

Oscar 2022 Formulary

List of Covered Drugs



oscar

What is the Oscar Formulary?

A formulary is a list of covered drugs selected by Oscar 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. Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar network pharmacy, and other plan rules are followed. This Formulary was updated as of 06/01/2022.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BYSTOLIC) and generic drugs are listed in lower-case italics (e.g., *carvedilol*). There are two ways to find your drug within the formulary:

1 Medical Condition

The formulary begins on page 1. 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, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

2 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 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Oscar 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:** Oscar requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Oscar before you fill your prescriptions. If you don't get approval, Oscar may not cover the drug.
- **Quantity Limits:** For certain drugs, Oscar limits the amount of the drug being filled. For example Oscar may limit a drug to only 48 pills in a 1-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.
- **Step Therapy:** In some cases, Oscar 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, Oscar may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Oscar 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 1.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Concierge and ask if your drug is covered.

If you learn that Oscar does not cover your drug, you can ask Concierge for similar drugs that are covered by Oscar. Discuss these alternatives with your doctor and ask him or her to prescribe one of the alternatives that are covered by Oscar.

How do I request an exception to the Oscar Formulary?

Your Doctor can ask Oscar to make an exception to our coverage rules.

Generally, Oscar 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.

Can the Formulary change?

Please note, the formulary is reviewed and updated on a monthly basis and may be subject to change. Most changes in drug coverage occur on January 1, but Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new utilization management restrictions. If you are impacted by a change to the formulary, Oscar will aim to notify you at least 60 days prior to the change becoming effective.

If we make such a change, you or your prescriber may request an exception for continued coverage. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

You can contact Concierge to find out if your drug is still covered, visit hioscar.com and log in to your plan specific account, or use the Oscar app drug search feature.

For more information

For more detailed information about your Oscar prescription drug coverage, please visit www.hioscar.com or call Concierge at 1-855-OSCAR-88. You can also find your plan specific information on our Oscar app available through iTunes or Google Play.

Formulary Terminology

The formulary that begins on page 1 provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, turn to the Index that begins on page 94. The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from Oscar to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy

Get \$0 Tier 1 Drugs through Oscar Care

We're making medications on our Tier 1 more affordable. That's right, any medications that are prescribed to you through providers through Oscar Care (which includes Virtual Urgent Care and Virtual Primary Care in some markets) and that are listed as Tier 1 drugs will be \$0*.

In the formulary pages below, any drugs that are listed as being on Tier 1, 1a or 1b will be \$0 if prescribed by an Oscar Virtual Care provider.

*\$0 prescriptions vary by market and may not be available in your service area. If you have an HSA-compatible high-deductible health plan, Bronze, or a Secure plan, you won't be eligible for \$0 follow-up services. Visits, prescriptions and services may be limited per provider discretion. \$0 prescriptions are available when prescribed by a provider through Oscar Virtual Urgent Care or Oscar Virtual Primary Care.

¹to be covered at the pharmacy a prescription from your doctor is required

FL 6T STND Effective 06/01/2022

Drug Name	Drug Tier	Requirements/Limits
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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS
(DNRIS)

SUNOSI TABS 75mg, 150mg	3	PA, QL (30 tabs / 30 days)
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ANALGESICS

COX-2 INHIBITORS

celecoxib caps 50mg, 100mg, 200mg	2	
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GOUT

allopurinol tabs 100mg, 300mg	1A	
allopurinol sodium solr 500mg	1B	
colchicine tabs .6mg	2	QL (120 tablets / 25 days)
colchicine w/ probenecid tab 0.5-500 mg	1B	
febuxostat tabs 40mg, 80mg	3	PA
probenecid tabs 500mg	1B	

NON-OPIOID ANALGESICS

butalbital-acetaminophen-caffeine cap 50-300-40 mg	1B	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1B	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1B	QL (48 tabs / 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1B	QL (48 caps / 25 days)
tencon	1B	QL (48 tabs / 25 days)

NSAIDS

diclofenac potassium tabs 50mg	1B	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1B	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1B	
flurbiprofen tabs 50mg, 100mg	1B	
goodsense ibuprofen child susp 100mg/5ml	1B	OTC
ibuprofen tabs 400mg, 600mg, 800mg	1A	
ketorolac tromethamine soln 15mg/ml, 30mg/ml	1B	
ketorolac tromethamine tabs 10mg	1B	QL (20 tabs / 25 days)
meclofenamate sodium caps 50mg, 100mg	2	
mefenamic acid caps 250mg	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tabs 7.5mg, 15mg</i>	1A	
<i>nabumetone tabs 500mg, 750mg</i>	1B	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1A	
<i>oxaprozin tabs 600mg</i>	1B	
<i>piroxicam caps 10mg, 20mg</i>	1B	
<i>sulindac tabs 150mg, 200mg</i>	1B	
<i>tolmetin sodium caps 400mg; tabs 200mg, 600mg</i>	1B	

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1B	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1B	

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1B	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1B	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1B	QL (3 units / day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1B	QL (2 units / day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 units / day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 units / day); \$0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (3 units / day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 units / day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 units / day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 units / day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 units / day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 unit / day)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1B	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1B	ST, QL (400 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1B	QL (48 caps / 25 days)
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1B	
<i>butorphanol tartrate soln 10mg/ml</i>	1B	QL (2 bottles / 25 days)
<i>codeine sulfate tabs 30mg</i>	1B	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60mg	2	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
EMBEDA CAP 20-0.8MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	2	ST, PA; High Strength Requires PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr</i>	1B	ST, QL (10 patches / 25 days)
<i>fentanyl pt72 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1B	ST, PA; High Strength Requires PA
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1B	PA, QL (120 lozenges / 25 days)
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	1B	QL (30 tabs / 25 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	1B	PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1B	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1B	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1B	ST, QL (50 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1B	
HYDROMORPHONE HCL SUPP 3mg	3	ST, QL (120 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 2mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 4mg</i>	1B	ST, QL (150 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 8mg</i>	1B	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1B	ST, QL (30 tabs / 25 days)
<i>hydromorphone hcl tb24 32mg</i>	1B	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10mg/ml</i>	1B	QL (30 ml / 25 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1B	ST, QL (450 ml / 25 days)
<i>methadone hcl soln 10mg/5ml</i>	1B	ST, QL (300 mL / 25 days)
<i>methadone hcl soln 10mg/ml</i>	1B	ST, QL (20 ml / 25 days)
<i>methadone hcl tabs 5mg</i>	1B	ST, QL (90 tabs / 25 days)
<i>methadone hcl tabs 10mg</i>	1B	ST, QL (60 tabs / 25 days)
<i>methadone hcl tbso 40mg</i>	1B	QL (9 tabs / 25 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	1B	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	1B	QL (9 tabs / 25 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	1B	ST, QL (60 caps / 25 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	1B	ST, QL (30 caps / 25 days)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	1B	ST, PA; High Strength Requires PA
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	3	
<i>morphine sulfate soln 10mg/5ml</i>	1B	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 20mg/5ml</i>	1B	ST, QL (675 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 100mg/5ml</i>	1B	ST, QL (135 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	1B	
<i>morphine sulfate tabs 15mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tabs 30mg</i>	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbcr 15mg, 30mg</i>	1B	ST, QL (90 tabs / 25 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	1B	ST, QL (30 caps / 25 days)
<i>morphine sulfate beads cp24 120mg</i>	1B	ST, PA; High Strength Requires PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1B	
<i>oxycodone hcl caps 5mg</i>	1B	ST, QL (180 caps / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100mg/5ml</i>	1B	ST, QL (90 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5mg/5ml</i>	1B	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 15mg, 20mg, 30mg</i>	1B	ST, QL (60 tabs / 25 days)
<i>oxycodone hcl t12a 40mg, 60mg, 80mg</i>	1B	ST, PA; High Strength Requires PA

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 5mg, 10mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 15mg</i>	1B	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 20mg</i>	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 30mg</i>	1B	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1B	ST, QL (1800 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1B	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1B	ST, QL (28 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 5mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	2	ST, QL (60 tabs / 25 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tabs 50mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tabs 100mg</i>	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	1B	ST, QL (30 tabs / 25 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1B	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1B	ST, QL (40 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	2	ST, QL (60 films / 25 days)

Drug Name	Drug Tier	Requirements/Limits
BELBUCA FILM 600mcg, 750mcg, 900mcg	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl soln .3mg/ml</i>	1B	
<i>buprenorphine hcl subl 2mg, 8mg</i>	0	QL (90 tabs / 30 days); \$0 copay
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	

SALICYLATES

<i>aspirin enteric coated ad tbec 81mg</i>	1B	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	1B	
<i>goodsense aspirin chew 81mg</i>	1B	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>indomethacin caps 25mg, 50mg</i>	1B	
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ANALGESICS - OPIOID

OPIOID AGONISTS

<i>levorphanol tartrate tabs 2mg, 3mg</i>	3	PA; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages"
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ANESTHETICS

LOCAL ANESTHETICS

LIDO/DEXTROS INJ 5-7.5%	3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	1B	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1B	
<i>chloramphenicol sodium succinate solr 1gm</i>	1B	
<i>fosfomicin tromethamine pack 3gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1B	
<i>gentamicin in saline inj 1 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.6 mg/ml</i>	1B	
<i>gentamicin in saline inj 2 mg/ml</i>	1B	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	1B	
<i>neomycin sulfate tabs 500mg</i>	1B	
<i>paromomycin sulfate caps 250mg</i>	2	
<i>streptomycin sulfate solr 1gm</i>	1B	
SULFADIAZINE TABS 500mg	3	
<i>tinidazole tabs 250mg, 500mg</i>	1B	
<i>tobramycin nebu 300mg/4ml</i>	4	PA, QL (224 ml / 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	PA, QL (280 mL / 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; solr 1.2gm</i>	1B	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUSR 100mg/5ml	3	QL (540mL / 25 days)
<i>atovaquone susp 750mg/5ml</i>	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam solr 1gm, 2gm</i>	1B	
CAYSTON SOLR 75mg	4	PA, QL (84 vials / 28 days)
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1B	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1B	
<i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1B	
<i>dapsone tabs 25mg, 100mg</i>	1B	
<i>daptomycin solr 500mg</i>	3	
<i>doripenem solr 250mg, 500mg</i>	1B	
EMVERM CHEW 100mg	3	PA, QL (12 tabs / 365 days)
<i>ertapenem sodium solr 1gm</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1B	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1B	
INVANZ SOLR 1gm	3	
<i>ivermectin tabs 3mg</i>	1B	QL (12 tabs / 91 days)
<i>linezolid soln 600mg/300ml; susr 100mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid tabs 600mg</i>	3	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1B	
<i>meropenem solr 1gm, 500mg</i>	3	
<i>methenamine hippurate tabs 1gm</i>	1B	
<i>metronidazole soln 500mg/100ml; tabs 250mg, 500mg</i>	1B	
<i>nitazoxanide tabs 500mg</i>	3	QL (20 tabs / 25 days)
<i>nitrofurantoin susp 25mg/5ml</i>	3	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystal caps 25mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystal caps 50mg, 100mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohyd macro caps 100mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate solr 300mg</i>	1B	
<i>polymyxin b sulfate solr 500000unit</i>	1B	
<i>praziquantel tabs 600mg</i>	3	QL (24 tabs / 365 days)
PRIMSOL SOLN 50mg/5ml	2	
<i>pyrimethamine tabs 25mg</i>	2	PA
SIVEXTRO SOLR 200mg; TABS 200mg	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1A	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1A	
<i>trimethoprim tabs 100mg</i>	1B	
<i>vancomycin hcl caps 125mg, 250mg</i>	3	QL (80 caps / 10 days)
<i>vancomycin hcl solr 1gm, 5gm, 10gm, 500mg, 750mg</i>	3	
XIFAXAN TABS 200mg	3	QL (9 tabs / 25 days)
XIFAXAN TABS 550mg	3	PA
ANTIFUNGALS		
<i>amphotericin b solr 50mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>bio-statin</i>	1B	
BIO-STATIN CAPS 500000unit, 1000000unit	2	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	1B	
<i>fluconazole tabs 50mg, 100mg, 150mg, 200mg</i>	1A	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1B	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1B	
FLUCONAZOLE/ INJ NACL 100	3	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1B	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1B	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	3	PA
<i>nystatin tabs 500000unit</i>	1B	
<i>terbinafine hcl tabs 250mg</i>	1B	QL (180 tabs / 365 days)
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1B	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1B	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1B	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tabs 250mg</i>	1B	
<i>primaquine phosphate tabs 26.3mg</i>	1B	
<i>quinine sulfate caps 324mg</i>	1B	

ANTIRETROVIRAL AGENTS^

<i>abacavir sulfate soln 20mg/ml</i>	1B	QL (960 mL / 30 days)
<i>abacavir sulfate tabs 300mg</i>	1B	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg	2	QL (120 caps / 30 days)
APTIVUS SOLN 100mg/ml	2	QL (285 mL / 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1B	QL (30 caps / 30 days)
<i>atazanavir sulfate caps 200mg</i>	1B	QL (60 caps / 30 days)
CRIXIVAN CAPS 200mg	2	QL (450 caps / 30 days)
CRIXIVAN CAPS 400mg	2	QL (180 caps / 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1B	QL (30 caps / 30 days)
EDURANT TABS 25mg	2	QL (60 tabs / 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1B	QL (90 caps / 30 days)
<i>efavirenz tabs 600mg</i>	1B	QL (30 tabs / 30 days)
<i>emtricitabine caps 200mg</i>	1B	QL (30 caps / 30 days)
EMTRIVA CAPS 200mg	3	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	2	QL (680 ml / 28 days)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR SOLN 10mg/ml	3	QL (960 ml / 30 days)
EPIVIR TABS 150mg	3	QL (60 tabs / 30 days)
EPIVIR TABS 300mg	3	QL (30 tabs / 30 days)
<i>etravirine tabs 100mg</i>	1B	QL (120 tabs / 30 days)
<i>etravirine tabs 200mg</i>	1B	QL (60 tabs / 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1B	QL (120 tabs / 30 days)
FUZEON SOLR 90mg	4	QL (60 vials / 30 days)
INTELENCE TABS 25mg, 100mg	2	QL (120 tabs / 30 days)
INTELENCE TABS 200mg	2	QL (60 tabs / 30 days)
INVIRASE CAPS 200mg	2	QL (300 caps / 30 days)
INVIRASE TABS 500mg	2	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg, 100mg	2	QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	2	QL (60 packets / 30 days)
ISENTRESS TABS 400mg	2	QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	2	QL (60 tabs / 30 days)
<i>lamivudine soln 10mg/ml</i>	1B	QL (960 ml / 30 days)
<i>lamivudine tabs 150mg</i>	1B	QL (60 tabs / 30 days)
<i>lamivudine tabs 300mg</i>	1B	QL (30 tabs / 30 days)
LEXIVA SUSP 50mg/ml	2	QL (1575 mL / 28 days)
LEXIVA TABS 700mg	3	QL (120 tabs / 30 days)
<i>maraviroc tabs 150mg</i>	1B	QL (60 tabs / 30 days)
<i>maraviroc tabs 300mg</i>	1B	QL (120 tabs / 30 days)
<i>nevirapine susp 50mg/5ml</i>	1B	QL (1200 mL / 30 days)
<i>nevirapine tabs 200mg</i>	1B	QL (60 tabs / 30 days)
<i>nevirapine tb24 100mg</i>	1B	QL (90 tabs / 30 days)
<i>nevirapine tb24 400mg</i>	1B	QL (30 tabs / 30 days)
NORVIR PACK 100mg	2	QL (360 packets / 30 days)
NORVIR SOLN 80mg/ml	2	QL (480 mL / 30 days)
NORVIR TABS 100mg	3	QL (360 tabs / 30 days)
PREZISTA SUSP 100mg/ml	2	QL (400 ml / 30 days)
PREZISTA TABS 75mg	2	QL (300 tabs / 30 days)
PREZISTA TABS 150mg	2	QL (180 tabs / 30 days)
PREZISTA TABS 600mg	2	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	2	QL (30 tabs / 30 days)
RESCRIPTOR TABS 100mg	3	QL (900 tabs / 30 days)
RESCRIPTOR TABS 200mg	2	QL (180 tabs / 30 days)
RETROVIR CAPS 100mg	3	QL (180 caps / 30 days)
RETROVIR SYRP 50mg/5ml	3	QL (1920 ml / 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml	2	
REYATAZ CAPS 150mg, 300mg	3	QL (30 caps / 30 days)
REYATAZ CAPS 200mg	3	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg	2	QL (180 packets / 30 days)
<i>ritonavir tabs 100mg</i>	1B	QL (360 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	2	QL (1840 mL / 30 days)
SELZENTRY TABS 25mg	2	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg	2	QL (60 tabs / 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1B	QL (60 caps / 30 days)
SUSTIVA CAPS 50mg, 200mg	3	QL (90 caps / 30 days)
SUSTIVA TABS 600mg	3	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1B	QL (30 tabs / 30 days)
TIVICAY TABS 10mg, 25mg, 50mg	2	QL (60 tabs / 30 days)
TROGARZO SOLN 200mg/1.33ml	4	
TYBOST TABS 150mg	2	QL (30 tabs / 30 days)
VIRACEPT TABS 250mg	2	QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	2	QL (120 tabs / 30 days)
VIRAMUNE SUSP 50mg/5ml	3	QL (1200 mL / 30 days)
VIRAMUNE TABS 200mg	3	QL (60 tabs / 30 days)
VIRAMUNE XR TB24 400mg	3	QL (30 tabs / 30 days)
VIREAD POWD 40mg/gm	2	QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days)
VIREAD TABS 300mg	3	QL (30 tabs / 30 days)
ZERIT SOLR 1mg/ml	2	QL (2400 ml / 30 days)
ZIAGEN SOLN 20mg/ml	3	QL (960 mL / 30 days)
ZIAGEN TABS 300mg	3	QL (60 tabs / 30 days)
<i>zidovudine caps 100mg</i>	1B	QL (180 caps / 30 days)
<i>zidovudine syr 50mg/5ml</i>	1B	QL (1920 ml / 30 days)
<i>zidovudine tabs 300mg</i>	1B	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1B	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1B	QL (60 tabs / 30 days)
ATRIPLA TAB	2	QL (30 tabs / 30 days)
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
COMBIVIR TAB 150-300	3	QL (60 tabs / 30 days)
COMPLERA TAB	2	QL (30 tabs / 30 days)
DELSTRIGO TAB	2	QL (30 tabs / 30 days)
DESCOVY TAB 120-15MG	3	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	2	QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre- exposure prophylaxis

Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1B	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1B	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1B	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1B	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1B	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1B	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs / 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EPZICOM TAB 600-300	3	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
JULUCA TAB 50-25MG	2	QL (30 tabs / 30 days)
KALETRA SOL	3	QL (480 ml / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1B	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1B	QL (480 ml / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1B	QL (240 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1B	QL (120 tabs / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PIFELTRO TABS 100mg	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
RUKOBIA TB12 600mg	2	QL (60 tabs / 30 days)
STRIBILD TAB	2	QL (30 tabs / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI TAB	2	QL (30 tabs / 30 days)
SYMTUZA TAB	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs / 30 days)
TIVICAY PD TBSO 5mg	2	QL (180 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRIZIVIR TAB	3	QL (60 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	1B	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1B	
<i>isoniazid soln 100mg/ml; syrps 50mg/5ml; tabs 100mg, 300mg</i>	1B	
PASER PACK 4gm	3	
PRIFTIN TABS 150mg	2	
<i>pyrazinamide tabs 500mg</i>	1B	
<i>rifabutin caps 150mg</i>	2	
RIFAMATE CAP	2	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1B	
RIFATER TAB	2	
SIRTURO TABS 100mg	4	PA
TRECTOR TABS 250mg	2	
ANTIVIRALS		
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1A	
<i>acyclovir susp 200mg/5ml</i>	1B	
<i>acyclovir sodium soln 50mg/ml; solr 500mg</i>	1B	
<i>adefovir dipivoxil tabs 10mg</i>	4	PA
BARACLUDE SOLN .05mg/ml	3	PA, QL (630 mL / 30 days)
<i>cidofovir soln 75mg/ml</i>	1B	
<i>entecavir tabs .5mg, 1mg</i>	3	PA, QL (30 tabs / 30 days)
EPIVIR HBV SOLN 5mg/ml	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1B	
<i>lamivudine (hcv) tabs 100mg</i>	1B	
<i>oseltamivir phosphate caps 30mg</i>	2	QL (40 caps / 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (20 caps / 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (360 mL / 90 days)
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers / 90 days)
<i>ribavirin solr 6gm</i>	1B	
<i>rimantadine hydrochloride tabs 100mg</i>	1B	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1B	
<i>valganciclovir hcl solr 50mg/ml</i>	4	QL (1000 mL / 30 days)
<i>valganciclovir hcl tabs 450mg</i>	4	QL (120 tabs / 30 days)
VEMLIDY TABS 25mg	4	PA, QL (30 tabs / 30 days)
CEPHALOSPORINS		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1B	
cefazolin sodium solr 1gm, 10gm, 20gm, 500mg	1B	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1B	
cefditoren pivoxil tabs 200mg, 400mg	1B	
cefepime hcl solr 1gm, 2gm	3	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	2	
cefotaxime sodium solr 1gm, 2gm, 10gm, 500mg	1B	
cefotetan disodium solr 1gm, 2gm, 10gm	1B	
cefoxitin sodium solr 1gm, 2gm, 10gm	1B	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1B	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1B	
ceftazidime solr 2gm	1B	
ceftibuten caps 400mg; susr 180mg/5ml	1B	
CEFTIN SUSR 125mg/5ml, 250mg/5ml	2	
ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg	3	
cefuroxime axetil tabs 250mg, 500mg	1B	
cefuroxime sodium solr 1.5gm, 7.5gm, 750mg	1B	
cephalexin caps 250mg, 500mg	1A	
cephalexin caps 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1B	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	2	
tazicef solr 1gm, 2gm, 6gm	1B	
ERYTHROMYCINS/MACROLIDES		
azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml	1B	
azithromycin tabs 250mg, 500mg	1A	
azithromycin tabs 600mg	2	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1B	
DIFICID TABS 200mg	2	PA
e.e.s. 400 tabs 400mg	3	
ery-tab tbec 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythrocin stearate tabs 250mg</i>	1B	
<i>erythromycin base cpep 250mg; tabs 500mg</i>	2	
<i>erythromycin base tabs 250mg</i>	3	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	3	
PCE TBEC 333mg, 500mg	3	
ZMAX SUSR 2gm	3	

FLUOROQUINOLONES

CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin soln 200mg/20ml, 400mg/40ml</i>	1B	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1B	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1B	
<i>ciprofloxacin hcl tabs 100mg</i>	1B	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1A	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1B	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1B	
FACTIVE TABS 320mg	3	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1B	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1B	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1B	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1B	
<i>moxifloxacin hcl tabs 400mg</i>	1B	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1B	
<i>ofloxacin tabs 300mg, 400mg</i>	1B	

HEPATITIS C

EPCLUSA PAK 150-37.5	4	PA, QL (28 pellets / 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (28 pellets / 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs / 28 days)
HARVONI PAK	4	PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG	4	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 90-400MG	4	PA, QL (28 tabs / 28 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	PA
PEGASYS PROCLICK SOAJ 135mcg/0.5ml	4	PA
REBETOL SOLN 40mg/ml	4	PA
<i>ribavirin (hepatitis c) caps 200mg</i>	1B	PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	3	PA
SOVALDI PACK 150mg, 200mg	5	PA, QL (28 pellets / 28 days)
SOVALDI TABS 200mg, 400mg	5	PA, QL (28 tabs / 28 days)
VOSEVI TAB	4	PA, QL (28 tabs / 28 days)
ZEPATIER TAB 50-100MG	5	PA, QL (28 tabs / 28 days)

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1A	
<i>amoxicillin chew 125mg, 250mg</i>	1B	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1B	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1B	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1B	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1A	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1B	
<i>ampicillin caps 500mg</i>	1B	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	3	
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1B	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	3	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1B	
<i>penicillin g sodium solr 5000000unit</i>	1B	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
<i>pfizerpen solr 20000000unit</i>	1B	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	3	

TETRACYCLINES

<i>avidoxy tabs 100mg</i>	1B	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1B	
<i>doxy 100 solr 100mg</i>	1B	
<i>doxycycline (monohydrate) caps 50mg, 100mg</i>	1A	
<i>doxycycline (monohydrate) caps 75mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1B	
<i>doxycycline hyclate caps 50mg, 100mg</i>	1A	
<i>doxycycline hyclate solr 100mg; tabs 20mg, 100mg; tbec 75mg, 100mg, 150mg</i>	1B	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	1A	
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	1B	
<i>morgidox 1x100mg caps 100mg</i>	1A	
<i>tetracycline hcl caps 250mg, 500mg</i>	3	
VIBRAMYCIN SYRP 50mg/5ml	3	

ANTI-ANXIETY AGENTS

BENZODIAZEPINES

<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1B	
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ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

STERIOD INHALANTS

ALVESCO AERS 80mcg/act	3	PA, QL (1 inhaler / 25 days)
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Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS 160mcg/act	3	PA, QL (2 inhalers / 25 days)
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	2	QL (1 package / 25 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (1 package / 25 days)

SYMPATHOMIMETICS

ARCAPTA NEOHALER CAPS 75mcg	3	PA, QL (1 inhaler / 25 days)
UTIBRON CAP NEOHALER	3	PA, QL (1 inhaler / 25 days)

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan soln 6mg/ml</i>	1B	
<i>carmustine solr 100mg</i>	1B	
<i>cyclophosphamide caps 25mg, 50mg</i>	1B	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	4	
<i>dacarbazine solr 100mg, 200mg</i>	1B	
EMCYT CAPS 140mg	4	
GLEOSTINE CAPS 5mg, 10mg, 40mg, 100mg	4	
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50mg	2	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	1B	
LEUKERAN TABS 2mg	2	
<i>melphalan tabs 2mg</i>	1B	
<i>melphalan hcl solr 50mg</i>	1B	
TEMODAR SOLR 100mg	4	PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	PA

ANTHRACYCLINES

<i>daunorubicin hcl soln 20mg/4ml</i>	1B	
<i>doxorubicin hcl soln 2mg/ml; solr 10mg, 50mg</i>	1B	
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	1B	
<i>epirubicin hcl soln 50mg/25ml, 200mg/100ml</i>	1B	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	1B	

ANTIBIOTICS

<i>bleomycin sulfate solr 15unit, 30unit</i>	1B	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>adrucil soln 500mg/10ml</i>	1B	
ALIMTA SOLR 100mg, 500mg	4	
ARRANON SOLN 5mg/ml	2	
<i>azacitidine susr 100mg</i>	4	PA
<i>capecitabine tabs 150mg</i>	4	PA, QL (120 tabs / 30 days)
<i>capecitabine tabs 500mg</i>	4	PA, QL (300 tabs / 30 days)
<i>cladribine soln 10mg/10ml</i>	1B	
<i>clofarabine soln 1mg/ml</i>	1B	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1B	
<i>decitabine solr 50mg</i>	4	PA
<i>floxuridine solr .5gm</i>	1B	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	1B	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1B	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	4	
<i>mercaptopurine tabs 50mg</i>	1B	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1B	
NIPENT SOLR 10mg	2	
TABLOID TABS 40mg	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml	2	
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	1B	
DOCETAXEL (NON-ALCOHOL FO SOLN 20mg/ml, 80mg/4ml, 160mg/8ml	2	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1B	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1B	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate soln 1mg/ml</i>	1B	
<i>vincasar pfs soln 1mg/ml</i>	1B	
<i>vincristine sulfate soln 1mg/ml</i>	1B	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
BIOLGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	PA
ERIVEDGE CAPS 150mg	4	PA, QL (30 caps / 30 days)
FARYDAK CAPS 10mg, 15mg, 20mg	4	PA, QL (6 caps / 21 days)
GAZYVA SOLN 1000mg/40ml	4	PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	PA, QL (21 caps / 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	4	PA, QL (21 tabs / 28 days)
KADCYLA SOLR 100mg, 160mg	4	PA
KEYTRUDA SOLN 100mg/4ml	4	PA
KISQALI TBPK 200mg	4	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TBPK 200mg	4	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TBPK 200mg	4	PA, QL (63 tabs / 28 days)
LYNPARZA CAPS 50mg	4	PA, QL (480 caps / 30 days)
LYNPARZA TABS 100mg, 150mg	4	PA, QL (120 tabs / 30 days)
RYDAPT CAPS 25mg	5	PA, QL (224 caps / 28 days)
ZEJULA CAPS 100mg	4	PA, QL (90 caps / 30 days)
ZOLINZA CAPS 100mg	4	PA, QL (120 caps / 30 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250mg</i>	4	PA, QL (120 tabs / 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	PA, QL (60 tabs / 30 days)
<i>anastrozole tabs 1mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1B	
DEPO-PROVERA SUSP 400mg/ml	3	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	4	PA, QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane tabs 25mg</i>	1B	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1B	
<i>fulvestrant soln 250mg/5ml</i>	4	
<i>letrozole tabs 2.5mg</i>	1B	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	PA
LYSODREN TABS 500mg	2	
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	1B	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1B	
<i>nilutamide tabs 150mg</i>	1B	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
XTANDI CAPS 40mg	4	PA, QL (120 caps / 30 days)
XTANDI TABS 40mg	4	PA, QL (120 tabs / 30 days)
XTANDI TABS 80mg	4	PA, QL (60 tabs / 30 days)
KINASE INHIBITORS		
ALECENSA CAPS 150mg	4	PA, QL (240 caps / 30 days)
BOSULIF TABS 100mg	4	PA, QL (90 tabs / 30 days)
BOSULIF TABS 400mg, 500mg	4	PA, QL (30 tabs / 30 days)
CALQUENCE CAPS 100mg	5	PA, QL (60 caps / 30 days)
CAPRELSA TABS 100mg	4	PA, QL (60 tabs / 30 days)
CAPRELSA TABS 300mg	4	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 20mg	4	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs / 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	PA, QL (30 tabs / 30 days)
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	PA, QL (30 tabs / 30 days)
IDHIFA TABS 50mg, 100mg	4	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate tabs 100mg</i>	4	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	PA, QL (60 tabs / 30 days)
IMBRUVICA CAPS 70mg	4	PA, QL (30 caps / 30 days)
IMBRUVICA CAPS 140mg	4	PA, QL (90 caps / 30 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	4	PA, QL (30 tabs / 30 days)
INLYTA TABS 1mg	4	PA, QL (240 tabs / 30 days)
INLYTA TABS 5mg	4	PA, QL (120 tabs / 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	PA, QL (60 tabs / 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs / 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	PA, QL (30 caps / 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	PA, QL (60 caps / 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	PA, QL (30 caps / 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	PA, QL (90 caps / 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	PA, QL (60 caps / 30 days)
LENVIMA CAP 14 MG	4	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	4	PA, QL (90 caps / 30 days)
LENVIMA CAP 24 MG	4	PA, QL (90 caps / 30 days)
LORBRENA TABS 25mg	5	PA, QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	5	PA, QL (30 tabs / 30 days)
MEKINIST TABS 2mg	4	PA, QL (30 tabs / 30 days)
MEKINIST TABS .5mg	4	PA, QL (90 tabs / 30 days)
NEXAVAR TABS 200mg	4	PA, QL (120 tabs / 30 days)
SPRYCEL TABS 20mg	4	PA, QL (90 tabs / 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	PA, QL (30 tabs / 30 days)
STIVARGA TABS 40mg	4	PA, QL (84 tabs / 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL (30 caps / 30 days)
TAFINLAR CAPS 50mg, 75mg	4	PA, QL (120 caps / 30 days)
VITRAKVI CAPS 25mg	5	PA, QL (180 caps / 30 days)
VITRAKVI CAPS 100mg	5	PA, QL (60 caps / 30 days)
VITRAKVI SOLN 20mg/ml	5	PA, QL (300 mL / 30 days)
VOTRIENT TABS 200mg	4	PA, QL (120 tabs / 30 days)
XALKORI CAPS 200mg, 250mg	4	PA, QL (120 caps / 30 days)
ZELBORAF TABS 240mg	4	PA, QL (240 tabs / 30 days)
ZYDELIG TABS 100mg, 150mg	4	PA, QL (60 tabs / 30 days)
ZYKADIA CAPS 150mg	4	PA, QL (90 caps / 30 days)
ZYKADIA TABS 150mg	4	PA, QL (90 tabs / 30 days)
MISCELLANEOUS		
<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1B	
<i>bexarotene caps 75mg</i>	4	PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
<i>hydroxyurea caps 500mg</i>	1B	
MATULANE CAPS 50mg	2	
<i>mitoxantrone hcl conc 2mg/ml</i>	4	PA
ODOMZO CAPS 200mg	4	PA, QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ONCASPAR SOLN 750unit/ml	4	PA
PHOTOFRIN SOLR 75mg	2	
QUADRAMET SOLN 1850mbq/ml	2	
TICE BCG SUSR 50mg	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	1B	
UVADEX SOLN 20mcg/ml	2	
VISTOGARD PACK 10gm	2	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1B	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1B	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	4	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl solr 250mg, 500mg</i>	1B	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1B	
<i>mesna soln 100mg/ml</i>	1B	
MESNEX TABS 400mg	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide caps 50mg; soln 100mg/5ml</i>	1B	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	4	
<i>irinotecan hcl soln 300mg/15ml</i>	1B	
TENIPOSIDE SOLN 10mg/ml	2	
<i>toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1B	
<i>topotecan hcl solr 4mg</i>	1B	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>paraplatin soln 1000mg/100ml</i>	1B	
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	4	PA, QL (49 tabs / 28 days)
KISQALI 400 PAK FEMARA	4	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	4	PA, QL (91 tabs / 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	4	PA, QL (120 tabs / 30 days)
VENCLEXTA TABS 100mg	4	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	4	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	2	QL (1 injection / 25 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	2	QL (1 injection / 84 days)
PERSERIS PRSY 90mg, 120mg	2	QL (1 injection / 25 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	2	QL (2 injections / 25 days)
DIBENZAPINES		
ZYPREXA RELPREVV SUSR 210mg, 300mg	2	QL (2 injections / 25 days)
ZYPREXA RELPREVV SUSR 405mg	2	QL (1 injection / 25 days)
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	2	QL (1 injection / 25 days)
ANTIVIRALS		
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 300-100	0	QL (40 capsules / 30 days)
HEPATITIS AGENTS		
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs / 28 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200mg	0	QL (30 tablets / 30 days)
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1A	
amlodipine besylate-benazepril hcl cap 5-10 mg	1A	
amlodipine besylate-benazepril hcl cap 5-20 mg	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1A	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1B	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1B	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1B	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1B	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1A	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1A	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1B	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1A	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1A	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1A	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1B	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1B	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1B	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1A	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1A	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1B	
TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG	1B	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1B	
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1B	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1A	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1A	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1B	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1B	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1B	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1A	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	1B	
ALPHA BLOCKERS		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1B	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1B	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1B	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1B	
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1B	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1B	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1B	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1A	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1A	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1A	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1A	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1A	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1B	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 40-10 mg</i>	1B	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1B	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1B	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1B	
<i>eprosartan mesylate tabs 600mg</i>	1B	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1A	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1A	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1B	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1B	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1B	

ANTIARRHYTHMICS

<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg</i>	1B	
<i>disopyramide phosphate caps 100mg, 150mg</i>	1B	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1B	PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1B	
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1B	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1B	
MULTAQ TABS 400mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
NEXTERONE INJ	3	
NORPACE CR CP12 100mg, 150mg	2	
<i>pacerone tabs 100mg, 200mg</i>	1B	
<i>procainamide hcl soln 100mg/ml</i>	1B	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1B	
<i>quinidine sulfate tabs 200mg, 300mg</i>	1B	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1B	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1B	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	1B	
SOTALOL HYDROCHLORIDE SOLN 150mg/10ml	3	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1B	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1B	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1B	
<i>prevalite powd 4gm/dose</i>	1B	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1B	PA
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1B	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg</i>	1B	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	1A	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	1B	
<i>gemfibrozil tabs 600mg</i>	1A	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1A	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1A	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1B	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1B	PA; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1B	PA
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1A	\$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	1A	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1B	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps 1gm</i>	1B	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1B	PA
VASCEPA CAPS .5gm	2	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	4	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1B	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1B	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1B	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1B	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1B	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1B	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1B	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1B	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1B	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1B	
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg, 400mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1A	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1B	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1B	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1B	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1B	
<i>labetalol hcl soln 5mg/ml</i>	1B	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1A	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>metoprolol tartrate soct 5mg/5ml; soln 5mg/5ml</i>	1B	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1A	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1B	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	
<i>pindolol tabs 5mg, 10mg</i>	1B	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 60mg, 80mg</i>	1B	
<i>propranolol hcl tabs 10mg, 20mg, 40mg</i>	1A	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1B	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1B	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr tb24 30mg, 60mg</i>	1B	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1A	
CARDENE IV SOL 20/200ML	3	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1B	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	1B	
DILTIAZEM HCL SOLR 100mg	3	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	1A	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1B	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1B	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1B	
<i>isradipine caps 2.5mg, 5mg</i>	1B	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1B	
<i>nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml</i>	1B	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	1B	
<i>nimodipine caps 30mg</i>	3	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1B	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1B	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tbc 120mg, 180mg, 240mg</i>	1B	
<i>verapamil hcl tabs 40mg, 80mg, 120mg</i>	1A	
DIGITALIS GLYCOSIDES		
<i>digox tabs 125mcg, 250mcg</i>	1B	
<i>digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	1B	
LANOXIN TABS 187.5mcg	2	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1B	
<i>acetazolamide sodium solr 500mg</i>	1B	
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1B	
<i>amiloride hcl tabs 5mg</i>	1B	
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1B	
<i>chlorothiazide tabs 250mg</i>	1B	
<i>chlorothiazide tabs 500mg</i>	1A	
<i>chlorothiazide sodium solr 500mg</i>	1B	
<i>chlorthalidone tabs 25mg, 50mg</i>	1A	
DIURIL SUSP 250mg/5ml	3	
<i>ethacrynate sodium solr 50mg</i>	1B	
<i>ethacrynic acid tabs 25mg</i>	2	
<i>furosemide soln 8mg/ml, 10mg/ml; tabs 80mg</i>	1B	
<i>furosemide tabs 20mg, 40mg</i>	1A	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1A	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1B	
<i>mannitol soln 20%, 25%</i>	1B	
<i>methazolamide tabs 25mg, 50mg</i>	1B	
<i>methyclothiazide tabs 5mg</i>	1B	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1B	
<i>osmitrol viaflex soln 5%, 10%, 15%</i>	1B	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1A	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1B	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1B	
<i>triamterene caps 50mg, 100mg</i>	1B	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1B	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1B	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1B	
MISCELLANEOUS		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1B	
<i>clonidine hcl tabs .1mg, .2mg</i>	1A	
<i>clonidine hcl tabs .3mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1B	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1B	
<i>methyldopa tabs 250mg, 500mg</i>	1B	
<i>methyldopate hcl soln 250mg/5ml</i>	1B	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1B	
<i>minoxidil tabs 2.5mg, 10mg</i>	1B	
<i>phenoxybenzamine hcl caps 10mg</i>	3	PA
<i>ranolazine tb12 500mg, 1000mg</i>	1B	ST; PA**
NITRATES		
DILATRATE SR CPR 40mg	3	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg; tbc 40mg</i>	1B	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 120mg</i>	1B	
<i>isosorbide mononitrate tb24 30mg, 60mg</i>	1A	
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1B	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	2	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .6mg</i>	1B	
NITROGLYCERIN SOLN 5mg/ml	3	
<i>nitroglycerin subl .4mg</i>	1A	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1B	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1B	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1B	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	PA, QL (90 tabs / 30 days)
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA, QL (30 tabs / 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	4	PA, QL (60 tabs / 30 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA
OPSUMIT TABS 10mg	4	PA, QL (30 tabs / 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (90 tabs / 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (60 tabs / 30 days)
TYVASO SOLN .6mg/ml	4	PA, QL (28 ampules / 28 days)
TYVASO REFILL SOLN .6mg/ml	4	PA, QL (28 ampules / 28 days)
TYVASO STARTER SOLN .6mg/ml	4	PA, QL (28 ampules / 28 days)
UPTRAVI SOLR 1800mcg	4	PA
UPTRAVI TABS 200mcg	4	PA, QL (140 tabs / 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 200/800	4	PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	PA, QL (270 ampules / 30 days)

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1B	QL (150 tabs / 25 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	2	QL (300 mL / 25 days)
<i>lorazepam conc 2mg/ml</i>	1B	QL (150 mL / 25 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	1B	QL (150 tabs / 25 days)
<i>meprobamate tabs 200mg, 400mg</i>	1B	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1B	QL (120 caps / 25 days)

ANTICONVULSANTS

APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	PA
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	PA
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1B	
CELONTIN CAPS 300mg	3	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	2	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	QL (180 tabs / 25 days)
<i>diazepam soln 5mg/5ml</i>	1B	QL (1200 mL / 25 days)
<i>diazepam soln 5mg/ml</i>	1B	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1B	QL (120 tabs / 25 days)
<i>diazepam intensol conc 5mg/ml</i>	1B	QL (240 mL / 25 days)
DILANTIN CAPS 30mg	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg</i>	1B	
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	1A	
EPIDIOLEX SOLN 100mg/ml	4	PA, QL (800 mL / 30 days)
<i>epitol tabs 200mg</i>	1B	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1B	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	2	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1B	
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1A	
<i>lacosamide tabs 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg</i>	1B	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	1A	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	1B	PA
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1B	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1B	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1B	
PEGANONE TABS 250mg	3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1B	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1B	
<i>phenytoin sodium soln 50mg/ml</i>	1B	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1B	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1B	PA
<i>primidone tabs 50mg, 250mg</i>	1B	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1B	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	1B	
<i>valproic acid caps 250mg</i>	1B	
<i>vigabatrin pack 500mg</i>	4	PA, QL (180 packets / 30 days)
<i>vigabatrin tabs 500mg</i>	4	PA, QL (180 tabs / 30 days)
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	3	PA
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1A	
ANTIDEMENTIA		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1B	
<i>ergoloid mesylates tabs 1mg</i>	1B	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1B	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1B	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1B	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1B	PA

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1B	PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 10mg</i>	1A	QL (150 tabs / 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1A	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	1A	QL (30 tabs / 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1B	PA; Members 70 and older subject to PA
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1B	QL (90 tabs / 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1B	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg</i>	1A	
<i>bupropion hcl tb24 150mg, 300mg</i>	1B	
<i>citalopram hydrobromide soln 10mg/5ml</i>	1B	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1A	
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1B	QL (90 tabs / 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	1B	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	1B	QL (30 tabs / 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1B	PA, QL (30 tabs / 25 days); (generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1B	QL (90 caps / 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1B	QL (60 caps / 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	1B	QL (30 caps / 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl conc 10mg/ml</i>	1B	QL (450 mL / 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1B	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	PA
<i>escitalopram oxalate soln 5mg/5ml</i>	1B	
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1A	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA, QL (30 caps / 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps / 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1A	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml</i>	1B	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1B	(generic Sarafem not covered)
<i>imipramine hcl tabs 10mg, 25mg</i>	1B	QL (120 tabs / 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	1B	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	1B	QL (30 caps / 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1B	PA; Members 70 and older subject to PA
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1B	
MARPLAN TABS 10mg	3	
<i>mirtazapine tabs 7.5mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1B	
<i>mirtazapine tabs 15mg</i>	1A	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1B	
<i>nortriptyline hcl caps 10mg</i>	1B	QL (150 caps / 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1B	QL (60 caps / 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1B	QL (30 caps / 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps 75mg</i>	1B	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10mg/5ml</i>	1B	QL (750 mL / 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	1A	
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	1B	
<i>phenelzine sulfate tabs 15mg</i>	1B	
<i>protriptyline hcl tabs 5mg</i>	1B	QL (90 tabs / 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	1B	QL (60 tabs / 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml</i>	1B	
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	1A	
<i>tranylcypromine sulfate tabs 10mg</i>	1B	
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	1A	
<i>trazodone hcl tabs 300mg</i>	1B	
<i>trimipramine maleate caps 25mg, 50mg</i>	1B	QL (60 caps / 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1B	QL (30 caps / 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1A	
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	1B	
VIIBRYD TABS 10mg, 20mg, 40mg	3	PA
VIIBRYD KIT STARTER	3	PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1B	
APOKYN SOCT 30mg/3ml	4	PA, QL (20 cartridges / 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1B	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1B	
<i>carbidopa tabs 25mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab 10-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab 25-250 mg</i>	1B	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1B	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1B	
<i>entacapone tabs 200mg</i>	1B	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1B	
<i>rasagiline mesylate tabs 1mg</i>	2	PA
<i>rasagiline mesylate tabs .5mg</i>	2	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1B	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1B	
<i>tolcapone tabs 100mg</i>	1B	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1B	
ANTIPSYCHOTICS		
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	
<i>aripiprazole tbdp 10mg, 15mg</i>	1B	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	2	

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO PRSY 675mg/2.4ml	2	
asenapine maleate subl 2.5mg, 5mg, 10mg	2	PA
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	1B	
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	1B	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1B	
fluphenazine decanoate soln 25mg/ml	1B	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	1B	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1B	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1B	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	1B	
LATUDA TABS 20mg, 40mg, 60mg, 120mg	2	PA, QL (30 tabs / 30 days)
LATUDA TABS 80mg	2	PA, QL (60 tabs / 30 days)
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1B	
NUPLAZID TABS 17mg	4	PA
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1B	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	2	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1B	
quetiapine fumarate tabs 25mg, 50mg, 100mg	1A	
quetiapine fumarate tabs 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1B	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	PA
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1B	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1B	
thiothixene caps 1mg, 2mg, 5mg, 10mg	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1B	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1B	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine sulfate tabs 10mg</i>	3	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1B	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1B	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1B	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1B	QL (60 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1B	QL (60 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1B	QL (60 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1B	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1B	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1B	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1B	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1B	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1B	QL (60 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1B	QL (60 tabs / 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1B	
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps / 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1B	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1B	QL (60 tabs / 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1B	QL (120 caps / 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1B	QL (2,160 mL / 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1B	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1B	ST; PA**
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs / 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg</i>	1B	QL (60 caps / 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg</i>	1B	QL (30 caps / 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	2	QL (60 caps / 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	2	QL (30 caps / 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	3	QL (2,160 mL / 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	3	QL (1080 mL / 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1B	QL (180 tabs / 30 days)
<i>methylphenidate hcl tabs 20mg</i>	1B	QL (90 tabs / 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbc 18mg, 27mg, 36mg</i>	3	QL (60 tabs / 30 days)
<i>methylphenidate hcl tb24 54mg; tbc 54mg</i>	3	QL (30 tabs / 30 days)
<i>methylphenidate hcl tbc 10mg, 20mg</i>	2	QL (90 tabs / 30 days)
<i>zenzedi tabs 2.5mg, 7.5mg</i>	1B	QL (120 tabs / 30 days)
<i>zenzedi tabs 15mg</i>	1B	QL (90 tabs / 30 days)
<i>zenzedi tabs 20mg, 30mg</i>	1B	QL (60 tabs / 30 days)

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	PA
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1B	QL (30 tabs / 30 days); QL applies to members age 65 and older
<i>doxylamine succinate (sleep) tabs 25mg</i>	1B	OTC
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1B	QL (30 tabs / 25 days)
HETLIOZ CAPS 20mg	5	PA, QL (30 caps / 30 days)
<i>ramelteon tabs 8mg</i>	1B	QL (30 tabs / 25 days)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1B	QL (15 caps / 25 days)
<i>zaleplon caps 5mg</i>	1B	QL (30 caps / 25 days)
<i>zaleplon caps 10mg</i>	1B	QL (60 caps / 25 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1B	QL (30 tabs / 25 days)

MIGRAINE

AIMOVIG SOAJ 70mg/ml	2	PA, QL (2 injections / 25 days)
AIMOVIG SOAJ 140mg/ml	2	PA, QL (1 injection / 25 days)

Drug Name	Drug Tier	Requirements/Limits
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	2	PA, QL (3 injections / 75 days)
<i>almotriptan malate tabs 6.25mg</i>	2	QL (18 tabs / 25 days)
<i>almotriptan malate tabs 12.5mg</i>	2	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tabs 20mg</i>	2	QL (18 tabs / 25 days)
<i>eletriptan hydrobromide tabs 40mg</i>	2	QL (12 tabs / 25 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	2	PA, QL (2 injections / 25 days)
EMGALITY SOSY 100mg/ml	2	PA, QL (3 injections / 25 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tabs 1mg</i>	1A	QL (18 tabs / 25 days)
<i>naratriptan hcl tabs 2.5mg</i>	1A	QL (12 tabs / 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	1A	QL (27 tabs / 25 days)
<i>rizatriptan benzoate tabs 10mg; tbdp 10mg</i>	1A	QL (18 tabs / 25 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (36 sprays / 25 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays / 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes / 25 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml</i>	2	QL (12 units / 25 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials / 25 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1A	QL (18 tabs / 25 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs / 25 days); PA**
<i>zolmitriptan soln 2.5mg</i>	1B	QL (18 sprays / 25 days)
<i>zolmitriptan soln 5mg</i>	1B	QL (12 sprays / 25 days)
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	2	QL (18 tabs / 25 days)
<i>zolmitriptan tabs 5mg</i>	1B	QL (12 tabs / 25 days)
<i>zolmitriptan tbdp 5mg</i>	2	QL (12 tabs / 25 days)
MISCELLANEOUS		
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	1B	
<i>bupirone hcl tabs 30mg</i>	2	
<i>clomipramine hcl caps 25mg, 50mg</i>	3	QL (150 caps / 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps 75mg</i>	3	QL (90 caps / 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	1B	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	1A	
GUANIDINE HCL TABS 125mg	3	
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	1A	
<i>lithium carbonate tabs 300mg; tbc 300mg, 450mg</i>	1B	
NUDEXTA CAP 20-10MG	2	PA
<i>pimozide tabs 1mg, 2mg</i>	1B	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	1B	
<i>pyridostigmine bromide tbc 180mg</i>	2	
REGONOL SOLN 10mg/2ml	3	
<i>riluzole tabs 50mg</i>	3	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	PA
SAVELLA MIS TITR PAK	3	PA
<i>tetrabenazine tabs 12.5mg</i>	4	PA, QL (120 tabs / 30 days)
<i>tetrabenazine tabs 25mg</i>	4	PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg	4	PA, QL (30 tabs / 30 days)
AVONEX KIT 30mcg/vial; PSKT 30mcg/0.5ml	5	PA, QL (4 injections / 28 days)
AVONEX PEN AJKT 30mcg/0.5ml	5	PA, QL (4 injections / 28 days)
BETASERON KIT .3mg	4	PA, QL (14 injections / 28 days)
COPAXONE SOSY 20mg/ml	4	PA, QL (30 injections / 30 days)
COPAXONE SOSY 40mg/ml	4	PA, QL (12 syringes / 28 days)
<i>dalfampridine tb12 10mg</i>	5	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit / 30 days)
GILENYA CAPS .5mg	4	PA, QL (30 caps / 30 days)
MAYZENT TABS 2mg	4	PA, QL (30 tabs / 30 days)
MAYZENT TABS .25mg	4	PA, QL (112 tabs / 28 days)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	5	PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER	5	PA, QL (1 kit / 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack / 28 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box / 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 syringes / 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box / 28 days)
TYSABRI CONC 300mg/15ml	4	PA, QL (1 vial / 28 days)
VUMERITY CPDR 231mg	4	PA, QL (106 caps / 30 days)
VUMERITY CPDR 231mg	4	PA, QL (120 caps / 30 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	1B	
<i>carisoprodol tabs 350mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tabs 500mg</i>	1B	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1B	
<i>metaxalone tabs 400mg, 800mg</i>	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tabs 500mg, 750mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate soln 60mg/2ml</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tb12 100mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tabs 2mg, 4mg</i>	1A	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1B	PA, QL (30 tabs / 30 days)
<i>modafinil tabs 100mg, 200mg</i>	3	PA, QL (30 tabs / 30 days)
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tbec 333mg</i>	1B	PA
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX TABS .5mg, 1mg	0	\$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH TABS 1mg	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tabs 250mg, 500mg</i>	1B	
<i>goodsense nicotine lozg 2mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr lozg 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	1B	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
NARCAN LIQD 4mg/0.1ml	2	
<i>nicorelief gum 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5mg, 1mg	0	\$0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	0	\$0 limited to 2 treatment cycles/year
VIVITROL SUSR 380mg	4	PA, QL (1 vial / 28 days)

DERMATOLOGICALS

ANTIBIOTICS - TOPICAL

ALTABAX OINT 1%	2	
XEPI CREA 1%	2	

ANTIFUNGALS - TOPICAL

<i>luliconazole crea 1%</i>	2	
<i>oxiconazole nitrate crea 1%</i>	2	PA

ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	2	PA
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CORTICOSTEROIDS - TOPICAL

<i>diflorasone diacetate oint .05%</i>	2	
<i>halcinonide crea .1%</i>	3	QL (60g / 30 days)

MISC. TOPICAL

DRYSOL SOLN 20%	2	
HYPERCARE SOLN 15%	2	OTC
XERAC AC SOLN 6.25%	2	

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TABS 50mg	3	PA
INTRAROSA INST 6.5mg	3	
<i>methyltestosterone caps 10mg</i>	3	PA
<i>oxandrolone tabs 2.5mg, 10mg</i>	2	PA
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	3	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1B	PA
<i>testosterone enanthate soln 200mg/ml</i>	1B	PA

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	1B	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1B	

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	ST; PA**
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	ST; PA**

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	1A	
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ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1A	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1A	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 1.25-250 mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1B	
JANUVIA TABS 25mg, 50mg, 100mg	2	ST, QL (30 tabs / 30 days); PA**

ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS

CYCLOSET TABS .8mg	3	
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ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS

JANUMET TAB 50-500MG	2	ST, QL (60 tabs / 30 days); PA**
JANUMET TAB 50-1000	2	ST, QL (60 tabs / 30 days); PA**
JANUMET XR TAB 50-500MG	2	ST, QL (60 tabs / 30 days); PA**
JANUMET XR TAB 50-1000	2	ST, QL (60 tabs / 30 days); PA**
JANUMET XR TAB 100-1000	2	ST, QL (30 tabs / 30 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

OZEMPIC SOPN 2mg/1.5ml	2	ST, QL (2 pens / 28 days); PA**
OZEMPIC SOPN 4mg/3ml	2	ST, QL (1 pen / 28 days); PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	ST, QL (4 pens / 28 days); PA**
VICTOZA SOPN 18mg/3ml	2	ST, QL (3 pens / 30 days); PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA INJ 100/33	2	ST, QL (6 pens / 30 days); PA**
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens / 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	1A	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml	1A	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	1A	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1A	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1B	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1B	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1B	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1B	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tabs 60mg, 120mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1B	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1B	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1B	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	ST, QL (60 tabs / 30 days); PA**
SYNJARDY TAB 5-500MG	2	ST, QL (60 tabs / 30 days); PA**
SYNJARDY TAB 5-1000MG	2	ST, QL (60 tabs / 30 days); PA**
SYNJARDY TAB 12.5-500	2	ST, QL (60 tabs / 30 days); PA**
SYNJARDY XR TAB	2	ST, QL (60 tabs / 30 days); PA**
SYNJARDY XR TAB 5-1000MG	2	ST, QL (60 tabs / 30 days); PA**
SYNJARDY XR TAB 10-1000	2	ST, QL (30 tabs / 30 days); PA**
SYNJARDY XR TAB 25-1000	2	ST, QL (30 tabs / 30 days); PA**
XIGDUO XR TAB 2.5-1000	2	ST, QL (60 tabs / 30 days); PA**
XIGDUO XR TAB 5-500MG	2	ST, QL (30 tabs / 30 days); PA**
XIGDUO XR TAB 5-1000MG	2	ST, QL (60 tabs / 30 days); PA**
XIGDUO XR TAB 10-500MG	2	ST, QL (30 tabs / 30 days); PA**
XIGDUO XR TAB 10-1000	2	ST, QL (30 tabs / 30 days); PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST, QL (30 tabs / 30 days); PA**
GLYXAMBI TAB 25-5 MG	2	ST, QL (30 tabs / 30 days); PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5mg, 10mg	2	ST, QL (30 tabs / 30 days); PA**
JARDIANCE TABS 10mg, 25mg	2	ST, QL (30 tabs / 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1B	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1A	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
BISPHOSPHONATES		
<i>alendronate sodium soln 70mg/75ml</i>	1B	
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 40mg, 70mg</i>	1A	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1B	
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg</i>	1B	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	2	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	4	PA
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	4	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tabs 90mg</i>	4	PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferiprone tabs 500mg, 1000mg</i>	4	PA
FERRIPROX SOLN 100mg/ml	4	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	PA
<i>kionex susp 15gm/60ml</i>	1B	
<i>penicillamine tabs 250mg</i>	3	
<i>sodium polystyrene sulfonate susp 15gm/60ml, 30gm/120ml</i>	1B	
THYROSAFE TABS 65mg	2	OTC
CONTRACEPTIVES		
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethyst</i>	0	

Drug Name	Drug Tier	Requirements/Limits
ANNOVERA MIS	0	QL (1 / 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila tabs .35mg</i>	0	
<i>caziant</i>	0	
<i>chateal</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest</i>	0	
ELLA TABS 30mg	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 / 300 days)
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>gianvi</i>	0	
<i>heather tabs .35mg</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette tabs .35mg</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>kurvelo</i>	0	
KYLEENA IUD 19.5mg	0	QL (1 / 300 days)
<i>larin 1.5/30</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora 0.15/30-28</i>	0	
LILETTA IUD 20.1mcg/day	0	QL (1 / 300 days)
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>lutera</i>	0	
<i>marlissa</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	0	QL (4 inj / 300 days)
<i>microgestin 1.5/30</i>	0	
MIRENA IUD 20mcg/day	0	QL (1 / 300 days)
<i>mono-lynyah</i>	0	
<i>mononessa</i>	0	
<i>myzilra</i>	0	
<i>necon 0.5/35-28</i>	0	
NEXPLANON IMPL 68mg	0	QL (1 / 300 days)
<i>nikki</i>	0	
<i>nora-be tabs .35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone (contraceptive) tabs .35mg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>ocella</i>	0	
<i>ogestrel</i>	0	
<i>orsythia</i>	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>quasense</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA IUD 13.5mg	0	QL (1 / 300 days)
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>take action tabs 1.5mg</i>	0	OTC
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	
<i>xulane</i>	0	
<i>zenchent</i>	0	
<i>zovia 1/35e</i>	0	

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	1B	
SYNAREL SOLN 2mg/ml	5	PA

ENZYME REPLACEMENTS

<i>*betaine powder for oral solution***</i>	4	PA
<i>carglumic acid tbs0 200mg</i>	4	PA
CERDELGA CAPS 84mg	4	PA, QL (60 caps / 30 days)
CYSTAGON CAPS 50mg, 150mg	4	PA
MYALEPT SOLR 11.3mg	4	PA, QL (30 vials / 30 days)
<i>nitisinone caps 2mg, 5mg, 10mg</i>	4	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	PA, QL (600g / 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	4	PA, QL (1200 tabs / 30 days)

ESTROGENS

<i>CLIMARA PRO DIS WEEKLY</i>	2	
<i>DEPO-ESTRADIOL OIL 5mg/ml</i>	3	
<i>DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm</i>	3	PA; High Risk Medications require PA for members age 70 and older
<i>DUAVEE TAB 0.45-20</i>	2	
<i>ELESTRIN GEL .06%</i>	3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1B	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1B	
<i>estradiol vaginal crea .1mg/gm</i>	1B	
<i>estradiol valerate oil 20mg/ml, 40mg/ml</i>	1B	
<i>ESTROGEL GEL .06%</i>	3	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate tabs .75mg, 1.5mg, 3mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>EVAMIST SOLN 1.53mg/spray</i>	3	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	1B	
<i>mimvey lo</i>	1B	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1B	
PREMARIN CREA .625mg/gm	2	
PREMARIN SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	PA; High Risk Medications require PA for members age 70 and older
<i>yuvaferm tabs 10mcg</i>	1B	
GLUCOCORTICOIDS		
<i>cortisone acetate tabs 25mg</i>	1B	
DEPO-MEDROL SUSP 20mg/ml	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs 1mg, 2mg</i>	1B	
<i>dexamethasone tabs .5mg, .75mg, 1.5mg, 4mg, 6mg</i>	1A	
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	1B	
<i>fludrocortisone acetate tabs .1mg</i>	1B	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1A	
MEDROL TABS 2mg	2	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1B	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1B	
<i>methylprednisolone sod succ solr 40mg, 125mg, 1000mg</i>	1B	
<i>prednisolone soln 15mg/5ml</i>	1B	
<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1B	
<i>prednisone soln 5mg/5ml; tabs 50mg; tbpk 5mg, 10mg</i>	1B	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg</i>	1A	
PREDNISONE INTENSOL CONC 5mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) kit 1mg</i>	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE CART 6mg, 12mg, 24mg	4	PA
HUMATROPE COMBO PACK SOLR 5mg	4	PA
MISCELLANEOUS		
<i>cabergoline tabs .5mg</i>	1B	
<i>calcitonin (salmon) soln 200unit/act</i>	2	
CHORIONIC GONADOTROPIN SOLR 10000unit	4	PA
INCRELEX SOLN 40mg/4ml	4	PA
MIACALCIN SOLN 200unit/ml	3	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA, QL (90 ml / 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	PA, QL (225 ml / 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	4	PA, QL (45 ml / 30 days)
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	4	
OSPHENA TABS 60mg	2	
PROLIA SOSY 60mg/ml	4	PA, QL (60mg / 24 weeks)
<i>raloxifene hcl tabs 60mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	PA, QL (60 ampules / 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	PA, QL (1 injection / 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	PA, QL (30 vials / 30 days)
<i>tolvaptan tabs 15mg, 30mg</i>	4	PA
TYMLOS SOPN 3120mcg/1.56ml	4	PA, QL (1 pen / 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1B	
FOSRENOL PACK 750mg, 1000mg	3	
PHOSLYRA SOLN 667mg/5ml	2	
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate tabs 800mg</i>	3	
VELPHORO CHEW 500mg	3	
PROGESTINS		
CRINONE GEL 4%, 8%	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 10mg</i>	1A	
<i>medroxyprogesterone acetate tabs 5mg</i>	1B	
<i>norethindrone acetate tabs 5mg</i>	1B	
<i>progesterone caps 100mg, 200mg</i>	1B	
THYROID AGENTS		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1B	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1B	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1B	
<i>methimazole tabs 5mg, 10mg</i>	1B	
<i>propylthiouracil tabs 50mg</i>	1B	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>	1B	
VASOPRESSINS		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1B	
<i>desmopressin acetate spray soln .01%</i>	1B	
<i>desmopressin acetate spray refrigerated soln .01%</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg	3	PA, QL (30 tabs / 30 days)
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	1B	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1B	
<i>ed-spaz tbdp .125mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	1B	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1B	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>nulev tbdp .125mg</i>	1B	
<i>oscimin subl .125mg; tabs .125mg</i>	1B	
<i>oscimin sr tb12 .375mg</i>	1B	
<i>symax-sl subl .125mg</i>	1B	

ANTIEMETICS

<i>AKYNZEO CAP 300-0.5</i>	3	QL (2 caps / 21 days)
<i>aprepitant caps 40mg</i>	3	QL (3 caps / 180 days)
<i>aprepitant caps 80mg</i>	3	QL (4 caps / 21 days)
<i>aprepitant caps 125mg</i>	3	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	QL (2 packs / 21 days)
<i>CESAMET CAPS 1mg</i>	3	QL (18 caps / 21 days)
<i>compro supp 25mg</i>	2	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	QL (60 caps / 25 days)
<i>granisetron hcl soln .1mg/ml, 1mg/ml, 4mg/4ml</i>	1B	QL (2 mL / 21 days)
<i>granisetron hcl tabs 1mg</i>	1B	QL (12 tabs / 21 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1B	
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1B	
<i>METOCLOPRAMIDE ODT TBDP 10mg</i>	1B	
<i>ondansetron tbdp 4mg, 8mg</i>	1A	QL (60 tabs / 30 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml</i>	1B	QL (20 mL / 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	1B	QL (200 mL / 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1A	QL (18 tabs / 21 days)
<i>ondansetron hcl tabs 24mg</i>	1B	QL (2 tabs / 21 days)
<i>prochlorperazine supp 25mg</i>	2	
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	1B	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1B	
<i>promethazine hcl soln 25mg/ml, 50mg/ml</i>	1B	
<i>promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>SANCUSO PTCH 3.1mg/24hr</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine pt72 1mg/3days</i>	1B	
<i>trimethobenzamide hcl caps 300mg</i>	1B	
VARUBI EMUL 166.5mg/92.5ml; TBPk 90mg	2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1B	
<i>cimetidine hcl soln 300mg/5ml</i>	1B	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	1B	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1B	
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1B	
<i>ranitidine hcl soln 50mg/2ml, 150mg/6ml</i>	1B	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium caps 750mg</i>	1B	
<i>budesonide cpep 3mg</i>	2	PA
<i>colocort enem 100mg/60ml</i>	1B	
DIPENTUM CAPS 250mg	3	PA
<i>mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	2	
<i>mesalamine tbec 800mg</i>	2	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1B	

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
<i>lubiprostone caps 8mcg, 24mcg</i>	1B	

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl tabs .5mg, 1mg</i>	3	PA
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LAXATIVES

CLENPIQ SOL	2	
<i>enulose soln 10gm/15ml</i>	1B	
<i>gavilyte-c</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-g</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-n/flavor pack</i>	1B	\$0 copay for members age 45 through 75
<i>generlac soln 10gm/15ml</i>	1B	
GOLYTELY SOL	2	
<i>lactulose soln 10gm/15ml</i>	1B	
OSMOPREP TAB 1.5GM	3	

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1B	\$0 copay for members age 45 through 75
PEG-PREP KIT	1B	\$0 copay for members age 45 through 75
PLENVU SOL	2	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1B	OTC
PREPOPIK PAK	2	
SUPREP BOWEL SOL PREP KIT	2	

MISCELLANEOUS

<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1B	PA
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1B	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1B	
<i>loperamide hcl caps 2mg</i>	1B	
<i>misoprostol tabs 100mcg, 200mcg</i>	1B	
MOTOFEN TAB 1-0.025	3	
MOVANTIK TABS 12.5mg, 25mg	2	
SUCRAID SOLN 8500unit/ml	3	PA, QL (354 mL / 25 days)
<i>sucralfate tabs 1gm</i>	1B	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1B	

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000	2	PA
ZENPEP CAP 40000	2	PA

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cpdr 30mg, 60mg</i>	1B	ST, QL (30 caps / 30 days); PA**
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	3	PA, QL (30 caps / 30 days)
<i>esomeprazole sodium solr 20mg, 40mg</i>	1B	
<i>lansoprazole cpdr 15mg, 30mg</i>	1A	QL (30 caps / 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1A	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1B	QL (30 tabs / 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	PA, QL (30 tabs / 30 days)
RECTAL,CORTICOSTEROIDS		
<i>procto-pak crea 1%</i>	1B	
<i>proctosol hc crea 2.5%</i>	1B	
<i>proctozone-hc crea 2.5%</i>	1B	
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
REMICADE SOLR 100mg	4	PA
STELARA SOLN 130mg/26ml	4	PA, QL (4 vials / 365 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl tb24 10mg</i>	1B	
CARDURA XL TB24 4mg, 8mg	3	ST; PA**
<i>dutasteride caps .5mg</i>	1B	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1B	
<i>finasteride tabs 5mg</i>	1B	
<i>silodosin caps 4mg, 8mg</i>	1B	
<i>tadalafil tabs 2.5mg, 5mg</i>	1B	PA, QL (30 tabs / 30 days)
<i>tamsulosin hcl caps .4mg</i>	1B	
CONTRACEPTIVES		
ENCARE SUPP 100mg	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MISC 1000mg	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	0	OTC
MISCELLANEOUS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1B	
ELMIRON CAPS 100mg	3	
<i>flavoxate hcl tabs 100mg</i>	1B	
<i>phenazopyridine tab 95mg tabs 95mg</i>	1B	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) tbc</i> 15meq, 540mg, 1080mg	1B	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tb24</i> 7.5mg, 15mg	1B	
<i>oxybutynin chloride syrp</i> 5mg/5ml; <i>tabs</i> 5mg; <i>tb24</i> 5mg, 10mg, 15mg	1B	
<i>solifenacin succinate tabs</i> 5mg, 10mg	1B	
<i>tolterodine tartrate cp24</i> 2mg, 4mg; <i>tabs</i> 1mg, 2mg	1B	
<i>trospium chloride cp24</i> 60mg; <i>tabs</i> 20mg	1B	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100mg	2	
<i>clindamycin phosphate vaginal crea</i> 2%	1B	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel</i> .75%	2	
<i>miconazole 3 supp</i> 200mg	1B	
<i>terconazole vaginal crea</i> .4%, .8%; <i>supp</i> 80mg	1B	
<i>vandazole gel</i> .75%	2	

HEMATOLOGIC

ANTICOAGULANTS

ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban soln</i> 250mg/2.5ml	1B	
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	
<i>enoxaparin sodium soln</i> 300mg/3ml; <i>sosy</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium soln</i> 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	
FRAGMIN SOLN 9500unit/3.8ml; <i>SOSY</i> 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	
<i>heparin sodium (porcine) soln</i> 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1B	
<i>jantoven tabs</i> 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1A	

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	5	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
PROMACTA TABS 12.5mg, 25mg	5	PA, QL (30 tabs / 30 days)
PROMACTA TABS 50mg, 75mg	5	PA, QL (60 tabs / 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA

MISCELLANEOUS

<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>cilostazol tabs 50mg, 100mg</i>	1B	
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	5	PA
<i>icatibant acetate soln 30mg/3ml</i>	4	PA, QL (45 syringes / 90 days)
<i>pentoxifylline tbc 400mg</i>	1B	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1B	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1B	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate tabs 75mg</i>	1A	
<i>clopidogrel bisulfate tabs 300mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tabs 5mg, 10mg</i>	1B	

HEMATOPOIETIC AGENTS

HEMATOPOIETIC GROWTH FACTORS

NYVEPRIA SOSY 6mg/0.6ml	4	PA
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IRON

FERROUS FUMARATE TABS 29mg	1B	OTC
<i>ferrous fumarate tabs 324mg</i>	1B	OTC
<i>ferrous gluconate tabs 240mg</i>	1B	OTC
FERROUS GLUCONATE TABS 324mg	1B	OTC
<i>ferrous sulfate elix 220mg/5ml; tbec 325mg</i>	1B	OTC
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	1B	OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

NON-BARBITURATE HYPNOTICS

<i>quazepam tabs 15mg</i>	2	ST
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IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA SOSY 162mg/0.9ml	5	ST, PA, QL (4 syringes / 28 days)
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	5	ST, PA, QL (4 syringes / 28 days)
ENBREL SOLN 25mg/0.5ml	4	PA, QL (4 syringes / 28 days)
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	4	PA, QL (4 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	4	PA, QL (4 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	4	PA, QL (2 injections / 28 days)
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml	4	PA, QL (4 injections / 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	4	PA, QL (6 pens / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	4	PA, QL (1 kit / 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	PA, QL (4 pens / 28 days)
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	4	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TB24 15mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Atopic Dermatitis, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira).

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 30mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	5	PA, QL (1 injection / 28 days)
SIMPONI ARIA SOLN 50mg/4ml	4	PA, QL (200 mg / 8 weeks)
SKYRIZI PSKT 75mg/0.83ml	4	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOSY 150mg/ml	4	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150mg/ml	4	PA, QL (1 syringe / 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOSY 45mg/0.5ml	4	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA SOSY 90mg/ml	4	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	4	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 5mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TABS 10mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TB24 22mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	1B	
<i>leflunomide tabs 10mg, 20mg</i>	1B	
<i>methotrexate sodium tabs 2.5mg</i>	1B	
OTEZLA TABS 30mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	4	PA
ALFERON N SOLN 5000000unit/ml	4	
ARCALYST SOLR 220mg	4	PA, QL (8 vials / 28 days)
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	PA, QL (21 caps / 28 days)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps / 28 days)
REVLIMID CAPS 20mg, 25mg	4	PA, QL (21 caps / 28 days)
THALOMID CAPS 50mg, 100mg	4	PA, QL (28 caps / 28 days)

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 150mg, 200mg	4	PA, QL (56 caps / 28 days)

IMMUNOSUPPRESSANTS

<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1B	
<i>cyclosporine caps 25mg, 100mg</i>	3	
<i>cyclosporine soln 50mg/ml</i>	1B	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1B	
<i>engraf caps 25mg, 100mg; soln 100mg/ml</i>	1B	
<i>mycophenolate mofetil caps 250mg; tabs 500mg</i>	2	
<i>mycophenolate mofetil susr 200mg/ml</i>	3	
<i>mycophenolate mofetil hcl solr 500mg</i>	1B	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	3	
PROGRAF SOLN 5mg/ml	3	
SANDIMMUNE SOLN 100mg/ml	3	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	3	
<i>tacrolimus caps 1mg, 5mg</i>	3	
<i>tacrolimus caps .5mg</i>	1B	

VACCINES

ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2020-21	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml	0	
FLUAD INJ 2020-21	0	
FLUAD QUADRIVALENT INFLUE PRSY .5ml	0	
FLUARIX QUAD INJ 2020-21	0	
FLUBLOK QUAD INJ 2020-21	0	
FLUCLVX QUAD INJ 2020-21	0	
FLULAVAL QUA INJ 2019-20	0	
FLULAVAL QUA INJ 2020-21	0	

Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUAD SUS 2020-21	0	
FLUZONE HD INJ PF 19-20	0	
FLUZONE QUAD INJ 2019-20	0	
FLUZONE QUAD INJ 2020-21	0	
GARDASIL 9 INJ	0	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	0	
HEPLISAV-B SOLN 20mcg/0.5ml; SOSY 20mcg/0.5ml	0	
HIBERIX SOLR 10mcg	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml	0	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	0	

Drug Name	Drug Tier	Requirements/Limits
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	0	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	0	
VARIVAX INJ 1350pfu/0.5ml	0	
VAXNEUVANCE INJ	0	
ZOSTAVAX SUSR 19400unt/0.65ml	0	\$0 copay for members age 19 and older, otherwise not covered

MACROLIDES

FIDAXOMICIN

DIFICID SUSR 40mg/ml	2	PA
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MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	QL (12 condoms / 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	1A	QL (204 Test Strips / 25 days), OTC
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC
BD PEN NEEDL MIS 32GX4MM	1A	

Drug Name	Drug Tier	Requirements/Limits
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
NOVOFINE PEN NEEDLES	2	OTC
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC

MISCELLANEOUS

ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

OMNIPOD DASH MIS PODS	2	PA
OMNIPOD MIS CLASSIC	2	PA
OMNIPOD PDM KIT CLASSIC	2	PA

MIGRAINE PRODUCTS

SEROTONIN AGONISTS

<i>frovatriptan succinate tabs 2.5mg</i>	2	ST, QL (12 tabs / 30 days)
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MUSCULOSKELETAL THERAPY AGENTS

MUSCLE RELAXANT COMBINATIONS

<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	2	PA; High Risk Medications require PA for members age 70 and older"
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

FLUORABON SOLN .55mg/0.6ml	1B	\$0 applies for ages 5 and under
<i>fluoritab chew 1mg</i>	1B	
<i>fluoritab chew .25mg, .5mg; soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>flura-drops soln .25mg/drop</i>	1B	\$0 applies for ages 5 and under

Drug Name	Drug Tier	Requirements/Limits
<i>k-effervescent tbef 25meq</i>	1B	
<i>klor-con 8 tbc 8meq</i>	1B	
<i>klor-con 10 tbc 10meq</i>	1B	
<i>klor-con m15 tbc 15meq</i>	1B	
<i>klor-con m20 tbc 20meq</i>	1B	
<i>ludent chew 1mg</i>	1B	
<i>ludent chew .25mg, .5mg</i>	1B	\$0 applies for ages 5 and under
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1B	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1B	
<i>nafrinse chew 2.2mg</i>	1B	
<i>nafrinse drops soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq</i>	1B	
<i>potassium chloride soln 10%, 20%</i>	1B	PA
<i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>	1B	
<i>sodium chloride soln 2.5meq/ml</i>	1B	
<i>sodium chloride flush soln .9%</i>	1B	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1B	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1B	\$0 applies for ages 5 and under
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1B	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1B	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1B	
<i>potassium chloride soln 2meq/ml</i>	1B	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	1B	
VITAMINS		
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1B	
<i>cholecalciferol caps 50000unit</i>	1B	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin soln 1000mcg/ml</i>	1B	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	
<i>doxercalciferol soln 4mcg/2ml</i>	1B	
<i>elite-ob</i>	1B	
<i>ergocalciferol caps 50000unit</i>	1B	
<i>folic acid caps 800mcg</i>	0	QL (100 caps / 30 days), OTC; \$0 copay for members ages 55 and under, otherwise not covered
<i>folic acid tabs 1mg</i>	1B	
<i>folic acid tabs 400mcg, 800mcg</i>	0	QL (100 tabs / 30 days), OTC; \$0 copay for members ages 55 and under, otherwise not covered
<i>multi-vit/fluoride</i>	1B	
<i>multi-vit/iron/fluoride</i>	1B	OTC
<i>multi-vitamin/fluoride dr</i>	1B	
<i>multi-vitamin/fluoride/ir</i>	1B	
<i>multivitamin/fluoride</i>	1B	
<i>mvc-fluoride</i>	1B	
<i>niva-fol tab</i>	1B	OTC
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1B	
<i>phytonadione tabs 5mg</i>	3	
<i>prenatabs rx</i>	1B	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	1B	OTC
<i>tri-vit/fluoride</i>	1B	
<i>tri-vit/fluoride/iron</i>	1B	
VITAMIN D2 TABS 400unit	1B	OTC
VITAMIN D2 TABS 2000unit	1A	OTC
<i>vitamins a/c/d/fluoride</i>	1B	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1B	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1B	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1B	
<i>neomycin-polymyxin-hc ophth susp</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1B	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1B	

ANTI-INFECTIVES

AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1B	
<i>bacitracin-polymyxin b ophth oint</i>	1B	
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1A	
<i>erythromycin (ophth) oint 5mg/gm</i>	1B	
<i>gatifloxacin (ophth) soln .5%</i>	1B	
<i>gentak oint .3%</i>	1B	
<i>gentamicin sulfate (ophth) soln .3%</i>	1A	
<i>levofloxacin (ophth) soln .5%</i>	1B	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1B	
NATACYN SUSP 5%	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1B	
<i>ofloxacin (ophth) soln .3%</i>	1B	
<i>polycin</i>	1B	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1A	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1B	
<i>tobramycin (ophth) soln .3%</i>	1A	
<i>trifluridine soln 1%</i>	1B	
ZIRGAN GEL .15%	3	

ANTI-INFLAMMATORIES

ACUVAIL SOLN .45%	2	
<i>bromfenac sodium (ophth) soln .09%</i>	1B	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1B	
<i>diclofenac sodium (ophth) soln .1%</i>	1B	
<i>difluprednate emul .05%</i>	1B	ST; PA**
<i>flurbiprofen sodium soln .03%</i>	1B	
FML OINT .1%	2	
FML FORTE SUSP .25%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1B	
<i>loteprednol etabonate susp .5%</i>	1B	
MAXIDEX SUSP .1%	2	

Drug Name	Drug Tier	Requirements/Limits
NEVANAC SUSP .1%	2	ST; PA**
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1B	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIAL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1B	
<i>bepotastine besilate soln 1.5%</i>	1B	
<i>cromolyn sodium (ophth) soln 4%</i>	1B	
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1B	
LASTACFT SOLN .25%	2	
<i>olopatadine hcl soln .1%, .2%</i>	1B	PA
PAZEO SOLN .7%	2	PA
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl soln .5%</i>	1B	
<i>betaxolol hcl (ophth) soln .5%</i>	1B	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>bimatoprost soln .03%</i>	1B	
<i>brimonidine tartrate soln .2%</i>	1A	
<i>brimonidine tartrate soln .15%</i>	2	
<i>brinzolamide susp 1%</i>	1B	
<i>carteolol hcl (ophth) soln 1%</i>	1B	
<i>dorzolamide hcl soln 2%</i>	1B	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1B	
IOPIDINE SOLN 1%	3	
<i>latanoprost soln .005%</i>	1A	
<i>levobunolol hcl soln .5%</i>	1B	
LUMIGAN SOLN .01%	2	ST; PA**
<i>metipranolol soln .3%</i>	1B	
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1B	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	1B	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1A	
<i>travoprost soln .004%</i>	1B	
ZIOPTAN SOLN .015mg/ml	3	ST; PA**
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOLN .44%	5	PA, QL (4 bottles / 28 days)
LACRISERT INST 5mg	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1B	
<i>proparacaine hcl soln .5%</i>	1B	
RESTASIS EMUL .05%	2	PA
<i>tropicamide soln .5%, 1%</i>	1B	

OPHTHALMIC AGENTS

OPHTHALMIC STEROIDS

PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
ZYLET SUS 0.5-0.3%	3	

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte</i>	1B	
<i>physiosol irrigation</i>	1B	
<i>tis-u-sol</i>	1B	

OTIC AGENTS

OTIC COMBINATIONS

<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

MULTIPLE SCLEROSIS AGENTS

ZEPOSIA CAPS .92mg	4	PA, QL (30 / 30 Days)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 / 365 Days)
ZEPOSIA CAP STR KIT	4	PA, QL (1 kit / 365 days)

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1B	QL (4 auto-injectors / 25 days)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (4 auto-injectors / 25 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (4 auto-injectors / 25 days)

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1B	QL (6 boxes / 25 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER ELLIPTA	2	QL (1 package / 25 days)
TRELEGY AER ELLIPTA	2	QL (1 package / 30 days)

ANTICHOLINERGICS

INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (1 package / 25 days)
<i>ipratropium bromide soln .02%</i>	1B	QL (5 boxes / 25 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1B	
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (1 package / 25 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 package / 25 days)

ANTI-HISTAMINES

<i>azelastine hcl soln .1%, .15%</i>	1B	QL (2 bottles / 25 days)
<i>brompheniramine tannate chew 12mg</i>	1B	
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1B	
CLARINEX SYRP .5mg/ml	3	
<i>clemastine fumarate tabs 2.68mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	1B	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1B	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	1B	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrup 10mg/5ml</i>	1B	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate caps 100mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1B	
<i>olopatadine hcl (nasal) soln .6%</i>	1B	QL (1 container / 25 days)

BETA AGONISTS

<i>albuterol sulfate aers 108mcg/act</i>	1B	QL (2 inhalers / 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1B	QL (60 mL / 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (5 boxes / 25 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1B	
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1B	QL (45 mL / 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (300 mL / 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1B	QL (2 inhalers / 30 days)
<i>metaproterenol sulfate syrp 10mg/5ml; tabs 10mg, 20mg</i>	1B	
PERFOROMIST NEBU 20mcg/2ml	2	QL (60 vials / 25 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 package / 25 days)
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1B	

BIOLOGIC RESPONSE MODIFIERS

NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	4	PA, QL (3 injections / 28 days)
XOLAIR SOLR 150mg	4	PA, QL (8 vials / 28 days)
XOLAIR SOSY 75mg/0.5ml	4	PA, QL (2 syringes / 28 days)
XOLAIR SOSY 150mg/ml	4	PA, QL (8 syringes / 28 days)

COLD/COUGH

<i>benzonatate caps 100mg, 200mg</i>	1B	
<i>cheratussin ac</i>	1B	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1B	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1B	
<i>hydromet</i>	1B	
NORTUSS-EX LIQ 200-20/5	2	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1B	
<i>promethazine vc/codeine</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1B	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1B	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1B	
<i>tussigon</i>	1B	
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton tb12 600mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1B	
<i>zafirlukast tabs 10mg, 20mg</i>	1B	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1B	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine soln 10%, 20%</i>	2	
DALIRESP TABS 250mcg, 500mcg	3	PA
ESBRIET CAPS 267mg	4	PA, QL (270 caps / 30 days)
ESBRIET TABS 267mg	4	PA, QL (270 tabs / 30 days)
ESBRIET TABS 801mg	4	PA, QL (90 tabs / 30 days)
KALYDECO PACK 25mg, 50mg, 75mg	4	PA, QL (56 packets / 28 days)
KALYDECO TABS 150mg	4	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TABS 150mg	4	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	4	PA, QL (56 packets / 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs / 28 days)
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs / 28 days)

NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>	1B	QL (3 containers / 25 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1A	QL (1 container / 25 days)
OMNARIS SUSP 50mcg/act	3	ST, QL (1 package / 25 days); PA**
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	1A	QL (1 bottle / 25 days), OTC

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (1 package / 25 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	1B	QL (1 box / 25 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	1B	QL (2 boxes / 25 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1B	QL (3 boxes / 25 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	2	QL (2 packages / 25 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	1B	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50	1B	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50	1B	QL (1 package / 25 days)
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)

Drug Name	Drug Tier	Requirements/Limits
XANTHINES		
<i>aminophylline soln 25mg/ml</i>	1B	
ELIXOPHYLLIN ELIX 80mg/15ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theochron tb12 100mg, 200mg, 300mg</i>	1B	
<i>theophylline soln 80mg/15ml; tb12 450mg; tb24 400mg, 600mg</i>	1B	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene crea .1%; gel .1%, .3%</i>	2	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1B	
<i>avita crea .025%; gel .025%</i>	2	PA; PA applies for members age 35 and older
BENZIQU GEL 5.25%	2	
BENZIQU LS GEL 2.75%	2	
<i>benziq wash liqd 5.25%</i>	1B	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1B	
<i>bp wash liqd 2.5%</i>	1B	OTC
<i>clindamycin phosphate (topical) foam 1%; swab 1%</i>	1B	
<i>clindamycin phosphate (topical) gel 1%</i>	1B	QL (75g / 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	1B	QL (60mL / 25 days)
<i>ery pads 2%</i>	1B	
<i>erythromycin (acne aid) gel 2%</i>	1B	QL (60g / 25 days)
<i>erythromycin (acne aid) pads 2%</i>	1B	
<i>erythromycin (acne aid) soln 2%</i>	1B	QL (60mL / 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	1B	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	2	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

FLUOROPLEX CREA 1%	3	
<i>fluorouracil (topical) crea .5%, 5%; soln 2%, 5%</i>	1B	
<i>imiquimod crea 5%</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
PICATO GEL .015%, .05%	3	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL OINT 2%	3	
gentamicin sulfate (topical) crea .1%; oint .1%	1B	
IV PREP WIPE PAD	2	OTC
mupirocin oint 2%	1B	QL (30g / 25 days)
silver sulfadiazine crea 1%	1B	
ssd crea 1%	1B	
SULFAMYLON CREA 85mg/gm	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel .77%	1B	QL (120g / 25 days)
ciclopirox sham 1%	1B	QL (120mL / 25 days)
ciclopirox soln 8%	1B	
ciclopirox olamine crea .77%	1B	QL (120g / 25 days)
ciclopirox olamine susp .77%	1B	QL (120mL / 25 days)
clotrimazole (topical) crea 1%	1A	QL (120g / 25 days)
clotrimazole (topical) soln 1%	1B	QL (120mL / 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	1B	QL (60g / 25 days)
clotrimazole w/ betamethasone lotion 1-0.05%	2	QL (60mL / 25 days)
econazole nitrate crea 1%	1B	QL (60g / 25 days)
ERTACZO CREA 2%	3	QL (60g / 25 days)
ketoconazole (topical) crea 2%	1B	QL (120g / 25 days)
MENTAX CREA 1%	3	QL (60g / 25 days)
naftifine hcl crea 1%, 2%	1B	QL (60g / 25 days)
nyamyc powd 100000unit/gm	1B	QL (120g / 25 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1B	QL (120g / 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1B	QL (60g / 25 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1B	QL (60g / 25 days)
nystop powd 100000unit/gm	1B	QL (120g / 25 days)
sulconazole nitrate crea 1%	1B	ST, QL (60g / 21 days); PA**
sulconazole nitrate soln 1%	1B	ST, QL (60mL / 21 days); PA**
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl (antipruritic) crea 5%	3	ST, QL (90 grams / 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene soln .005%</i>	1B	
<i>calcitriol (topical) oint 3mcg/gm</i>	3	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	4	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SOSY 150mg/ml	4	PA, QL (300mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (1 syringe / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (300mg / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid caps 10mg</i>	1B	
<i>tazarotene crea .1%</i>	1B	PA
TAZORAC CREA .05%; GEL .05%, .1%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	1B	
<i>selenium sulfide lotn 2.5%</i>	1B	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	1A	QL (300g / 25 days)
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1B	QL (300g / 25 days)
<i>amcinonide lotn .1%</i>	1B	QL (240mL / 25 days)
AMCINONIDE OINT .1%	2	QL (240g / 25 days)
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	1A	QL (240g / 25 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	1A	QL (240mL / 25 days)
<i>betamethasone dipropionate augmented crea .05%; oint .05%</i>	1A	QL (240g / 25 days)
<i>betamethasone dipropionate augmented gel .05%</i>	1B	QL (240g / 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	1A	QL (240mL / 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	1A	QL (240g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate lotn .1%</i>	1A	QL (240mL / 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	2	QL (240g / 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	2	QL (300mL / 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	2	QL (240mL / 25 days)
<i>desonide crea .05%; oint .05%</i>	2	QL (300g / 25 days)
<i>desonide lotn .05%</i>	2	QL (300mL / 25 days)
<i>desoximetasone crea .25%; oint .25%</i>	1B	QL (240g / 25 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1B	QL (300g / 25 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1B	QL (300mL / 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1B	QL (240g / 25 days)
<i>fluocinonide soln .05%</i>	1B	QL (240mL / 25 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	1B	QL (240g / 25 days)
<i>fluticasone propionate lotn .05%</i>	1B	QL (300mL / 25 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1B	QL (240g / 25 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	1A	QL (300g / 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1A	QL (300mL / 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1B	QL (240g / 25 days)
<i>hydrocortisone butyrate soln .1%</i>	1B	QL (240mL / 25 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1B	QL (240g / 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1B	QL (240g / 25 days)
<i>mometasone furoate soln .1%</i>	1B	QL (240mL / 25 days)
<i>prednicarbate crea .1%; oint .1%</i>	1B	QL (240g / 25 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1B	QL (240g / 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1B	QL (240mL / 25 days)
<i>triderm crea .1%</i>	1B	QL (240g / 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine ptch 5%</i>	2	PA, QL (90 patches / 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	1B	QL (60mL / 25 days)
<i>lidocaine hcl soln 4%</i>	1B	QL (50mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1B	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1B	
<i>pramox gel gel 1%</i>	1B	
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)
<i>7t lido gel gel 2%</i>	1B	QL (30gm / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL .5%	3	
<i>diclofenac sodium (topical) gel 1%</i>	1B	QL (300g / 25 days)
EUCRISA OINT 2%	2	PA, QL (60 grams / 25 days)
<i>lactic acid lotn 10%</i>	1B	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1B	
<i>podofilox soln .5%</i>	1B	
RECTIV OINT .4%	3	
<i>tacrolimus (topical) oint .03%, .1%</i>	3	
TARGETIN GEL 1%	4	PA
VOLTAREN GEL 1%	1B	QL (300g / 25 days), OTC
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1B	PA
FINACEA FOAM 15%	2	
<i>metronidazole (topical) crea .75%; gel .75%</i>	1B	
<i>metronidazole (topical) lotn .75%</i>	2	
MIRVASO GEL .33%	3	
<i>rosadan crea .75%</i>	1B	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan lotn 10%</i>	1B	
EURAX CREA 10%	3	
<i>ivermectin (pediculicide) lotn .5%</i>	1B	PA
<i>lindane sham 1%</i>	1B	
<i>malathion lotn .5%</i>	1B	
<i>permethrin crea 5%</i>	1B	
<i>spinosad susp .9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g / 25 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1B	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1A	
<i>clotrimazole troc 10mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1B	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1B	
<i>oralone dental paste pste .1%</i>	1B	
ORAVIG TABS 50mg	3	QL (14 tabs / 25 days)
<i>periogard soln .12%</i>	1A	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1B	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1B	

OTIC

<i>acetic acid (otic) soln 2%</i>	1B	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic) oil .01%</i>	1B	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1B	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1B	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1B	
<i>ofloxacin (otic) soln .3%</i>	1B	

TOXOIDS

TOXOID COMBINATIONS

VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
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URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

TOVIAZ TB24 4mg, 8mg	3	PA, QL (30 tabs / 30 days)
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VACCINES

VIRAL VACCINES

JANSSEN COVID-19 VACCINE SUSP .5ml	0	
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	0	
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml	0	

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<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	28	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	19
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	29	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	19
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	30	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	19

<i>amoxicillin & k clavulanate tab 875-125 mg</i>	19	<i>aprepitant</i>	65
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<i>anagrelide hcl</i>	70	<i>aspirin enteric coated ad</i>	9
<i>anastrozole</i>	23	<i>atazanavir sulfate</i>	12
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<i>apraclonidine hcl</i>	82	<i>atomoxetine hcl</i>	47
		<i>atorvastatin calcium</i>	33
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		<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12
		<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12
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		<i>avidoxy</i>	20
		<i>avita</i>	88

AVONEX.....	50	<i>betamethasone dipropionate</i>	
AVONEX PEN	50	<i>augmented</i>	90
<i>azacitidine</i>	22	<i>betamethasone valerate</i>	90, 91
AZACTAM/DEX INJ 1GM	10	BETASERON	50
AZACTAM/DEX INJ 2GM	10	<i>betaxolol hcl</i>	35
AZASITE	81	<i>betaxolol hcl (ophth)</i>	82
<i>azathioprine</i>	75	<i>bethanechol chloride</i>	68
<i>azelaic acid</i>	92	BETIMOL.....	82
<i>azelastine hcl</i>	84	BETOPTIC-S	82
<i>azelastine hcl (ophth)</i>	82	BEVESPI AER 9-4.8MCG	83
<i>azithromycin</i>	17	<i>bexarotene</i>	26
<i>aztreonam</i>	10	BEXSERO INJ	75
<i>azurette</i>	58	<i>bicalutamide</i>	23
B		BIKTARVY TAB.....	14
<i>bacitracin (ophthalmic)</i>	81	<i>bimatoprost</i>	82
<i>bacitracin-polymyxin b ophth oint</i>	81	<i>bio-statin</i>	12
<i>bacitracin-polymyxin-neomycin-hc</i>		BIO-STATIN	12
<i>ophth oint 1%</i>	80	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>baclofen</i>	51	10-6.25 mg	34
BACTROBAN NASAL.....	89	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>balsalazide disodium</i>	66	2.5-6.25 mg	34
BARACLUDGE	16	<i>bisoprolol & hydrochlorothiazide tab 5-</i>	
BASAGLAR KWIKPEN	55	6.25 mg.....	34
BD PEN NEEDL MIS 32GX4MM	77	<i>bisoprolol fumarate</i>	35
BELBUCA	8, 9	<i>bleomycin sulfat</i> e	21
BELSOMRA.....	48	BLEPHAMIDE OIN S.O.P.	80
<i>benazepril & hydrochlorothiazide tab</i>		BLEPHAMIDE SUS OP.....	80
10-12.5 mg	29	BLOOD GLUCOSE CALIBRATION	
<i>benazepril & hydrochlorothiazide tab</i>		SOLUTION.....	78
20-12.5 mg	29	BOOSTRIX INJ	75
<i>benazepril & hydrochlorothiazide tab</i>		<i>bosentan</i>	38
20-25 mg.....	29	BOSULIF	24
<i>benazepril & hydrochlorothiazide tab 5-</i>		<i>bp wash</i>	88
6.25 mg.....	29	BREO ELLIPTA INH 100-25	87
<i>benazepril hcl</i>	30	BREO ELLIPTA INH 200-25	87
BENZIQU	88	BRILINTA.....	70
BENZIQU LS.....	88	<i>brimonidine tartrate</i>	82
<i>benziq wash</i>	88	<i>brinzolamide</i>	82
<i>benzonatate</i>	85	BRIVIACT.....	39
<i>benzoyl peroxide-erythromycin gel 5-</i>		<i>bromfenac sodium (ophth)</i>	81
3%.....	88	<i>bromocriptine mesylate</i>	44
<i>benztropine mesylate</i>	44	<i>brompheniramine tannate</i>	84
<i>bepotastine besilate</i>	82	<i>budesonide</i>	66
BESIVANCE	81	<i>budesonide (inhalation)</i>	87
<i>betamethasone dipropionate (topical)</i>		<i>bumetanide</i>	37
.....	90	<i>buprenorphine hcl</i>	9

<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	2	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .31	
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	2	<i>capecitabine</i>	22
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	2	CAPRELSA	24
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	2	<i>captopril</i>	30
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	2	<i>captopril & hydrochlorothiazide tab 25-</i> <i>15 mg</i>	29
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	2	<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	29
<i>bupropion hcl</i>	42	<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	29
<i>bupropion hcl (smoking deterrent)</i> ...	52	<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	29
<i>bupirone hcl</i>	49	<i>carbamazepine</i>	39
<i>busulfan</i>	21	<i>carbidopa</i>	44
<i>butalbital-acetaminophen-caffeine cap</i> 50-300-40 mg	1	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	45
<i>butalbital-acetaminophen-caffeine cap</i> 50-325-40 mg	1	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	45
<i>butalbital-acetaminophen-caffeine tab</i> 50-325-40 mg	1	<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	45
<i>butalbital-acetaminophen-caff w/ cod</i> <i>cap 50-300-40-30 mg</i>	3	<i>carbidopa & levodopa tab 10-100 mg</i> 45	
<i>butalbital-aspirin-caffeine cap 50-325-</i> <i>40 mg</i>	1	<i>carbidopa & levodopa tab 25-100 mg</i> 45	
<i>butorphanol tartrate</i>	3	<i>carbidopa & levodopa tab 25-250 mg</i> 45	
BYVALSON TAB 5-80MG	31	<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	45
C		<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	45
<i>cabergoline</i>	63	<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	45
<i>calcipotriene</i>	90	<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	45
<i>calcipotriene-betamethasone</i> <i>dipropionate oint 0.005-0.064%</i>	91	<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	45
<i>calcitonin (salmon)</i>	63	<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	45
<i>calcitriol</i>	79	<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	45
<i>calcitriol (topical)</i>	90	<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	45
<i>calcium acetate (phosphate binder)</i> ..	63	<i>carbinoxamine maleate</i>	84
CALQUENCE	24	<i>carboplatin</i>	27
<i>camila</i>	58	CARDENE IV SOL 20/200ML	36
<i>candesartan cilexetil</i>	32	CARDURA XL	68
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	31	<i>carglumic acid</i>	60
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	31	<i>carisoprodol</i>	51

<i>carisoprodol w/ aspirin & codeine tab</i>	CHLORPROMAZINE HCL	46
200-325-16 mg	<i>chlorthalidone</i>	37
<i>carmustine</i>	<i>chlorzoxazone</i>	51
<i>carteolol hcl (ophth)</i>	<i>cholecalciferol</i>	79
<i>cartia xt</i>	<i>cholestyramine</i>	33
<i>carvedilol</i>	<i>cholestyramine light</i>	33
<i>carvedilol phosphate</i>	<i>choline fenofibrate</i>	33
CAYA DPR	CHORIONIC GONADOTROPIN	63
CAYSTON	<i>ciclopirox</i>	89
<i>caziant</i>	<i>ciclopirox olamine</i>	89
<i>cefaclor</i>	<i>cidofovir</i>	16
<i>cefadroxil</i>	<i>cilostazol</i>	70
<i>cefazolin sodium</i>	CIMDUO TAB 300-300	14
<i>cefdinir</i>	<i>cimetidine</i>	66
<i>cefditoren pivoxil</i>	<i>cimetidine hcl</i>	66
<i>cefepime hcl</i>	<i>cinacalcet hcl</i>	57
<i>cefixime</i>	CIPRO	18
<i>cefotaxime sodium</i>	<i>ciprofloxacin</i>	18
<i>cefotetan disodium</i>	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	18
<i>cefoxitin sodium</i>	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	18
<i>cefpodoxime proxetil</i>	<i>ciprofloxacin-ciprofloxacin hcl tab er</i>	
<i>cefprozil</i>	24hr 1000 mg(base eq)	18
<i>ceftazidime</i>	<i>ciprofloxacin-ciprofloxacin hcl tab er</i>	
<i>ceftibuten</i>	24hr 500 mg (base eq)	18
CEFTIN	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>ceftriaxone sodium</i>	0.3-0.1%	93
<i>cefuroxime axetil</i>	<i>ciprofloxacin-fluocinolone acetone (pf)</i>	
<i>cefuroxime sodium</i>	otic soln 0.3-0.025%	83
<i>celecoxib</i>	<i>ciprofloxacin hcl</i>	18
CELONTIN	<i>ciprofloxacin hcl (ophth)</i>	81
<i>cephalexin</i>	CIPRO HC SUS OTIC	93
CERDELGA	<i>cisplatin</i>	27
CESAMET	<i>citalopram hydrobromide</i>	42
<i>cevimeline hcl</i>	CITRANATAL CAP HARMONY	79
CHANTIX	CITRANATAL CAP MEDLEY	79
CHANTIX CONTINUING MONTH	CITRANATAL MIS	79
<i>chateal</i>	CITRANATAL MIS 90 DHA	79
CHEMET	CITRANATAL MIS B-CALM	79
<i>cheratussin ac</i>	CITRANATAL PAK ASSURE	79
<i>chloramphenicol sodium succinate</i>	CITRANATAL PAK DHA	79
<i>chlordiazepoxide hcl</i>	CITRANATAL TAB BLOOM	79
<i>chlorhexidine gluconate (mouth-throat)</i>	CITRANATAL TAB RX	79
.....	<i>cladribine</i>	22
<i>chloroquine phosphate</i>	CLARINEX	84
<i>chlorothiazide</i>	<i>clarithromycin</i>	17
<i>chlorothiazide sodium</i>	<i>clemastine fumarate</i>	84
<i>chlorpromazine hcl</i>	CLENPIQ SOL	66

CLEOCIN.....	69	CREON CAP 36000UNT	67
CLIMARA PRO DIS WEEKLY	61	CREON CAP 6000UNIT	67
<i>clindamycin hcl</i>	10	CRINONE	64
<i>clindamycin palmitate hydrochloride</i> .	10	CRIXIVAN	12
<i>clindamycin phosphate</i>	10	<i>cromolyn sodium</i>	86
<i>clindamycin phosphate (topical)</i>	88	<i>cromolyn sodium (mastocytosis)</i>	67
<i>clindamycin phosphate vaginal</i>	69	<i>cromolyn sodium (ophth)</i>	82
<i>clobazam</i>	39	<i>croton</i>	92
<i>clobetasol propionate</i>	91	<i>cryselle-28</i>	58
<i>clofarabine</i>	22	<i>cyanocobalamin</i>	80
<i>clomipramine hcl</i>	49, 50	<i>cyclafem 1/35</i>	58
<i>clonazepam</i>	39	<i>cyclafem 7/7/7</i>	58
<i>clonidine</i>	37	<i>cyclobenzaprine hcl</i>	51
<i>clonidine hcl</i>	37	<i>cyclophosphamide</i>	21
<i>clopidogrel bisulfate</i>	70	<i>cycloserine</i>	16
<i>clorazepate dipotassium</i>	40	CYCLOSET.....	54
<i>clotrimazole</i>	92	<i>cyclosporine</i>	75
<i>clotrimazole (topical)</i>	89	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	75
<i>clotrimazole w/ betamethasone cream</i> <i>1-0.05%</i>	89	<i>cyproheptadine hcl</i>	84
<i>clotrimazole w/ betamethasone lotion</i> <i>1-0.05%</i>	89	CYSTAGON.....	60
<i>clozapine</i>	46	CYSTARAN	83
COARTEM TAB 20-120MG.....	12	<i>cytarabine</i>	22
<i>codeine sulfate</i>	3	D	
CODEINE SULFATE.....	3	<i>dacarbazine</i>	21
<i>colchicine</i>	1	<i>dalfampridine</i>	50
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	1	DALIRESP	86
<i>colestipol hcl</i>	33	<i>danazol</i>	60
<i>colocort</i>	66	<i>dantrolene sodium</i>	51
COLY-MYCIN S SUS OTIC	93	<i>dapsone</i>	10
COMBIVIR TAB 150-300.....	14	DAPTACEL INJ	75
COMETRIQ	24	<i>daptomycin</i>	10
COMETRIQ KIT 100MG.....	24	<i>darifenacin hydrobromide</i>	69
COMETRIQ KIT 140MG.....	24	<i>dasetta 1/35</i>	58
COMPLERA TAB.....	14	<i>dasetta 7/7/7</i>	58
<i>compro</i>	65	<i>daunorubicin hcl</i>	21
CONDYLOX.....	92	<i>decitabine</i>	22
COPAXONE.....	50	<i>deferiprone</i>	57
CORLANOR.....	38	DELSTRIGO TAB	14
<i>cortisone acetate</i>	62	<i>delyla</i>	58
COSENTYX	90	<i>demeclocycline hcl</i>	20
COSENTYX SENSOREADY PEN.....	90	DEPO-ESTRADIOL	61
CREON CAP 12000UNT	67	DEPO-MEDROL	62
CREON CAP 24000UNT	67	DEPO-PROVERA	23
CREON CAP 3000UNIT	67	DEPO-SUBQ PROVERA 104	58
		DESCOVY TAB 120-15MG	14
		DESCOVY TAB 200/25MG	14

<i>desipramine hcl</i>	42	DIPENTUM	66
<i>desloratadine</i>	84	<i>diphenhydramine hcl</i>	84
<i>desmopressin acetate</i>	64	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>desmopressin acetate spray</i>	64	<i>mg/5ml</i>	67
<i>desmopressin acetate spray</i>		<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>refrigerated</i>	64	<i>0.025 mg</i>	67
<i>desonide</i>	91	<i>dipyridamole</i>	71
<i>desoximetasone</i>	91	<i>disopyramide phosphate</i>	32
<i>desvenlafaxine succinate</i>	42	<i>disulfiram</i>	52
<i>dexamethasone</i>	62	DIURIL	37
DEXAMETHASONE INTENSOL.....	62	<i>divalproex sodium</i>	40
<i>dexamethasone sodium phosphate</i> ...	62	DIVIGEL	61
<i>dexamethasone sodium phosphate</i>		<i>docetaxel</i>	22
<i>(ophth)</i>	81	DOCETAXEL	22
<i>dexlansoprazole</i>	68	DOCETAXEL (NON-ALCOHOL FO).....	22
<i>dexmethylphenidate hcl</i>	47	<i>dofetilide</i>	32
<i>dexrazoxane hcl</i>	27	<i>donepezil hydrochloride</i>	41
<i>dextroamphetamine sulfate</i>	47	<i>doripenem</i>	10
<i>diazepam</i>	40	<i>dorzolamide hcl</i>	82
<i>diazepam intensol</i>	40	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diclofenac potassium</i>	1	<i>soln 22.3-6.8 mg/ml</i>	82
<i>diclofenac sodium</i>	1	DOVATO TAB 50-300MG	15
<i>diclofenac sodium (ophth)</i>	81	<i>doxazosin mesylate</i>	30
<i>diclofenac sodium (topical)</i>	92	<i>doxepin hcl</i>	42, 43
<i>diclofenac w/ misoprostol tab delayed</i>		<i>doxepin hcl (antipruritic)</i>	89
<i>release 50-0.2 mg</i>	2	<i>doxepin hcl (sleep)</i>	48
<i>diclofenac w/ misoprostol tab delayed</i>		<i>doxercalciferol</i>	80
<i>release 75-0.2 mg</i>	2	<i>doxorubicin hcl</i>	21
<i>dicloxacillin sodium</i>	20	<i>doxorubicin hcl liposomal</i>	21
<i>dicyclomine hcl</i>	64	<i>doxy 100</i>	20
<i>didanosine</i>	12	<i>doxycycline (monohydrate)</i>	20
DIFICID	17, 77	<i>doxycycline hyclate</i>	20
<i>diflorasone diacetate</i>	53	<i>doxylamine succinate (sleep)</i>	48
<i>diflunisal</i>	9	<i>dronabinol</i>	65
<i>difluprednate</i>	81	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>digox</i>	36	<i>0.03 mg</i>	58
<i>digoxin</i>	36	<i>drospirenone-ethinyl estrad-</i>	
DILANTIN	40	<i>levomefolate tab 3-0.03-0.451 mg</i>	58
DILATRATE SR.....	38	DROXIA	26
<i>diltiazem hcl</i>	36	DRYSOL.....	53
DILTIAZEM HCL	36	DUAVEE TAB 0.45-20	61
<i>diltiazem hcl coated beads</i>	36	<i>duloxetine hcl</i>	43
<i>diltiazem hcl extended release beads</i>	36	<i>dutasteride</i>	68
<i>dimethyl fumarate</i>	50	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>dimethyl fumarate capsule dr starter</i>		<i>mg</i>	68
<i>pack 120 mg & 240 mg</i>	51	E	
DIP/TET PED INJ 25-5LFU	75	<i>e.e.s. 400</i>	17

<i>econazole nitrate</i>	89	ENBREL	71
<i>ed-spaz</i>	64	ENBREL MINI.....	71
EDURANT.....	12	ENBREL SURECLICK	72
<i>efavirenz</i>	12	ENCARE	68
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	15	ENGERIX-B	75
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	15	<i>enoxaparin sodium</i>	69
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	15	<i>enpresse-28</i>	58
ELESTRIN	61	<i>enskyce</i>	58
<i>eletriptan hydrobromide</i>	49	<i>entacapone</i>	45
ELIGARD.....	23	<i>entecavir</i>	16
<i>elinest</i>	58	ENTRESTO TAB 24-26MG	38
ELIQUIS	69	ENTRESTO TAB 49-51MG	38
ELIQUIS STARTER PACK	69	ENTRESTO TAB 97-103MG	38
<i>elite-ob</i>	80	<i>enulose</i>	66
ELIXOPHYLLIN	88	EPCLUSA PAK 150-37.5	18
ELLA	58	EPCLUSA PAK 200-50MG.....	18
ELMIRON	68	EPCLUSA TAB 200-50MG.....	28
EMADINE	82	EPCLUSA TAB 400-100	18
EMBEDA CAP 100-4MG	3	EPIDIOLEX	40
EMBEDA CAP 20-0.8MG	3	<i>epinastine hcl (ophth)</i>	82
EMBEDA CAP 30-1.2MG	3	<i>epinephrine (anaphylaxis)</i>	83
EMBEDA CAP 50-2MG	3	EPIPEN 2-PAK.....	83
EMBEDA CAP 60-2.4MG	3	EPIPEN-JR 2-PAK	83
EMBEDA CAP 80-3.2MG	3	<i>epirubicin hcl</i>	21
EMCYT.....	21	<i>epitol</i>	40
EMGALITY	49	EPIVIR.....	13
<i>emoquette</i>	58	EPIVIR HBV	16
EMSAM	43	<i>eplerenone</i>	30
<i>emtricitabine</i>	12	<i>epoprostenol sodium</i>	38
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	15	<i>eprosartan mesylate</i>	32
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	15	EPZICOM TAB 600-300	15
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	15	ERBITUX.....	23
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	15	<i>ergocalciferol</i>	80
EMTRIVA.....	12	<i>ergoloid mesylates</i>	41
EMVERM	10	<i>ergotamine w/ caffeine tab 1-100 mg</i>	49
<i>enalapril maleate</i>	30	ERIVEDGE.....	23
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	29	ERLEADA	23
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	29	<i>erlotinib hcl</i>	25
		<i>errin</i>	58
		ERTACZO	89
		<i>ertapenem sodium</i>	10
		<i>ery</i>	88
		<i>ery-tab</i>	17
		ERYTHROCIN LACTOBIONATE	17
		<i>erythrocin stearate</i>	18
		<i>erythromycin (acne aid)</i>	88

<i>erythromycin (ophth)</i>	81	FARYDAK	23
<i>erythromycin base</i>	18	<i>fayosim</i>	58
<i>erythromycin ethylsuccinate</i>	18	FC2 FEMALE MIS CONDOM	77
ESBRIET	86	<i>febuxostat</i>	1
<i>escitalopram oxalate</i>	43	<i>felbamate</i>	40
<i>esomeprazole magnesium</i>	68	<i>felodipine</i>	36
<i>esomeprazole sodium</i>	68	FEMCAP MIS 22MM.....	77
<i>estradiol</i>	61	FEMCAP MIS 26MM.....	77
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	61	FEMCAP MIS 30MM.....	77
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	61	<i>fenofibrate</i>	33
<i>estradiol vaginal</i>	61	<i>fenofibrate micronized</i>	33
<i>estradiol valerate</i>	61	<i>fentanyl</i>	3
ESTROGEL	61	<i>fentanyl citrate</i>	3
<i>estropipate</i>	61	FERRIPROX	57
<i>eszopiclone</i>	48	FERRIPROX TWICE-A-DAY	57
<i>ethacrynate sodium</i>	37	<i>ferrous fumarate</i>	71
<i>ethacrynic acid</i>	37	FERROUS FUMARATE	71
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<i>ethosuximide</i>	40	FERROUS GLUCONATE.....	71
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<i>ipratropium bromide</i>	84	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	79
<i>ipratropium bromide (nasal)</i>	84	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	79
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LACRISERT	83	1500 mg/100ml	40
<i>lactic acid</i>	92	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lactic acid (ammonium lactate)</i>	92	500 mg/100ml	40
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.....	15	mg/50ml	18
<i>lamotrigine</i>	40	<i>levofloxacin in d5w iv soln 500</i>	
<i>lamotrigine tab 25 mg (42) & 100 mg</i>		mg/100ml	18
(7) starter kit.....	40	<i>levofloxacin in d5w iv soln 750</i>	
<i>lamotrigine tab 84 x 25 mg & 14 x 100</i>		mg/150ml	18
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LENVIMA 8 MG DAILY DOSE	25	<i>lidocaine hcl (mouth-throat)</i>	93
LENVIMA CAP 14 MG	25	<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	
LENVIMA CAP 18 MG	25	32
LENVIMA CAP 24 MG	25	<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	
<i>lessina</i>	59	32
<i>letrozole</i>	24	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	92
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<i>tramadol-acetaminophen tab 37.5-325 mg</i>	8
<i>tramadol hcl</i>	8
<i>trandolapril</i>	30
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	30
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	30
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	30
TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG	30

<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	30	TRUVADA TAB 167-250	15
<i>tranexamic acid</i>	70	TRUVADA TAB 200-300	15
<i>tranylcypromine sulfate</i>	44	<i>tussigon</i>	86
<i>travoprost</i>	82	TUZISTRA XR SUS	86
<i>trazodone hcl</i>	44	TWINRIX INJ	77
TRECTOR	16	TYBOST	14
TRELEGY AER ELLIPTA	84	TYMLOS	63
TREMFYA	73	TYSABRI	51
TRESIBA	55	TYVASO	39
TRESIBA FLEXTOUCH	55	TYVASO REFILL	39
<i>tretinoin</i>	88	TYVASO STARTER	39
<i>tretinoin (chemotherapy)</i>	27	U	
<i>tretinoin microsphere</i>	88	<i>unithroid</i>	64
<i>triamcinolone acetonide (mouth)</i>	93	UPTRAVI	39
<i>triamcinolone acetonide (nasal)</i>	87	UPTRAVI TAB 200/800	39
<i>triamcinolone acetonide (topical)</i>	91	URINE GLUCOSE MONITORING SUPPLIES	78
<i>triamterene</i>	37	URINE TEST STRIPS	78
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	37	<i>ursodiol</i>	67
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	37	UTIBRON CAP NEOHALER	21
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	37	UVADEX	27
<i>triderm</i>	91	V	
<i>trifluoperazine hcl</i>	47	<i>valacyclovir hcl</i>	16
<i>trifluridine</i>	81	<i>valganciclovir hcl</i>	16
<i>trihexyphenidyl hcl</i>	45	<i>valproate sodium</i>	41
TRIKAFTA TAB	87	<i>valproic acid</i>	41
<i>tri-linyah</i>	60	<i>valsartan</i>	32
<i>trimethobenzamide hcl</i>	66	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	32
<i>trimethoprim</i>	11	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	32
<i>trimipramine maleate</i>	44	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	32
<i>trinessa</i>	60	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	32
<i>tri-sprintec</i>	60	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	32
TRIUMEQ TAB	15	<i>vancomycin hcl</i>	11
<i>tri-vit/fluoride</i>	80	<i>vandazole</i>	69
<i>tri-vit/fluoride/iron</i>	80	VAQTA	77
<i>trivora-28</i>	60	VARENICLINE TARTRATE	52
TRIZIVIR TAB	15	<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	53
TROGARZO	14	VARIVAX	77
<i>tropicamide</i>	83	VARUBI	66
<i>tropium chloride</i>	69	VASCEPA	34
TRULICITY	54	VAXELIS INJ	93
TRUMENBA INJ	77		
TRUVADA TAB 100-150	15		
TRUVADA TAB 133-200	15		

VAXNEUVANCE INJ.....	77	XELJANZ.....	74
VCF VAGINAL CONTRACEPTIVE.....	68	XELJANZ XR.....	74
<i>velivet</i>	60	XEPI.....	53
VELPHORO.....	64	XERAC AC.....	53
VEMLIDY.....	16	XIFAXAN.....	11
VENCLEXTA.....	28	XIGDUO XR TAB 10-1000.....	56
VENCLEXTA TAB START PK.....	28	XIGDUO XR TAB 10-500MG.....	56
<i>venlafaxine hcl</i>	44	XIGDUO XR TAB 2.5-1000.....	56
VENTAVIS.....	39	XIGDUO XR TAB 5-1000MG.....	56
<i>verapamil hcl</i>	36	XIGDUO XR TAB 5-500MG.....	56
VERZENIO.....	27	XOLAIR.....	85
VIBRAMYCIN.....	20	XTANDI.....	24
VICTOZA.....	54	<i>xulane</i>	60
<i>vigabatrin</i>	41	XULTOPHY INJ 100/3.6.....	54
VIIBRYD.....	44	Y	
VIIBRYD KIT STARTER.....	44	<i>yuvafem</i>	62
VIMPAT.....	41	Z	
<i>vinblastine sulfate</i>	22	<i>zafirlukast</i>	86
<i>vincasar pfs</i>	22	<i>zaleplon</i>	48
<i>vincristine sulfate</i>	22	ZEJULA.....	23
<i>vinorelbine tartrate</i>	22	ZELBORAF.....	26
VIOKACE TAB 10440.....	67	<i>zenchent</i>	60
VIOKACE TAB 20880.....	67	ZENPEP CAP 10000UNT.....	67
<i>viorele</i>	60	ZENPEP CAP 15000UNT.....	67
VIRACEPT.....	14	ZENPEP CAP 20000UNT.....	67
VIRAMUNE.....	14	ZENPEP CAP 25000.....	67
VIRAMUNE XR.....	14	ZENPEP CAP 3000UNIT.....	67
VIREAD.....	14	ZENPEP CAP 40000.....	67
VISTOGARD.....	27	ZENPEP CAP 5000UNIT.....	67
VITAMIN D2.....	80	<i>zenzedi</i>	48
<i>vitamins a/c/d/fluoride</i>	80	ZEPATIER TAB 50-100MG.....	19
VITRAKVI.....	26	ZEPOSIA.....	83
VITUZ SOL 5-4MG.....	86	ZEPOSIA 7DAY CAP STR PACK.....	83
VIVITROL.....	53	ZEPOSIA CAP STR KIT.....	83
VOLTAREN.....	92	ZERIT.....	14
<i>voriconazole</i>	12	ZIAGEN.....	14
VOSEVI TAB.....	19	<i>zidovudine</i>	14
VOTRIENT.....	26	<i>zileuton</i>	86
VUMERITY.....	51	ZIOPTAN.....	82
W		<i>ziprasidone hcl</i>	47
<i>warfarin sodium</i>	70	ZIRGAN.....	81
<i>wera</i>	60	ZMAX.....	18
WIDE-SEAL SILICONE DIAPHR.....	77	<i>zoledronic acid</i>	57
X		ZOLINZA.....	23
XALKORI.....	26	<i>zolmitriptan</i>	49
XARELTO.....	70	<i>zolpidem tartrate</i>	48
XARELTO STAR TAB 15/20MG.....	70	<i>zonisamide</i>	41

ZOSTAVAX	77	ZUBSOLV SUB 5.7-1.4	2
<i>zovia 1/35e</i>	60	ZUBSOLV SUB 8.6-2.1	2
ZUBSOLV SUB 0.7-0.18	2	ZYDELIG	26
ZUBSOLV SUB 1.4-0.36	2	ZYKADIA	26
ZUBSOLV SUB 11.4-2.9	2	ZYLET SUS 0.5-0.3%	83
ZUBSOLV SUB 2.9-0.71	2	ZYPREXA RELPREVV	28