAB DOSE	1	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NM, PA
QINLOCK TABS 50mg	1	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg, 200mg	1	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	1	NM, PA
SCEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	1	NM, PA
STIVARGA TABS 40mg	1	NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NM, LA, PA
TAGRISSE TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	1	NM, PA
TAZVERIK TABS 200mg	1	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, LA, PA
TEPMETKO TABS 225mg	1	NM, LA, PA
TIBSOVO TABS 250mg	1	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	1	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	1	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	1	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	1	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	NM, LA, PA
TURALIO CAPS 200mg	1	NM, LA, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	1	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NM, LA, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	1	NM, LA, PA
XALKORI CAPS 200mg, 250mg	1	NM, LA, PA
XOSPATA TABS 40mg	1	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	1	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	1	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	1	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	1	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	1	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	1	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	1	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	1	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, LA, PA
ZOLINZA CAPS 100mg	1	NM, PA
ZYDELIG TABS 100mg, 150mg	1	NM, LA, PA
ZYKADIA TABS 150mg	1	NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	

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>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
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)
ENTRESTO TAB 24-26MG	1	
ENTRESTO TAB 49-51MG	1	
ENTRESTO TAB 97-103MG	1	
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	
NORPACE CR CP12 100mg, 150mg	1	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<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)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<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	1	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	1	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
VASCEPA CAPS .5gm, 1gm	1	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<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	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	1	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	1	
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metyrosine</i> CAPS 250mg	1	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i> TABS 62.5mg, 125mg	1	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTICONVULSANTS

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

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	
<i>roovepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	1	QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, LA, PA

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD KIT STARTER	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10- 100mg</i>	1	
<i>carb/levo orally disintegrating tab 25- 100mg</i>	1	
<i>carb/levo orally disintegrating tab 25- 250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25- 100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	1	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	1	
<i>clozapine TABS 25mg, 50mg</i>	1	
<i>clozapine TABS 100mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine TABS 200mg</i>	1	QL (120 tabs / 30 days)
<i>clozapine TBDP 12.5mg, 25mg</i>	1	PA
<i>clozapine TBDP 100mg</i>	1	QL (270 tabs / 30 days), PA
<i>clozapine TBDP 150mg</i>	1	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK	1	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
LATUDA TABS 80mg	1	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	1	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA

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

HYPNOTICS

<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>HETLIOZ CAPS 20mg</i>	1	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tasimelteon</i> CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	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	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, LA, PA
INGREZZA CAPS 40mg, 60mg, 80mg	1	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	1	QL (28 caps / 28 days), NM, LA, PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	1	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	QL (28 caps / 28 days), NM, PA
GILENYA CAPS .5mg	1	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg, 750mg	1	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
<i>vanadom</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	PA
VIVITROL SUSR 380mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>oxandrolone</i> TABS 2.5mg	1	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	1	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	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	1	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	1	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	1	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	1	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP FLEX INJ TOUCH	1	
FIASP INJ 100/ML	1	
FIASP PENFIL INJ U-100	1	
GAUZE PADS 2" X 2"	1	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
LEVEMIR SOLN 100unit/ml	1	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	1	QL (1 kit / year), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
V-GO 20 KIT	1	QL (1 kit / 30 days), PA
V-GO 30 KIT	1	QL (1 kit / 30 days), PA
V-GO 40 KIT	1	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
FORTEO SOPN 600mcg/2.4ml	1	NM, PA
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NM, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NM, PA
XGEVA SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	1	NM, PA
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NM
<i>sodium polystyrene sulfonate powder</i> <i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>ELLA TABS 30mg</i>	1	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hailey 24 fe</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	1	
ESTROGENS		
<i>amabelz</i>	1	
DELESTROGEN OIL 10mg/ml	1	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<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; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NM, LA, PA
<i>betaine powder for oral solution</i>	1	NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM, LA, PA
CERDELGA CAPS 84mg	1	NM, LA, PA
CEREZYME SOLR 400unit	1	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM, LA, PA
KORLYM TABS 300mg	1	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
LUMIZYME SOLR 50mg	1	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	1	NM, PA
<i>miglustat</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	1	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, LA, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	1	QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

Drug Name	Drug Tier	Requirements/Limits
<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	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<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; SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	1	

GASTROINTESTINAL

ANTIEMETICS

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

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

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	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	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
SUPREP BOWEL SOL PREP KIT	1	
MISCELLANEOUS		
<i>alose tron hcl TABS .5mg, 1mg</i>	1	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	PA
<i>sucrafate TABS 1gm</i>	1	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1	
XERMELO TABS 250mg	1	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	1	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	1	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR 15mg, 30mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	1	
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	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	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	1	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	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	1	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NM, LA, PA
HAEGARDA SOLR 2000unit	1	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	1	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 50mg, 75mg	1	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	1	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	1	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	1	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	1	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	1	NM, PA
INFLIXIMAB SOLR 100mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	1	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	1	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NM, LA, PA
RENFLEXIS SOLR 100mg	1	NM, LA, PA
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	QL (112 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	1	NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	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	1	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	1	NM, LA, PA
ARCALYST SOLR 220mg	1	NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	1	B/D, NM, LA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ACTHIB INJ	1	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D5W/LYTES INJ #48	1	
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	

Drug Name	Drug Tier	Requirements/Limits
POT CHL 20MEQ/L IN NAACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	1	
TRICARE TAB PRENATAL	1	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
FREAMINE III INJ 10%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
PREMASOL SOL 10%	1	B/D
PROCALAMINE INJ 3%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
ILEVRO SUSP .3%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	1	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOLN .44%	1	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)

Drug Name	Drug Tier	Requirements/Limits
ESBRIET CAPS 267mg	1	QL (270 caps / 30 days), NM, LA, PA
FASENRA SOSY 30mg/ml	1	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	1	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	1	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
<i>roflumilast</i> TABS 250mcg, 500mcg	1	
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	1	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	1	NM, LA, PA
ZEMAIRA SOLR 1000mg	1	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist	1	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	1	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	1	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	1	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	1	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	1	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	1	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	1	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	1	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	1	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>avita</i> CREA .025%; GEL .025%	1	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

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

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

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

Index

A	
<i>abacavir sulfate</i>	11
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	13
ABELCET	11
ABILIFY MAINTENA	38
<i>abiraterone acetate</i>	18
<i>acamprosate calcium</i>	44
<i>acarbose</i>	45
<i>accutane</i>	72
<i>acebutolol hcl</i>	29
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	8
<i>acetaminophen w/ codeine tab 300-15 mg</i>	8
<i>acetaminophen w/ codeine tab 300-30 mg</i>	8
<i>acetaminophen w/ codeine tab 300-60 mg</i>	8
<i>acetazolamide</i>	30
<i>acetic acid</i>	59
<i>acetic acid (otic)</i>	69
<i>acetylcysteine</i>	70
<i>acitretin</i>	73
ACTHIB INJ	63
ACTIMMUNE	63
<i>acyclovir</i>	14
<i>acyclovir sodium</i>	14
ADACEL INJ	64
<i>adefovir dipivoxil</i>	14
ADEMPAS	31
ADRENALIN	31
ADVAIR DISKU AER 100/50	72
ADVAIR DISKU AER 250/50	72
ADVAIR DISKU AER 500/50	72
ADVAIR HFA AER 115/21	72
ADVAIR HFA AER 230/21	72
ADVAIR HFA AER 45/21	72
<i>afirmelle</i>	48
AIMOVIG	42
<i>ala-cort</i>	74
<i>albendazole</i>	9
<i>albuterol sulfate</i>	70
<i>alclometasone dipropionate</i>	74
ALDURAZYME	54
ALECENSA	20
<i>alendronate sodium</i>	48
<i>alfuzosin hcl</i>	59
<i>aliskiren fumarate</i>	31
<i>allopurinol</i>	7
<i>alosetron hcl</i>	58
ALPHAGAN P	68
<i>alprazolam</i>	32
ALREX	68
<i>altavera</i>	48
ALUNBRIG	20
ALUNBRIG PAK	20
<i>alyacen 1/35</i>	48
<i>alyacen 7/7/7</i>	48
<i>amabelz</i>	53
<i>amantadine hcl</i>	37
<i>ambrisentan</i>	31
<i>amethia</i>	48
<i>amikacin sulfate</i>	9
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	30
<i>amiloride hcl</i>	30
<i>amiodarone hcl</i>	28
<i>amitriptyline hcl</i>	36
<i>amlodipine besylate</i>	30
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	25
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	26
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	26
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	26
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	26
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	26

<i>amlodipine besylate-valsartan tab 10-320 mg</i>	26	<i>amphetamine-dextroamphetamine tab 20 mg</i>	41
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	26	<i>amphetamine-dextroamphetamine tab 30 mg</i>	41
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	26	<i>amphetamine-dextroamphetamine tab 5 mg</i>	40
<i>amnesteam</i>	72	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	41
<i>amoxapine</i>	36	<i>amphotericin b</i>	11
<i>amoxicillin</i>	16	<i>amphotericin b liposome</i>	11
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	16	<i>ampicillin</i>	16
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	16	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	16
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	16	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	16
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	16	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	16
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	16	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	17
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	16	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	17
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	16	<i>ampicillin sodium</i>	17
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	16	<i>anagrelide hcl</i>	60
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	16	<i>anastrozole</i>	18
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	16	<i>ANORO ELLIPT AER 62.5-25</i>	69
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	40	<i>aprepitant</i>	56
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	40	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	56
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	40	<i>apri</i>	48
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	40	<i>APTIOM</i>	32
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	40	<i>APTIVUS</i>	11
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	40	<i>ARALAST NP</i>	70
<i>amphetamine-dextroamphetamine tab 10 mg</i>	41	<i>aranelle</i>	48
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	41	<i>ARCALYST</i>	63
<i>amphetamine-dextroamphetamine tab 15 mg</i>	41	<i>aripiprazole</i>	38
		<i>ARISTADA</i>	38
		<i>ARISTADA INITIO</i>	38
		<i>armodafinil</i>	44
		<i>ARNUITY ELLIPTA</i>	72
		<i>asenapine maleate</i>	38
		<i>ashlyna</i>	48
		<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	61
		<i>atazanavir sulfate</i>	12
		<i>atenolol</i>	29
		<i>atenolol & chlorthalidone tab 100-25 mg</i>	29

<i>atenolol & chlorthalidone tab 50-25 mg</i>	29	<i>benazepril & hydrochlorothiazide tab</i>	
.....	29	20-12.5 mg	25
<i>atomoxetine hcl</i>	41	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atorvastatin calcium</i>	28	20-25 mg	25
<i>atovaquone</i>	9	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>atovaquone-proguanil hcl tab 250-100</i>		6.25mg	25
mg	11	<i>benazepril hcl</i>	25
<i>atovaquone-proguanil hcl tab 62.5-25</i>		BENDEKA	17
mg	11	BENLYSTA	63
ATROPINE SULFATE	68	<i>benzoyl peroxide-erythromycin gel 5-</i>	
<i>atropine sulfat (ophthalmic)</i>	68	3%	72
ATROVENT HFA	69	<i>benztropine mesylate</i>	37
<i>aubra eq</i>	48	BERINERT	60
<i>aurovela 1/20</i>	48	BESIVANCE	67
<i>aurovela 24 fe</i>	48	BESREMI	19
<i>aurovela fe 1/20</i>	49	<i>betaine powder for oral solution</i>	54
<i>aurovela fe 1.5/30</i>	49	<i>betamethasone dipropionate (topical)</i>	
AUSTEDO	43	.....	74
AUVELITY TAB 45-105MG	36	<i>betamethasone dipropionate</i>	
<i>aviane</i>	49	<i>augmented</i>	74
<i>avita</i>	72	<i>betamethasone valerate</i>	74
<i>ayuna</i>	49	BETASERON	43
AYVAKIT	20	<i>betaxolol hcl</i>	29
<i>azacitidine</i>	18	<i>betaxolol hcl (ophth)</i>	68
<i>azathioprine</i>	63	<i>bethanechol chloride</i>	59
<i>azelastine hcl</i>	69	BETOPTIC-S	68
<i>azelastine hcl (ophth)</i>	68	BEVESPI AER 9-4.8MCG	69
<i>azithromycin</i>	15	<i>bexarotene</i>	19
<i>aztreonam</i>	9	<i>bexarotene (topical)</i>	75
<i>azurette</i>	49	BEXSERO INJ	64
B		<i>bicalutamide</i>	18
<i>bacitracin (ophthalmic)</i>	67	BICILLIN L-A	17
<i>bacitracin-polymyxin b ophth oint</i>	67	BIKTARVY TAB 30-120-15 MG	13
<i>bacitracin-polymyxin-neomycin-hc</i>		BIKTARVY TAB 50-200-25 MG	13
<i>ophth oint 1%</i>	67	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>baclofen</i>	43	10-6.25 mg	29
BAFIERTAM	43	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>balsalazide disodium</i>	57	2.5-6.25 mg	29
BALVERSA	20	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
<i>balziva</i>	49	6.25 mg	29
BARACLUDGE	14	<i>bisoprolol fumarate</i>	29
BASAGLAR KWIKPEN	46	BIVIGAM	62
BCG VACCINE	64	<i>blisovi 24 fe</i>	49
BD ALCOHOL SWABS	46	<i>blisovi fe 1.5/30</i>	49
BELSOMRA	41	BOOSTRIX INJ	64
<i>benazepril & hydrochlorothiazide tab</i>		<i>bortezomib</i>	20
10-12.5 mg	25	BORTEZOMIB	20

<i>bosentan</i>	32	<i>camila</i>	49
BOSULIF	20	<i>camrese</i>	49
BRAFTOVI	20	<i>camrese lo</i>	49
BREO ELLIPTA INH 100-25	72	<i>candesartan cilexetil</i>	27
BREO ELLIPTA INH 200-25	72	<i>candesartan cilexetil-</i>	
BREZTRI AERO AER SPHERE	69	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
BREZTRI AERO AER SPHERE		.....	26
(INSTITUTIONAL PACK)	69	<i>candesartan cilexetil-</i>	
<i>briellyn</i>	49	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
BRILINTA	61	.....	26
<i>brimonidine tartrate</i>	68	<i>candesartan cilexetil-</i>	
<i>brinzolamide</i>	68	<i>hydrochlorothiazide tab 32-25 mg</i> .	26
BRIVIACT	32	CAPLYTA	38
<i>bromocriptine mesylate</i>	37	CAPRELSA	20
BROMSITE	68	<i>captopril</i>	25
BRUKINSA	20	<i>carb/levo orally disintegrating tab 10-</i>	
<i>budesonide</i>	57	100mg	37
<i>budesonide (inhalation)</i>	72	<i>carb/levo orally disintegrating tab 25-</i>	
<i>bumetanide</i>	30	100mg	37
<i>buprenorphine hcl</i>	44	<i>carb/levo orally disintegrating tab 25-</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		250mg	37
12-3 mg (base equiv)	44	<i>carbamazepine</i>	32
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab 10-100 mg</i>	37
2-0.5 mg (base equiv)	44	<i>carbidopa & levodopa tab 25-100 mg</i>	37
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab 25-250 mg</i>	37
4-1 mg (base equiv)	44	<i>carbidopa & levodopa tab er 25-100</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		mg	37
8-2 mg (base equiv)	44	<i>carbidopa & levodopa tab er 50-200</i>	
<i>buprenorphine hcl-naloxone hcl sl tab</i>		mg	37
2-0.5 mg (base equiv)	44	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine hcl-naloxone hcl sl tab</i>		12.5-50-200 mg	37
8-2 mg (base equiv)	44	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>bupropion hcl</i>	36	18.75-75-200 mg	37
<i>bupropion hcl (smoking deterrent)</i> ...	44	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>bupirone hcl</i>	32	25-100-200 mg	37
<i>butorphanol tartrate</i>	8	<i>carbidopa-levodopa-entacapone tabs</i>	
BYDUREON BCISE	45	31.25-125-200 mg	37
BYETTA	45	<i>carbidopa-levodopa-entacapone tabs</i>	
C		37.5-150-200 mg	38
<i>cabergoline</i>	54	<i>carbidopa-levodopa-entacapone tabs</i>	
CABOMETYX	20	50-200-200 mg	38
<i>calcipotriene</i>	73	<i>carboplatin</i>	18
<i>calcitonin (salmon) spray</i>	48	<i>carglumic acid</i>	54
<i>calcitrene</i>	73	<i>carisoprodol</i>	43
<i>calcitriol</i>	56	<i>carteolol hcl (ophth)</i>	68
<i>calcium acetate (phosphate binder)</i> ..	55	<i>cartia xt</i>	30
CALQUENCE	20	<i>carvedilol</i>	29

<i>caspofungin acetate</i>	11	<i>ciprofloxacin hcl</i>	16
CAYSTON.....	9	<i>ciprofloxacin hcl (ophth)</i>	67
<i>cefaclor</i>	15	<i>cisplatin</i>	18
CEFACTOR ER.....	15	<i>citalopram hydrobromide</i>	36
<i>cefadroxil</i>	15	<i>claravis</i>	72
CEFAZOLIN INJ 1GM/50ML	15	<i>clarithromycin</i>	15
<i>cefazolin sodium</i>	15	<i>clindamycin hcl</i>	9
CEFAZOLIN SOLN 2GM/100ML-4% ...	15	<i>clindamycin palmitate hydrochloride</i> ...	9
<i>cefdinir</i>	15	<i>clindamycin phosphate</i>	9
<i>cefepime hcl</i>	15	<i>clindamycin phosphate (topical)</i> ..	72, 73
<i>cefixime</i>	15	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefoxitin sodium</i>	15	300 mg/50ml	9
<i>cefpodoxime proxetil</i>	15	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefprozil</i>	15	600 mg/50ml	9
<i>ceftazidime</i>	15	<i>clindamycin phosphate in d5w iv soln</i>	
CEFTAZIDIME/ SOL D5W 1GM	15	900 mg/50ml	9
CEFTAZIDIME/ SOL D5W 2GM	15	<i>clindamycin phosphate vaginal</i>	59
<i>ceftriaxone sodium</i>	15	CLINDMYC/NAC INJ 300/50ML.....	9
<i>cefuroxime axetil</i>	15	CLINDMYC/NAC INJ 600/50ML.....	9
<i>cefuroxime sodium</i>	15	CLINDMYC/NAC INJ 900/50ML.....	9
<i>celecoxib</i>	7	CLINIMIX INJ 4.25/D10	66
CELONTIN.....	32	CLINIMIX INJ 4.25/D5W	66
<i>cephalexin</i>	15	CLINIMIX INJ 5%/D15W	66
CERDELGA	54	CLINIMIX INJ 5%/D20W	66
CEREZYME	54	CLINIMIX INJ 6/5.....	66
<i>cetirizine hcl</i>	69	CLINIMIX INJ 8/10	66
<i>cevimeline hcl</i>	75	CLINIMIX INJ 8/14	66
<i>chateal</i>	49	<i>clinisol sf 15%</i>	66
CHEMET.....	48	CLINOLIPID EMU 20%	66
<i>chlorhexidine gluconate (mouth-throat)</i>		<i>clobazam</i>	32
.....	76	<i>clobetasol propionate</i>	74
<i>chloroquine phosphate</i>	11	<i>clobetasol propionate e</i>	74
<i>chlorpromazine hcl</i>	38	<i>clomipramine hcl</i>	36
CHLORPROMAZINE HYDROCHLOR	38	<i>clonazepam</i>	32
<i>chlorthalidone</i>	30	<i>clonidine</i>	31
<i>cholestyramine</i>	28	<i>clonidine hcl</i>	31
<i>cholestyramine light</i>	28	<i>clopidogrel bisulfate</i>	61
<i>ciclopirox olamine</i>	73	<i>clorazepate dipotassium</i>	32
<i>cilostazol</i>	60	<i>clotrimazole</i>	76
CILOXAN.....	67	<i>clotrimazole (topical)</i>	73
CIMDUO TAB 300-300	13	<i>clotrimazole w/ betamethasone cream</i>	
<i>cinacalcet hcl</i>	54	1-0.05%	73
CIPRO	16	<i>clozapine</i>	38, 39
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	16	COARTEM TAB 20-120MG.....	11
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	16	<i>colchicine</i>	7
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>colchicine w/ probenecid tab 0.5-500</i>	
0.3-0.1%	69	mg.....	7

<i>colesevelam hcl</i>	28	DAPTACEL INJ	64
<i>colestipol hcl</i>	29	<i>daptomycin</i>	9
<i>colistimethate sodium</i>	9	DAPTOMYCIN	9
COMBIGAN SOL 0.2/0.5%	68	<i>dasetta 1/35</i>	49
COMBIVENT AER 20-100.....	69	<i>dasetta 7/7/7</i>	49
COMETRIQ (60MG DOSE).....	20	DAURISMO.....	20
COMETRIQ KIT 100MG.....	20	<i>daysee</i>	49
COMETRIQ KIT 140MG.....	20	<i>deblitane</i>	49
COMPLERA TAB.....	13	<i>deferasirox</i>	48
<i>compro</i>	56	DELESTROGEN	53
<i>constulose</i>	57	DELSTRIGO TAB	13
COPIKTRA	20	DENGVAZIA SUS.....	64
CORLANOR.....	31	DESCOVY TAB 120-15MG	13
COTELLIC	20	DESCOVY TAB 200/25MG	13
CREON CAP 12000UNT	58	<i>desipramine hcl</i>	36
CREON CAP 24000UNT	58	<i>desmopressin acetate</i>	54
CREON CAP 3000UNIT	58	<i>desmopressin acetate spray</i>	54
CREON CAP 36000UNT	58	<i>desmopressin acetate spray</i>	
CREON CAP 6000UNIT	58	<i>refrigerated</i>	54
<i>cromolyn sodium</i>	70	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cromolyn sodium (mastocytosis)</i>	58	<i>0.15-0.02/0.01 mg(21/5)</i>	49
<i>cromolyn sodium (ophth)</i>	68	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>cryselle-28</i>	49	<i>mg-30 mcg</i>	49
<i>cyclobenzaprine hcl</i>	43	<i>desvenlafaxine succinate</i>	36
<i>cyclophosphamide</i>	18	<i>dexamethasone</i>	53
CYCLOPHOSPHAMIDE	18	DEXAMETHASONE INTENSOL.....	53
CYCLOPHOSPHAMIDE MONOHYDR....	18	<i>dexamethasone sodium phosphate</i> ...	53
<i>cycloserine</i>	13	<i>dexamethasone sodium phosphate</i>	
<i>cyclosporine</i>	63	<i>(ophth)</i>	68
<i>cyclosporine modified (for</i>		<i>dexmethylphenidate hcl</i>	41
<i>microemulsion)</i>	63	<i>dextrose</i>	66
<i>cyproheptadine hcl</i>	70	<i>dextrose 10% w/ sodium chloride</i>	
<i>cyred eq</i>	49	<i>0.45%</i>	65
CYSTADROPS	68	<i>dextrose 2.5% w/ sodium chloride</i>	
CYSTAGON.....	54	<i>0.45%</i>	65
CYSTARAN	69	<i>dextrose 5% in lactated ringers</i>	65
<i>cytarabine</i>	18	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
D		.....	65
D10W/NACL INJ 0.2%	65	<i>dextrose 5% w/ sodium chloride</i>	
D2.5W/NACL INJ 0.45%.....	65	<i>0.225%</i>	65
D5W/LYTES INJ #48.....	65	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>dabigatran etexilate mesylate</i>	59	.....	65
<i>dalfampridine</i>	43	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
DALIRESP	70	.....	65
<i>danazol</i>	53	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>dantrolene sodium</i>	44	.....	65
<i>dapsone</i>	9	DIACOMIT	32, 33

<i>diazepam</i>	33	<i>doxy 100</i>	17
<i>diazepam (anticonvulsant)</i>	33	<i>doxycycline (monohydrate)</i>	17
<i>diazepam inj</i>	33	<i>doxycycline hyclate</i>	17
<i>diazoxide</i>	54	DRIZALMA SPRINKLE.....	36
<i>diclofenac potassium</i>	7	<i>dronabinol</i>	56
<i>diclofenac sodium</i>	7	<i>drosiprenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	49
<i>diclofenac sodium (ophth)</i>	68	<i>drosiprenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	49
<i>diclofenac sodium (topical)</i>	75	<i>drosiprenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i> 49	
<i>dicloxacillin sodium</i>	17	DROXIA	60
<i>dicyclomine hcl</i>	57	<i>droxidopa</i>	31
DIFICID	15	<i>duloxetine hcl</i>	36
<i>diflunisal</i>	7	DUPIXENT	61
<i>difluprednate</i>	68	<i>dutasteride</i>	59
<i>digoxin</i>	31	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	59
<i>dihydroergotamine mesylate</i>	42	E	
DILANTIN	33	<i>e.e.s. 400</i>	15
DILANTIN-125	33	<i>ec-naproxen</i>	7
DILANTIN INFATABS	33	EDURANT.....	12
<i>diltiazem hcl</i>	30	<i>efavirenz</i>	12
<i>diltiazem hcl coated beads</i>	30	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	13
<i>diltiazem hcl extended release beads</i> 30		<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	13
<i>dilt-xr</i>	30	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	13
DIP/TET PED INJ 25-5LFU	64	ELIGARD.....	18
<i>diphenhydramine hcl</i>	70	<i>elinest</i>	49
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	58	ELIQUIS	59
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	58	ELIQUIS STARTER PACK	59
<i>dipyridamole</i>	61	ELLA	49
<i>disopyramide phosphate</i>	28	ELLENCE.....	18
<i>disulfiram</i>	44	<i>eluryng</i>	49
<i>divalproex sodium</i>	33	EMCYT.....	18
<i>docetaxel</i>	20	<i>emoquette</i>	49
DOCETAXEL	20	EMSAM	36
<i>dofetilide</i>	28	<i>emtricitabine</i>	12
<i>donepezil hydrochloride</i>	35	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	13
DOPTELET.....	60	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	13
<i>dorzolamide hcl</i>	68	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	13
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	68		
<i>dotti</i>	53		
DOVATO TAB 50-300MG	13		
<i>doxazosin mesylate</i>	26		
<i>doxepin hcl</i>	36		
<i>doxepin hcl (sleep)</i>	41		
<i>doxorubicin hcl</i>	18		
<i>doxorubicin hcl liposomal</i>	18		

<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	13
EMTRIVA	12
EMVERM	9
<i>enalapril maleate</i>	25
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	25
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	25
ENBREL	61
ENBREL MINI	61
ENBREL SURECLICK	61
ENDARI	60
<i>endocet tab 10-325mg</i>	8
<i>endocet tab 2.5-325mg</i>	8
<i>endocet tab 5-325mg</i>	8
<i>endocet tab 7.5-325mg</i>	8
ENGERIX-B	64
<i>enoxaparin sodium</i>	59
<i>enpresse-28</i>	49
<i>enskyce</i>	49
ENSTILAR AER	74
<i>entacapone</i>	38
<i>entecavir</i>	14
ENTRESTO TAB 24-26MG	26
ENTRESTO TAB 49-51MG	26
ENTRESTO TAB 97-103MG	26
<i>enulose</i>	57
EPCLUSA PAK 150-37.5	14
EPCLUSA PAK 200-50MG	14
EPCLUSA TAB 200-50MG	14
EPCLUSA TAB 400-100	14
EPIDIOLEX	33
<i>epinephrine (anaphylaxis)</i>	70
<i>epitol</i>	33
EPIVIR HBV	14
<i>eplerenone</i>	26
EPRONTIA	33
<i>ergotamine w/ caffeine tab 1-100 mg</i>	42
ERIVEDGE	20
ERLEADA	18
<i>erlotinib hcl</i>	20
<i>errin</i>	49
<i>ertapenem sodium</i>	9
<i>ery</i>	73
<i>ery-tab</i>	15

ERYTHROCIN LACTOBIONATE	15
<i>erythrocin stearate</i>	15
<i>erythromycin (acne aid)</i>	73
<i>erythromycin (ophth)</i>	67
<i>erythromycin base</i>	16
<i>erythromycin ethylsuccinate</i>	16
<i>erythromycin lactobionate</i>	16
ESBRIET	71
<i>escitalopram oxalate</i>	36
<i>esomeprazole magnesium</i>	58
<i>estarylla</i>	49
<i>estradiol</i>	53
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	53
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	53
<i>estradiol vaginal</i>	53
<i>estradiol valerate</i>	53
<i>eszopiclone</i>	41
<i>ethambutol hcl</i>	13
<i>ethosuximide</i>	33
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	49
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	49
<i>etodolac</i>	7
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	49
<i>etoposide</i>	20
<i>etravirine</i>	12
EULEXIN	19
<i>euthyrox</i>	55
<i>everolimus</i>	21
<i>everolimus (immunosuppressant)</i>	63
EVOTAZ TAB 300-150	13
<i>exemestane</i>	19
EXKIVITY	21
<i>ezetimibe</i>	29
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29
<i>ezetimibe-simvastatin tab 10-40 mg</i>	29
<i>ezetimibe-simvastatin tab 10-80 mg</i>	29
F	
FABRAZYME	54
<i>falmina</i>	49
<i>famciclovir</i>	14
<i>famotidine</i>	57

<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	57	<i>fluphenazine hcl</i>	39
FANAPT	39	<i>flurbiprofen</i>	7
FANAPT PAK	39	<i>flurbiprofen sodium</i>	68
FARXIGA.....	45	<i>fluticasone propionate</i>	74
FASENRA	71	<i>fluticasone propionate (nasal)</i>	72
FASENRA PEN.....	71	<i>fluvoxamine maleate</i>	32
<i>felbamate</i>	33	<i>fondaparinux sodium</i>	60
<i>felodipine</i>	30	FORTEO.....	48
<i>femynor</i>	49	<i>fosamprenavir calcium</i>	12
<i>fenofibrate</i>	28	<i>fosinopril sodium</i>	25
<i>fenofibrate micronized</i>	28	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	25
<i>fentanyl</i>	7	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>fentanyl citrate</i>	8	FOTIVDA.....	21
<i>fesoterodine fumarate</i>	59	FREAMINE III INJ 10%	66
FETZIMA.....	36	<i>fulvestrant</i>	19
FETZIMA CAP TITRATIO	36	<i>furosemide</i>	30
FIASP FLEX INJ TOUCH	46	<i>furosemide inj</i>	30
FIASP INJ 100/ML	46	FUZEON.....	12
FIASP PENFIL INJ U-100	46	<i>fyavolv tab 0.5mg-2.5mcg</i>	53
<i>finasteride</i>	59	<i>fyavolv tab 1mg-5mcg</i>	53
<i> fingolimod hcl</i>	43	FYCOMPA.....	33
FINTEPLA	33	G	
<i>finzala</i>	49	<i>gabapentin</i>	33
<i>flac</i>	69	<i>galantamine hydrobromide</i>	35
FLAREX.....	68	GAMASTAN INJ	62
FLEBOGAMMA DIF	62	GAMMAGARD LIQUID	62
<i>flecainide acetate</i>	28	GAMMAGARD S/D IGA LESS TH	62
FLOVENT DISKUS.....	72	GAMMAKED.....	62
FLOVENT HFA.....	72	GAMMAPLEX.....	63
<i>fluconazole</i>	11	GAMUNEX-C.....	63
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11	<i>ganciclovir sodium</i>	14
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11	GARDASIL 9 INJ	64
<i>flucytosine</i>	11	<i>gatifloxacin (ophth)</i>	67
<i>fludrocortisone acetate</i>	53	GATTEX	58
<i>flunisolide (nasal)</i>	72	GAUZE PADS 2	46
<i>fluocinolone acetonide</i>	74	<i>gavilyte-c</i>	57
<i>fluocinolone acetonide (otic)</i>	69	<i>gavilyte-g</i>	57
<i>fluocinonide</i>	74	GAVRETO.....	21
<i>fluocinonide emulsified base</i>	74	<i>gemcitabine hcl</i>	18
<i>fluorometholone (ophth)</i>	68	<i>gemfibrozil</i>	28
<i>fluorouracil</i>	18	GEMTESA.....	59
<i>fluorouracil (topical)</i>	75	<i>generlac</i>	57
<i>fluoxetine hcl</i>	36	<i>gengraf</i>	63
<i>fluphenazine decanoate</i>	39	GENOTROPIN	54
		GENOTROPIN MINIQUICK.....	54

<i>gentak</i>	67	HARVONI TAB 90-400MG	14
<i>gentamicin in saline inj 0.8 mg/ml</i>	9	HAVRIX	64
<i>gentamicin in saline inj 1.2 mg/ml</i>	9	<i>heather</i>	50
<i>gentamicin in saline inj 1.6 mg/ml</i>	9	HEPARIN/NAACL INJ 25000UNT	60
<i>gentamicin in saline inj 1 mg/ml</i>	9	<i>heparin sodium (porcine)</i>	60
<i>gentamicin in saline inj 2 mg/ml</i>	9	HEP SOD/D5W INJ 20000UNT	60
<i>gentamicin sulfate</i>	9	HEP SOD/D5W INJ 25000UNT	60
<i>gentamicin sulfate (ophth)</i>	67	HEP SOD/NAACL INJ 25000UNT	60
<i>gentamicin sulfate (topical)</i>	73	HERCEP HYLEC SOL 60-10000	21
GENVOYA TAB	13	HERCEPTIN	21
GILENYA	43	HERZUMA	21
GILOTRIF	21	HETLIOZ	41
<i>glatiramer acetate</i>	43	HIBERIX	64
<i>glatopa</i>	43	HUMIRA.....	61
GLEOSTINE	18	HUMIRA PEDIA INJ CROHNS	61
<i>glimepiride</i>	45	HUMIRA PEDIATRIC CROHNS D.....	61
<i>glipizide</i>	45	HUMIRA PEN	61
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	45	HUMIRA PEN-CD/UC/HS START	61
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	45	HUMIRA PEN KIT PS/UV	61
<i>glipizide-metformin hcl tab 5-500 mg</i>	45	HUMIRA PEN-PEDIATRIC UC S	61
<i>glipizide xl</i>	45	HUMIRA PEN-PS/UV STARTER.....	61
<i>glycopyrrolate</i>	57	HUMULIN R U-500 (CONCENTR	47
<i>glydo</i>	74	HUMULIN R U-500 KWIKPEN.....	47
GLYXAMBI TAB 10-5 MG	45	<i>hydralazine hcl</i>	31
GLYXAMBI TAB 25-5 MG	45	<i>hydrochlorothiazide</i>	30
GOLYTELY SOL	57	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	8
<i>granisetron hcl</i>	56	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	8
<i>griseofulvin microsize</i>	11	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	8
<i>griseofulvin ultramicrosize</i>	11	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	8
<i>guanfacine hcl</i>	31	<i>hydrocodone bitartrate</i>	7
<i>guanfacine hcl (adhd)</i>	41	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
GVOKE HYOPEN 2-PACK	54	<i>hydrocortisone</i>	53
GVOKE KIT.....	54	<i>hydrocortisone (intrarectal)</i>	57
GVOKE PFS	54	<i>hydrocortisone (rectal)</i>	75
H		<i>hydrocortisone (topical)</i>	74
HAEGARDA.....	60	<i>hydromorphone hcl</i>	8
<i>hailey 1.5/30</i>	49	<i>hydroxychloroquine sulfate</i>	62
<i>hailey 24 fe</i>	50	<i>hydroxyurea</i>	19
<i>halobetasol propionate</i>	74	<i>hydroxyzine hcl</i>	70
<i>haloperidol</i>	39	<i>hydroxyzine pamoate</i>	70
<i>haloperidol decanoate</i>	39	HYSINGLA ER.....	7
<i>haloperidol lactate</i>	39		
HARVONI PAK 33.75-150MG.....	14		
HARVONI PAK 45-200MG	14		
HARVONI TAB 45-200MG	14		

I	
<i>ibandronate sodium</i>	48
IBRANCE.....	21
<i>ibu</i>	7
<i>ibuprofen</i>	7
<i>icatibant acetate</i>	60
<i>iclevia</i>	50
ICLUSIG.....	21
IDHIFA.....	21
ILEVRO.....	68
<i>imatinib mesylate</i>	21
IMBRUVICA.....	21
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
<i>imipramine hcl</i>	36
<i>imiquimod</i>	75
IMOVAX RABIES (H.D.C.V.).....	64
<i>incassia</i>	50
INCRELEX.....	54
INCRUSE ELLIPTA.....	69
<i>indapamide</i>	30
INFANRIX INJ.....	64
INFLIXIMAB.....	61
INGREZZA.....	43
INGREZZA CAP 40-80MG.....	43
INLYTA.....	21
INQOVI TAB 35-100MG.....	18
INREBIC.....	21
INSULIN PEN NEEDLES: BD/NOVO...47	
INSULIN SAFETY NEEDLES.....	47
INSULIN SYRINGES: BD.....	47
INTELENCE.....	12
INTRALIPID.....	66
INTRON A.....	63
<i>introvale</i>	50
INVEGA HAFYERA.....	39
INVEGA SUSTENNA.....	39
INVEGA TRINZA.....	39
IPOL INJ INACTIVE.....	64
<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i>	69
<i>ipratropium bromide</i>	69
<i>ipratropium bromide (nasal)</i>	69
<i>irbesartan</i>	27
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	26
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	26
IRESSA.....	21
<i>irinotecan hcl</i>	19
ISENTRESS.....	12
ISENTRESS HD.....	12
<i>isibloom</i>	50
ISOLYTE-P INJ /D5W.....	65
ISOLYTE-S INJ.....	65
ISOLYTE-S INJ PH 7.4.....	65
<i>isoniazid</i>	14
ISOPTO ATROPINE.....	69
<i>isosorbide dinitrate</i>	31
<i>isosorbide mononitrate</i>	31
<i>isotretinoin</i>	73
<i>isradipine</i>	30
<i>itraconazole</i>	11
<i>ivermectin</i>	10
IXIARO INJ.....	64
J	
JAKAFI.....	21
<i>jantoven</i>	60
JANUMET TAB 50-1000.....	45
JANUMET TAB 50-500MG.....	45
JANUMET XR TAB 100-1000.....	45
JANUMET XR TAB 50-1000.....	45
JANUMET XR TAB 50-500MG.....	45
JANUVIA.....	45
JARDIANCE.....	45
<i>jasmiel</i>	50
<i>javygtor</i>	54
JENTADUETO TAB 2.5-1000.....	45
JENTADUETO TAB 2.5-500.....	45
JENTADUETO TAB 2.5-850.....	45
JENTADUETO TAB XR 2.5-1000MG...45	
JENTADUETO TAB XR 5-1000MG.....	45
<i>jinteli</i>	53
<i>jolessa</i>	50
<i>juleber</i>	50
JULUCA TAB 50-25MG.....	13
<i>junel 1/20</i>	50
<i>junel 1.5/30</i>	50
<i>junel fe 1/20</i>	50
<i>junel fe 1.5/30</i>	50
<i>junel fe 24</i>	50

K	
KADCYLA	21
<i>kaitlib fe</i>	50
KALYDECO	71
KANJINTI	21
<i>kariva</i>	50
KCL/D5W/NACL INJ 0.3/0.9%	65
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	65
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	65
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	65
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	65
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	65
<i>kelnor 1/35</i>	50
<i>kelnor 1/50</i>	50
KERENDIA	26
KESIMPTA	43
<i>ketoconazole</i>	11
<i>ketoconazole (topical)</i>	73
<i>ketorolac tromethamine (ophth)</i>	68
KEVZARA	62
KEYTRUDA	21
KINRIX INJ	64
KISQALI 200 DOSE	22
KISQALI 200 PAK FEMARA	19
KISQALI 400 DOSE	22
KISQALI 400 PAK FEMARA	19
KISQALI 600 DOSE	22
KISQALI 600 PAK FEMARA	19
<i>klor-con</i>	66
<i>klor-con 10</i>	66
<i>klor-con 8</i>	66
<i>klor-con m10</i>	66
<i>klor-con m15</i>	66
<i>klor-con m20</i>	66
KORLYM	54
<i>kurvelo</i>	50
KYNMOBI	38
L	
<i>labetalol hcl</i>	29
<i>lacosamide</i>	33
<i>lacosamide oral</i>	33
<i>lactated ringer's solution</i>	65
<i>lactic acid (ammonium lactate)</i>	75
<i>lactulose</i>	57
<i>lactulose (encephalopathy)</i>	57
<i>lamivudine</i>	12
<i>lamivudine (hbv)</i>	14
<i>lamivudine-zidovudine tab 150-300 mg</i>	13
<i>lamotrigine</i>	34
<i>lansoprazole</i>	58
LANTUS	47
LANTUS SOLOSTAR	47
<i>lapatinib ditosylate</i>	22
<i>larin 1/20</i>	50
<i>larin 1.5/30</i>	50
<i>larin 24 fe</i>	50
<i>larin fe 1/20</i>	50
<i>larin fe 1.5/30</i>	50
<i>latanoprost</i>	68
LATUDA	39
<i>layolis fe</i>	50
<i>leena</i>	50
<i>leflunomide</i>	62
<i>lenalidomide</i>	19
LENVIMA 10 MG DAILY DOSE	22
LENVIMA 12MG DAILY DOSE	22
LENVIMA 20 MG DAILY DOSE	22
LENVIMA 4 MG DAILY DOSE	22
LENVIMA 8 MG DAILY DOSE	22
LENVIMA CAP 14 MG	22
LENVIMA CAP 18 MG	22
LENVIMA CAP 24 MG	22
<i>lessina</i>	50
<i>letrozole</i>	19
<i>leucovorin calcium</i>	24
LEUKERAN	18
<i>leuprolide acetate</i>	19
<i>levabuterol hcl</i>	70
<i>levabuterol tartrate</i>	70
LEVEMIR	47
LEVEMIR FLEXTOUCH	47

<i>levetiracetam</i>	34	LINZESS	58
<i>levetiracetam in sodium chloride iv soln</i>		<i>liothyronine sodium</i>	56
<i>1000 mg/100ml</i>	34	<i>lisinopril</i>	25
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>1500 mg/100ml</i>	34	<i>12.5 mg</i>	25
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>500 mg/100ml</i>	34	<i>12.5 mg</i>	25
<i>levobunolol hcl</i>	68	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levocarnitine (metabolic modifiers)</i> ...	54	<i>25 mg</i>	25
<i>levocetirizine dihydrochloride</i>	70	<i>lithium carbonate</i>	43
<i>levofloxacin</i>	16	<i>loestrin 1/20-21</i>	50
<i>levofloxacin in d5w iv soln 250</i>		<i>loestrin 1.5/30-21</i>	50
<i>mg/50ml</i>	16	<i>loestrin fe 1/20</i>	51
<i>levofloxacin in d5w iv soln 500</i>		<i>loestrin fe 1.5/30</i>	50
<i>mg/100ml</i>	16	LOKELMA	48
<i>levofloxacin in d5w iv soln 750</i>		LONSURF TAB 15-6.14	18
<i>mg/150ml</i>	16	LONSURF TAB 20-8.19	18
<i>levonest</i>	50	<i>loperamide hcl</i>	58
<i>levonor-eth est tab 0.15-</i>		<i>lopinavir-ritonavir soln 400-100</i>	
<i>0.02/0.025/0.03 mg & eth est 0.01</i>		<i>mg/5ml (80-20 mg/ml)</i>	13
<i>mg</i>	50	<i>lopinavir-ritonavir tab 100-25 mg</i>	13
<i>levonorgestrel & ethinyl estradiol (91-</i>		<i>lopinavir-ritonavir tab 200-50 mg</i>	13
<i>day) tab 0.15-0.03 mg</i>	50	<i>lorazepam</i>	32
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>lorazepam intensol</i>	32
<i>0.15 mg-30 mcg</i>	50	LORBRENA	22
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>loryna</i>	51
<i>0.1 mg-20 mcg</i>	50	<i>losartan potassium</i>	27
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>losartan potassium &</i>	
<i>30/0.075-40/0.125-30mg-mcg</i>	50	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>		.....	26
<i>eth est tab 0.01mg(7)</i>	50	<i>losartan potassium &</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84)</i>		<i>hydrochlorothiazide tab 100-25 mg</i>	
<i>& eth est tab 0.01mg(7)</i>	50	.....	27
<i>levora 0.15/30-28</i>	50	<i>losartan potassium &</i>	
<i>levo-t</i>	56	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
<i>levothyroxine sodium</i>	56	.....	26
<i>levoxyl</i>	56	LOTEMAX	68
LEXIVA	12	<i>lovastatin</i>	28
<i>lidocaine</i>	75	<i>low-ogestrel</i>	51
<i>lidocaine hcl</i>	75	<i>loxapine succinate</i>	39
<i>lidocaine hcl (local anesth.)</i>	9	LUMAKRAS	22
<i>lidocaine hcl (mouth-throat)</i>	76	LUMIGAN	68
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	75	LUMIZYME	55
<i>lillow</i>	50	LUPRON DEPOT (1-MONTH)	19
<i>linezolid</i>	10	LUPRON DEPOT (3-MONTH)	19
<i>linezolid in sodium chloride iv soln 600</i>		LUPRON DEPOT-PED (1-MONTH)	55
<i>mg/300ml-0.9%</i>	10	LUPRON DEPOT-PED (3-MONTH)	55
		<i>lutera</i>	51

<i>lyleq</i>	51	<i>methotrexate sodium</i>	18, 62
<i>lyllana</i>	53	<i>methylphenidate hcl</i>	41
LYNPARZA.....	22	<i>methylprednisolone</i>	53
LYSODREN.....	19	<i>methylprednisolone acetate</i>	54
<i>lyza</i>	51	<i>methylprednisolone sod succ</i>	54
M		<i>metoclopramide hcl</i>	56
<i>magnesium sulfate</i>	65	<i>metolazone</i>	30
MAGNESIUM SULFATE.....	65	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>magnesium sulfate in dextrose 5% iv</i>		100-25 mg.....	29
<i>soln 1 gm/100ml</i>	65	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>malathion</i>	75	100-50 mg.....	29
<i>maraviroc</i>	12	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>marlissa</i>	51	50-25 mg.....	29
MARPLAN.....	36	<i>metoprolol succinate</i>	29
MATULANE.....	19	<i>metoprolol tartrate</i>	29
MAVYRET PAK 50-20MG.....	14	<i>metronidazole</i>	10
MAVYRET TAB 100-40MG.....	14	<i>metronidazole (topical)</i>	75
<i>meclizine hcl</i>	56	<i>metronidazole vaginal</i>	59
<i>medroxyprogesterone acetate</i>	55	<i>metyrosine</i>	31
<i>medroxyprogesterone acetate</i>		MG SO4/D5W INJ 10MG/ML.....	65
<i>(contraceptive)</i>	51	<i>micafungin sodium</i>	11
<i>mefloquine hcl</i>	11	<i>microgestin 1/20</i>	51
<i>megestrol acetate</i>	19, 55	<i>microgestin 1.5/30</i>	51
<i>megestrol acetate (appetite)</i>	55	<i>microgestin 24 fe</i>	51
MEKINIST.....	22	<i>microgestin fe 1/20</i>	51
MEKTOVI.....	22	<i>microgestin fe 1.5/30</i>	51
<i>meloxicam</i>	7	<i>midodrine hcl</i>	31
<i>memantine hcl</i>	35	<i>miglustat</i>	55
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		<i>mili</i>	51
10 mg titration pack.....	35	<i>mimvey</i>	53
MENACTRA INJ.....	64	<i>minocycline hcl</i>	17
MENQUADFI INJ.....	64	<i>minoxidil</i>	31
MENVEO INJ.....	64	<i>mirtazapine</i>	36
MENVEO SOL.....	64	<i>misoprostol</i>	58
<i>mercaptopurine</i>	18	MITIGARE.....	7
<i>meropenem</i>	10	M-M-R II INJ.....	64
<i>mesalamine</i>	57	M-NATAL PLUS TAB.....	66
<i>mesalamine w/ cleanser</i>	57	<i>moexipril hcl</i>	25
MESNEX.....	24	<i>molindone hcl</i>	39
<i>metadate er</i>	41	<i>mometasone furoate</i>	74
<i>metformin hcl</i>	45, 46	MONJUVI.....	22
<i>methadone hcl</i>	7	<i>mono-lynyah</i>	51
<i>methadone hydrochloride i</i>	7	<i>montelukast sodium</i>	70
<i>methazolamide</i>	30	<i>morphine sulfate</i>	8
<i>methenamine hippurate</i>	10	MORPHINE SULFATE.....	8
<i>methimazole</i>	56	MORPHINE SULFATE/SODIUM C.....	8
<i>methocarbamol</i>	44	MOVANTIK.....	58

<i>moxifloxacin hcl</i>	16	<i>nevirapine</i>	12
<i>moxifloxacin hcl (ophth)</i>	67	NEXAVAR.....	22
MULTAQ.....	28	<i>niacin (antihyperlipidemic)</i>	29
<i>mupirocin</i>	73	<i>nicardipine hcl</i>	30
MVASI	22	NICOTROL INHALER	44
<i>mycophenolate mofetil</i>	63	NICOTROL NS.....	44
<i>mycophenolate sodium</i>	63	<i>nifedipine</i>	30
<i>myorisan</i>	73	<i>nikki</i>	51
MYRBETRIQ.....	59	<i>nilutamide</i>	19
N		<i>nimodipine</i>	30
<i>nabumetone</i>	7	NINLARO	22
<i>nadolol</i>	29	<i>nitazoxanide</i>	10
<i>naftillin sodium</i>	17	<i>nitisinone</i>	55
NAGLAZYME	55	NITRO-BID.....	31
<i>nalbuphine hcl</i>	8	<i>nitrofurantoin macrocrystal</i>	10
<i>naloxone hcl</i>	44	<i>nitrofurantoin monohyd macro</i>	10
<i>naltrexone hcl</i>	44	<i>nitroglycerin</i>	31
NAMZARIC CAP 14-10MG	35	<i>nizatidine</i>	57
NAMZARIC CAP 21-10MG	35	<i>nora-be</i>	51
NAMZARIC CAP 28-10MG	36	<i>norethindrone (contraceptive)</i>	51
NAMZARIC CAP 7-10MG.....	35	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35 mcg</i>	51
NAMZARIC CAP PACK	36	<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	51
<i>naproxen</i>	7	<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	51
<i>naproxen sodium</i>	7	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	51
<i>naratriptan hcl</i>	42	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	51
NATACYN	67	<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	51
<i>nateglinide</i>	46	<i>norethindrone acetate</i>	55
NATPARA	48	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	53
NAYZILAM.....	34	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	53
<i>nebivolol hcl</i>	29	<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	51
<i>necon 0.5/35-28</i>	51	<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	51
<i>nefazodone hcl</i>	36	<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	51
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	67	<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	51
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..	67	<i>norlyroc</i>	51
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	67	NORPACE CR.....	28
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	67		
<i>neomycin-polymyxin-hc ophth susp</i> ..	67		
<i>neomycin-polymyxin-hc otic soln 1%</i>	69		
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	69		
<i>neomycin sulfate</i>	10		
NERLYNX	22		
NEUPRO.....	38		

<i>nortrel 0.5/35 (28)</i>	51	<i>olmesartan-amlodipine-</i>	
<i>nortrel 1/35 (21)</i>	51	<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>nortrel 1/35 (28)</i>	51	<i>mg</i>	27
<i>nortrel 7/7/7</i>	51	<i>olmesartan-amlodipine-</i>	
<i>nortriptyline hcl</i>	36	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NORVIR	12	<i>mg</i>	27
NOVOLIN INJ 70/30	47	<i>olmesartan-amlodipine-</i>	
NOVOLIN INJ 70/30 FP	47	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLIN N	47	.....	27
NOVOLIN N FLEXPEN	47	<i>olmesartan-amlodipine-</i>	
NOVOLIN R	47	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NOVOLIN R FLEXPEN	47	<i>mg</i>	27
NOVOLOG	47	<i>olmesartan-amlodipine-</i>	
NOVOLOG FLEXPEN	47	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NOVOLOG MIX INJ 70/30	47	.....	27
NOVOLOG MIX INJ FLEXPEN	47	<i>olmesartan medoxomil</i>	27
NOVOLOG PENFILL.....	47	<i>olmesartan medoxomil-</i>	
NOXAFIL.....	11	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
NUBEQA	19	.....	27
NUDEXTA CAP 20-10MG	43	<i>olmesartan medoxomil-</i>	
NULOJIX	63	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NUPLAZID	39	.....	27
NURTEC.....	42	<i>olmesartan medoxomil-</i>	
NUTRILIPID.....	66	<i>hydrochlorothiazide tab 40-25 mg</i>	27
NUZYRA.....	17	<i>olopatadine hcl</i>	68
<i>nyamyc</i>	73	<i>omeprazole</i>	58
<i>nylia 1/35</i>	52	OMNIPOD 5 G6 KIT INTRO	47
<i>nylia 7/7/7</i>	52	OMNIPOD 5 G6 MIS PODS.....	47
NYMALIZE.....	30	OMNIPOD DASH KIT INTRO.....	47
<i>nymyo</i>	52	OMNIPOD DASH MIS PODS	47
<i>nystatin</i>	11	OMNIPOD MIS CLASSIC	47
<i>nystatin (mouth-throat)</i>	76	OMNIPOD PDM KIT CLASSIC.....	47
<i>nystatin (topical)</i>	73	<i>ondansetron</i>	56
<i>nystop</i>	73	<i>ondansetron hcl</i>	56
●		ONTRUZANT	22
<i>ocella</i>	52	ONUREG	18
OCTAGAM	63	OPSUMIT	32
<i>octreotide acetate</i>	55	ORGOVYX	19
ODEFSEY TAB.....	13	ORKAMBI GRA 100-125	71
ODOMZO	22	ORKAMBI GRA 150-188	71
OFEV.....	71	ORKAMBI GRA 75-94MG	71
<i>ofloxacin (ophth)</i>	67	ORKAMBI TAB 100-125.....	71
<i>ofloxacin (otic)</i>	69	ORKAMBI TAB 200-125.....	71
OGIVRI.....	22	<i>oseltamivir phosphate</i>	14
OGIVRI INJ 420MG.....	22	OTEZLA	62
<i>olanzapine</i>	39	OTEZLA TAB 10/20/30.....	62
		<i>oxacillin sodium</i>	17

<i>oxaliplatin</i>	18	<i>penicillin v potassium</i>	17
<i>oxandrolone</i>	45	PENTACEL INJ	64
<i>oxcarbazepine</i>	34	<i>pentamidine isethionate inh</i>	10
<i>oxybutynin chloride</i>	59	<i>pentamidine isethionate inj</i>	10
<i>oxycodone hcl</i>	8	<i>pentoxifylline</i>	60
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	9	<i>perindopril erbumine</i>	25
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	8	<i>perio gard</i>	76
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	8	<i>permethrin</i>	75
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	9	<i>perphenazine</i>	39
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	46	PERSERIS	39
OZEMPIC (1MG/DOSE)	46	<i>pfizerpen</i>	17
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	46	<i>phenelzine sulfate</i>	37
P		<i>phenobarbital</i>	34
<i>pacerone</i>	28	<i>phenobarbital sodium</i>	34
<i>paclitaxel</i>	20	PHENYTEK.....	34
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	20	<i>phenytoin</i>	34
<i>paliperidone</i>	39	<i>phenytoin sodium</i>	34
<i>pamidronate disodium</i>	48	<i>phenytoin sodium extended</i>	34
PAMIDRONATE DISODIUM.....	48	PHESGO SOL	22
PANRETIN	75	<i>philith</i>	52
<i>pantoprazole sodium</i>	59	PIFELTRO.....	12
PANZYGA	63	<i>pilocarpine hcl</i>	68
<i>paraplatin</i>	18	<i>pilocarpine hcl (oral)</i>	76
<i>paricalcitol</i>	56	<i>pimozide</i>	39
<i>paromomycin sulfate</i>	10	<i>pimtrea</i>	52
<i>paroxetine hcl</i>	37	<i>pindolol</i>	29
PEDIARIX INJ 0.5ML.....	64	<i>pioglitazone hcl</i>	46
PEDVAX HIB.....	64	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	17
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	58	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	17
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	58	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	17
PEGASYS	14	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	17
PEMAZYRE	22	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	17
<i>pemetrexed disodium</i>	18	PIQRAY 200MG DAILY DOSE.....	22
PEN GK/DEXTR INJ 40000/ML.....	17	PIQRAY 250MG TAB DOSE.....	22
PEN GK/DEXTR INJ 60000/ML.....	17	PIQRAY 300MG DAILY DOSE.....	22
<i>penicillamine</i>	48	<i>pirfenidone</i>	71
<i>penicillin g potassium</i>	17	<i>pirmella 1/35</i>	52
PENICILLIN G PROCAINE.....	17	<i>piroxicam</i>	7
<i>penicillin g sodium</i>	17	PLASMA-LYTE INJ -148	65
		PLASMA-LYTE INJ -A.....	65
		<i>plenamine</i>	66
		PLENVU SOL.....	58

<i>podofilox</i>	75	<i>probenecid</i>	7
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	67	PROCALAMINE INJ 3%.....	67
POMALYST	19	<i>prochlorperazine</i>	56
<i>portia-28</i>	52	<i>prochlorperazine edisylate</i>	57
<i>posaconazole</i>	11	<i>prochlorperazine maleate</i>	57
<i>potassium chloride</i>	66	PROCRIT.....	60
POTASSIUM CHLORIDE.....	66	<i>procto-med hc</i>	75
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	66	<i>procto-pak</i>	75
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	66	<i>proctosol hc</i>	75
<i>potassium citrate (alkalinizer)</i>	59	<i>proctozone-hc</i>	75
POT CHL 20MEQ/L IN NAACL 0.45% INJ	66	PROGRAF	63
POT CHL 20MEQ/L IN NAACL 0.9% INJ	65	PROLASTIN-C.....	71
POT CHL 40MEQ/L IN NAACL 0.9% INJ	66	PROLENSA	68
PRADAXA	60	PROLIA	48
PRALUENT.....	29	PROMACTA	60, 61
<i>pramipexole dihydrochloride</i>	38	<i>promethazine hcl</i>	57
<i>prasugrel hcl</i>	61	<i>propafenone hcl</i>	28
<i>pravastatin sodium</i>	28	<i>proparacaine hcl</i>	69
<i>praziquantel</i>	10	<i>propranolol hcl</i>	29
<i>prazosin hcl</i>	26	<i>propylthiouracil</i>	56
<i>prednisolone</i>	54	PROQUAD INJ.....	64
<i>prednisolone acetate (ophth)</i>	68	PROSOL INJ 20%	67
PREDNISOLONE SODIUM PHOSP.....	68	<i>protriptyline hcl</i>	37
<i>prednisolone sodium phosphate</i>	54	PULMICORT FLEXHALER	72
<i>prednisone</i>	54	PULMOZYME	71
PREDNISONE INTENSOL	54	PURIXAN.....	18
<i>pregabalin</i>	34	<i>pyrazinamide</i>	14
PREHEVBRIO	64	<i>pyridostigmine bromide</i>	43
PREMASOL SOL 10%	67	Q	
PRENATAL TAB 27-1MG	66	QINLOCK	22
PRENATAL TAB PLUS	66	QUADRACEL INJ.....	64
<i>prevalite</i>	29	QUADRACEL INJ 0.5ML	64
PREVYMIS	14	<i>quetiapine fumarate</i>	39, 40
PREZCOBIX TAB 800-150	13	<i>quinapril hcl</i>	26
PREZISTA	12	<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	25
PRIFTIN	14	<i>quinapril-hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	25
<i>primaquine phosphate</i>	11	<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i>	25
PRIMAQUINE PHOSPHATE	11	<i>quinidine sulfate</i>	28
<i>primidone</i>	34	<i>quinine sulfate</i>	11
PRIORIX INJ	64	R	
PRIVIGEN	63	RABAVERT INJ.....	64
		<i>rabeprazole sodium</i>	59
		<i>raloxifene hcl</i>	55
		<i>ramipril</i>	26

<i>ranolazine</i>	31
<i>rasagiline mesylate</i>	38
RAYALDEE.....	56
<i>reclipsen</i>	52
RECOMBIVAX HB	64
RECTIV	75
REGRANEX.....	75
RELENZA DISKHALER	14
RELISTOR	58
REMICADE	62
RENFLEXIS.....	62
<i>repaglinide</i>	46
RESTASIS	69
RESTASIS MULTIDOSE.....	69
RETEVMO.....	22
REVLIMID	19
REXULTI	40
REYATAZ	12
REZUROCK.....	63
RHOPRESSA	68
<i>ribavirin (hepatitis c)</i>	14
<i>rifabutin</i>	14
<i>rifampin</i>	14
<i>riluzole</i>	43
<i>rimantadine hydrochloride</i>	14
RINVOQ.....	62
<i>risedronate sodium</i>	48
RISPERDAL CONSTA.....	40
<i>risperidone</i>	40
<i>ritonavir</i>	12
<i>rivastigmine</i>	36
<i>rivastigmine tartrate</i>	36
<i>rivelsa</i>	52
<i>rizatriptan benzoate</i>	42
<i>roflumilast</i>	71
<i>ropinirole hydrochloride</i>	38
<i>rosuvastatin calcium</i>	28
ROTARIX SUS.....	64
ROTATEQ SOL	64
<i>roweepa</i>	34
ROZLYTREK.....	23
RUBRACA.....	23
<i>rufinamide</i>	34
RUKOBIA	12
RYBELSUS.....	46
RYDAPT	23

S

<i>sajazir</i>	61
SANDIMMUNE.....	63
SANTYL	75
<i>sapropterin dihydrochloride</i>	55
SCEMBLIX.....	23
<i>scopolamine</i>	57
SECUADO	40
<i>selegiline hcl</i>	38
<i>selenium sulfide</i>	73
SELZENTRY	12
SEREVENT DISKUS.....	70
<i>sertraline hcl</i>	37
<i>setlakin</i>	52
<i>sevelamer carbonate</i>	55
<i>sharobel</i>	52
SHINGRIX.....	64
SIGNIFOR	55
<i>sildenafil citrate (pulmonary hypertension)</i>	32
<i>silver sulfadiazine</i>	73
SIMBRINZA SUS 1-0.2%.....	68
<i>simliya</i>	52
<i>simpesse</i>	52
<i>simvastatin</i>	28
<i>sirolimus</i>	63
SIRTURO	14
SIVEXTRO.....	10
SKYRIZI.....	62
SKYRIZI PEN	62
<i>sodium chloride</i>	66
<i>sodium chloride (gu irrigant)</i>	75
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	66
<i>sodium phenylbutyrate</i>	55
<i>sodium polystyrene sulfonate powder</i>	48
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	58
<i>solifenacin succinate</i>	59
SOLQUA INJ 100/33	47
SOLTAMOX.....	19
SOLU-CORTEF	54
SOMATULINE DEPOT	55
SOMAVERT.....	55
<i>sorafenib tosylate</i>	23
<i>sorine</i>	28

<i>sotalol hcl</i>	28	SYNJARDY TAB 12.5-1000MG	46
<i>sotalol hcl (afib/afl)</i>	28	SYNJARDY TAB 12.5-500.....	46
<i>spironolactone</i>	26	SYNJARDY TAB 5-1000MG.....	46
<i>spironolactone & hydrochlorothiazide</i>		SYNJARDY TAB 5-500MG.....	46
<i>tab 25-25 mg</i>	31	SYNJARDY XR TAB 10-1000.....	46
<i>sprintec 28</i>	52	SYNJARDY XR TAB 12.5-1000MG.....	46
SPRITAM.....	34	SYNJARDY XR TAB 25-1000.....	46
SPRYCEL.....	23	SYNJARDY XR TAB 5-1000MG	46
<i>sps</i>	48	SYNRIBO	19
<i>sronyx</i>	52	SYNTHROID	56
<i>ssd</i>	73	T	
<i>stavudine</i>	12	TABLOID.....	18
STIVARGA.....	23	TABRECTA.....	23
<i>streptomycin sulfate</i>	10	<i>tacrolimus</i>	63
STRIBILD TAB	13	<i>tacrolimus (topical)</i>	75
<i>subvenite</i>	34	TAFINLAR	23
<i>sucralfate</i>	58	TAGRISSE	23
<i>sulfacetamide sodium (acne)</i>	73	TALTZ	62
<i>sulfacetamide sodium (ophth)</i>	67	TALZENNA	23
<i>sulfacetamide sodium-prednisolone</i>		<i>tamoxifen citrate</i>	19
<i>ophth soln 10-0.23(0.25)%</i>	67	<i>tamsulosin hcl</i>	59
<i>sulfadiazine</i>	10	<i>tarina 24 fe</i>	52
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>tarina fe 1/20 eq</i>	52
<i>400-80 mg/5ml</i>	10	TASIGNA	23
<i>sulfamethoxazole-trimethoprim susp</i>		<i>tasimelteon</i>	42
<i>200-40 mg/5ml</i>	10	<i>tazarotene</i>	73
<i>sulfamethoxazole-trimethoprim tab</i>		<i>tazicef</i>	15
<i>400-80 mg</i>	10	TAZORAC.....	73
<i>sulfamethoxazole-trimethoprim tab</i>		<i>taztia xt</i>	30
<i>800-160 mg</i>	10	TAZVERIK	23
SULFAMYLON	73	TDVAX INJ 2-2 LF	64
<i>sulfasalazine</i>	57	TECENTRIQ.....	23
<i>sulindac</i>	7	TEFLARO.....	15
<i>sumatriptan</i>	42	<i>telmisartan</i>	27
<i>sumatriptan succinate</i>	42	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sunitinib malate</i>	23	.....	27
SUPREP BOWEL SOL PREP KIT	58	<i>telmisartan-amlodipine tab 40-5 mg</i> .	27
<i>syeda</i>	52	<i>telmisartan-amlodipine tab 80-10 mg</i>	
SYMBICORT AER 160-4.5	72	.....	27
SYMBICORT AER 80-4.5.....	72	<i>telmisartan-amlodipine tab 80-5 mg</i> .	27
SYMDEKO TAB 100-150	71	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
SYMDEKO TAB 50-75MG	71	<i>12.5 mg</i>	27
SYMJEPI	71	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMPAZAN	35	<i>12.5 mg</i>	27
SYMTUZA TAB	13	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYNAREL	53	<i>25 mg</i>	27
SYNERCID INJ 500MG.....	10	<i>temazepam</i>	42

TENIVAC INJ 5-2LF.....	64	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>tenofovir disoproxil fumarate</i>	12	<i>mg</i>	9
TEPMETKO	23	<i>tramadol hcl</i>	9
<i>terazosin hcl</i>	26	<i>trandolapril</i>	26
<i>terbinafine hcl</i>	11	<i>tranexamic acid</i>	61
<i>terbutaline sulfate</i>	70	<i>tranylcypromine sulfate</i>	37
<i>terconazole vaginal</i>	59	TRAVASOL INJ 10%	67
TERIPARATIDE.....	48	TRAZIMERA.....	23
<i>testosterone</i>	45	<i>trazodone hcl</i>	37
<i>testosterone cypionate</i>	45	TRECATOR	14
<i>testosterone enanthate</i>	45	TRELEGY AER ELLIPTA 100-62.5-25	
<i>tetrabenazine</i>	43	MCG	69
<i>tetracycline hcl</i>	17	TRELEGY AER ELLIPTA 200-62.5-25	
THALOMID	19	MCG	69
THEO-24.....	71	<i>treprostinil</i>	32
<i>theophylline</i>	71	TRESIBA	47
<i>thioridazine hcl</i>	40	TRESIBA FLEXTOUCH	47
<i>thiothixene</i>	40	<i>tretinoin</i>	73
<i>tiadylt er</i>	30	<i>tretinoin (chemotherapy)</i>	19
<i>tiagabine hcl</i>	35	<i>triamcinolone acetonide (mouth)</i>	76
TIBSOVO	23	<i>triamcinolone acetonide (topical)</i>	74
TICOVAC.....	64	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tigecycline</i>	17	<i>37.5-25 mg</i>	31
TIGECYCLINE	17	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tilia fe</i>	52	<i>37.5-25 mg</i>	31
<i>timolol maleate</i>	30	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i>	68	<i>75-50 mg</i>	31
TIVICAY.....	12	TRICARE TAB PRENATAL	66
TIVICAY PD	12	<i>trientine hcl</i>	48
<i>tizanidine hcl</i>	44	<i>tri-estarylla</i>	52
TOBRADEX OIN 0.3-0.1%	67	<i>trifluoperazine hcl</i>	40
TOBRADEX ST SUS 0.3-0.05.....	67	<i>trifluridine</i>	67
<i>tobramycin</i>	10	<i>trihexyphenidyl hcl</i>	38
<i>tobramycin (ophth)</i>	67	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin-dexamethasone ophth susp</i>		1000MG	46
<i>0.3-0.1%</i>	67	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tobramycin sulfate</i>	10	1000MG	46
<i>tolterodine tartrate</i>	59	TRIJARDY XR TAB ER 24HR 25-5-	
<i>topiramate</i>	35	1000MG	46
<i>toposar</i>	20	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>toremifene citrate</i>	19	1000MG	46
<i>torse mide</i>	31	TRIKAFTA TAB 100-50-75MG & 150MG	
TOUJEO MAX SOLOSTAR	47	.....	71
TOUJEO SOLOSTAR	47	TRIKAFTA TAB 50-25-37.5MG & 75MG	
TPN ELECTROL INJ	66	.....	71
TRADJENTA.....	46	<i>tri-legest fe</i>	52
		<i>tri-linyah</i>	52

<i>tri-lo-estarylla</i>	52	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	27
<i>tri-lo-marzia</i>	52	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	27
<i>tri-lo-mili</i>	52	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	27
<i>tri-lo-sprintec</i>	52	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	27
<i>trimethoprim</i>	10	VALTOCO	35
TRIMETHOPRIM	10	<i>vanadom</i>	44
<i>tri-mili</i>	52	<i>vancomycin hcl</i>	10
<i>trimipramine maleate</i>	37	VANCOMYCIN INJ 1 GM.....	11
TRINTELLIX.....	37	VANCOMYCIN INJ 500MG	11
<i>tri-nymyo</i>	52	VANCOMYCIN INJ 750MG	11
<i>tri-sprintec</i>	52	VAQTA.....	64
TRIUMEQ PD TAB	13	<i>varenicline tartrate</i>	44
TRIUMEQ TAB.....	13	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	44
<i>trivora-28</i>	52	VARIVAX.....	65
<i>tri-vylibra</i>	52	VASCEPA	29
<i>tri-vylibra lo</i>	52	<i>velivet</i>	52
TRIZIVIR TAB.....	13	VELPHORO	55
TROGARZO	12	VELTASSA.....	48
TROPHAMINE INJ 10%.....	67	VEMLIDY.....	14
<i>tropium chloride</i>	59	VENCLEXTA.....	23
TRULICITY	46	VENCLEXTA TAB START PK.....	23
TRUMENBA INJ	64	<i>venlafaxine hcl</i>	37
TRUSELTIQ 100 MG DAILY DOSE	23	VENTAVIS	32
TRUSELTIQ 125 MG DAILY DOSE	23	VENTOLIN HFA	70
TRUSELTIQ 50 MG DAILY DOSE	23	VENTOLIN HFA (INSTITUTIONAL PACK)	70
TRUSELTIQ 75 MG DAILY DOSE	23	<i>verapamil hcl</i>	30
TRUXIMA	23	VERQUVO	31
TUKYSA	23	VERSACLOZ	40
TURALIO.....	23	VERZENIO.....	24
TWINRIX INJ	64	<i>vestura</i>	52
TYBOST	12	V-GO 20 KIT.....	48
<i>tydemy</i>	52	V-GO 30 KIT.....	48
TYPHIM VI.....	64	V-GO 40 KIT.....	48
TYRVAYA	69	VICTOZA.....	46
U		<i>vienva</i>	52
<i>unithroid</i>	56	<i>vigabatrin</i>	35
<i>ursodiol</i>	58	<i>vigadrone</i>	35
V		VIIBRYD KIT STARTER.....	37
<i>valacyclovir hcl</i>	14	<i>vilazodone hcl</i>	37
VALCHLOR	75	VIMPAT.....	35
<i>valganciclovir hcl</i>	14	<i>vincristine sulfate</i>	20
<i>valproate sodium</i>	35		
<i>valproic acid</i>	35		
<i>valsartan</i>	28		
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	27		

<i>vinorelbine tartrate</i>	20	XIIDRA	69
<i>viorele</i>	52	XOFLUZA	15
VIRACEPT	12	XOLAIR.....	71
VIREAD	12	XOSPATA	24
VITRAKVI.....	24	XPOVIO 100 MG ONCE WEEKLY	24
VIVITROL.....	44	XPOVIO 40 MG ONCE WEEKLY	24
VIZIMPRO	24	XPOVIO 40 MG TWICE WEEKLY	24
VONJO.....	24	XPOVIO 60 MG ONCE WEEKLY	24
<i>voriconazole</i>	11	XPOVIO 60 MG TWICE WEEKLY	24
VOSEVI TAB	14	XPOVIO 80 MG ONCE WEEKLY	24
VOTRIENT	24	XPOVIO 80 MG TWICE WEEKLY	24
VRAYLAR	40	XTANDI	19
VRAYLAR CAP 1.5-3MG	40	<i>xulane</i>	52
<i>vyfemla</i>	52	XULTOPHY INJ 100/3.6	48
<i>vylibra</i>	52	XYREM.....	44
VYZULTA.....	68	Y	
W		YF-VAX INJ.....	65
<i>warfarin sodium</i>	60	<i>yuvafem</i>	53
<i>water for irrigation, sterile irrigation</i>		Z	
<i>soln</i>	75	<i>zafemy</i>	52
WELIREG	19	<i>zafirlukast</i>	70
<i>wera</i>	52	<i>zaleplon</i>	42
<i>wymzya fe</i>	52	ZARXIO	60
X		ZEJULA	24
XALKORI.....	24	ZELBORAF.....	24
XARELTO	60	ZEMAIRA	71
XARELTO STAR TAB 15/20MG.....	60	<i>zenatane</i>	73
XATMEP	62	ZENPEP CAP 10000UNT	58
XCOPRI	35	ZENPEP CAP 15000UNT	58
XCOPRI PAK 100-150	35	ZENPEP CAP 20000UNT	58
XCOPRI PAK 12.5-25	35	ZENPEP CAP 25000UNT	58
XCOPRI PAK 150-200MG		ZENPEP CAP 3000UNIT	58
(MAINTENANCE)	35	ZENPEP CAP 40000UNT	58
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 5000UNIT	58
.....	35	ZERVIATE	68
XCOPRI PAK 50-100MG.....	35	<i>zidovudine</i>	13
XELJANZ.....	62	ZIEXTENZO	60
XELJANZ XR	62	<i>ziprasidone hcl</i>	40
XERMELO	58	<i>ziprasidone mesylate</i>	40
XGEVA.....	48	ZIRABEV.....	24
XHANCE.....	72	ZIRGAN	67
XIFAXAN.....	58	<i>zoledronic acid</i>	48
XIGDUO XR TAB 10-1000.....	46	ZOLINZA.....	24
XIGDUO XR TAB 10-500MG	46	<i>zolmitriptan</i>	42
XIGDUO XR TAB 2.5-1000.....	46	<i>zolpidem tartrate</i>	42
XIGDUO XR TAB 5-1000MG	46	ZONISADE	35
XIGDUO XR TAB 5-500MG.....	46	<i>zonisamide</i>	35

<i>zovia 1/35</i>	52
ZTALMY	35
<i>zumandimine</i>	52
ZYDELIG	24

ZYKADIA.....	24
ZYLET SUS 0.5-0.3%.....	67
ZYPREXA RELPREVV	40