

Oscar + Holy Cross + Memorial Health (HMO)

Oscar + Holy Cross + Memorial – with \$1500 O-Card (HMO)

Oscar + Holy Cross + Memorial – with Refund Bonus

2023 Formulary List of Covered Drugs

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Formulary ID 00023259

Version Number 7

This formulary was updated on **10/01/2022**.

For more recent information or other questions, please contact Oscar Medicare at 855-672-2720, 8:00 a.m. to 8:00 p.m. local time 7 days a week from October 1st through March 31st, 8:00 a.m. to 8:00 p.m. local time weekdays from April 1st through September 30th. TTY users should call 711. You can also visit www.hioscar.com/medicare/forms.

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

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan even if you haven't paid your deductible.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Oscar Managed Care of South Florida, Inc. When it refers to "plan" or "our plan," it means Oscar Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of **10/01/2022**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears above.

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

What is the Oscar Medicare Formulary?

A formulary is a list of covered drugs selected by Oscar Medicare 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Oscar Medicare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Oscar Medicare Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this

year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **10/01/2022**. To get updated information about the drugs covered by Oscar Medicare and/or to request a hard copy of the formulary, please contact us. Our contact information appears on the front page. We update hard copies of our formulary every month. We also post information about certain changes we have made to our formulary every month at www.hioscar.com/medicare/forms.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **81**. 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?

Our plan 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:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide **60 tablets** per month supply for **JANUMET**. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **7**. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and

step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front page.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Oscar Medicare formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact your Care team and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Osar Medicare Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if

you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For members who move to or from a Long-Term Facility (LTC) after their first 90 days of enrollment, are allowed to fill an emergency supply of a non-formulary medication while you and your doctor work to either switch to a covered drug or request a prior authorization.

For more information

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

If you have questions about your plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front page.

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

Oscar Medicare's Formulary

The formulary below provides coverage information about the drugs covered by Oscar Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page **81**.

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

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug.

Drug Tiers

The Drug Tier column indicates the drug's tier. Your cost-share for each tier is described in your Evidence of Coverage. Please note that we have 5 tiers:

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty

Requirements/Limits

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Below is a description of the acronyms we list in the Requirements/Limits column.

QL: Quantity Limit

For certain drugs, we limit the amount of the drug that you can have by limiting how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

PA: Prior Authorization

We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy

In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA: Limited Access

This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory at www.hioscar.com/search or call us. Our contact information appears on the front page.

MO: Mail-Order Drug

This prescription drug is available through our mail-order service, as well as through our retail network pharmacies.

NM: Not Available via Mail Order

This drug is not available through mail order.

B/D: Part B vs. Part D

This drug could be covered under your Part B (medical) benefit or your Part D (drug) benefit depending on how you will use it. We need to decide how we will cover the drug before you get it. You or your physician must ask us to make this decision before you get this drug. Your cost-share for the drug under your Part B benefit will be different than your cost-share for the drug under your Part D benefit. You will pay 20% of the cost for drugs covered under your Part B benefit.

EX:

This prescription drug is not normally covered in a Medicare Advantage Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Coverage of Drugs in the Coverage Gap

The plans listed below provide additional coverage of drugs through the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

- Oscar + Holy Cross + Memorial (HMO): Tier 1 and Tier 2 drugs covered at \$0
- Oscar + Holy Cross + Memorial – with \$1500 O-Card (HMO): Tier 1 drugs covered at \$0
- Oscar + Holy Cross + Memorial – with Refund Bonus (HMO): Tier 1 drugs covered at \$0

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Drug Name **Drug Tier** **Requirements/Limits**

ANALGESICS

GOUT

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	QL (30 tabs / 30 days), PA

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

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

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone</i> TABS 25mg, 100mg	2	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin</i> TABS 3mg	2	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	
<i>meropenem</i> SOLR 1gm, 500mg	2	
<i>methenamine hippurate</i> TABS 1gm	2	
<i>metronidazole</i> SOLN 500mg/100ml	2	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	2	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	
<i>praziquantel</i> TABS 600mg	2	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	2	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	
<i>tinidazole TABS 250mg, 500mg</i>	2	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
TRIMETHOPRIM TABS 100mg	3	
<i>vancomycin hcl CAPS 125mg</i>	2	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	2	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b SOLR 50mg</i>	2	B/D
<i>amphotericin b liposome SUSR 50mg</i>	5	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	2	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	2	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	2	
<i>itraconazole CAPS 100mg</i>	2	PA
<i>ketoconazole TABS 200mg</i>	2	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>nystatin TABS 500000unit</i>	2	
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	5	PA
<i>voriconazole TABS 50mg</i>	2	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	2	NM
NORVIR PACK 100mg; SOLN 80mg/ml	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **ED** - Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	2	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	
<i>acyclovir SUSP 200mg/5ml</i>	2	
<i>acyclovir sodium SOLN 50mg/ml</i>	2	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	NM
BARACLUDE SOLN .05mg/ml	5	NM
<i>entecavir TABS .5mg, 1mg</i>	2	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOLN 5mg/ml	4	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	NM, PA
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
CEFAZOLIN ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	PA
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access ED - Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, LA, PA
LONSURF TAB 20-8.19	5	NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA

IMMUNOMODULATORS

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

MISCELLANEOUS

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

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	2	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBP 200mg	5	QL (21 tabs / 28 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NM, LA, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	

Drug Name	Drug Tier	Requirements/Limits
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CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i> TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	

ALPHA BLOCKERS

<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate CPDR 45mg, 135mg</i>	2	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg; TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	1	

MISCELLANEOUS

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

Drug Name	Drug Tier	Requirements/Limits
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

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

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTICONVULSANTS

APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older

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

Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa</i> TABS 25mg	2	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	2	
<i>carbidopa & levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	2	
<i>entacapone</i> TABS 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA
<i>VYVANSE CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>VYVANSE CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA
<i>VYVANSE CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg, 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
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ENDOCRINE AND METABOLIC
ANDROGENS

<i>oxandrolone</i> TABS 2.5mg	2	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	2	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	2	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA

ANTIDIABETICS

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

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access ED - Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **ED** - Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	2	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 125mg, 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg	2	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila TABS .35mg</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane TABS .35mg</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>ELLA TABS 30mg</i>	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTIEMETICS

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

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

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

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

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **ED** - Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
SUPREP BOWEL SOL PREP KIT	4	

MISCELLANEOUS

<i>alose tron hcl</i> TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucral fate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	2	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	2	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>silodosin</i> CAPS 4mg, 8mg	2	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	2	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>tropium chloride</i> CP24 60mg	2	QL (30 caps / 30 days)
<i>tropium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NM, PA

MISCELLANEOUS

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access ED - Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (112 tabs / year), NM, PA
SKYRIZI SOCT 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D, NM, LA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENG VAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%, 70%	2	B/D
FREAMINE III INJ 10%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentak OINT .3%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	2	
BROMSITE SOLN .075%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	2	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>olopatadine hcl</i> SOLN .1%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	2	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	

Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

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

Phosphodiesterase Type 5 Inhibitors

Phosphodiesterase Type 5 Inhibitors

<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	1	ED, QL (6 tabs / 30 days)
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RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%, .15%	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg	2	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, LA, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **ED** - Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA

NASAL STEROIDS

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

STEROID INHALANTS

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

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	2	QL (45 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>azelaic acid</i> GEL 15%	2	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	QL (1000 gm / 30 days)
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>procto-pak</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	2	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 gm / 28 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

Index

A	
<i>abacavir sulfate</i>	12
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	13
ABELCET	11
ABILIFY MAINTENA	41
<i>abiraterone acetate</i>	19
<i>acamprosate calcium</i>	47
<i>acarbose</i>	48
<i>accutane</i>	77
<i>acebutolol hcl</i>	31
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	8
<i>acetaminophen w/ codeine tab 300-15 mg</i>	8
<i>acetaminophen w/ codeine tab 300-30 mg</i>	8
<i>acetaminophen w/ codeine tab 300-60 mg</i>	8
<i>acetazolamide</i>	32
<i>acetic acid</i>	62
<i>acetic acid (otic)</i>	73
<i>acetylcysteine</i>	75
<i>acitretin</i>	78
ACTHIB INJ	67
ACTIMMUNE	66
<i>acyclovir</i>	14
<i>acyclovir sodium</i>	14
ADACEL INJ	67
<i>adefovir dipivoxil</i>	14
ADEMPAS	34
ADRENALIN	33
ADVAIR DISKU AER 100/50	76
ADVAIR DISKU AER 250/50	76
ADVAIR DISKU AER 500/50	76
ADVAIR HFA AER 115/21	76
ADVAIR HFA AER 230/21	76
ADVAIR HFA AER 45/21	76
<i>afirmelle</i>	52
AIMOVIG	45
<i>ala-cort</i>	78
<i>albendazole</i>	9
<i>albuterol sulfate</i>	74
<i>alclometasone dipropionate</i>	78
ALDURAZYME	57
ALECENSA	21
<i>alendronate sodium</i>	51
<i>alfuzosin hcl</i>	62
<i>aliskiren fumarate</i>	33
<i>allopurinol</i>	7
<i>alose tron hcl</i>	61
ALPHAGAN P	72
<i>alprazolam</i>	34
ALREX	71
<i>altavera</i>	52
ALTOPREV	30
ALUNBRIG	21
ALUNBRIG PAK	21
<i>alyacen 1/35</i>	52
<i>alyacen 7/7/7</i>	52
<i>amabelz</i>	55
<i>amantadine hcl</i>	40
<i>ambrisentan</i>	34
<i>amikacin sulfate</i>	9
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	32
<i>amiloride hcl</i>	32
<i>amiodarone hcl</i>	29
<i>amitriptyline hcl</i>	38
<i>amlodipine besylate</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	33

<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	26	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	17
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	26	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	17
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	26	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	43
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	26	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	43
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	26	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	43
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	26	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	27	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	27	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	43
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	27	<i>amphetamine-dextroamphetamine tab 10 mg</i>	44
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	27	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	44
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	27	<i>amphetamine-dextroamphetamine tab 15 mg</i>	44
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	27	<i>amphetamine-dextroamphetamine tab 20 mg</i>	44
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	27	<i>amphetamine-dextroamphetamine tab 30 mg</i>	44
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	27	<i>amphetamine-dextroamphetamine tab 5 mg</i>	44
<i>amnestem</i>	77	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	44
<i>amoxapine</i>	38	<i>amphotericin b</i>	11
<i>amoxicillin</i>	17	<i>amphotericin b liposome</i>	11
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	17	<i>ampicillin</i>	17
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	17	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	17
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	17	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	17
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	17	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	17
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	17	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	17
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	17	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	17
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	17	<i>ampicillin sodium</i>	17
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	17	<i>anagrelide hcl</i>	63
		<i>anastrozole</i>	19
		<i>ANORO ELLIPT AER 62.5-25</i>	73

<i>aprepitant</i>	59	<i>azelastine hcl (ophth)</i>	72
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	59	<i>azithromycin</i>	16
<i>apri</i>	52	<i>aztreonam</i>	9
APTIOM	34	<i>azurette</i>	52
APTIVUS	12	B	
ARALAST NP.....	75	<i>bacitracin (ophthalmic)</i>	71
<i>aranelle</i>	52	<i>bacitracin-polymyxin b ophth oint</i>	71
ARCALYST.....	66	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	71
<i>arformoterol tartrate</i>	74	<i>baclofen</i>	46
<i>aripiprazole</i>	41	BAFIERTAM	46
ARISTADA.....	41	<i>balsalazide disodium</i>	60
ARISTADA INITIO	41	BALVERSA.....	21
<i>armodafinil</i>	47	<i>balziva</i>	52
ARNUITY ELLIPTA.....	76	BARACLUDE	14
<i>asenapine maleate</i>	41	BASAGLAR KWIKPEN	49
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	64	BCG VACCINE.....	67
<i>atazanavir sulfate</i>	12	BD ALCOHOL SWABS.....	49
<i>atenolol</i>	31	BELSOMRA.....	45
<i>atenolol & chlorthalidone tab 100-25 mg</i>	30	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	26
<i>atenolol & chlorthalidone tab 50-25 mg</i>	30	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	26
<i>atomoxetine hcl</i>	44	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	26
<i>atorvastatin calcium</i>	30	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	26
<i>atovaquone</i>	9	<i>benazepril hcl</i>	26
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	12	BENDEKA.....	18
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	12	BENLYSTA.....	67
ATROPINE SULFATE.....	72	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	77
<i>atropine sulfate (ophthalmic)</i>	72	<i>benztropine mesylate</i>	40
ATROVENT HFA.....	73	BERINERT	64
<i>aubra eq</i>	52	BESIVANCE	71
<i>aurovela 1/20</i>	52	BESREMI	20
<i>aurovela fe 1/20</i>	52	<i>betaine powder for oral solution</i>	57
<i>aurovela fe 1.5/30</i>	52	<i>betamethasone dipropionate (topical)</i>	78
AUSTEDO.....	45	<i>betamethasone dipropionate augmented</i>	78
<i>aviane</i>	52	<i>betamethasone valerate</i>	78
<i>avita</i>	77	BETASERON	46
<i>ayuna</i>	52	<i>betaxolol hcl (ophth)</i>	72
AYVAKIT	21	<i>bethanechol chloride</i>	62
<i>azacitidine</i>	19	BETOPTIC-S	72
<i>azathioprine</i>	67	BEVESPI AER 9-4.8MCG.....	73
<i>azelaic acid</i>	79		
<i>azelastine hcl</i>	74		

<i>bexarotene</i>	20	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bexarotene (topical)</i>	79	8-2 mg (base equiv)	47
BEXSERO INJ	67	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bicalutamide</i>	19	2-0.5 mg (base equiv)	47
BICILLIN L-A	17	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BIKTARVY TAB 30-120-15 MG.....	13	8-2 mg (base equiv)	47
BIKTARVY TAB 50-200-25 MG.....	13	<i>bupropion hcl</i>	38
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl (smoking deterrent)</i> ..	47
10-6.25 mg	31	<i>bupirone hcl</i>	34
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>butorphanol tartrate</i>	8
2.5-6.25 mg	31	BYDUREON BCISE	48
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		BYETTA.....	48
6.25 mg	31	C	
<i>bisoprolol fumarate</i>	31	<i>cabergoline</i>	57
BIVIGAM.....	66	CABOMETYX	21
<i>blisovi fe 1.5/30</i>	52	<i>calcipotriene</i>	78
BOOSTRIX INJ	67	<i>calcitonin (salmon) spray</i>	51
<i>bortezomib</i>	21	<i>calcitrene</i>	78
BORTEZOMIB	21	<i>calcitriol</i>	59
<i>bosentan</i>	34	<i>calcium acetate (phosphate binder)</i> ..	58
BOSULIF	21	CALQUENCE	21
BRAFTOVI	21	<i>camila</i>	52
BREO ELLIPTA INH 100-25	76	<i>candesartan cilexetil</i>	29
BREO ELLIPTA INH 200-25	77	<i>candesartan cilexetil-</i>	
BREZTRI AERO AER SPHERE	73	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
BREZTRI AERO AER SPHERE		27
(INSTITUTIONAL PACK)	73	<i>candesartan cilexetil-</i>	
<i>briellyn</i>	52	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
BRILINTA	64	27
<i>brimonidine tartrate</i>	72	<i>candesartan cilexetil-</i>	
<i>brinzolamide</i>	72	<i>hydrochlorothiazide tab 32-25 mg</i> .	27
BRIVIACT	34, 35	CAPLYTA.....	41
<i>bromfenac sodium (ophth)</i>	71	CAPRELSA.....	21
<i>bromocriptine mesylate</i>	40	<i>captopril</i>	26
BROMSITE	71	<i>carb/levo orally disintegrating tab 10-</i>	
BRUKINSA	21	100mg.....	40
<i>budesonide</i>	60	<i>carb/levo orally disintegrating tab 25-</i>	
<i>budesonide (inhalation)</i>	76	100mg.....	40
<i>bumetanide</i>	32	<i>carb/levo orally disintegrating tab 25-</i>	
<i>buprenorphine hcl</i>	47	250mg.....	40
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbamazepine</i>	35
12-3 mg (base equiv)	47	<i>carbidopa</i>	40
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab 10-100 mg</i>	40
2-0.5 mg (base equiv)	47	<i>carbidopa & levodopa tab 25-100 mg</i>	40
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab 25-250 mg</i>	40
4-1 mg (base equiv)	47	<i>carbidopa & levodopa tab er 25-100</i>	
		mg	40

<i>carbidopa & levodopa tab er 50-200 mg</i>	40	CHEMET.....	51
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	40	<i>chlorhexidine gluconate (mouth-throat)</i>	80
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	40	<i>chloroquine phosphate</i>	12
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	40	<i>chlorpromazine hcl</i>	41
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	40	CHLORPROMAZINE HYDROCHLOR ...	41
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	40	<i>chlorthalidone</i>	32
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	40	<i>cholestyramine</i>	30
<i>carboplatin</i>	18	<i>cholestyramine light</i>	30
<i>carglumic acid</i>	57	<i>choline fenofibrate</i>	29
<i>carteolol hcl (ophth)</i>	72	<i>ciclopirox olamine</i>	77
<i>cartia xt</i>	31	<i>cilostazol</i>	64
<i>carvedilol</i>	31	CILOXAN.....	71
<i>caspofungin acetate</i>	11	CIMDUO TAB 300-300	13
CAYSTON.....	9	<i>cinacalcet hcl</i>	57
<i>cefaclor</i>	15	CIPRO	16
CEFACTOR ER.....	15	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	16
<i>cefadroxil</i>	15	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	16
CEFAZOLIN INJ 1GM/50ML	15	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	73
<i>cefazolin sodium</i>	15	<i>ciprofloxacin hcl</i>	16
CEFAZOLIN SOLN 2GM/100ML-4% ...	15	<i>ciprofloxacin hcl (ophth)</i>	71
<i>cefdinir</i>	15	CIPRO HC SUS OTIC.....	73
<i>cefepime hcl</i>	15	<i>cisplatin</i>	18
<i>cefixime</i>	15	<i>citalopram hydrobromide</i>	38
<i>cefoxitin sodium</i>	15	<i>claravis</i>	77
<i>cefpodoxime proxetil</i>	15	<i>clarithromycin</i>	16
<i>cefprozil</i>	16	<i>clindamycin hcl</i>	9
<i>ceftazidime</i>	16	<i>clindamycin palmitate hydrochloride</i> ...9	
CEFTAZIDIME/ SOL D5W 1GM	16	<i>clindamycin phosphate</i>	9
CEFTAZIDIME/ SOL D5W 2GM	16	<i>clindamycin phosphate (topical)</i>	77
<i>ceftriaxone sodium</i>	16	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	9
<i>cefuroxime axetil</i>	16	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	9
<i>cefuroxime sodium</i>	16	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	9
<i>celecoxib</i>	7	<i>clindamycin phosphate vaginal</i>	62
CELONTIN	35	CLINDMYC/NAC INJ 300/50ML.....	9
<i>cephalexin</i>	16	CLINDMYC/NAC INJ 600/50ML.....	9
CERDELGA	57	CLINDMYC/NAC INJ 900/50ML.....	9
CEREZYME	57	CLINIMIX INJ 4.25/D10	70
<i>cetirizine hcl</i>	74	CLINIMIX INJ 4.25/D5W	70
<i>cevimeline hcl</i>	80	CLINIMIX INJ 5%/D15W	70
<i>chateal</i>	52	CLINIMIX INJ 5%/D20W	70
		CLINIMIX INJ 6/5.....	70
		CLINIMIX INJ 8/10	70

CLINIMIX INJ 8/14	70	CYCLOPHOSPHAMIDE MONOHYDR....	19
<i>clinisol sf 15%</i>	70	<i>cycloserine</i>	14
CLINOLIPID EMU 20%	70	<i>cyclosporine</i>	67
<i>clobazam</i>	35	<i>cyclosporine modified (for</i>	
<i>clobetasol propionate</i>	78	<i>microemulsion)</i>	67
<i>clobetasol propionate e</i>	78	<i>cyproheptadine hcl</i>	74
<i>clomipramine hcl</i>	39	<i>cyred eq</i>	52
<i>clonazepam</i>	35	CYSTADROPS	73
<i>clonidine</i>	33	CYSTAGON.....	57
<i>clonidine hcl</i>	33	CYSTARAN	73
<i>clopidogrel bisulfate</i>	64	<i>cytarabine</i>	19
<i>clorazepate dipotassium</i>	35	D	
<i>clotrimazole</i>	80	D10W/NAACL INJ 0.2%	68
<i>clotrimazole (topical)</i>	77	D2.5W/NAACL INJ 0.45%.....	68
<i>clotrimazole w/ betamethasone cream</i>		D5W/LYTES INJ #48.....	68
<i>1-0.05%</i>	77	<i>dabigatran etexilate mesylate</i>	63
<i>clozapine</i>	41, 42	<i>dalfampridine</i>	46
COARTEM TAB 20-120MG.....	12	DALIRESP	75
<i>colchicine</i>	7	<i>danazol</i>	55
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dantrolene sodium</i>	46
<i>mg</i>	7	<i>dapsone</i>	10
<i>colesevelam hcl</i>	30	DAPTACEL INJ	67
<i>colestipol hcl</i>	30	<i>daptomycin</i>	10
<i>colistimethate sodium</i>	9	DAPTOMYCIN	10
COMBIGAN SOL 0.2/0.5%	72	<i>darifenacin hydrobromide</i>	62
COMBIVENT AER 20-100.....	73	<i>dasetta 1/35</i>	52
COMETRIQ (60MG DOSE).....	21	<i>dasetta 7/7/7</i>	52
COMETRIQ KIT 100MG.....	21	DAURISMO.....	21
COMETRIQ KIT 140MG.....	21	<i>deblitane</i>	52
COMPLERA TAB.....	13	<i>deferasirox</i>	51
<i>compro</i>	59	DELESTROGEN	55
<i>constulose</i>	60	DELSTRIGO TAB	13
COPIKTRA.....	21	DENGVAXIA SUS.....	67
CORLANOR.....	33	DESCOVY TAB 120-15MG.....	13
COTELLIC	21	DESCOVY TAB 200/25MG.....	13
CREON CAP 12000UNT	61	<i>desipramine hcl</i>	39
CREON CAP 24000UNT	61	<i>desloratadine</i>	74
CREON CAP 3000UNIT	61	<i>desmopressin acetate</i>	57
CREON CAP 36000UNT	61	<i>desmopressin acetate spray</i>	57
CREON CAP 6000UNIT	61	<i>desmopressin acetate spray</i>	
<i>cromolyn sodium</i>	75	<i>refrigerated</i>	57
<i>cromolyn sodium (mastocytosis)</i>	61	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cromolyn sodium (ophth)</i>	72	<i>0.15-0.02/0.01 mg(21/5)</i>	52
<i>cryselle-28</i>	52	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>cyclobenzaprine hcl</i>	46	<i>mg-30 mcg</i>	52
<i>cyclophosphamide</i>	18	<i>desvenlafaxine succinate</i>	39
CYCLOPHOSPHAMIDE	18	<i>dexamethasone</i>	56

DEXAMETHASONE INTENSOL.....	56	<i>dilt-xr</i>	31
<i>dexamethasone sodium phosphate</i> ...	56	DIP/TET PED INJ 25-5LFU	67
<i>dexamethasone sodium phosphate</i>		<i>diphenhydramine hcl</i>	74
(<i>ophth</i>)	72	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dexmethylphenidate hcl</i>	44	<i>mg/5ml</i>	61
<i>dextrose</i>	70	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dextrose 10% w/ sodium chloride</i>		<i>0.025 mg</i>	61
<i>0.45%</i>	68	<i>dipyridamole</i>	64
<i>dextrose 2.5% w/ sodium chloride</i>		<i>disopyramide phosphate</i>	29
<i>0.45%</i>	68	<i>disulfiram</i>	47
<i>dextrose 5% in lactated ringers</i>	68	<i>divalproex sodium</i>	35
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>docetaxel</i>	20
.....	68	DOCETAXEL	21
<i>dextrose 5% w/ sodium chloride</i>		<i>dofetilide</i>	29
<i>0.225%</i>	68	<i>donepezil hydrochloride</i>	38
<i>dextrose 5% w/ sodium chloride 0.3%</i>		DOPTelet	64
.....	68	<i>dorzolamide hcl</i>	72
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>dorzolamide hcl-timolol maleate ophth</i>	
.....	68	<i>soln 22.3-6.8 mg/ml</i>	72
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>dotti</i>	55
.....	68	DOVATO TAB 50-300MG	13
DIACOMIT.....	35	<i>doxazosin mesylate</i>	27
<i>diazepam</i>	35	<i>doxepin hcl</i>	39
<i>diazepam (anticonvulsant)</i>	35	<i>doxepin hcl (sleep)</i>	45
<i>diazepam inj</i>	35	<i>doxercalciferol</i>	59
<i>diazoxide</i>	57	<i>doxorubicin hcl</i>	19
<i>diclofenac potassium</i>	7	<i>doxorubicin hcl liposomal</i>	19
<i>diclofenac sodium</i>	7	<i>doxy 100</i>	18
<i>diclofenac sodium (ophth)</i>	72	<i>doxycycline (monohydrate)</i>	18
<i>diclofenac sodium (topical)</i>	79	<i>doxycycline hyclate</i>	18
<i>diclofenac w/ misoprostol tab delayed</i>		DRIZALMA SPRINKLE.....	39
<i>release 50-0.2 mg</i>	7	<i>dronabinol</i>	59
<i>diclofenac w/ misoprostol tab delayed</i>		<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>release 75-0.2 mg</i>	7	<i>0.02 mg</i>	52
<i>dicloxacillin sodium</i>	17	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicyclomine hcl</i>	60	<i>0.03 mg</i>	52
DIFICID	16	DROXIA	64
<i>diflunisal</i>	7	<i>droxidopa</i>	33
<i>difluprednate</i>	72	<i>duloxetine hcl</i>	39
<i>digoxin</i>	33	DUPIXENT	64
<i>dihydroergotamine mesylate</i>	45	<i>dutasteride</i>	62
DILANTIN	35	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
DILANTIN-125	35	<i>mg</i>	62
DILANTIN INFATABS	35	E	
<i>diltiazem hcl</i>	31	<i>e.e.s. 400</i>	16
<i>diltiazem hcl coated beads</i>	32	<i>ec-naproxen</i>	7
<i>diltiazem hcl extended release beads</i>	32	EDARBI	29

EDARBYCLOR TAB 40-12.5	28	<i>enskyce</i>	52
EDARBYCLOR TAB 40-25MG	28	ENSTILAR AER.....	78
EDURANT.....	12	<i>entacapone</i>	40
<i>efavirenz</i>	12	<i>entecavir</i>	14
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	13	ENTRESTO TAB 24-26MG	28
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	13	ENTRESTO TAB 49-51MG	28
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	13	ENTRESTO TAB 97-103MG	28
ELIGARD.....	19	<i>enulose</i>	60
<i>elinest</i>	52	EPCLUSA PAK 150-37.5	14
ELIQUIS	63	EPCLUSA PAK 200-50MG.....	14
ELIQUIS STARTER PACK	63	EPCLUSA TAB 200-50MG.....	14
ELLA	52	EPCLUSA TAB 400-100	14
ELLENCE.....	19	EPIDIOLEX	35
<i>eluryng</i>	52	<i>epinephrine (anaphylaxis)</i>	75
EMCYT	19	<i>epitol</i>	35
<i>emoquette</i>	52	EPIVIR HBV.....	15
EMSAM	39	<i>eplerenone</i>	27
<i>emtricitabine</i>	12	EPRONTIA	36
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	13	<i>ergotamine w/ caffeine tab 1-100 mg</i>	45
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	13	ERIVEDGE.....	21
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	14	ERLEADA	19
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	14	<i>erlotinib hcl</i>	21
EMTRIVA.....	12	<i>errin</i>	52
EMVERM	10	<i>ertapenem sodium</i>	10
<i>enalapril maleate</i>	27	<i>ery</i>	77
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	26	<i>ery-tab</i>	16
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	26	ERYTHROCIN LACTOBIONATE	16
ENBREL	64	<i>erythrocin stearate</i>	16
ENBREL MINI.....	64	<i>erythromycin (acne aid)</i>	77
ENBREL SURECLICK	65	<i>erythromycin (ophth)</i>	71
ENDARI	64	<i>erythromycin base</i>	16
<i>endocet tab 10-325mg</i>	8	<i>erythromycin ethylsuccinate</i>	16
<i>endocet tab 2.5-325mg</i>	8	<i>erythromycin lactobionate</i>	16
<i>endocet tab 5-325mg</i>	8	ESBRIET	75
<i>endocet tab 7.5-325mg</i>	8	<i>escitalopram oxalate</i>	39
ENGERIX-B	67	<i>esomeprazole magnesium</i>	62
<i>enoxaparin sodium</i>	63	<i>estarylla</i>	52
<i>enpresse-28</i>	52	<i>estradiol</i>	56
		<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	56
		<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	56
		<i>estradiol vaginal</i>	56
		<i>estradiol valerate</i>	56
		<i>ethambutol hcl</i>	14
		<i>ethosuximide</i>	36

<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	52	FIASP PENFIL INJ U-100	50
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	53	FINACEA	79
<i>etodolac</i>	7	<i>finasteride</i>	62
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	53	FINTEPLA	36
<i>etoposide</i>	21	<i>flac</i>	73
<i>etravirine</i>	12	FLAREX	72
EULEXIN	19	FLEBOGAMMA DIF	66
<i>euthyrox</i>	58	<i>flecainide acetate</i>	29
<i>everolimus</i>	21, 22	FLOVENT DISKUS	76
<i>everolimus (immunosuppressant)</i>	67	FLOVENT HFA	76
EVOTAZ TAB 300-150	14	<i>fluconazole</i>	11
<i>exemestane</i>	19	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11
EXKIVITY	22	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11
EZALLOR SPRINKLE	30	<i>flucytosine</i>	11
<i>ezetimibe</i>	30	<i>fludrocortisone acetate</i>	56
<i>ezetimibe-simvastatin tab 10-10 mg</i>	30	<i>flunisolide (nasal)</i>	76
<i>ezetimibe-simvastatin tab 10-20 mg</i>	30	<i>fluocinolone acetonide</i>	78
<i>ezetimibe-simvastatin tab 10-40 mg</i>	30	<i>fluocinolone acetonide (otic)</i>	73
<i>ezetimibe-simvastatin tab 10-80 mg</i>	30	<i>fluocinonide</i>	78, 79
F		<i>fluocinonide emulsified base</i>	79
FABRAZYME	57	<i>fluorometholone (ophth)</i>	72
<i>falmina</i>	53	<i>fluorouracil</i>	19
<i>famciclovir</i>	15	<i>fluorouracil (topical)</i>	79
<i>famotidine</i>	60	<i>fluoxetine hcl</i>	39
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	60	<i>fluphenazine decanoate</i>	42
FANAPT	42	<i>fluphenazine hcl</i>	42
FANAPT PAK	42	<i>flurbiprofen</i>	7
FARXIGA	48	<i>flurbiprofen sodium</i>	72
FASENRA	75	<i>fluticasone propionate</i>	79
FASENRA PEN	75	<i>fluticasone propionate (nasal)</i>	76
<i>febuxostat</i>	7	<i>fluvastatin sodium</i>	30
<i>felbamate</i>	36	<i>fluvoxamine maleate</i>	34
<i>felodipine</i>	32	<i>fondaparinux sodium</i>	63
<i>femynor</i>	53	<i>formoterol fumarate</i>	74
<i>fenofibrate</i>	29	FORTEO	51
<i>fenofibrate micronized</i>	30	FOSAMAX + D TAB 70-2800	51
<i>fentanyl</i>	7	FOSAMAX + D TAB 70-5600	51
<i>fentanyl citrate</i>	8	<i>fosamprenavir calcium</i>	12
<i>fesoterodine fumarate</i>	62	<i>fosinopril sodium</i>	27
FETZIMA	39	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	26
FETZIMA CAP TITRATIO	39	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	26
FIASP FLEX INJ TOUCH	49	FOTIVDA	22
FIASP INJ 100/ML	50	FREAMINE III INJ 10%	70

<i>fulvestrant</i>	19
<i>furosemide</i>	32
<i>furosemide inj</i>	32
FUZEON	12
<i>fyavolv tab 0.5mg-2.5mcg</i>	56
<i>fyavolv tab 1mg-5mcg</i>	56
FYCOMPA	36
G	
<i>gabapentin</i>	36
<i>galantamine hydrobromide</i>	38
GAMASTAN INJ	66
GAMMAGARD LIQUID	66
GAMMAGARD S/D IGA LESS TH	66
GAMMAKED	66
GAMMAPLEX	66
GAMUNEX-C	66
<i>ganciclovir sodium</i>	15
GARDASIL 9 INJ	67
<i>gatifloxacin (ophth)</i>	71
GATTEX	61
GAUZE PADS 2	50
<i>gavilyte-c</i>	60
<i>gavilyte-g</i>	60
GAVRETO	22
<i>gemcitabine hcl</i>	19
<i>gemfibrozil</i>	30
GEMTESA	62
<i>generlac</i>	60
<i>gengraf</i>	67
GENOTROPIN	57
GENOTROPIN MINIQUICK	57
<i>gentak</i>	71
<i>gentamicin in saline inj 0.8 mg/ml</i>	10
<i>gentamicin in saline inj 1.2 mg/ml</i>	10
<i>gentamicin in saline inj 1.6 mg/ml</i>	10
<i>gentamicin in saline inj 1 mg/ml</i>	10
<i>gentamicin in saline inj 2 mg/ml</i>	10
<i>gentamicin sulfate</i>	10
<i>gentamicin sulfate (ophth)</i>	71
<i>gentamicin sulfate (topical)</i>	77
GENVOYA TAB	14
GILENYA	46
GILOTRIF	22
<i>glatiramer acetate</i>	46
<i>glatopa</i>	46
<i>glimepiride</i>	48
<i>glipizide</i>	48

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	48
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	48
<i>glipizide-metformin hcl tab 5-500 mg</i>	48
<i>glipizide xl</i>	48
<i>glycopyrrolate</i>	60
<i>glydo</i>	79
GLYXAMBI TAB 10-5 MG	48
GLYXAMBI TAB 25-5 MG	48
GOLYTELY SOL	61
GRALISE	46
<i>granisetron hcl</i>	59
<i>griseofulvin microsize</i>	11
<i>griseofulvin ultramicrosize</i>	11
<i>guanfacine hcl</i>	33
<i>guanfacine hcl (adhd)</i>	44
GVOKE HYPOPEN 2-PACK	57
GVOKE KIT	57
GVOKE PFS	57
H	
HAEGARDA	64
<i>hailey 1.5/30</i>	53
<i>halobetasol propionate</i>	79
<i>haloperidol</i>	42
<i>haloperidol decanoate</i>	42
<i>haloperidol lactate</i>	42
HARVONI PAK 33.75-150MG	15
HARVONI PAK 45-200MG	15
HARVONI TAB 45-200MG	15
HARVONI TAB 90-400MG	15
HAVRIX	67
<i>heather</i>	53
HEPARIN/NAACL INJ 25000UNT	63
<i>heparin sodium (porcine)</i>	63
HEP SOD/D5W INJ 20000UNT	63
HEP SOD/D5W INJ 25000UNT	63
HEP SOD/NAACL INJ 25000UNT	63
HERCEP HYLEC SOL 60-10000	22
HERCEPTIN	22
HERZUMA	22
HETLIOZ	45
HIBERIX	67
HUMIRA	65
HUMIRA PEDIA INJ CROHNS	65
HUMIRA PEDIATRIC CROHNS D	65
HUMIRA PEN	65

HUMIRA PEN-CD/UC/HS START.....	65	IMOVAX RABIES (H.D.C.V.).....	67
HUMIRA PEN KIT PS/UV.....	65	<i>incassia</i>	53
HUMIRA PEN-PEDIATRIC UC S.....	65	INCRELEX.....	57
HUMIRA PEN-PS/UV STARTER.....	65	INCRUSE ELLIPTA.....	73
HUMULIN R U-500 (CONCENTR.....	50	<i>indapamide</i>	32
HUMULIN R U-500 KWIKPEN.....	50	INFANRIX INJ.....	67
<i>hydralazine hcl</i>	33	INFLIXIMAB.....	65
<i>hydrochlorothiazide</i>	32	INGREZZA.....	46
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	8	INGREZZA CAP 40-80MG.....	46
<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	8	INLYTA.....	22
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	8	INQOVI TAB 35-100MG.....	19
<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	8	INREBIC.....	22
<i>hydrocodone bitartrate</i>	7, 8	INSULIN PEN NEEDLES: BD/NOVO ...	50
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8	INSULIN SAFETY NEEDLES.....	50
<i>hydrocortisone</i>	56	INSULIN SYRINGES: BD.....	50
<i>hydrocortisone (intrarectal)</i>	60	INTELENCE.....	12
<i>hydrocortisone (rectal)</i>	79	INTRALIPID.....	70
<i>hydrocortisone (topical)</i>	79	INTRON A.....	66
<i>hydromorphone hcl</i>	8	<i>introvale</i>	53
<i>hydroxychloroquine sulfate</i>	66	INVEGA SUSTENNA.....	42
<i>hydroxyurea</i>	20	IPOL INJ INACTIVE.....	67
<i>hydroxyzine hcl</i>	74	<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	73
<i>hydroxyzine pamoate</i>	74	<i>ipratropium bromide</i>	74
HYSINGLA ER.....	8	<i>ipratropium bromide (nasal)</i>	74
I		<i>irbesartan</i>	29
<i>ibandronate sodium</i>	51	<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	28
IBRANCE.....	22	<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	28
<i>ibu</i>	7	IRESSA.....	22
<i>ibuprofen</i>	7	<i>irinotecan hcl</i>	20
<i>icatibant acetate</i>	64	ISENTRESS.....	12
<i>iclevia</i>	53	ISENTRESS HD.....	12
ICLUSIG.....	22	<i>isibloom</i>	53
IDHIFA.....	22	ISOLYTE-P INJ /D5W.....	69
ILEVRO.....	72	ISOLYTE-S INJ.....	69
<i>imatinib mesylate</i>	22	ISOLYTE-S INJ PH 7.4.....	69
IMBRUVICA.....	22	<i>isoniazid</i>	14
<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	10	ISOPTO ATROPINE.....	73
<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	10	<i>isosorbide dinitrate</i>	34
<i>imipramine hcl</i>	39	<i>isosorbide mononitrate</i>	34
<i>imiquimod</i>	79	<i>isotretinoin</i>	77
		<i>isradipine</i>	32
		<i>itraconazole</i>	11
		<i>ivermectin</i>	10
		IXIARO INJ.....	67

J	
JAKAFI	22
<i>jantoven</i>	63
JANUMET TAB 50-1000	48
JANUMET TAB 50-500MG	48
JANUMET XR TAB 100-1000.....	48
JANUMET XR TAB 50-1000	48
JANUMET XR TAB 50-500MG.....	48
JANUVIA	48
JARDIANCE	48
<i>jasmiel</i>	53
JENTADUETO TAB 2.5-1000.....	48
JENTADUETO TAB 2.5-500	48
JENTADUETO TAB 2.5-850	48
JENTADUETO TAB XR 2.5-1000MG ...	48
JENTADUETO TAB XR 5-1000MG	49
<i>jinteli</i>	56
<i>jolessa</i>	53
<i>juleber</i>	53
JULUCA TAB 50-25MG	14
<i>junel 1/20</i>	53
<i>junel 1.5/30</i>	53
<i>junel fe 1/20</i>	53
<i>junel fe 1.5/30</i>	53
K	
KADCYLA	22
KALYDECO	75
KANJINTI	22
<i>kariva</i>	53
KCL/D5W/NACL INJ 0.3/0.9%.....	69
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	69
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	69
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	69
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	69
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	69
<i>kelnor 1/35</i>	53
<i>kelnor 1/50</i>	53
KERENDIA.....	27
KESIMPTA	46
<i>ketoconazole</i>	11
<i>ketoconazole (topical)</i>	77, 78
<i>ketorolac tromethamine (ophth)</i>	72
KEVZARA	65
KEYTRUDA	22
KINRIX INJ.....	68
KISQALI 200 DOSE	22
KISQALI 200 PAK FEMARA.....	20
KISQALI 400 DOSE	23
KISQALI 400 PAK FEMARA.....	20
KISQALI 600 DOSE	23
KISQALI 600 PAK FEMARA.....	20
<i>klor-con</i>	69
<i>klor-con 10</i>	70
<i>klor-con 8</i>	69
<i>klor-con m10</i>	70
<i>klor-con m15</i>	70
<i>klor-con m20</i>	70
KORLYM.....	57
<i>kurvelo</i>	53
KYNMOBI	41
L	
<i>labetalol hcl</i>	31
<i>lacosamide</i>	36
<i>lacosamide oral</i>	36
<i>lactated ringer's solution</i>	69
<i>lactic acid (ammonium lactate)</i>	79
<i>lactulose</i>	61
<i>lactulose (encephalopathy)</i>	61
<i>lamivudine</i>	12
<i>lamivudine (hbv)</i>	15
<i>lamivudine-zidovudine tab 150-300 mg</i>	14
<i>lamotrigine</i>	36
<i>lansoprazole</i>	62
LANTUS	50
LANTUS SOLOSTAR	50
<i>lapatinib ditosylate</i>	23
<i>larin 1/20</i>	53

<i>larin 1.5/30</i>	53	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin fe 1/20</i>	53	0.15 mg-30 mcg	53
<i>larin fe 1.5/30</i>	53	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larissia</i>	53	0.1 mg-20 mcg	53
<i>latanoprost</i>	72	<i>levonorgestrel-eth estra tab 0.05-</i>	
LATUDA.....	42	30/0.075-40/0.125-30mg-mcg	53
<i>leena</i>	53	<i>levora 0.15/30-28</i>	53
<i>leflunomide</i>	66	<i>levo-t</i>	58
<i>lenalidomide</i>	20	<i>levothyroxine sodium</i>	59
LENVIMA 10 MG DAILY DOSE	23	<i>levoxyl</i>	59
LENVIMA 12MG DAILY DOSE	23	LEXIVA.....	12
LENVIMA 20 MG DAILY DOSE	23	<i>lidocaine</i>	79
LENVIMA 4 MG DAILY DOSE	23	<i>lidocaine hcl</i>	79
LENVIMA 8 MG DAILY DOSE	23	<i>lidocaine hcl (local anesth.)</i>	9
LENVIMA CAP 14 MG.....	23	<i>lidocaine hcl (mouth-throat)</i>	80
LENVIMA CAP 18 MG.....	23	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	79
LENVIMA CAP 24 MG.....	23	<i>lillow</i>	53
<i>lessina</i>	53	<i>linezolid</i>	10
<i>letrozole</i>	19	<i>linezolid in sodium chloride iv soln 600</i>	
<i>leucovorin calcium</i>	25	mg/300ml-0.9%	10
LEUKERAN.....	19	LINZESS.....	61
<i>leuprolide acetate</i>	19	<i>liothyronine sodium</i>	59
<i>levabuterol hcl</i>	74	<i>lisinopril</i>	27
<i>levabuterol tartrate</i>	74	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
LEVEMIR.....	50	12.5 mg.....	26
LEVEMIR FLEXTOUCH.....	50	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levetiracetam</i>	36	12.5 mg.....	26
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
1000 mg/100ml.....	36	25 mg.....	26
<i>levetiracetam in sodium chloride iv soln</i>		<i>lithium carbonate</i>	46
1500 mg/100ml.....	36	LIVALO.....	30
<i>levetiracetam in sodium chloride iv soln</i>		<i>loestrin 1/20-21</i>	53
500 mg/100ml.....	36	<i>loestrin 1.5/30-21</i>	53
<i>levobunolol hcl</i>	72	<i>loestrin fe 1/20</i>	53
<i>levocarnitine (metabolic modifiers)</i>	57	<i>loestrin fe 1.5/30</i>	53
<i>levocetirizine dihydrochloride</i>	74	LOKELMA.....	51
<i>levofloxacin</i>	16	LONSURF TAB 15-6.14.....	19
<i>levofloxacin in d5w iv soln 250</i>		LONSURF TAB 20-8.19.....	19
mg/50ml.....	16	<i>loperamide hcl</i>	61
<i>levofloxacin in d5w iv soln 500</i>		<i>lopinavir-ritonavir soln 400-100</i>	
mg/100ml.....	16	mg/5ml (80-20 mg/ml).....	14
<i>levofloxacin in d5w iv soln 750</i>		<i>lopinavir-ritonavir tab 100-25 mg</i>	14
mg/150ml.....	16	<i>lopinavir-ritonavir tab 200-50 mg</i>	14
<i>levonest</i>	53	<i>lorazepam</i>	34
<i>levonorgestrel & ethinyl estradiol (91-</i>		<i>lorazepam intensol</i>	34
<i>day) tab 0.15-0.03 mg</i>	53	LORBRENA.....	23
		<i>loryna</i>	54

<i>losartan potassium</i>	29	MEKTOVI	23
<i>losartan potassium &</i>		<i>meloxicam</i>	7
<i>hydrochlorothiazide tab 100-12.5 mg</i>		<i>memantine hcl</i>	38
.....	28	MENACTRA INJ	68
<i>losartan potassium &</i>		MENQUADFI INJ.....	68
<i>hydrochlorothiazide tab 100-25 mg</i>	28	MENVEO INJ	68
<i>losartan potassium &</i>		<i>mercaptapurine</i>	19
<i>hydrochlorothiazide tab 50-12.5 mg</i>		<i>meropenem</i>	10
.....	28	<i>mesalamine</i>	60
LOTEMAX	72	<i>mesalamine w/ cleanser</i>	60
<i>lovastatin</i>	30	MESNEX.....	25
<i>low-ogestrel</i>	54	<i>metadate er</i>	44
<i>loxapine succinate</i>	42	<i>metformin hcl</i>	49
LUMAKRAS	23	<i>methadone hcl</i>	8
LUMIGAN	72	<i>methadone hydrochloride i</i>	8
LUMIZYME	57	<i>methazolamide</i>	32
LUPRON DEPOT (1-MONTH).....	19	<i>methenamine hippurate</i>	10
LUPRON DEPOT (3-MONTH).....	20	<i>methimazole</i>	59
LUPRON DEPOT-PED (1-MONTH	57	<i>methotrexate sodium</i>	19, 66
LUPRON DEPOT-PED (3-MONTH	57	<i>methylphenidate hcl</i>	44
<i>lutera</i>	54	<i>methylprednisolone</i>	56
<i>lyleq</i>	54	<i>methylprednisolone acetate</i>	56
<i>lyllana</i>	56	<i>methylprednisolone sod succ</i>	56
LYNPARZA.....	23	<i>metoclopramide hcl</i>	59
LYSODREN	20	<i>metolazone</i>	32
<i>lyza</i>	54	<i>metoprolol & hydrochlorothiazide tab</i>	
M		<i>100-25 mg</i>	31
<i>magnesium sulfate</i>	69	<i>metoprolol & hydrochlorothiazide tab</i>	
MAGNESIUM SULFATE	69	<i>100-50 mg</i>	31
<i>magnesium sulfate in dextrose 5% iv</i>		<i>metoprolol & hydrochlorothiazide tab</i>	
<i>soln 1 gm/100ml</i>	69	<i>50-25 mg</i>	31
<i>malathion</i>	80	<i>metoprolol succinate</i>	31
<i>maraviroc</i>	12	<i>metoprolol tartrate</i>	31
<i>marlissa</i>	54	<i>metronidazole</i>	10
MARPLAN	39	<i>metronidazole (topical)</i>	79
MATULANE	20	<i>metronidazole vaginal</i>	63
<i>matzim la</i>	32	<i>metyrosine</i>	34
MAVYRET PAK 50-20MG	15	MG SO4/D5W INJ 10MG/ML.....	69
MAVYRET TAB 100-40MG	15	<i>micalungin sodium</i>	11
<i>meclizine hcl</i>	59	<i>microgestin 1/20</i>	54
<i>medroxyprogesterone acetate</i>	58	<i>microgestin 1.5/30</i>	54
<i>medroxyprogesterone acetate</i>		<i>microgestin fe 1/20</i>	54
<i>(contraceptive)</i>	54	<i>microgestin fe 1.5/30</i>	54
<i>mefloquine hcl</i>	12	<i>midodrine hcl</i>	34
<i>megestrol acetate</i>	20, 58	<i>miglustat</i>	58
<i>megestrol acetate (appetite)</i>	58	<i>mili</i>	54
MEKINIST	23	<i>mimvey</i>	56

<i>minocycline hcl</i>	18	<i>nebivolol hcl</i>	31
<i>minoxidil</i>	34	<i>necon 0.5/35-28</i>	54
<i>mirtazapine</i>	39	<i>nefazodone hcl</i>	39
<i>misoprostol</i>	61	<i>neomycin-bacitrac zn-polymyx</i>	
MITIGARE	7	5(3.5)mg-400unt-10000unt op oin	71
M-M-R II INJ	68	<i>neomycin-polymy-gramicid op sol</i>	
M-NATAL PLUS TAB	70	1.75-10000-0.025mg-unt-mg/ml ..	71
<i>modafinil</i>	47	<i>neomycin-polymyxin-dexamethasone</i>	
<i>moexipril hcl</i>	27	ophth oint 0.1%	71
<i>molindone hcl</i>	42	<i>neomycin-polymyxin-dexamethasone</i>	
<i>mometasone furoate</i>	79	ophth susp 0.1%	71
<i>mometasone furoate (nasal)</i>	76	<i>neomycin-polymyxin-hc ophth susp</i> ..	71
MONJUVI	23	<i>neomycin-polymyxin-hc otic soln 1%</i>	73
<i>mono-linyah</i>	54	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>montelukast sodium</i>	75	mg/ml-10000 unit/ml-1%	73
<i>morphine sulfate</i>	8, 9	<i>neomycin sulfate</i>	10
MORPHINE SULFATE	8	NERLYNX	23
MOVANTIK	61	NEUPRO	41
<i>moxifloxacin hcl</i>	16	<i>nevirapine</i>	12
<i>moxifloxacin hcl (ophth)</i>	71	NEXAVAR	23
MULTAQ	29	<i>niacin (antihyperlipidemic)</i>	30
<i>mupirocin</i>	77	<i>nicardipine hcl</i>	32
MVASI	23	NICOTROL INHALER	47
<i>mycophenolate mofetil</i>	67	NICOTROL NS	47
<i>mycophenolate sodium</i>	67	<i>nifedipine</i>	32
<i>myorisan</i>	77	<i>nikki</i>	54
MYRBETRIQ	62	<i>nilutamide</i>	20
N		<i>nimodipine</i>	32
<i>nabumetone</i>	7	NINLARO	23
<i>nadolol</i>	31	<i>nisoldipine</i>	32
<i>nafcillin sodium</i>	17	<i>nitazoxanide</i>	10
NAGLAZYME	58	<i>nitisinone</i>	58
<i>nalbuphine hcl</i>	9	NITRO-BID	34
<i>naloxone hcl</i>	47	<i>nitrofurantoin macrocrystal</i>	10
<i>naltrexone hcl</i>	47	<i>nitrofurantoin monohyd macro</i>	10
NAMZARIC CAP 14-10MG	38	<i>nitroglycerin</i>	34
NAMZARIC CAP 21-10MG	38	<i>nizatidine</i>	60
NAMZARIC CAP 28-10MG	38	<i>nora-be</i>	54
NAMZARIC CAP 7-10MG	38	<i>norethindrone (contraceptive)</i>	54
NAMZARIC CAP PACK	38	<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>naproxen</i>	7	tab 1 mg-20 mcg	54
<i>naproxen sodium</i>	7	<i>norethindrone ace & ethinyl estradiol</i>	
<i>naratriptan hcl</i>	45	tab 1.5 mg-30 mcg	54
NATACYN	71	<i>norethindrone ace & ethinyl estradiol</i>	
<i>nateglinide</i>	49	tab 1 mg-20 mcg	54
NATPARA	51	<i>norethindrone acetate</i>	58
NAYZILAM	36		

<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	56
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	56
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	54
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	54
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	54
NORITATE	80
<i>norlyroc</i>	54
NORPACE CR	29
<i>nortrel 0.5/35 (28)</i>	54
<i>nortrel 1/35 (21)</i>	54
<i>nortrel 1/35 (28)</i>	54
<i>nortrel 7/7/7</i>	54
<i>nortriptyline hcl</i>	39
NORVIR	12
NOVOLIN INJ 70/30	50
NOVOLIN INJ 70/30 FP	50
NOVOLIN N	50
NOVOLIN N FLEXPEN	50
NOVOLIN R	50
NOVOLIN R FLEXPEN	50
NOVOLOG	50
NOVOLOG FLEXPEN	50
NOVOLOG MIX INJ 70/30	50
NOVOLOG MIX INJ FLEXPEN	50
NOVOLOG PENFILL	50
NOXAFIL	11
NUBEQA	20
NUDEXTA CAP 20-10MG	46
NULOJIX	67
NUPLAZID	42
NURTEC	45
NUTRILIPID	70
NUZYRA	18
<i>nyamyc</i>	77
<i>nylia 1/35</i>	54
<i>nylia 7/7/7</i>	54
NYMALIZE	32
<i>nymyo</i>	54
<i>nystatin</i>	11
<i>nystatin (mouth-throat)</i>	80
<i>nystatin (topical)</i>	77
<i>nystop</i>	78

O	
<i>ocella</i>	54
OCTAGAM	66
<i>octreotide acetate</i>	58
ODEFSEY TAB	14
ODOMZO	23
OFEV	75
<i>ofloxacin (ophth)</i>	71
<i>ofloxacin (otic)</i>	73
OGIVRI	23
OGIVRI INJ 420MG	23
<i>olanzapine</i>	42
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	28
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	28
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	28
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	28
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	28
<i>olmesartan medoxomil</i>	29
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	28
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	28
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	28
<i>olopatadine hcl</i>	72
<i>olopatadine hcl (nasal)</i>	74
<i>omeprazole</i>	62
OMNARIS	76
OMNIPOD 5 G6 KIT INTRO	50
OMNIPOD 5 G6 MIS PODS	50
OMNIPOD DASH KIT INTRO	50
OMNIPOD DASH MIS PODS	50
OMNIPOD MIS CLASSIC	50
OMNIPOD PDM KIT CLASSIC.....	50
<i>ondansetron</i>	59

<i>ondansetron hcl</i>	59	PEDIARIX INJ 0.5ML	68
ONTRUZANT	23	PEDVAX HIB	68
ONUREG	19	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
OPSUMIT	34	<i>for soln 236 gm</i>	61
ORGOVYX	20	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
ORKAMBI GRA 100-125	75	<i>420 gm</i>	61
ORKAMBI GRA 150-188	75	PEGASYS	15
ORKAMBI TAB 100-125	75	PEMAZYRE	23
ORKAMBI TAB 200-125	75	<i>pemetrexed disodium</i>	19
<i>oseltamivir phosphate</i>	15	PEN GK/DEXTR INJ 40000/ML	17
OTEZLA	65	PEN GK/DEXTR INJ 60000/ML	17
OTEZLA TAB 10/20/30	65	<i>penicillamine</i>	51
<i>oxacillin sodium</i>	17	<i>penicillin g potassium</i>	17
<i>oxaliplatin</i>	19	PENICILLIN G PROCAINE	18
<i>oxandrolone</i>	48	<i>penicillin g sodium</i>	18
<i>oxaprozin</i>	7	<i>penicillin v potassium</i>	18
<i>oxcarbazepine</i>	36	PENTACEL INJ	68
<i>oxybutynin chloride</i>	62	<i>pentamidine isethionate inh</i>	10
<i>oxycodone hcl</i>	9	<i>pentamidine isethionate inj</i>	10
<i>oxycodone w/ acetaminophen tab 10-</i>		<i>pentoxifylline</i>	64
<i>325 mg</i>	9	<i>perindopril erbumine</i>	27
<i>oxycodone w/ acetaminophen tab 2.5-</i>		<i>periogard</i>	80
<i>325 mg</i>	9	<i>permethrin</i>	80
<i>oxycodone w/ acetaminophen tab 5-</i>		<i>perphenazine</i>	42
<i>325 mg</i>	9	PERSERIS	42
<i>oxycodone w/ acetaminophen tab 7.5-</i>		<i>pfizerpen</i>	18
<i>325 mg</i>	9	<i>phenelzine sulfate</i>	39
OZEMPIC (0.25 OR 0.5MG/DOSE) ...	49	<i>phenobarbital</i>	36
OZEMPIC (1MG/DOSE)	49	<i>phenobarbital sodium</i>	37
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML		PHENYTEK	37
.....	49	<i>phenytoin</i>	37
P		<i>phenytoin sodium</i>	37
<i>pacerone</i>	29	<i>phenytoin sodium extended</i>	37
<i>paclitaxel</i>	21	PHESGO SOL	23
<i>paclitaxel protein-bound particles for iv</i>		<i>philith</i>	54
<i>susp 100 mg</i>	21	PIFELTRO	12
<i>paliperidone</i>	42	<i>pilocarpine hcl</i>	72
<i>pamidronate disodium</i>	51	<i>pilocarpine hcl (oral)</i>	80
PAMIDRONATE DISODIUM	51	<i>pimozide</i>	42
PANRETIN	80	<i>pimtrea</i>	54
<i>pantoprazole sodium</i>	62	<i>pindolol</i>	31
PANZYGA	66	<i>pioglitazone hcl</i>	49
<i>paraplatin</i>	19	<i>piperacillin sod-tazobactam na for inj</i>	
<i>paricalcitol</i>	59	<i>3.375 gm (3-0.375 gm)</i>	18
<i>paromomycin sulfate</i>	10	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>paroxetine hcl</i>	39	<i>13.5 gm (12-1.5 gm)</i>	18
PASER	14		

<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm).....	18	PRENATAL VIT TAB LOW IRON	70
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	18	<i>prevalite</i>	30
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm).....	18	PREVYMIS	15
PIQRAY 200MG DAILY DOSE	23	PREZCOBIX TAB 800-150	14
PIQRAY 250MG TAB DOSE.....	23	PREZISTA.....	12, 13
PIQRAY 300MG DAILY DOSE	23	PRIFTIN	14
<i>pirfenidone</i>	75	<i>primaquine phosphate</i>	12
<i>pirmella 1/35</i>	54	PRIMAQUINE PHOSPHATE	12
<i>piroxicam</i>	7	<i>primidone</i>	37
PLASMA-LYTE INJ -148	69	PRIORIX INJ.....	68
PLASMA-LYTE INJ -A.....	69	PRIVIGEN	66
<i>plenamine</i>	70	<i>probenecid</i>	7
PLENVU SOL.....	61	PROCALAMINE INJ 3%.....	70
<i>podofilox</i>	80	<i>prochlorperazine</i>	60
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	71	<i>prochlorperazine edisylate</i>	60
POMALYST	20	<i>prochlorperazine maleate</i>	60
<i>portia-28</i>	54	PROCRIT.....	63
<i>posaconazole</i>	11	<i>procto-med hc</i>	80
<i>potassium chloride</i>	69, 70	<i>procto-pak</i>	80
POTASSIUM CHLORIDE.....	69	<i>proctosol hc</i>	80
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	69	<i>proctozone-hc</i>	80
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	70	PROGRAF	67
<i>potassium citrate (alkalinizer)</i>	62	PROLASTIN-C	75
PRADAXA	63	PROLENSA	72
PRALUENT.....	30	PROLIA	51
<i>pramipexole dihydrochloride</i>	41	PROMACTA.....	64
<i>prasugrel hcl</i>	64	<i>promethazine hcl</i>	60
<i>pravastatin sodium</i>	30	<i>propafenone hcl</i>	29
<i>praziquantel</i>	10	<i>proparacaine hcl</i>	73
<i>prazosin hcl</i>	27	<i>propranolol hcl</i>	31
<i>prednisolone</i>	56	<i>propylthiouracil</i>	59
<i>prednisolone acetate (ophth)</i>	72	PROQUAD INJ.....	68
PREDNISOLONE SODIUM PHOSP	72	PROSOL INJ 20%	70
<i>prednisolone sodium phosphate</i>	56	<i>protriptyline hcl</i>	39
<i>prednisone</i>	56, 57	PULMICORT FLEXHALER	76
PREDNISONE INTENSOL	57	PULMOZYME	75
<i>pregabalin</i>	37	PURIXAN.....	19
PREHEVBRIO	68	<i>pyrazinamide</i>	14
PREMASOL SOL 10%	70	<i>pyridostigmine bromide</i>	46
PRENATAL TAB 27-1MG	70	Q	
PRENATAL TAB PLUS	70	QINLOCK	23
		QUADRACEL INJ.....	68
		QUADRACEL INJ 0.5ML	68
		<i>quetiapine fumarate</i>	42, 43
		<i>quinapril hcl</i>	27
		<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	26

<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	26	ROTATEQ SOL	68
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	26	<i>roweepra</i>	37
<i>quinidine sulfate</i>	29	ROZLYTREK.....	24
<i>quinine sulfate</i>	12	RUBRACA.....	24
R		<i>rufinamide</i>	37
RABAVERT INJ	68	RUKOBIA	13
<i>rabeprazole sodium</i>	62	RYBELSUS.....	49
<i>raloxifene hcl</i>	58	RYDAPT	24
<i>ramipril</i>	27	S	
<i>ranolazine</i>	34	<i>sajazir</i>	64
<i>rasagiline mesylate</i>	41	SANDIMMUNE.....	67
RAYALDEE.....	59	SANTYL	80
<i>reclipsen</i>	55	<i>sapropterin dihydrochloride</i>	58
RECOMBIVAX HB	68	SAVELLA.....	46
RECTIV	80	SAVELLA MIS TITR PAK.....	46
REGRANEX.....	80	SCEMBLIX	24
RELENZA DISKHALER	15	<i>scopolamine</i>	60
RELISTOR	61	SECUADO	43
REMICADE	65	<i>selegiline hcl</i>	41
RENFLEXIS.....	65	<i>selenium sulfide</i>	78
<i>repaglinide</i>	49	SELZENTRY	13
RESTASIS	73	SEREVENT DISKUS.....	74
RESTASIS MULTIDOSE.....	73	<i>sertraline hcl</i>	39
RETEVMO	23	<i>setlakin</i>	55
REVLIMID	20	<i>sevelamer carbonate</i>	58
REXULTI	43	<i>sharobel</i>	55
REYATAZ	13	SHINGRIX	68
REZUROCK.....	67	SIGNIFOR	58
RHOPRESSA	72	<i>sildenafil citrate</i>	73
<i>ribavirin (hepatitis c)</i>	15	<i>sildenafil citrate (pulmonary hypertension)</i>	34
<i>rifabutin</i>	14	<i>silodosin</i>	62
<i>rifampin</i>	14	<i>silver sulfadiazine</i>	77
<i>riluzole</i>	46	SIMBRINZA SUS 1-0.2%.....	72
<i>rimantadine hydrochloride</i>	15	<i>simliya</i>	55
RINVOQ.....	65	<i>simvastatin</i>	30
<i>risedronate sodium</i>	51	<i>sirolimus</i>	67
<i>risperidone</i>	43	SIRTURO	14
<i>ritonavir</i>	13	SIVEXTRO	10
<i>rivastigmine</i>	38	SKYRIZI.....	65
<i>rivastigmine tartrate</i>	38	SKYRIZI PEN	65
<i>rizatriptan benzoate</i>	45	<i>sodium chloride</i>	69
<i>ropinirole hydrochloride</i>	41	<i>sodium chloride (gu irrigant)</i>	80
<i>rosadan</i>	80	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	70
<i>rosuvastatin calcium</i>	30	<i>sodium phenylbutyrate</i>	58
ROTARIX SUS.....	68		

<i>sodium polystyrene sulfonate powder</i>	51	<i>sunitinib malate</i>	24
.....	51	SUPREP BOWEL SOL PREP KIT	61
<i>sod sulfate-pot sulf-mg sulf oral sol</i>	61	<i>syeda</i>	55
17.5-3.13-1.6 gm/177ml.....	61	SYMBICORT AER 160-4.5	77
<i>solifenacin succinate</i>	62	SYMBICORT AER 80-4.5.....	77
SOLQUA INJ 100/33	50	SYMDEKO TAB 100-150	75
SOLTAMOX.....	20	SYMDEKO TAB 50-75MG	75
SOLU-CORTEF	57	SYMJEPI	75
SOMATULINE DEPOT	58	SYMPAZAN	37
SOMAVERT.....	58	SYMTUZA TAB	14
<i>sorafenib tosylate</i>	24	SYNAREL	55
<i>sorine</i>	29	SYNERCID INJ 500MG.....	11
<i>sotalol hcl</i>	29	SYNJARDY TAB 12.5-1000MG	49
<i>sotalol hcl (afib/afl)</i>	29	SYNJARDY TAB 12.5-500.....	49
<i>spironolactone</i>	27	SYNJARDY TAB 5-1000MG.....	49
<i>spironolactone & hydrochlorothiazide</i>		SYNJARDY TAB 5-500MG.....	49
tab 25-25 mg	32	SYNJARDY XR TAB 10-1000.....	49
<i>sprintec 28</i>	55	SYNJARDY XR TAB 12.5-1000MG.....	49
SPRITAM.....	37	SYNJARDY XR TAB 25-1000.....	49
SPRYCEL.....	24	SYNJARDY XR TAB 5-1000MG	49
<i>sps</i>	51	SYNRIBO	20
<i>sronyx</i>	55	SYNTHROID	59
<i>ssd</i>	77	T	
<i>stavudine</i>	13	TABLOID.....	19
STIVARGA.....	24	TABRECTA.....	24
<i>streptomycin sulfate</i>	10	<i>tacrolimus</i>	67
STRIBILD TAB	14	<i>tacrolimus (topical)</i>	80
<i>subvenite</i>	37	TAFINLAR	24
<i>sucralfate</i>	61	TAGRISSO	24
<i>sulfacetamide sodium (acne)</i>	77	TALTZ	65
<i>sulfacetamide sodium (ophth)</i>	71	TALZENNA	24
<i>sulfacetamide sodium-prednisolone</i>		<i>tamoxifen citrate</i>	20
ophth soln 10-0.23(0.25)%	71	<i>tamsulosin hcl</i>	62
<i>sulfadiazine</i>	10	<i>tarina fe 1/20 eq</i>	55
<i>sulfamethoxazole-trimethoprim iv soln</i>		TASIGNA	24
400-80 mg/5ml.....	10	<i>tazarotene</i>	78
<i>sulfamethoxazole-trimethoprim susp</i>		<i>tazicef</i>	16
200-40 mg/5ml.....	10	TAZORAC.....	78
<i>sulfamethoxazole-trimethoprim tab</i>		<i>taztia xt</i>	32
400-80 mg	11	TAZVERIK	24
<i>sulfamethoxazole-trimethoprim tab</i>		TDVAX INJ 2-2 LF	68
800-160 mg	11	TECENTRIQ.....	24
SULFAMYLON	77	TEFLARO.....	16
<i>sulfasalazine</i>	60	<i>telmisartan</i>	29
<i>sulindac</i>	7	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sumatriptan</i>	45	28
<i>sumatriptan succinate</i>	45	<i>telmisartan-amlodipine tab 40-5 mg</i>	28

<i>telmisartan-amlodipine tab 80-10 mg</i>	<i>tobramycin sulfate</i>	11
.....28	<i>tolterodine tartrate</i>	62
<i>telmisartan-amlodipine tab 80-5 mg</i> .28	<i>topiramate</i>	37
<i>telmisartan-hydrochlorothiazide tab 40-</i>	<i>toposar</i>	21
<i>12.5 mg</i>28	<i>toremifene citrate</i>	20
<i>telmisartan-hydrochlorothiazide tab 80-</i>	<i>torseamide</i>	32
<i>12.5 mg</i>28	TOUJEO MAX SOLOSTAR.....	51
<i>telmisartan-hydrochlorothiazide tab 80-</i>	TOUJEO SOLOSTAR.....	51
<i>25 mg</i>28	TPN ELECTROL INJ	69
<i>temazepam</i>	TRADJENTA.....	49
45	<i>tramadol-acetaminophen tab 37.5-325</i>	
TENIVAC INJ 5-2LF.....	<i>mg</i>	9
68	<i>tramadol hcl</i>	9
<i>tenofovir disoproxil fumarate</i>	<i>trandolapril</i>	27
13	<i>tranexamic acid</i>	64
TEPMETKO	<i>tranylcypromine sulfate</i>	39
24	TRAVASOL INJ 10%	70
<i>terazosin hcl</i>	<i>travoprost</i>	72
27	TRAZIMERA.....	24
<i>terbinafine hcl</i>	<i>trazodone hcl</i>	40
11	TRECATOR	14
<i>terbutaline sulfate</i>	TRELEGY AER ELLIPTA 100-62.5-25	
74	MCG	73
<i>terconazole vaginal</i>	TRELEGY AER ELLIPTA 200-62.5-25	
63	MCG	73
TERIPARATIDE.....	<i>treprostinil</i>	34
51	TRESIBA.....	51
<i>testosterone</i>	TRESIBA FLEXTOUCH	51
48	<i>tretinoin</i>	77
<i>testosterone cypionate</i>	<i>tretinoin (chemotherapy)</i>	20
48	TREXALL.....	66
<i>testosterone enanthate</i>	<i>triamcinolone acetonide (mouth)</i>	80
48	<i>triamcinolone acetonide (topical)</i>	79
<i>tetrabenazine</i>	<i>triamterene & hydrochlorothiazide cap</i>	
46	<i>37.5-25 mg</i>	33
<i>tetracycline hcl</i>	<i>triamterene & hydrochlorothiazide tab</i>	
18	<i>37.5-25 mg</i>	33
THALOMID	<i>triamterene & hydrochlorothiazide tab</i>	
20	<i>75-50 mg</i>	33
THEO-24.....	TRICARE TAB PRENATAL	70
75	<i>trientine hcl</i>	51
<i>theophylline</i>	<i>tri-estarylla</i>	55
76	<i>trifluoperazine hcl</i>	43
<i>thioridazine hcl</i>	<i>trifluridine</i>	71
43	<i>trihexyphenidyl hcl</i>	41
<i>thiothixene</i>	TRIJARDY XR TAB ER 24HR 10-5-	
43	1000MG	49
<i>tiadylt er</i>		
32		
<i>tiagabine hcl</i>		
37		
TIBSOVO		
24		
TICOVAC.....		
68		
<i>tigecycline</i>		
18		
TIGECYCLINE		
18		
<i>tilia fe</i>		
55		
<i>timolol maleate</i>		
31		
<i>timolol maleate (ophth)</i>		
72		
<i>tinidazole</i>		
11		
TIVICAY.....		
13		
TIVICAY PD		
13		
<i>tizanidine hcl</i>		
47		
TOBRADEX OIN 0.3-0.1%		
71		
TOBRADEX ST SUS 0.3-0.05.....		
71		
<i>tobramycin</i>		
11		
<i>tobramycin (ophth)</i>		
71		
<i>tobramycin-dexamethasone ophth susp</i>		
<i>0.3-0.1%</i>		
71		

TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	49
TRIJARDY XR TAB ER 24HR 25-5-1000MG	49
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	49
TRIKAFTA TAB 100-50-75MG & 150MG	76
TRIKAFTA TAB 50-25-37.5MG & 75MG	76
<i>tri-legest fe</i>	55
<i>tri-linyah</i>	55
<i>tri-lo-estarylla</i>	55
<i>tri-lo-marzia</i>	55
<i>tri-lo-mili</i>	55
<i>tri-lo-sprintec</i>	55
TRIMETHOPRIM	11
<i>tri-mili</i>	55
<i>trimipramine maleate</i>	40
TRINTELLIX	40
<i>tri-nymyo</i>	55
<i>tri-sprintec</i>	55
TRIUMEQ PD TAB	14
TRIUMEQ TAB	14
<i>trivora-28</i>	55
<i>tri-vylibra</i>	55
<i>tri-vylibra lo</i>	55
TRIZIVIR TAB	14
TROGARZO	13
TROPHAMINE INJ 10%	70
<i>tropium chloride</i>	62
TRULICITY	49
TRUMENBA INJ	68
TRUSELTIQ 100 MG DAILY DOSE	24
TRUSELTIQ 125 MG DAILY DOSE	24
TRUSELTIQ 50 MG DAILY DOSE	24
TRUSELTIQ 75 MG DAILY DOSE	24
TRUXIMA	24
TUKYSA	24
TURALIO	24
TWINRIX INJ	68
TYBOST	13
TYPHIM VI	68

U

<i>unithroid</i>	59
<i>ursodiol</i>	61

V

<i>valacyclovir hcl</i>	15
VALCHLOR	80
<i>valganciclovir hcl</i>	15
<i>valproate sodium</i>	37
<i>valproic acid</i>	37
<i>valsartan</i>	29
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	28
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	28
VALTOCO	37
<i>vancomycin hcl</i>	11
VANCOMYCIN INJ 1 GM	11
VANCOMYCIN INJ 500MG	11
VANCOMYCIN INJ 750MG	11
VAQTA	68
<i>varenicline tartrate</i>	47
<i>varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack</i>	47
VARIVAX	68
VASCEPA	30
<i>velivet</i>	55
VELPHORO	58
VELTASSA	52
VEMLIDY	15
VENCLEXTA	24, 25
VENCLEXTA TAB START PK	25
<i>venlafaxine hcl</i>	40
VENTAVIS	34
VENTOLIN HFA	74
VENTOLIN HFA (INSTITUTIONAL PACK)	74
<i>verapamil hcl</i>	32
VERQUVO	34
VERSACLOZ	43
VERZENIO	25
<i>vestura</i>	55
V-GO 20 KIT	51
V-GO 30 KIT	51
V-GO 40 KIT	51

VICTOZA.....	49	XGEVA.....	51
<i>vienna</i>	55	XHANCE.....	76
<i>vigabatrin</i>	37	XIFAXAN.....	61
<i>vigadrone</i>	38	XIGDUO XR TAB 10-1000.....	49
VIIBRYD KIT STARTER.....	40	XIGDUO XR TAB 10-500MG.....	49
<i>vilazodone hcl</i>	40	XIGDUO XR TAB 2.5-1000.....	49
VIMPAT.....	38	XIGDUO XR TAB 5-1000MG.....	49
<i>vincristine sulfate</i>	21	XIGDUO XR TAB 5-500MG.....	49
<i>vinorelbine tartrate</i>	21	XIIDRA	73
<i>violele</i>	55	XOLAIR.....	76
VIRACEPT	13	XOSPATA	25
VIREAD	13	XPOVIO 100 MG ONCE WEEKLY	25
VITRAKVI.....	25	XPOVIO 40 MG ONCE WEEKLY	25
VIVITROL.....	47	XPOVIO 40 MG TWICE WEEKLY	25
VIZIMPRO	25	XPOVIO 60 MG ONCE WEEKLY	25
VONJO.....	25	XPOVIO 60 MG TWICE WEEKLY	25
<i>voriconazole</i>	11, 12	XPOVIO 80 MG ONCE WEEKLY	25
VOSEVI TAB	15	XPOVIO 80 MG TWICE WEEKLY	25
VOTRIENT.....	25	XTANDI	20
VRAYLAR	43	<i>xulane</i>	55
VRAYLAR CAP 1.5-3MG	43	XULTOPHY INJ 100/3.6	51
<i>vyfemla</i>	55	XYREM.....	47
<i>vylibra</i>	55	Y	
VYVANSE	44	YF-VAX INJ.....	68
VYZULTA.....	72	<i>yuvafem</i>	56
W		Z	
<i>warfarin sodium</i>	63	<i>zafemy</i>	55
<i>water for irrigation, sterile irrigation</i> <i>soln</i>	80	<i>zafirlukast</i>	75
WELIREG	20	ZARXIO	63
<i>wera</i>	55	ZEJULA	25
X		ZELBORAF.....	25
XALKORI.....	25	ZEMAIRA	76
XARELTO	63	<i>zenatane</i>	77
XARELTO STAR TAB 15/20MG.....	63	ZENPEP CAP 10000UNT	61
XATMEP.....	66	ZENPEP CAP 15000UNT	61
XCOPRI	38	ZENPEP CAP 20000UNT	61
XCOPRI PAK 100-150	38	ZENPEP CAP 25000UNT	61
XCOPRI PAK 12.5-25	38	ZENPEP CAP 3000UNIT	61
XCOPRI PAK 150-200MG (MAINTENANCE)	38	ZENPEP CAP 40000UNT	62
XCOPRI PAK 150-200MG (TITRATION)	38	ZENPEP CAP 5000UNIT	61
XCOPRI PAK 50-100MG.....	38	ZERVIATE	72
XELJANZ.....	66	<i>zidovudine</i>	13
XELJANZ XR	66	ZIEXTENZO.....	63
XERMELO	61	<i>ziprasidone hcl</i>	43
		<i>ziprasidone mesylate</i>	43
		ZIRABEV.....	25
		ZIRGAN	71

<i>zoledronic acid</i>	51	<i>zumandimine</i>	55
ZOLINZA.....	25	ZYCLARA PUMP.....	80
<i>zolmitriptan</i>	45	ZYDELIG.....	25
<i>zolpidem tartrate</i>	45	ZYKADIA.....	25
<i>zonisamide</i>	38	ZYLET SUS 0.5-0.3%.....	71
<i>zovia 1/35</i>	55	ZYPITAMAG.....	30
ZTALMY	38	ZYPREXA RELPREVV	43