

# Oscar 2023 Formulary

List of Covered Drugs



oscar

# What is the Oscar Formulary?

A formulary is a list of covered drugs selected by Oscar in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar network pharmacy, and other plan rules are followed. This Formulary was updated as of 02/01/2023.

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

## 1 Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

## 2 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

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## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

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## What if my drug is not on the Formulary?

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

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

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## How do I request an exception to the Oscar Formulary?

Your Doctor can ask Oscar to make an exception to our coverage rules. Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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## Can the Formulary change?

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

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

You can contact Concierge to find out if your drug is still covered, visit [hioscar.com](https://www.hioscar.com) and log in to your plan specific account, or use the Oscar app drug search feature.

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## For more information

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

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## Formulary Terminology

The formulary that begins on page 1 provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, turn to the Index that begins on page 97. The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

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

<sup>1</sup>To be covered at the pharmacy a prescription from your doctor is required.

## GA 6T STND Effective 02/01/2023

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

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

#### COX-2 INHIBITORS

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

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

#### NON-OPIOID ANALGESICS

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

#### NSAIDS

diclofenac potassium tabs 50mg	1B	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1B	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1B	
flurbiprofen tabs 50mg, 100mg	1B	
goodsense ibuprofen child susp 100mg/5ml	1B	OTC
ibuprofen tabs 400mg, 600mg, 800mg	1A	
ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml	1B	
ketorolac tromethamine tabs 10mg	1B	QL (20 tabs every 25 days)
meclofenamate sodium caps 50mg, 100mg	2	

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

### **NSAIDS, COMBINATIONS**

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

### **OPIOID AGONIST/ANTAGONIST**

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

### **OPIOID ANALGESICS**

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	1B	ST, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	1B	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1B	ST, QL (2700 ml every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1B	ST, QL (240 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1B	ST, QL (50 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1B	Injectable Only
<i>hydromorphone hcl tabs 2mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 4mg</i>	1B	ST, QL (150 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate soln 20mg/5ml</i>	1B	ST, QL (675 mL every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 100mg/5ml</i>	1B	ST, QL (135 mL every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 10mg/ml</i>	1B	
<i>morphine sulfate tabs 15mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tabs 30mg</i>	1B	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbc 15mg, 30mg</i>	1B	ST, QL (90 tabs every 25 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	1B	ST, QL (30 caps every 25 days)
<i>morphine sulfate beads cp24 120mg</i>	1B	ST, PA; High Strength Requires PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1B	
<i>oxycodone hcl caps 5mg</i>	1B	ST, QL (180 caps every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100mg/5ml</i>	1B	ST, QL (90 mL every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl soln 5mg/5ml</i>	1B	ST, QL (900 ml every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 15mg, 20mg, 30mg</i>	1B	ST, QL (60 tabs every 25 days)
<i>oxycodone hcl t12a 40mg, 60mg, 80mg</i>	1B	ST, PA; High Strength Requires PA
<i>oxycodone hcl tabs 5mg, 10mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 15mg</i>	1B	ST, QL (120 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 20mg</i>	1B	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 30mg</i>	1B	ST, QL (60 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1B	ST, QL (360 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1B	ST, QL (360 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1B	ST, QL (240 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1B	ST, QL (360 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1B	ST, QL (28 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 5mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	1B	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	2	ST, QL (60 tabs every 25 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tabs 50mg</i>	1B	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tabs 100mg</i>	1B	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	1B	ST, QL (30 tabs every 25 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1B	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1B	ST, QL (40 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

### **OPIOID PARTIAL AGONISTS**

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	2	ST, QL (60 films every 25 days)
BELBUCA FILM 600mcg, 750mcg, 900mcg	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl soln .3mg/ml</i>	1B	
<i>buprenorphine hcl subl 2mg, 8mg</i>	0	QL (90 tabs every 30 days); \$0 copay
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	

### **SALICYLATES**

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

### **ANALGESICS - ANTI-INFLAMMATORY**

#### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<i>indomethacin caps 25mg, 50mg</i>	1B	
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Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
<i>levorphanol tartrate tabs 2mg, 3mg</i>	3	PA; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages"
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>LIDO/DEXTROS INJ 5-7.5%</i>	3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	1B	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tabs 200mg</i>	2	PA
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1B	
<i>chloramphenicol sodium succinate solr 1gm</i>	1B	
<i>fosfomycin tromethamine pack 3gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1B	
<i>gentamicin in saline inj 1 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1B	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1B	
<i>gentamicin in saline inj 2 mg/ml</i>	1B	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	1B	
<i>neomycin sulfate tabs 500mg</i>	1B	
<i>paromomycin sulfate caps 250mg</i>	1B	
<i>streptomycin sulfate solr 1gm</i>	1B	
<i>SULFADIAZINE TABS 500mg</i>	1B	
<i>tinidazole tabs 250mg, 500mg</i>	1B	
<i>tobramycin nebu 300mg/4ml</i>	4	PA, QL (224 ml every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	PA, QL (280 mL every 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml</i>	1B	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i>	1B	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin sulfate solr 1.2gm</i>	1B	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days

### **ANTI-INFECTIVES - MISCELLANEOUS**

ALINIA SUSR 100mg/5ml	3	QL (540mL every 25 days)
<i>atovaquone susp 750mg/5ml</i>	3	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam solr 1gm, 2gm</i>	1B	
CAYSTON SOLR 75mg	4	PA, QL (84 vials every 28 days)
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1B	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1B	
<i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1B	
<i>dapsone tabs 25mg, 100mg</i>	1B	
<i>daptomycin solr 500mg</i>	3	
EMVERM CHEW 100mg	3	PA, QL (12 tabs every 365 days)
<i>ertapenem sodium solr 1gm</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1B	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1B	
INVANZ SOLR 1gm	3	
<i>ivermectin tabs 3mg</i>	1B	QL (12 tabs every 91 days)
<i>linezolid soln 600mg/300ml; susr 100mg/5ml</i>	1B	
<i>linezolid tabs 600mg</i>	3	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1B	
<i>meropenem solr 1gm</i>	3	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meropenem solr 500mg</i>	3	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tabs 1gm</i>	1B	
<i>metronidazole soln 500mg/100ml; tabs 250mg, 500mg</i>	1B	
<i>nitazoxanide tabs 500mg</i>	3	QL (20 tabs every 25 days)
<i>nitrofurantoin susp 25mg/5ml</i>	3	
<i>nitrofurantoin macrocrystal caps 25mg</i>	1B	
<i>nitrofurantoin macrocrystal caps 50mg, 100mg</i>	1A	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1A	
<i>pentamidine isethionate solr 300mg</i>	1B	
<i>polymyxin b sulfate solr 500000unit</i>	1B	
<i>praziquantel tabs 600mg</i>	3	QL (24 tabs every 365 days)
PRIMSOL SOLN 50mg/5ml	2	
<i>pyrimethamine tabs 25mg</i>	2	PA
SIVEXTRO SOLR 200mg; TABS 200mg	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1A	
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	1A	
<i>trimethoprim tabs 100mg</i>	1B	
<i>vancomycin hcl caps 125mg, 250mg</i>	3	QL (80 caps every 10 days)
<i>vancomycin hcl solr 1gm</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 5gm, 10gm</i>	3	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 500mg, 750mg</i>	3	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200mg	3	QL (9 tabs every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIFAXAN TABS 550mg	3	PA
<b>ANTIFUNGALS</b>		
<i>amphotericin b solr 50mg</i>	1B	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
BIO-STATIN CAPS 500000unit, 1000000unit	2	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	1B	
<i>fluconazole tabs 50mg, 100mg, 150mg, 200mg</i>	1A	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1B	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1B	
FLUCONAZOLE/ INJ NAACL 100	3	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1B	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1B	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	3	PA
<i>nystatin tabs 500000unit</i>	1B	
<i>terbinafine hcl tabs 250mg</i>	1B	QL (180 tabs every 365 days)
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	3	PA
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1B	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1B	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1B	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tabs 250mg</i>	1B	
<i>primaquine phosphate tabs 26.3mg</i>	1B	
<i>quinine sulfate caps 324mg</i>	1B	
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate soln 20mg/ml</i>	1B	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1B	QL (60 tabs every 30 days)
APRETUDE SUER 600mg/3ml	0	QL (3mL every 60 days)
APTIVUS CAPS 250mg	2	QL (120 caps every 30 days)
APTIVUS SOLN 100mg/ml	2	QL (285 mL every 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1B	QL (30 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atazanavir sulfate caps 200mg</i>	1B	QL (60 caps every 30 days)
CRIXIVAN CAPS 200mg	2	QL (450 caps every 30 days)
CRIXIVAN CAPS 400mg	2	QL (180 caps every 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1B	QL (30 caps every 30 days)
EDURANT TABS 25mg	2	QL (60 tabs every 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1B	QL (90 caps every 30 days)
<i>efavirenz tabs 600mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1B	QL (30 caps every 30 days)
EMTRIVA SOLN 10mg/ml	2	QL (680 ml every 28 days)
<i>etravirine tabs 100mg</i>	1B	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	1B	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1B	QL (120 tabs every 30 days)
FUZEON SOLR 90mg	4	QL (60 vials every 30 days)
INTELENCE TABS 25mg	2	QL (120 tabs every 30 days)
INVIRASE CAPS 200mg	2	QL (300 caps every 30 days)
INVIRASE TABS 500mg	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100mg	2	QL (60 packets every 30 days)
ISENTRESS TABS 400mg	2	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600mg	2	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1B	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1B	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1B	QL (30 tabs every 30 days)
LEXIVA SUSP 50mg/ml	2	QL (1575 mL every 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>maraviroc tabs 150mg</i>	1B	QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1B	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1B	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1B	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	1B	QL (90 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1B	QL (30 tabs every 30 days)
NORVIR PACK 100mg	2	QL (360 packets every 30 days)
NORVIR SOLN 80mg/ml	2	QL (480 mL every 30 days)
PREZISTA SUSP 100mg/ml	2	QL (400 ml every 30 days)
PREZISTA TABS 75mg	2	QL (300 tabs every 30 days)
PREZISTA TABS 150mg	2	QL (180 tabs every 30 days)
PREZISTA TABS 600mg	2	QL (60 tabs every 30 days)
PREZISTA TABS 800mg	2	QL (30 tabs every 30 days)
RESCRIPTOR TABS 100mg	3	QL (900 tabs every 30 days)
RESCRIPTOR TABS 200mg	3	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml	2	
REYATAZ PACK 50mg	2	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1B	QL (360 tabs every 30 days)
SELZENTRY SOLN 20mg/ml	2	QL (1840 mL every 30 days)
SELZENTRY TABS 25mg	2	QL (240 tabs every 30 days)
SELZENTRY TABS 75mg	2	QL (60 tabs every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1B	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1B	QL (30 tabs every 30 days)
TIVICAY TABS 10mg, 25mg, 50mg	2	QL (60 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TROGARZO SOLN 200mg/1.33ml	4	
TYBOST TABS 150mg	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250mg	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625mg	2	QL (120 tabs every 30 days)
VIREAD POWD 40mg/gm	2	QL (240 gm every 30 days)
VIREAD TABS 150mg, 200mg, 250mg	2	QL (30 tabs every 30 days)
ZERIT SOLR 1mg/ml	2	QL (2400 ml every 30 days)
<i>zidovudine caps 100mg</i>	1B	QL (180 caps every 30 days)
<i>zidovudine syrpf 50mg/5ml</i>	1B	QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	1B	QL (60 tabs every 30 days)

### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1B	QL (60 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	2	QL (1 box every 30 days)
CABENUVA SUS 600-900	2	QL (1 box every 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1B	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1B	QL (30 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1B	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
GENVOYA TAB	2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1B	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1B	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1B	QL (240 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1B	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	2	QL (180 tabs every 30 days)
TRIUMEQ TAB	2	QL (30 tabs every 30 days)

### **ANTITUBERCULAR AGENTS**

<i>cycloserine caps 250mg</i>	1B	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1B	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1B	
PASER PACK 4gm	3	
PRIFTIN TABS 150mg	2	
<i>pyrazinamide tabs 500mg</i>	1B	
<i>rifabutin caps 150mg</i>	2	
RIFAMATE CAP	2	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1B	
RIFATER TAB	2	
SIRTURO TABS 100mg	4	PA
TRECTOR TABS 250mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIVIRALS</b>		
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1A	
<i>acyclovir susp 200mg/5ml</i>	1B	
<i>acyclovir sodium soln 50mg/ml</i>	1B	
<i>adefovir dipivoxil tabs 10mg</i>	4	PA
BARACLUDE SOLN .05mg/ml	3	PA, QL (630 mL every 30 days)
<i>cidofovir soln 75mg/ml</i>	1B	
<i>entecavir tabs .5mg, 1mg</i>	3	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5mg/ml	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1B	
<i>lamivudine (hbv) tabs 100mg</i>	1B	
<i>oseltamivir phosphate caps 30mg</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers every 90 days)
<i>ribavirin solr 6gm</i>	1B	
<i>rimantadine hydrochloride tabs 100mg</i>	1B	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1B	
<i>valganciclovir hcl solr 50mg/ml</i>	4	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	4	QL (120 tabs every 30 days)
VEMLIDY TABS 25mg	4	PA, QL (30 tabs every 30 days)
<b>CEPHALOSPORINS</b>		
<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1B	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1B	
<i>cefazolin sodium solr 1gm, 10gm, 500mg</i>	1B	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1B	
<i>cefditoren pivoxil tabs 200mg, 400mg</i>	1B	
<i>cefepime hcl solr 1gm, 2gm</i>	3	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefotaxime sodium solr 1gm, 2gm</i>	1B	
<i>cefotetan disodium solr 1gm, 2gm</i>	1B	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1B	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
<i>ceftazidime solr 2gm</i>	1B	
CEFTIN SUSR 125mg/5ml, 250mg/5ml	2	
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium solr 10gm</i>	3	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1B	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	1B	
<i>cephalexin caps 250mg, 500mg</i>	1A	
<i>cephalexin caps 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	2	
<i>tazicef solr 1gm, 2gm</i>	1B	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml</i>	1B	
<i>azithromycin tabs 250mg, 500mg</i>	1A	
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1B	
DIFICID TABS 200mg	2	PA
<i>e.e.s. 400 tabs 400mg</i>	1B	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate tabs 250mg</i>	1B	
<i>erythromycin base cpep 250mg</i>	1B	
<i>erythromycin base tabs 250mg, 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	3	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1B	
PCE TBEC 333mg, 500mg	3	
ZMAX SUSR 2gm	3	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1B	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1B	
<i>ciprofloxacin hcl tabs 100mg</i>	1B	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	1A	
FACTIVE TABS 320mg	3	
<i>levofloxacin soln 25mg/ml</i>	1B	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1B	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1B	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1B	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1B	
<i>moxifloxacin hcl tabs 400mg</i>	1B	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1B	
<i>ofloxacin tabs 300mg, 400mg</i>	1B	

### **HEPATITIS C**

EPCLUSA PAK 150-37.5	4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs every 28 days)
HARVONI PAK	4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	4	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	PA
PEGASYS PROCLICK SOAJ 135mcg/0.5ml	4	PA
REBETOL SOLN 40mg/ml	4	PA
<i>ribavirin (hepatitis c) caps 200mg</i>	1B	PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	3	PA
SOVALDI PACK 150mg, 200mg	5	PA, QL (28 pellets every 28 days)
SOVALDI TABS 200mg, 400mg	5	PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEPATIER TAB 50-100MG	5	PA, QL (28 tabs every 28 days)

### **PENICILLINS**

<i>amoxicillin caps 250mg, 500mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1A	
<i>amoxicillin chew 125mg, 250mg</i>	1B	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1B	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1B	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1B	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1B	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1B	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1B	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1A	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1A	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1A	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1B	
<i>ampicillin caps 500mg</i>	1B	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	3	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	3	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	3	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	3	
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1B	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	3	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1B	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1B	
<i>penicillin g sodium solr 5000000unit</i>	1B	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1B	
<i>pfizerpen solr 20000000unit</i>	1B	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	3	

### **TETRACYCLINES**

<i>avidoxy tabs 100mg</i>	1B	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1B	
<i>doxy 100 solr 100mg</i>	1B	
<i>doxycycline (monohydrate) caps 50mg, 100mg</i>	1A	
<i>doxycycline (monohydrate) caps 75mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1B	
<i>doxycycline hyclate caps 50mg, 100mg</i>	1A	
<i>doxycycline hyclate solr 100mg; tabs 20mg, 100mg; tbec 100mg</i>	1B	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	1A	
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	1B	
<i>morgidox 1x100mg caps 100mg</i>	1A	
<i>tetracycline hcl caps 250mg, 500mg</i>	3	QL (120 caps every 30 days)
VIBRAMYCIN SYRP 50mg/5ml	3	

### **ANTI-ANXIETY AGENTS**

#### **BENZODIAZEPINES**

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

#### **STEROID INHALANTS**

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

#### **SYMPATHOMIMETICS**

ARCAPTA NEOHALER CAPS 75mcg	3	PA, QL (1 inhaler every 25 days)
BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days)

### **ANTI-HISTAMINES**

#### **ANTI-HISTAMINES - ALKYLAMINES**

<i>dexchlorpheniramine maleate soln 2mg/5ml</i>	3	
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Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>busulfan soln 6mg/ml</i>	1B	
CARMUSTINE SOLR 50mg, 300mg	2	
<i>carmustine solr 100mg</i>	1B	
<i>cyclophosphamide caps 25mg, 50mg</i>	1B	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	4	
<i>dacarbazine solr 100mg, 200mg</i>	1B	
EMCYT CAPS 140mg	4	
GLEOSTINE CAPS 5mg, 10mg, 40mg, 100mg	4	
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50mg	2	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	1B	
LEUKERAN TABS 2mg	2	
<i>melphalan tabs 2mg</i>	1B	
<i>melphalan hcl solr 50mg</i>	1B	
TEMODAR SOLR 100mg	4	PA
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4	PA
<b>ANTHRACYCLINES</b>		
<i>daunorubicin hcl soln 20mg/4ml</i>	1B	
<i>doxorubicin hcl soln 2mg/ml; solr 10mg, 50mg</i>	1B	
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	1B	
<i>epirubicin hcl soln 50mg/25ml, 200mg/100ml</i>	1B	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	1B	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate solr 15unit, 30unit</i>	1B	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	1B	
<b>ANTIMETABOLITES</b>		
<i>adrucil soln 500mg/10ml</i>	1B	
ARRANON SOLN 5mg/ml	2	
<i>azacitidine susr 100mg</i>	4	PA
<i>capecitabine tabs 150mg</i>	4	PA, QL (120 tabs every 30 days)
<i>capecitabine tabs 500mg</i>	4	PA, QL (300 tabs every 30 days)
<i>cladribine soln 10mg/10ml</i>	1B	
<i>clofarabine soln 1mg/ml</i>	1B	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1B	
<i>decitabine solr 50mg</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>floxuridine solr .5gm</i>	1B	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	1B	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1B	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	4	
<i>mercaptapurine tabs 50mg</i>	1B	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1B	
NIPENT SOLR 10mg	2	
<i>pemetrexed disodium solr 100mg, 500mg</i>	4	
TABLOID TABS 40mg	2	

### **ANTIMITOTIC, TAXOIDS**

DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml	2	
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	1B	
DOCETAXEL (NON-ALCOHOL FO SOLN 20mg/ml, 80mg/4ml, 160mg/8ml	2	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1B	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1B	

### **ANTIMITOTIC, VINCA ALKALOIDS**

<i>vinblastine sulfate soln 1mg/ml</i>	1B	
<i>vincasar pfs soln 1mg/ml</i>	1B	
<i>vincristine sulfate soln 1mg/ml</i>	1B	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1B	

### **BIOLOGIC RESPONSE MODIFIERS**

ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	PA
ERIVEDGE CAPS 150mg	4	PA, QL (30 caps every 30 days)
FARYDAK CAPS 10mg, 15mg, 20mg	4	PA, QL (6 caps every 21 days)
GAZYVA SOLN 1000mg/40ml	4	PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	PA, QL (21 caps every 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	4	PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100mg, 160mg	4	PA
KEYTRUDA SOLN 100mg/4ml	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI 200 PAK FEMARA	4	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	4	PA, QL (91 tabs every 28 days)
KISQALI TAB 200 DOSE TBPK 200mg	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400 DOSE TBPK 200mg	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600 DOSE TBPK 200mg	4	PA, QL (63 tabs every 28 days)
LYNPARZA CAPS 50mg	4	PA, QL (480 caps every 30 days)
LYNPARZA TABS 100mg, 150mg	4	PA, QL (120 tabs every 30 days)
RYDAPT CAPS 25mg	5	PA, QL (224 caps every 28 days)
ZEJULA CAPS 100mg	4	PA, QL (90 caps every 30 days)
ZOLINZA CAPS 100mg	4	PA, QL (120 caps every 30 days)

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate tabs 250mg</i>	4	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1B	
DEPO-PROVERA SUSP 400mg/ml	3	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	4	PA, QL (120 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1B	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1B	
<i>fulvestrant sosy 250mg/5ml</i>	4	
<i>letrozole tabs 2.5mg</i>	1B	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	4	PA
LYSODREN TABS 500mg	2	
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	1B	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1B	
<i>nilutamide tabs 150mg</i>	1B	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
XTANDI CAPS 40mg	4	PA, QL (120 caps every 30 days)
XTANDI TABS 40mg	4	PA, QL (120 tabs every 30 days)
XTANDI TABS 80mg	4	PA, QL (60 tabs every 30 days)
<b>KINASE INHIBITORS</b>		
ALECENSA CAPS 150mg	4	PA, QL (240 caps every 30 days)
BOSULIF TABS 100mg	4	PA, QL (90 tabs every 30 days)
BOSULIF TABS 400mg, 500mg	4	PA, QL (30 tabs every 30 days)
CALQUENCE CAPS 100mg	5	PA, QL (60 caps every 30 days)
CAPRELSA TABS 100mg	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300mg	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20mg	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	PA, QL (30 tabs every 30 days)
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	PA, QL (30 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDHIFA TABS 50mg, 100mg	4	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	4	PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70mg	4	PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140mg	4	PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70mg/ml	4	PA, QL (240 mL every 30 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	4	PA, QL (30 tabs every 30 days)
INLYTA TABS 1mg	4	PA, QL (240 tabs every 30 days)
INLYTA TABS 5mg	4	PA, QL (120 tabs every 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	4	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	4	PA, QL (90 caps every 30 days)
LORBRENA TABS 25mg	5	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100mg	5	PA, QL (30 tabs every 30 days)
MEKINIST TABS 2mg	4	PA, QL (30 tabs every 30 days)
MEKINIST TABS .5mg	4	PA, QL (90 tabs every 30 days)
<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL TABS 20mg	4	PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	PA, QL (30 tabs every 30 days)
STIVARGA TABS 40mg	4	PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50mg, 75mg	4	PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25mg	5	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100mg	5	PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20mg/ml	5	PA, QL (300 mL every 30 days)
VOTRIENT TABS 200mg	4	PA, QL (120 tabs every 30 days)
XALKORI CAPS 200mg, 250mg	4	PA, QL (120 caps every 30 days)
ZELBORAF TABS 240mg	4	PA, QL (240 tabs every 30 days)
ZYDELIG TABS 100mg, 150mg	4	PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150mg	4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150mg	4	PA, QL (90 tabs every 30 days)

### **MISCELLANEOUS**

<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1B	
<i>bexarotene caps 75mg</i>	4	PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
<i>hydroxyurea caps 500mg</i>	1B	
MATULANE CAPS 50mg	2	
<i>mitoxantrone hcl conc 2mg/ml</i>	4	PA
ODOMZO CAPS 200mg	4	PA, QL (30 caps every 30 days)
ONCASPAR SOLN 750unit/ml	4	PA
PHOTOFRIN SOLR 75mg	2	
QUADRAMET SOLN 1850mbq/ml	2	
TICE BCG SUSR 50mg	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	1B	
UVADEX SOLN 20mcg/ml	2	
VISTOGARD PACK 10gm	2	QL (20 packets every 5 days)

Drug Name	Drug Tier	Requirements/Limits
<b>PLATINUM-BASED AGENTS</b>		
carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1B	
cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml	1B	
oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg	4	
<b>PROTECTIVE AGENTS</b>		
dexrazoxane hcl solr 250mg, 500mg	1B	
leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg	1B	
mesna soln 100mg/ml	1B	
MESNEX TABS 400mg	4	
<b>TOPOISOMERASE INHIBITORS</b>		
etoposide caps 50mg; soln 100mg/5ml	1B	
irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml	4	
irinotecan hcl soln 300mg/15ml	1B	
TENIPOSIDE SOLN 10mg/ml	2	
toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml	1B	
topotecan hcl solr 4mg	1B	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
paraplatin soln 1000mg/100ml	1B	
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
CALQUENCE TABS 100mg	5	PA, QL (60 tabs every 30 days)
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	PA, QL (60 tabs every 30 days)
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA TABS 10mg, 50mg	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100mg	4	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	4	PA
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>BENZISOXAZOLES</b>		
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	2	QL (1 injection every 25 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	2	QL (1 injection every 84 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERSERIS PRSY 90mg, 120mg	2	QL (1 injection every 25 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	2	QL (2 injections every 25 days)
<b>DIBENZAPINES</b>		
ZYPREXA RELPREVV SUSR 210mg, 300mg	2	QL (2 injections every 25 days)
ZYPREXA RELPREVV SUSR 405mg	2	QL (1 injection every 25 days)
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	2	QL (1 injection every 25 days)
<b>ANTIVIRALS</b>		
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100	0	
PAXLOVID TAB 300-100	0	QL (40 capsules every 30 days)
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO CAPS 200mg	0	QL (30 tablets every 30 days)
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1A	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1A	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1B	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1B	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1B	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1B	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1B	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1B	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1A	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1A	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1B	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1A	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1A	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1A	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1A	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1A	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1A	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1B	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1B	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1B	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1A	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1A	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1B	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1B	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1A	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1B	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1A	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tabs 25mg, 50mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1B	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1B	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1B	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1B	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1B	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1B	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1B	
<i>BYVALSON TAB 5-80MG</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1B	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1B	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1B	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1A	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1A	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1A	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1A	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1A	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1B	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1B	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1B	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1B	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1B	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1B	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1B	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1B	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1B	
<i>eprosartan mesylate tabs 600mg</i>	1B	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1A	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1A	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1B	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1B	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg</i>	1B	
<i>disopyramide phosphate caps 100mg, 150mg</i>	1B	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1B	PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1B	
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1B	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1B	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1B	
MULTAQ TABS 400mg	3	PA
NEXTERONE INJ	3	
NORPACE CR CP12 100mg, 150mg	2	
<i>pacerone tabs 100mg, 200mg</i>	1B	
<i>procainamide hcl soln 100mg/ml</i>	1B	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1B	
<i>quinidine sulfate tabs 200mg, 300mg</i>	1B	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	1B	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1B	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	1B	
SOTALOL HYDROCHLORIDE SOLN 150mg/10ml	3	
<b>ANTILIPEMICS, BILE ACID RESINS</b>		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1B	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1B	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1B	
<i>prevalite powd 4gm/dose</i>	1B	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe tabs 10mg</i>	1B	PA
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1B	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	1A	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	1B	
<i>gemfibrozil tabs 600mg</i>	1A	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1A	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1A	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1A	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1B	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1B	PA; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1B	PA
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1A	\$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	1A	
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1B	
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>		
<i>icosapent ethyl caps 1gm</i>	1B	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1B	PA
VASCEPA CAPS .5gm	2	PA
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
PRALUENT SOAJ 75mg/ml, 150mg/ml	4	PA, QL (2 pens every 28 days)
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1B	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1B	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1B	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1B	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1B	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1B	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1B	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1B	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	1B	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	1B	

### **BETA-BLOCKERS**

<i>acebutolol hcl caps 200mg, 400mg</i>	1B	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1A	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1B	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1B	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1B	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1B	
<i>labetalol hcl soln 5mg/ml</i>	1B	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1A	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>metoprolol tartrate soln 5mg/5ml</i>	1B	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1A	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1B	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1B	
<i>pindolol tabs 5mg, 10mg</i>	1B	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 60mg, 80mg</i>	1B	
<i>propranolol hcl tabs 10mg, 20mg, 40mg</i>	1A	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1B	

### **CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1B	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1B	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr tb24 30mg, 60mg</i>	1B	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1A	
CARDENE IV SOL 20/200ML	3	
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	1B	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	1B	
DILTIAZEM HCL SOLR 100mg	3	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	1A	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1B	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1B	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1B	
<i>isradipine caps 2.5mg, 5mg</i>	1B	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	1B	
<i>nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml</i>	1B	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	1B	
<i>nimodipine caps 30mg</i>	3	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1B	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tbc 120mg, 180mg, 240mg	1B	
verapamil hcl tabs 40mg, 80mg, 120mg	1A	
<b><i>DIGITALIS GLYCOSIDES</i></b>		
digox tabs 125mcg, 250mcg	1B	
digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1B	
LANOXIN TABS 187.5mcg	2	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b>		
aliskiren fumarate tabs 150mg, 300mg	1B	
<b><i>DIURETICS</i></b>		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1B	
acetazolamide sodium solr 500mg	1B	
ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1B	
amiloride hcl tabs 5mg	1B	
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	1B	
chlorothiazide sodium solr 500mg	1B	
chlorthalidone tabs 25mg, 50mg	1A	
DIURIL SUSP 250mg/5ml	3	
ethacrynate sodium solr 50mg	1B	
ethacrynic acid tabs 25mg	2	
furosemide soln 10mg/ml, 40mg/5ml; tabs 80mg	1B	
furosemide tabs 20mg, 40mg	1A	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1A	
indapamide tabs 1.25mg, 2.5mg	1B	
mannitol soln 20%, 25%	1B	
methazolamide tabs 25mg, 50mg	1B	
metolazone tabs 2.5mg, 5mg, 10mg	1B	
osmitrol viaflex soln 5%, 10%, 15%	1B	
spironolactone tabs 25mg, 50mg, 100mg	1A	
spironolactone & hydrochlorothiazide tab 25-25 mg	1B	
toremide tabs 5mg, 10mg, 20mg, 100mg	1B	
triamterene caps 50mg, 100mg	1B	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1B	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1B	
<b>MISCELLANEOUS</b>		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1B	
<i>clonidine hcl tabs .1mg, .2mg</i>	1A	
<i>clonidine hcl tabs .3mg</i>	1B	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1B	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1B	
<i>methyldopa tabs 250mg, 500mg</i>	1B	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1B	
<i>minoxidil tabs 2.5mg, 10mg</i>	1B	
<i>phenoxybenzamine hcl caps 10mg</i>	3	PA
<i>ranolazine tb12 500mg, 1000mg</i>	1B	ST; PA**
<b>NITRATES</b>		
DILATRATE SR CPR 40mg	3	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	1B	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 120mg</i>	1B	
<i>isosorbide mononitrate tb24 30mg, 60mg</i>	1A	
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1B	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	2	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .6mg</i>	1B	
NITROGLYCERIN SOLN 5mg/ml	3	
<i>nitroglycerin subl .4mg</i>	1A	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1B	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1B	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1B	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA, QL (30 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bosentan tabs 62.5mg, 125mg</i>	4	PA, QL (60 tabs every 30 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA
OPSUMIT TABS 10mg	4	PA, QL (30 tabs every 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	4	PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (90 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)
TYVASO SOLN .6mg/ml	4	PA, QL (28 ampules every 28 days)
TYVASO REFILL SOLN .6mg/ml	4	PA, QL (28 ampules every 28 days)
TYVASO STARTER SOLN .6mg/ml	4	PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800mcg	4	PA
UPTRAVI TABS 200mcg	4	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	PA, QL (270 ampules every 30 days)

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

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

### **ANTICONVULSANTS**

APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	PA
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1B	
CELONTIN CAPS 300mg	3	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	2	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1B	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	QL (180 tabs every 25 days)
<i>diazepam soln 5mg/5ml</i>	1B	QL (1200 mL every 25 days)
<i>diazepam soln 5mg/ml</i>	1B	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1B	QL (120 tabs every 25 days)
<i>diazepam intensol conc 5mg/ml</i>	1B	QL (240 mL every 25 days)
DILANTIN CAPS 30mg	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg</i>	1B	
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	1A	
EPIDIOLEX SOLN 100mg/ml	4	PA, QL (800 mL every 30 days)
<i>epitol tabs 200mg</i>	1B	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1B	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	2	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1B	
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1A	
<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg</i>	1B	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	1A	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	1B	PA
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	2	PA
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1B	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1B	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1B	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1B	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1B	
PEGANONE TABS 250mg	3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1B	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1B	
<i>phenytoin sodium soln 50mg/ml</i>	1B	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1B	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1B	PA
<i>primidone tabs 50mg, 250mg</i>	1B	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1B	
<i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	1B	
<i>valproic acid caps 250mg</i>	1B	
<i>vigabatrin pack 500mg</i>	4	PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	PA, QL (180 tabs every 30 days)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1A	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1B	
<i>ergoloid mesylates tabs 1mg</i>	1B	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1B	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1B	PA; PA applies for members less than 30 years of age

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1B	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1B	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1B	PA
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tabs 10mg</i>	1A	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1A	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	1A	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1B	
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg</i>	1A	
<i>bupropion hcl tb24 150mg, 300mg</i>	1B	
<i>citalopram hydrobromide soln 10mg/5ml</i>	1B	
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1A	
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tabs 100mg, 150mg</i>	1B	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1B	PA, QL (30 tabs every 25 days); (generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1B	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	1B	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1B	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	PA
<i>escitalopram oxalate soln 5mg/5ml</i>	1B	
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1A	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA, QL (30 caps every 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps every 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1A	
<i>fluoxetine hcl cpdr 90mg; soln 20mg/5ml</i>	1B	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1B	(generic Sarafem not covered)
<i>imipramine hcl tabs 10mg, 25mg</i>	1B	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imipramine pamoate caps 75mg, 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1B	
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1B	
MARPLAN TABS 10mg	3	
<i>mirtazapine tabs 7.5mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1B	
<i>mirtazapine tabs 15mg</i>	1A	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1B	
<i>nortriptyline hcl caps 10mg</i>	1B	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	1B	
<i>nortriptyline hcl soln 10mg/5ml</i>	1B	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	1A	
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	1B	
<i>phenelzine sulfate tabs 15mg</i>	1B	
<i>protriptyline hcl tabs 5mg</i>	1B	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml</i>	1B	
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	1A	
<i>tranylcypromine sulfate tabs 10mg</i>	1B	
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	1A	
<i>trazodone hcl tabs 300mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate caps 25mg, 50mg</i>	1B	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1B	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1A	
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg</i>	1B	
VIIBRYD KIT STARTER	3	PA
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	3	PA

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1B	
APOKYN SOCT 30mg/3ml	4	PA, QL (20 cartridges every 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1B	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1B	
<i>carbidopa tabs 25mg</i>	3	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1B	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1B	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1B	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1B	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1B	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1B	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1B	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1B	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1B	
<i>entacapone tabs 200mg</i>	1B	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1B	
<i>rasagiline mesylate tabs 1mg</i>	2	PA
<i>rasagiline mesylate tabs .5mg</i>	2	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1B	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1B	
<i>tolcapone tabs 100mg</i>	1B	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1B	
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	
<i>aripiprazole tbdp 10mg, 15mg</i>	1B	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	2	
ARISTADA INITIO PRSY 675mg/2.4ml	2	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	2	PA
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	1B	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1B	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1B	
<i>fluphenazine decanoate soln 25mg/ml</i>	1B	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1B	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1B	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1B	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1B	
LATUDA TABS 20mg, 40mg, 60mg, 120mg	2	PA, QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LATUDA TABS 80mg	2	PA, QL (60 tabs / 30 days)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1B	
NUPLAZID TABS 17mg	4	PA
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1B	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	2	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1B	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg</i>	1A	
<i>quetiapine fumarate tabs 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1B	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	PA
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1B	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1B	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1B	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1B	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1B	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine sulfate tabs 10mg</i>	3	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1B	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1B	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1B	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1B	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1B	QL (90 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1B	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1B	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1B	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1B	QL (60 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1B	
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1B	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1B	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1B	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1B	QL (2,160 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1B	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg</i>	1B	QL (90 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 20mg, 30mg</i>	1B	QL (60 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1B	ST; PA**
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	3	QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg</i>	1B	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg</i>	1B	QL (30 caps every 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	3	QL (2,160 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	3	QL (1080 mL every 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1B	QL (180 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl tabs 20mg</i>	1B	QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbc 18mg, 27mg, 36mg</i>	3	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbc 54mg</i>	3	QL (30 tabs every 30 days)
<i>methylphenidate hcl tbc 10mg, 20mg</i>	2	QL (90 tabs every 30 days)
<i>zenzedi tabs 2.5mg, 7.5mg</i>	1B	QL (120 tabs every 30 days)
<i>zenzedi tabs 15mg</i>	1B	QL (90 tabs every 30 days)
<i>zenzedi tabs 20mg, 30mg</i>	1B	QL (60 tabs every 30 days)

### **HYPNOTICS**

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

### **MIGRAINE**

<i>AIMOVIG SOAJ 70mg/ml</i>	2	PA, QL (2 injections every 25 days)
<i>AIMOVIG SOAJ 140mg/ml</i>	2	PA, QL (1 injection every 25 days)
<i>AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml</i>	2	PA, QL (3 injections every 75 days)
<i>almotriptan malate tabs 6.25mg</i>	2	QL (18 tabs every 25 days)
<i>almotriptan malate tabs 12.5mg</i>	2	QL (12 tabs every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eletriptan hydrobromide tabs 20mg</i>	2	QL (18 tabs every 25 days)
<i>eletriptan hydrobromide tabs 40mg</i>	2	QL (12 tabs every 25 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	2	PA, QL (2 injections every 25 days)
EMGALITY SOSY 100mg/ml	2	PA, QL (3 injections every 25 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>naratriptan hcl tabs 1mg</i>	1A	QL (18 tabs every 25 days)
<i>naratriptan hcl tabs 2.5mg</i>	1A	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	1A	QL (27 tabs every 25 days)
<i>rizatriptan benzoate tabs 10mg; tbdp 10mg</i>	1A	QL (18 tabs every 25 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (36 sprays every 25 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays every 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes every 25 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosal 6mg/0.5ml</i>	2	QL (12 units every 25 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials every 25 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1A	QL (18 tabs every 25 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs every 25 days); PA**
<i>zolmitriptan soln 2.5mg</i>	1B	QL (18 sprays every 25 days)
<i>zolmitriptan soln 5mg</i>	1B	QL (12 sprays every 25 days)
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	2	QL (18 tabs every 25 days)
<i>zolmitriptan tabs 5mg</i>	1B	QL (12 tabs every 25 days)
<i>zolmitriptan tbdp 5mg</i>	2	QL (12 tabs every 25 days)
<b>MISCELLANEOUS</b>		
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	1B	
<i>bupirone hcl tabs 30mg</i>	2	



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	4	PA, QL (1 kit every 30 days)
GILENYA CAPS .5mg	4	PA, QL (30 caps every 30 days)
MAYZENT TABS 2mg	4	PA, QL (30 tabs every 30 days)
MAYZENT TABS .25mg	4	PA, QL (112 tabs every 28 days)
MAYZENT STARTER PACK TBPK .25mg	4	PA, QL (1 pack every 365 days)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER	5	PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box every 28 days)
TYSABRI CONC 300mg/15ml	4	PA, QL (1 vial every 28 days)
VUMERITY CPDR 231mg	4	PA, QL (106 caps every 30 days)
VUMERITY CPDR 231mg	4	PA, QL (120 caps every 30 days)
ZEPOSIA CAPS .92mg	4	PA, QL (30 every 30 Days)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT	4	PA, QL (1 kit every 365 days)

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen tabs 5mg, 10mg, 20mg</i>	1B
<i>carisoprodol tabs 350mg</i>	1A
<i>chlorzoxazone tabs 500mg</i>	1B
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1A
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1B

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metaxalone tabs 400mg, 800mg</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	1B	
<i>orphenadrine citrate soln 60mg/2ml; tb12 100mg</i>	1B	
<i>tizanidine hcl tabs 2mg, 4mg</i>	1A	

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1B	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg, 200mg</i>	3	PA, QL (30 tabs every 30 days)

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium tbec 333mg</i>	1B	PA
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX TABS .5mg, 1mg	0	\$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH TABS 1mg	0	\$0 limited to 2 treatment cycles/year
<i>disulfiram tabs 250mg, 500mg</i>	1B	
<i>goodsense nicotine lozg 2mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr lozg 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	1B	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
<i>nicorelief gum 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5mg, 1mg	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIVITROL SUSR 380mg	4	PA, QL (1 vial every 28 days)
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>ceftazidime solr 6gm</i>	1B	
<b>COUGH/COLD/ALLERGY</b>		
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1B	QL (300 mL every 30 days)
<b>DERMATOLOGICALS</b>		
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OINT 1%	2	
XEPI CREA 1%	2	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>luliconazole crea 1%</i>	2	
<i>oxiconazole nitrate crea 1%</i>	2	PA
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir topical oint 5%</i>	2	PA
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>diflorasone diacetate oint .05%</i>	2	
<i>halcinonide crea .1%</i>	3	QL (60g every 30 days)
<b>MISC. TOPICAL</b>		
DRYSOL SOLN 20%	2	
HYPERCARE SOLN 15%	2	OTC
QBREXZA PADS 2.4%	3	QL (1 box every 30 days)
XERAC AC SOLN 6.25%	2	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANADROL-50 TABS 50mg	3	PA
INTRAROSA INST 6.5mg	3	
<i>methyltestosterone caps 10mg</i>	3	PA
<i>oxandrolone tabs 2.5mg, 10mg</i>	2	PA
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	3	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1B	PA
<i>testosterone enanthate soln 200mg/ml</i>	1B	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1B	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1B	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	ST; PA**
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	ST; PA**

OTC - Over the counter PA - Prior Authorization PA\*\* - PA Applies if Step is Not Met  
 QL - Quantity Limits ST - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETICS, BIGUANIDE</b>		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	1A	
metformin hcl tabs 850mg	1A	\$0 copay for members age 35-70 for prevention of diabetes
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
glipizide-metformin hcl tab 2.5-250 mg	1A	
glipizide-metformin hcl tab 2.5-500 mg	1A	
glipizide-metformin hcl tab 5-500 mg	1A	
glyburide-metformin tab 1.25-250 mg	1A	
glyburide-metformin tab 2.5-500 mg	1A	
glyburide-metformin tab 5-500 mg	1A	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1B	
JANUVIA TABS 25mg, 50mg, 100mg	2	ST, QL (30 tabs every 30 days); PA**
<b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>		
CYCLOSET TABS .8mg	3	
<b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>		
JANUMET TAB 50-500MG	2	ST, QL (60 tabs every 30 days); PA**
JANUMET TAB 50-1000	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-500MG	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-1000	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 100-1000	2	ST, QL (30 tabs every 30 days); PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
OZEMPIC SOPN 2mg/1.5ml	2	ST, QL (2 pens every 28 days); PA**
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml	2	ST, QL (1 pen every 28 days); PA**
OZEMPIC INJ 8MG/3ML	2	ST, QL (1 pen every 30 days); PA**
RYBELSUS TABS 3mg, 7mg, 14mg	2	ST, QL (30 tablets every 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	ST, QL (4 pens every 28 days); PA**
VICTOZA SOPN 18mg/3ml	2	ST, QL (3 pens every 30 days); PA**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA INJ 100/33	2	ST, QL (6 pens every 30 days); PA**
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 30 days); PA**
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	1A	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml	1A	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	1A	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1A	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1B	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1B	

**Drug Name Drug Tier Requirements/Limits**  
**ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA**  
**COMBINATION**

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1B	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1B	

**ANTIDIABETICS, MEGLITINIDE**

<i>nateglinide tabs 60mg, 120mg</i>	1B	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1B	

**ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)**  
**COMBO**

SYNJARDY TAB	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-500MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 12.5-500	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 10-1000	2	ST, QL (30 tabs every 30 days); PA**
SYNJARDY XR TAB 25-1000	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 2.5-1000	2	ST, QL (60 tabs every 30 days); PA**
XIGDUO XR TAB 5-500MG	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 5-1000MG	2	ST, QL (60 tabs every 30 days); PA**
XIGDUO XR TAB 10-500MG	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 10-1000	2	ST, QL (30 tabs every 30 days); PA**

**ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB**  
**(SGLT2)/DPP-4 INHIBITOR COMBINATIONS**

GLYXAMBI TAB 10-5 MG	2	ST, QL (30 tabs every 30 days); PA**
GLYXAMBI TAB 25-5 MG	2	ST, QL (30 tabs every 30 days); PA**

**ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2)**  
**INHIB**

FARXIGA TABS 5mg, 10mg	2	ST, QL (30 tabs every 30 days); PA**
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JARDIANCE TABS 10mg, 25mg	2	ST, QL (30 tabs every 30 days); PA**
<b>ANTIDIABETICS, SULFONYLUREA</b>		
glimepiride tabs 1mg, 2mg, 4mg	1B	
glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	1A	
glyburide tabs 1.25mg, 2.5mg, 5mg	1A	
glyburide micronized tabs 1.5mg, 3mg, 6mg	1A	
<b>BISPHOSPHONATES</b>		
alendronate sodium soln 70mg/75ml	1B	
alendronate sodium tabs 5mg, 10mg, 35mg, 70mg	1A	
ibandronate sodium soln 3mg/3ml; tabs 150mg	1B	
pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg	1B	
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg	2	
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	4	PA
<b>CALCIUM RECEPTOR AGONISTS</b>		
cinacalcet hcl tabs 30mg, 60mg	4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tabs 90mg	4	PA, QL (120 tabs every 30 days)
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	3	
deferiprone tabs 500mg, 1000mg	4	PA
FERRIPROX SOLN 100mg/ml	4	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	PA
kionex susp 15gm/60ml	1B	
penicillamine tabs 250mg	3	
sodium polystyrene sulfonate susp 15gm/60ml	1B	
THYROSAFE TABS 65mg	2	OTC
<b>CONTRACEPTIVES</b>		
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	
amethyst	0	
ANNOVERA MIS	0	QL (1 every 300 days)
apri	0	
aranelle	0	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ashlyna</i>	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila tabs .35mg</i>	0	
<i>caziant</i>	0	
<i>chateal</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 every 300 days)
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>gianvi</i>	0	
<i>heather tabs .35mg</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette tabs .35mg</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kurvelo</i>	0	
KYLEENA IUD 19.5mg	0	QL (1 every 300 days)
<i>larin 1.5/30</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>orsythia</i>	0	
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>quasense</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA IUD 13.5mg	0	QL (1 every 300 days)
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	
<i>xulane</i>	0	
<i>zenchent</i>	0	
<i>zovia 1/35e</i>	0	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TABS 30mg	0	
levonorgestrel (emergency oc) tabs 1.5mg	0	OTC
<b>ENDOMETRIOSIS</b>		
<i>danazol caps 50mg, 100mg, 200mg</i>	1B	
SYNAREL SOLN 2mg/ml	5	PA
<b>ENZYME REPLACEMENTS</b>		
<i>*betaine powder for oral solution***</i>	4	PA
<i>carglumic acid tbs 200mg</i>	4	PA
CERDELGA CAPS 84mg	4	PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50mg, 150mg	4	PA
MYALEPT SOLR 11.3mg	4	PA, QL (30 vials every 30 days)
<i>nitisinone caps 2mg, 5mg, 10mg</i>	4	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	4	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	PA, QL (600g every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium phenylbutyrate tabs 500mg</i>	4	PA, QL (1200 tabs every 30 days)
<b>ESTROGENS</b>		
<i>CLIMARA PRO DIS WEEKLY</i>	2	
<i>DEPO-ESTRADIOL OIL 5mg/ml</i>	3	
<i>DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm</i>	3	
<i>DUAVEE TAB 0.45-20</i>	2	
<i>ELESTRIN GEL .06%</i>	3	
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	1B	
<i>estradiol tabs .5mg, 1mg, 2mg</i>	1A	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1B	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1B	
<i>estradiol vaginal crea .1mg/gm</i>	1B	
<i>estradiol valerate oil 20mg/ml, 40mg/ml</i>	1B	
<i>ESTROGEL GEL .06%</i>	3	
<i>EVAMIST SOLN 1.53mg/spray</i>	3	
<i>jinteli</i>	1B	
<i>MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg</i>	3	
<i>mimvey</i>	1B	
<i>mimvey lo</i>	1B	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1B	
<i>PREMARIN CREA .625mg/gm</i>	2	
<i>PREMARIN SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg</i>	3	
<i>yuvaferm tabs 10mcg</i>	1B	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate tabs 25mg</i>	1B	
<i>DEPO-MEDROL SUSP 20mg/ml</i>	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs 1mg, 2mg</i>	1B	
<i>dexamethasone tabs .5mg, .75mg, 1.5mg, 4mg, 6mg</i>	1A	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	1B	
<i>fludrocortisone acetate tabs .1mg</i>	1B	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1A	
MEDROL TABS 2mg	2	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1B	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1B	
<i>methylprednisolone sod succ solr 40mg, 125mg, 1000mg</i>	1B	
<i>prednisolone soln 15mg/5ml</i>	1B	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1B	
<i>prednisone soln 5mg/5ml; tabs 50mg; tbpk 5mg, 10mg</i>	1B	
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg</i>	1A	
PREDNISON INTENSOL CONC 5mg/ml	2	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>glucagon (rdna) kit 1mg</i>	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC
<b>HUMAN GROWTH HORMONES</b>		
HUMATROPE CART 6mg, 12mg, 24mg	4	PA
HUMATROPE COMBO PACK SOLR 5mg	4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline tabs .5mg</i>	1B	
<i>calcitonin (salmon) soln 200unit/act</i>	2	
CHORIONIC GONADOTROPIN SOLR 10000unit	4	PA
INCRELEX SOLN 40mg/4ml	4	PA
MIACALCIN SOLN 200unit/ml	3	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	PA, QL (225 ml every 30 days)
<i>octreotide acetate soln 1000mcg/ml</i>	4	PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 mL every 30 days)
OSPHENA TABS 60mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLIA SOSY 60mg/ml	4	PA, QL (60mg every 24 weeks)
<i>raloxifene hcl tabs 60mg</i>	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	PA, QL (60 ampules every 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	PA, QL (30 vials every 30 days)
<i>tolvaptan tabs 15mg, 30mg</i>	4	PA
TYMLOS SOPN 3120mcg/1.56ml	4	PA, QL (1 pen every 30 days)

### **PHOSPHATE BINDER AGENTS**

<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1B	
FOSRENOL PACK 750mg, 1000mg	3	
PHOSLYRA SOLN 667mg/5ml	2	
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	2	
<i>sevelamer carbonate tabs 800mg</i>	3	
VELPHORO CHEW 500mg	3	

### **PROGESTINS**

CRINONE GEL 4%, 8%	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 10mg</i>	1A	
<i>medroxyprogesterone acetate tabs 5mg</i>	1B	
<i>norethindrone acetate tabs 5mg</i>	1B	
<i>progesterone caps 100mg, 200mg</i>	1B	

### **THYROID AGENTS**

<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1B	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1B	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1B	
<i>methimazole tabs 5mg, 10mg</i>	1B	
<i>propylthiouracil tabs 50mg</i>	1B	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>	1B	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1B	
<i>desmopressin acetate spray soln .01%</i>	1B	
<i>desmopressin acetate spray refrigerated soln .01%</i>	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>GROWTH HORMONES</b>		
<i>NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml</i>	4	PA
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
<i>KERENDIA TABS 10mg, 20mg</i>	3	PA, QL (30 tabs every 30 days)
<b>GASTROINTESTINAL</b>		
<b>ABORTIFACIENTS</b>		
<i>misoprostol tabs 100mcg, 200mcg</i>	1B	
<b>ANTICHOLINERGICS</b>		
<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	1B	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1B	
<i>ed-spaz tbdp .125mg</i>	1B	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	1B	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1B	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1B	
<i>nulev tbdp .125mg</i>	1B	
<i>oscimin subl .125mg; tabs .125mg</i>	1B	
<i>oscimin sr tb12 .375mg</i>	1B	
<i>symax-sl subl .125mg</i>	1B	
<b>ANTIEMETICS</b>		
<i>AKYNZEO CAP 300-0.5</i>	3	QL (2 caps every 21 days)
<i>aprepitant caps 40mg</i>	3	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	3	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	3	QL (2 caps every 21 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	3	QL (2 packs every 21 days)
CESAMET CAPS 1mg	3	QL (18 caps every 21 days)
<i>compro supp 25mg</i>	2	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	QL (60 caps every 25 days)
<i>granisetron hcl soln 1mg/ml, 4mg/4ml</i>	1B	QL (2 mL every 21 days)
<i>granisetron hcl tabs 1mg</i>	1B	QL (12 tabs every 21 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	1B	
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	1B	
<i>ondansetron tbdp 4mg, 8mg</i>	1A	QL (60 tabs every 30 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml</i>	1B	QL (20 mL every 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	1B	QL (200 mL every 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1A	QL (60 tabs every 30 days)
<i>ondansetron hcl tabs 24mg</i>	1B	QL (2 tabs every 21 days)
<i>prochlorperazine supp 25mg</i>	2	
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	1B	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1B	
<i>promethazine hcl soln 25mg/ml, 50mg/ml; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1B	
SANCUSO PTCH 3.1mg/24hr	2	PA
<i>scopolamine pt72 1mg/3days</i>	1B	
<i>trimethobenzamide hcl caps 300mg</i>	1B	
VARUBI EMUL 166.5mg/92.5ml; TBPK 90mg	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1B	
<i>cimetidine hcl soln 300mg/5ml</i>	1B	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	1B	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1B	
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1B	



Drug Name	Drug Tier	Requirements/Limits
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium caps 750mg</i>	1B	
<i>budesonide cpep 3mg</i>	2	PA
<i>colocort enem 100mg/60ml</i>	1B	
DIPENTUM CAPS 250mg	3	PA
<i>mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	2	
<i>mesalamine tbec 800mg</i>	2	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1B	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
<i>lubiprostone caps 8mcg, 24mcg</i>	1B	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosectron hcl tabs .5mg, 1mg</i>	3	PA
<b>LAXATIVES</b>		
<i>enulose soln 10gm/15ml</i>	1B	
<i>gavilyte-c</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-g</i>	1B	\$0 copay for members age 45 through 75
<i>gavilyte-n/flavor pack</i>	1B	\$0 copay for members age 45 through 75
<i>generlac soln 10gm/15ml</i>	1B	
GOLYTELY SOL	2	
<i>lactulose soln 10gm/15ml</i>	1B	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1B	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1B	\$0 copay for members age 45 through 75
PEG-PREP KIT	1B	\$0 copay for members age 45 through 75
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1B	OTC
SUPREP BOWEL SOL PREP KIT	2	
<b>MISCELLANEOUS</b>		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1B	PA
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1B	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1B	
<i>loperamide hcl caps 2mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOTOFEN TAB 1-0.025	3	
MOVANTIK TABS 12.5mg, 25mg	2	
SUCRAID SOLN 8500unit/ml	3	PA, QL (354 mL every 25 days)
<i>sucralfate tabs 1gm</i>	1B	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1B	

### **PANCREATIC ENZYMES**

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

### **PROTON PUMP INHIBITORS**

<i>dexlansoprazole cpdr 30mg, 60mg</i>	1B	ST, QL (30 caps every 30 days); PA**
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	3	PA, QL (30 caps every 30 days)
<i>esomeprazole sodium solr 40mg</i>	1B	
<i>lansoprazole cpdr 15mg, 30mg</i>	1A	QL (30 caps every 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1A	QL (30 caps every 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1B	QL (30 tabs every 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	PA, QL (30 tabs every 30 days)

### **RECTAL,CORTICOSTEROIDS**

<i>procto-pak crea 1%</i>	1B	
<i>proctosol hc crea 2.5%</i>	1B	
<i>proctozone-hc crea 2.5%</i>	1B	

### **GASTROINTESTINAL AGENTS - MISC.**

#### **PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**

RELISTOR SOLN 12mg/0.6ml	3	PA, QL (28 injections every 28 days)
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Drug Name	Drug Tier	Requirements/Limits
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl tb24 10mg</i>	1B	
CARDURA XL TB24 4mg, 8mg	3	ST; PA**
<i>dutasteride caps .5mg</i>	1B	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1B	
<i>finasteride tabs 5mg</i>	1B	
<i>silodosin caps 4mg, 8mg</i>	1B	
<i>tadalafil tabs 2.5mg, 5mg</i>	1B	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl caps .4mg</i>	1B	
<b>CONTRACEPTIVES</b>		
ENCARE SUPP 100mg	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MISC 1000mg	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4%	0	OTC
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1B	
ELMIRON CAPS 100mg	3	
<i>flavoxate hcl tabs 100mg</i>	1B	
<i>phenazopyridine tab 95mg tabs 95mg</i>	1B	OTC
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	1B	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1B	
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1B	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1B	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1B	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1B	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUPP 100mg	2	
<i>clindamycin phosphate vaginal crea 2%</i>	1B	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	2	
<i>miconazole 3 supp 200mg</i>	1B	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban soln 250mg/2.5ml</i>	1B	
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TBPK 5mg	2	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1B	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1A	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	5	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
PROMACTA TABS 12.5mg, 25mg	5	PA, QL (30 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA TABS 50mg, 75mg	5	PA, QL (60 tabs every 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	4	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>cilostazol tabs 50mg, 100mg</i>	1B	
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	5	PA
<i>icatibant acetate soln 30mg/3ml</i>	4	PA, QL (45 syringes every 90 days)
<i>pentoxifylline tbc 400mg</i>	1B	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1B	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1B	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate tabs 75mg</i>	1A	
<i>clopidogrel bisulfate tabs 300mg</i>	1B	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1B	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1B	
<b>HEMATOPOIETIC AGENTS</b>		
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
NYVEPRIA SOSY 6mg/0.6ml	4	PA
<b>IRON</b>		
FERROUS FUMARATE TABS 29mg	1B	OTC
<i>ferrous fumarate tabs 324mg</i>	1B	OTC
<i>ferrous gluconate tabs 240mg</i>	1B	OTC
FERROUS GLUCONATE TABS 324mg	1B	OTC
<i>ferrous sulfate elix 220mg/5ml; tbec 325mg</i>	1B	OTC
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	1B	OTC
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>flurazepam hcl caps 15mg, 30mg</i>	1B	
<i>quazepam tabs 15mg</i>	2	ST
<b>IMMUNOLOGIC AGENTS</b>		
<b>BIOLOGIC DISEASE-MODIFYING AGENTS</b>		
ACTEMRA SOSY 162mg/0.9ml	5	PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	5	PA, QL (4 syringes every 28 days)

OTC - Over the counter PA - Prior Authorization PA\*\* - PA Applies if Step is Not Met  
 QL - Quantity Limits ST - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL SOLN 25mg/0.5ml	4	PA, QL (8 vials every 28 days)
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	4	PA, QL (2 injections every 28 days)
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml	4	PA, QL (4 injections every 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	4	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	PA, QL (4 pens every 28 days)
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
REMICADE SOLR 100mg	4	PA
RINVOQ TB24 15mg	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
RINVOQ TB24 30mg	4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45mg	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	5	PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50mg/4ml	4	PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75mg/0.83ml	4	PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 360mg/2.4ml	4	PA, QL (1 cartridge every 56 days)
SKYRIZI SOLN 600mg/10ml	4	PA, QL (3 vials every 56 days)
SKYRIZI SOSY 150mg/ml	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI PEN SOAJ 150mg/ml	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45mg/0.5ml	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease and Psoriasis
STELARA SOLN 130mg/26ml	4	PA, QL (4 vials every 365 days)
STELARA SOSY 45mg/0.5ml	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease and Psoriasis
STELARA SOSY 90mg/ml	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease and Psoriasis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5mg	4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TABS 10mg	4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg	4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 22mg	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)



Drug Name	Drug Tier	Requirements/Limits
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**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

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

**IMMUNOGLOBULIN**

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

**IMMUNOMODULATORS**

ACTIMMUNE SOLN 2000000unit/0.5ml	4	PA
ALFERON N SOLN 5000000unit/ml	4	
ARCALYST SOLR 220mg	4	PA, QL (8 vials every 28 days)
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	PA, QL (21 caps every 28 days)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps every 28 days)
REVLIMID CAPS 20mg, 25mg	4	PA, QL (21 caps every 28 days)
THALOMID CAPS 50mg, 100mg	4	PA, QL (28 caps every 28 days)
THALOMID CAPS 150mg, 200mg	4	PA, QL (56 caps every 28 days)

**IMMUNOSUPPRESSANTS**

<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1B	
<i>cyclosporine caps 25mg, 100mg</i>	3	
<i>cyclosporine soln 50mg/ml</i>	1B	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1B	
<i>gengraf caps 25mg, 100mg; soln 100mg/ml</i>	1B	
<i>mycophenolate mofetil caps 250mg; tabs 500mg</i>	2	
<i>mycophenolate mofetil susr 200mg/ml</i>	3	
<i>mycophenolate mofetil hcl solr 500mg</i>	1B	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate sodium tbec 180mg, 360mg</i>	3	
PROGRAF SOLN 5mg/ml	3	
SANDIMMUNE SOLN 100mg/ml	3	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	3	
<i>tacrolimus caps 1mg, 5mg</i>	3	
<i>tacrolimus caps .5mg</i>	1B	

### **VACCINES**

ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2022-23	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	0	
FLUAD QUADRIVALENT INFLUE PRSY .5ml	0	
FLUARIX QUAD INJ 2022-23	0	
FLUBLOK QUAD INJ 2022-23	0	
FLUCLVX QUAD INJ 2022-23	0	
FLUMIST QUAD SUS 2022-23	0	
FLUZONE HD INJ 2022-23	0	
FLUZONE QUAD INJ 2022-23	0	
GARDASIL 9 INJ	0	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	0	
HEPLISAV-B SOLN 20mcg/0.5ml; SOSY 20mcg/0.5ml	0	
HIBERIX SOLR 10mcg	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
MENVEO SOL	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml	0	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	0	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	0	
VARIVAX INJ 1350pfu/0.5ml	0	
VAXNEUVANCE INJ	0	
ZOSTAVAX SUSR 19400unt/0.65ml	0	\$0 copay for members age 19 and older, otherwise not covered

## **LAXATIVES**

### **LAXATIVE COMBINATIONS**

SUTAB TAB	2	QL (Limited to 1 every year)
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## **MACROLIDES**

### **FIDAXOMICIN**

DIFICID SUSR 40mg/ml	2	PA
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## **MEDICAL DEVICES**

### **CONTRACEPTIVES**

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

### **DIABETIC SUPPLIES**

ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (204 Test Strips every 25 days), OTC
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
NOVOFINE PEN NEEDLES	2	OTC
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
URINE TEST STRIPS	2	OTC
<b>MISCELLANEOUS</b>		
ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
DEXCOM G5 MIS RECEIVER	2	PA, QL (1 device every year)
DEXCOM G5 MIS TRANSMIT	2	PA, QL (1 every 90 days)
DEXCOM G6 MIS RECEIVER	2	PA, QL (1 device every year)
DEXCOM G6 MIS SENSOR	2	PA, QL (3 every 30 days)
DEXCOM G6 MIS TRANSMIT	2	PA, QL (1 every 90 days)
FREESTY LIBR KIT 2 SENSOR	1B	PA, QL (1 every 14 days)
FREESTY LIBR KIT 3 SENSOR	1B	PA, QL (1 every 14 days)
FREESTY LIBR MIS 2 READER	1B	PA, QL (1 device every year)
FREESTYLE KIT SENSOR	1B	PA, QL (1 every 14 days)
FREESTYLE MIS READER	1B	PA, QL (1 device every year)
OMNIPOD 5 G6 KIT INTRO	2	PA
OMNIPOD 5 G6 MIS PODS	2	PA
OMNIPOD DASH KIT INTRO	2	PA
OMNIPOD DASH MIS PODS	2	PA
OMNIPOD MIS CLASSIC	2	PA
OMNIPOD PDM KIT CLASSIC	2	PA
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
NURTEC TBDP 75mg	3	PA, QL (16 tablets every 30 days)
<b>SEROTONIN AGONISTS</b>		
<i>frovatriptan succinate tabs 2.5mg</i>	2	ST, QL (12 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>MUSCLE RELAXANT COMBINATIONS</b>		

<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	2	
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<b>NUTRITIONAL/SUPPLEMENTS</b>		
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<b>ELECTROLYTES</b>		
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<i>fluoritab chew 1mg</i>	1B	
<i>fluoritab chew .25mg, .5mg; soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>flura-drops soln .25mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>k-effervescent tbf 25meq</i>	1B	
<i>klor-con 8 tbc 8meq</i>	1B	
<i>klor-con 10 tbc 10meq</i>	1B	
<i>klor-con m15 tbc 15meq</i>	1B	
<i>klor-con m20 tbc 20meq</i>	1B	
<i>ludent chew 1mg</i>	1B	
<i>ludent chew .25mg, .5mg</i>	1B	\$0 applies for ages 5 and under
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1B	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1B	
<i>nafrinse chew 2.2mg</i>	1B	
<i>nafrinse drops soln .125mg/drop</i>	1B	\$0 applies for ages 5 and under
<i>potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq</i>	1B	
<i>potassium chloride soln 10%, 20%</i>	1B	PA
<i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>	1B	
<i>sodium chloride soln 2.5meq/ml</i>	1B	
<i>sodium chloride flush soln .9%</i>	1B	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1B	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1B	\$0 applies for ages 5 and under

<b>IV REPLACEMENT SOLUTIONS</b>		
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<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1B	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1B	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1B	
<i>potassium chloride soln 2meq/ml</i>	1B	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	1B	

<b>VITAMINS</b>		
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<i>av-vite fb forte</i>	1B	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1B	
<i>cholecalciferol caps 50000unit</i>	1B	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin soln 1000mcg/ml</i>	1B	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	
<i>doxercalciferol soln 4mcg/2ml</i>	1B	
<i>elite-ob</i>	1B	
<i>ergocalciferol caps 50000unit</i>	1B	
<i>folic acid caps 800mcg</i>	0	QL (100 caps every 30 days), OTC
<i>folic acid tabs 1mg</i>	1B	
<i>folic acid tabs 400mcg, 800mcg</i>	0	QL (100 tabs every 30 days), OTC
<i>multi-vit/fluoride</i>	1B	
<i>multi-vit/iron/fluoride</i>	1B	OTC
<i>multi-vitamin/fluoride dr</i>	1B	
<i>multi-vitamin/fluoride/ir</i>	1B	
<i>multivitamin/fluoride</i>	1B	
<i>mvc-fluoride</i>	1B	
<i>niva-fol tab</i>	1B	OTC
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1B	
<i>phytonadione tabs 5mg</i>	3	
<i>prenatabs rx</i>	1B	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	1B	OTC
<i>tri-vit/fluoride</i>	1B	
<i>vitamins a/c/d/fluoride</i>	1B	

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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

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

### **ANTI-INFECTIVES**

AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1B	
<i>bacitracin-polymyxin b ophth oint</i>	1B	
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1A	
<i>erythromycin (ophth) oint 5mg/gm</i>	1B	
<i>gatifloxacin (ophth) soln .5%</i>	1B	
<i>gentak oint .3%</i>	1B	
<i>gentamicin sulfate (ophth) soln .3%</i>	1A	QL (20 mL every 30 days)
<i>levofloxacin (ophth) soln .5%</i>	1B	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1B	
NATACYN SUSP 5%	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1B	
<i>ofloxacin (ophth) soln .3%</i>	1B	
<i>polycin</i>	1B	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1A	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1B	
<i>tobramycin (ophth) soln .3%</i>	1A	
<i>trifluridine soln 1%</i>	1B	
ZIRGAN GEL .15%	3	

### **ANTI-INFLAMMATORIES**

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loteprednol etabonate susp .5%</i>	1B	
MAXIDEX SUSP .1%	2	
NEVANAC SUSP .1%	2	ST; PA**
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1B	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	

### **ANTIALLERGICS**

ALOCRIAL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1B	
<i>bepotastine besilate soln 1.5%</i>	1B	
<i>cromolyn sodium (ophth) soln 4%</i>	1B	
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1B	
LASTACFT SOLN .25%	2	
<i>olopatadine hcl soln .1%, .2%</i>	1B	PA
PATADAY SOLN .7%	2	OTC

### **ANTI GLAUCOMA**

ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl soln .5%</i>	1B	
<i>betaxolol hcl (ophth) soln .5%</i>	1B	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>bimatoprost soln .03%</i>	1B	
<i>brimonidine tartrate soln .2%</i>	1A	
<i>brimonidine tartrate soln .15%</i>	2	
<i>brinzolamide susp 1%</i>	1B	
<i>carteolol hcl (ophth) soln 1%</i>	1B	
<i>dorzolamide hcl soln 2%</i>	1B	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1B	
IOPIDINE SOLN 1%	3	
<i>latanoprost soln .005%</i>	1A	
<i>levobunolol hcl soln .5%</i>	1B	
LUMIGAN SOLN .01%	2	ST; PA**
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1B	
SIMBRINZA SUS 1-0.2%	2	
<i>tafluprost soln .015mg/ml</i>	1B	ST; PA**
<i>timolol maleate (ophth) solg .25%, .5%; soln .5%</i>	1B	
<i>timolol maleate (ophth) soln .25%, .5%</i>	1A	
<i>travoprost soln .004%</i>	1B	
ZIOPTAN SOLN .015mg/ml	3	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS</b>		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1B	
CYSTARAN SOLN .44%	5	PA, QL (4 bottles every 28 days)
LACRISERT INST 5mg	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1B	
<i>proparacaine hcl soln .5%</i>	1B	
RESTASIS EMUL .05%	1B	PA; Single-Dose
RESTASIS MULTIDOSE EMUL .05%	2	PA; Multi-Dose
<i>tropicamide soln .5%, 1%</i>	1B	
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1B	
<b>OPHTHALMIC STEROIDS</b>		
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
ZYLET SUS 0.5-0.3%	3	
<b>OTHER</b>		
<b>IRRIGATION SOLUTIONS</b>		
<i>physiolyte</i>	1B	
<i>physiosol irrigation</i>	1B	
<i>tis-u-sol</i>	1B	
<b>OTIC AGENTS</b>		
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
MICRHOGAM ULTRA-FILTERED SOSY 250unit	3	
RHOGAM ULTRA-FILTERED PLU SOSY 1500unit	3	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1B	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1B	
<b>RESPIRATORY</b>		
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1B	QL (4 auto-injectors every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (4 auto-injectors every 25 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (4 auto-injectors every 25 days)

### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPT AER 62.5-25	2	QL (1 package every 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1B	QL (6 boxes every 25 days)
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 25 days)

### **ANTICHOLINERGICS**

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

### **ANTI-HISTAMINES**

<i>azelastine hcl soln .1%, .15%</i>	1B	QL (2 bottles every 25 days)
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1B	
CLARINEX SYRP .5mg/ml	3	
<i>clemastine fumarate tabs 2.68mg</i>	1B	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1B	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1B	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	1B	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml</i>	1B	
<i>hydroxyzine hcl tabs 10mg, 25mg, 50mg</i>	1A	
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	1A	
<i>hydroxyzine pamoate caps 100mg</i>	1B	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1B	
<i>olopatadine hcl (nasal) soln .6%</i>	1B	QL (1 container every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA AGONISTS</b>		
<i>albuterol sulfate aers 108mcg/act</i>	1B	QL (2 inhalers every 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1B	QL (60 mL every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (5 boxes every 25 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1B	
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1B	QL (45 mL every 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1B	QL (300 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1B	QL (2 inhalers every 30 days)
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1B	
PERFOROMIST NEBU 20mcg/2ml	2	QL (60 vials every 25 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 package every 25 days)
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1B	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	4	PA, QL (3 injections every 28 days)
XOLAIR SOLR 150mg	4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75mg/0.5ml	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150mg/ml	4	PA, QL (8 syringes every 28 days)
<b>COLD/COUGH</b>		
<i>benzonatate caps 100mg, 200mg</i>	1B	
<i>cheratussin ac</i>	1B	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1B	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1B	
<i>hydromet</i>	1B	
NORTUSS-EX LIQ 200-20/5	2	
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	1B	
<i>promethazine vc/codeine</i>	1B	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1B	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1B	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMDEKO TAB 100-150	4	PA, QL (56 tabs every 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs every 28 days)

### **NASAL STEROIDS**

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

### **STEROID INHALANTS**

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

### **STEROID/BETA-AGONIST COMBINATIONS**

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

### **XANTHINES**

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

## TOPICAL

### DERMATOLOGY, ACNE

<i>adapalene crea .1%; gel .1%, .3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1B	
<i>avita crea .025%; gel .025%</i>	2	PA; PA applies for members age 35 and older
BENZIQL GEL 5.25%	2	
BENZIQLS GEL 2.75%	2	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1B	QL (47g every 30 days)
<i>bp wash liqd 2.5%</i>	1B	OTC
<i>clindamycin phosphate (topical) foam 1%; swab 1%</i>	1B	
<i>clindamycin phosphate (topical) gel 1%</i>	1B	QL (75g every 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	1B	QL (60mL every 25 days)
<i>ery pads 2%</i>	1B	
<i>erythromycin (acne aid) gel 2%</i>	1B	QL (60g every 25 days)
<i>erythromycin (acne aid) pads 2%</i>	1B	
<i>erythromycin (acne aid) soln 2%</i>	1B	QL (60mL every 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	1B	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	2	PA; PA applies for members age 35 and older

### DERMATOLOGY, ACTINIC KERATOSIS

FLUOROPLEX CREA 1%	3	
<i>fluorouracil (topical) crea .5%, 5%; soln 2%, 5%</i>	1B	
<i>imiquimod crea 5%</i>	1B	
PICATO GEL .015%, .05%	3	

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulconazole nitrate soln 1%</i>	1B	ST, QL (60mL every 21 days); PA**
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl (antipruritic) crea 5%</i>	3	ST, QL (90 grams every 25 days); PA**
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene soln .005%</i>	1B	
<i>calcitriol (topical) oint 3mcg/gm</i>	3	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SOSY 150mg/ml	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid caps 10mg</i>	1B	
<i>tazarotene crea .1%</i>	1B	PA
TAZORAC CREA .05%; GEL .05%, .1%	2	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical) sham 2%</i>	1B	
<i>selenium sulfide lotn 2.5%</i>	1B	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort crea 1%</i>	1A	QL (300g every 25 days)
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1B	QL (300g every 25 days)
<i>amcinonide lotn .1%</i>	1B	QL (240mL every 25 days)
AMCINONIDE OINT .1%	2	QL (240g every 25 days)
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	1A	QL (240g every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate (topical) lotn .05%</i>	1A	QL (240mL every 25 days)
<i>betamethasone dipropionate augmented crea .05%; oint .05%</i>	1A	QL (240g every 25 days)
<i>betamethasone dipropionate augmented gel .05%</i>	1B	QL (240g every 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	1A	QL (240mL every 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	1A	QL (240g every 25 days)
<i>betamethasone valerate lotn .1%</i>	1A	QL (240mL every 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	2	QL (240g every 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	2	QL (300mL every 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	2	QL (240mL every 25 days)
<i>desonide crea .05%; oint .05%</i>	2	QL (300g every 25 days)
<i>desonide lotn .05%</i>	2	QL (300mL every 25 days)
<i>desoximetasone crea .25%; oint .25%</i>	1B	QL (240g every 25 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1B	QL (300g every 25 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1B	QL (300mL every 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>fluocinonide soln .05%</i>	1B	QL (240mL every 25 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	1B	QL (240g every 25 days)
<i>fluticasone propionate lotn .05%</i>	1B	QL (300mL every 25 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	1A	QL (300g every 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1A	QL (300mL every 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>hydrocortisone butyrate soln .1%</i>	1B	QL (240mL every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>mometasone furoate soln .1%</i>	1B	QL (240mL every 25 days)
<i>prednicarbate crea .1%; oint .1%</i>	1B	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1B	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1B	QL (240mL every 25 days)
<i>triderm crea .1%</i>	1B	QL (240g every 25 days)

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>lidocaine ptch 5%</i>	2	PA, QL (90 patches every 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	1B	QL (60mL every 25 days)
<i>lidocaine hcl soln 4%</i>	1B	QL (50mL every 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1B	QL (30gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1B	
<i>pramox gel gel 1%</i>	1B	
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
<i>7t lido gel gel 2%</i>	1B	QL (30gm every 25 days)

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>bexarotene (topical) gel 1%</i>	4	PA
CONDYLOX GEL .5%	3	
<i>diclofenac sodium (topical) gel 1%</i>	1B	QL (300g every 25 days)
EUCRISA OINT 2%	2	PA, QL (60 grams every 25 days)
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1B	
<i>podofilox soln .5%</i>	1B	
RECTIV OINT .4%	3	
<i>tacrolimus (topical) oint .03%, .1%</i>	3	

### **DERMATOLOGY, ROSACEA**

<i>azelaic acid gel 15%</i>	1B	PA
FINACEA FOAM 15%	2	
<i>metronidazole (topical) crea .75%; gel .75%</i>	1B	QL (60g every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole (topical) lotn .75%</i>	2	QL (60 mL every 30 days)
MIRVASO GEL .33%	3	
<i>rosadan crea .75%</i>	1B	QL (60g every 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>crotan lotn 10%</i>	1B	
EURAX CREA 10%	3	
<i>ivermectin (pediculicide) lotn .5%</i>	1B	PA
<i>lindane sham 1%</i>	1B	
<i>malathion lotn .5%</i>	1B	
<i>permethrin crea 5%</i>	1B	
<i>spinosad susp .9%</i>	2	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL .01%	3	PA, QL (30g every 25 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1B	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl caps 30mg</i>	1B	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1A	
<i>clotrimazole troc 10mg</i>	1B	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1B	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1B	
<i>oralone dental paste pste .1%</i>	1B	
ORAVIG TABS 50mg	3	QL (14 tabs every 25 days)
<i>periogard soln .12%</i>	1A	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1B	
<i>triamcinolone acetone (mouth) pste .1%</i>	1B	
<b>OTIC</b>		
<i>acetic acid (otic) soln 2%</i>	1B	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetone (otic) oil .01%</i>	1B	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1B	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1B	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1B	
<i>ofloxacin (otic) soln .3%</i>	1B	

Drug Name	Drug Tier	Requirements/Limits
<b>TOXOIDS</b>		
<b><i>TOXOID COMBINATIONS</i></b>		
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b><i>ULCER THERAPY COMBINATIONS</i></b>		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	3	PA, QL (1 box every 365 Days)
<b>URINARY ANTISPASMODICS</b>		
<b><i>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</i></b>		
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	3	PA, QL (30 tabs every 30 days)
<b>VACCINES</b>		
<b><i>VIRAL VACCINES</i></b>		
DENGVAXIA SUS	0	
JANSSEN COVID-19 VACCINE SUSP .5ml	0	
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	0	
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml	0	

## Index

*	
*betaine powder for oral solution***	62
<b>7</b>	
7t lido gel	94
<b>A</b>	
abacavir sulfate	13
abacavir sulfate-lamivudine tab 600-300 mg	16
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	16
ABILIFY MAINTENA	30
abiraterone acetate	25
acamprosate calcium	54
acarbose	55
ACCU-CHEK BLOOD GLUCOSE TEST KITS	79
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	79
acebutolol hcl	36
acetaminophen w/ codeine soln 120-12 mg/5ml	2
acetaminophen w/ codeine tab 300-15 mg	2
acetaminophen w/ codeine tab 300-30 mg	3
acetaminophen w/ codeine tab 300-60 mg	3
acetazolamide	38
acetazolamide sodium	38
acetic acid (otic)	95
acetylcysteine	88
acitretin	92
ACTEMRA	72
ACTEMRA ACTPEN	72
ACTHIB INJ	77
ACTIMMUNE	76
ACUVAIL	83
acyclovir	18
acyclovir sodium	18
acyclovir topical	55
ADACEL INJ	77
adapalene	90
adapalene-benzoyl peroxide gel 0.1-2.5%	90
adefovir dipivoxil	18
ADEMPAS	39
adrucil	23
ADULT RESPIRATORY MASK	80
ADVAIR DISKU AER 100/50	89
ADVAIR DISKU AER 250/50	89
ADVAIR DISKU AER 500/50	89
ADVAIR HFA AER 115/21	89
ADVAIR HFA AER 230/21	89
ADVAIR HFA AER 45/21	89
afeditab cr	37
AFLURIA QUAD INJ 2022-23	77
AIMOVIG	50
AJOVY	50
AKYNZEO CAP 300-0.5	66
ala-cort	92
albendazole	10
albuterol sulfate	87
alclometasone dipropionate	92
ALCOHOL PREP WIPES AND SWABS	79
ALCOH-WIPE MIS 12	79
ALDACTAZIDE TAB 50/50	38
ALECENSA	26
alendronate sodium	59
ALFERON N	76
alfuzosin hcl	70
ALINIA	11
aliskiren fumarate	38
allopurinol	1
allopurinol sodium	1
almotriptan malate	50
ALOCRIAL	84
alogliptin benzoate	56
ALOMIDE	84
alose tron hcl	68
ALPHAGAN P	84
alprazolam	40
ALPRAZOLAM INTENSOL	40
ALTABAX	55
altavera	59
ALVESCO	22
alyacen 1/35	59
alyacen 7/7/7	59
amantadine hcl	46
ambrisentan	39
amcinonide	92
AMCINONIDE	92
amethia	59

<i>amethyst</i> .....	59	<i>amlodipine besylate-olmesartan</i>	
<i>amikacin sulfate</i> .....	10	<i>medoxomil tab 5-20 mg</i> .....	32
<i>amiloride &amp; hydrochlorothiazide tab 5-</i>		<i>amlodipine besylate-olmesartan</i>	
<i>50 mg</i> .....	38	<i>medoxomil tab 5-40 mg</i> .....	32
<i>amiloride hcl</i> .....	38	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>aminophylline</i> .....	89	<i>160 mg</i> .....	32
<i>amiodarone hcl</i> .....	34	<i>amlodipine besylate-valsartan tab 10-</i>	
<i>amitriptyline hcl</i> .....	43	<i>320 mg</i> .....	32
<i>amlodipine besylate</i> .....	37	<i>amlodipine besylate-valsartan tab 5-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>160 mg</i> .....	32
<i>calcium tab 10-10 mg</i> .....	37	<i>amlodipine besylate-valsartan tab 5-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>320 mg</i> .....	32
<i>calcium tab 10-20 mg</i> .....	37	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>calcium tab 10-40 mg</i> .....	37	<i>mg</i> .....	32
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 10-80 mg</i> .....	37	<i>hydrochlorothiazide tab 10-160-25</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i> .....	32
<i>calcium tab 2.5-10 mg</i> .....	36	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 10-320-25</i>	
<i>calcium tab 2.5-20 mg</i> .....	36	<i>mg</i> .....	32
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 2.5-40 mg</i> .....	36	<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i> .....	32
<i>calcium tab 5-10 mg</i> .....	36	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 5-160-25 mg</i>	
<i>calcium tab 5-20 mg</i> .....	37	.....	32
<i>amlodipine besylate-atorvastatin</i>		<i>amoxapine</i> .....	43
<i>calcium tab 5-40 mg</i> .....	37	<i>amoxicillin</i> .....	21
<i>amlodipine besylate-atorvastatin</i>		<i>amoxicillin &amp; k clavulanate chew tab</i>	
<i>calcium tab 5-80 mg</i> .....	37	<i>200-28.5 mg</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin &amp; k clavulanate chew tab</i>	
<i>10-20 mg</i> .....	30	<i>400-57 mg</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>10-40 mg</i> .....	30	<i>200-28.5 mg/5ml</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>2.5-10 mg</i> .....	30	<i>250-62.5 mg/5ml</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>5-10 mg</i> .....	30	<i>400-57 mg/5ml</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>5-20 mg</i> .....	30	<i>600-42.9 mg/5ml</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i>		<i>amoxicillin &amp; k clavulanate tab 250-125</i>	
<i>5-40 mg</i> .....	30	<i>mg</i> .....	21
<i>amlodipine besylate-olmesartan</i>		<i>amoxicillin &amp; k clavulanate tab 500-125</i>	
<i>medoxomil tab 10-20 mg</i> .....	32	<i>mg</i> .....	21
<i>amlodipine besylate-olmesartan</i>		<i>amoxicillin &amp; k clavulanate tab 875-125</i>	
<i>medoxomil tab 10-40 mg</i> .....	32	<i>mg</i> .....	21

<i>amoxicillin &amp; k clavulanate tab er 12hr</i> <i>1000-62.5 mg</i> .....	21	<i>aprepitant</i> .....	66
<i>amoxicillin cap-clarithro tab-lansopraz</i> <i>cap dr therapy pack</i> .....	96	<i>aprepitant capsule therapy pack 80 &amp;</i> <i>125 mg</i> .....	67
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 10 mg</i> .....	48	APRETUDE .....	13
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 15 mg</i> .....	48	<i>apri</i> .....	59
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 20 mg</i> .....	48	APTIOM .....	40
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 25 mg</i> .....	48	APTIVUS .....	13
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 30 mg</i> .....	48	<i>aranelle</i> .....	59
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 5 mg</i> .....	48	ARANESP ALBUMIN FREE .....	71
<i>amphetamine-dextroamphetamine tab</i> <i>10 mg</i> .....	48	ARCALYST.....	76
<i>amphetamine-dextroamphetamine tab</i> <i>12.5 mg</i> .....	49	ARCAPTA NEOHALER .....	22
<i>amphetamine-dextroamphetamine tab</i> <i>15 mg</i> .....	49	ARGATRB/NACL INJ 50MG/50 .....	71
<i>amphetamine-dextroamphetamine tab</i> <i>20 mg</i> .....	49	<i>argatroban</i> .....	71
<i>amphetamine-dextroamphetamine tab</i> <i>30 mg</i> .....	49	ARGATROBAN INJ 125/125.....	71
<i>amphetamine-dextroamphetamine tab</i> <i>5 mg</i> .....	48	ARGATROBAN INJ 250/250.....	71
<i>amphetamine-dextroamphetamine tab</i> <i>7.5 mg</i> .....	48	<i>aripiprazole</i> .....	47
<i>amphetamine sulfate</i> .....	48	ARISTADA.....	47
<i>amphotericin b</i> .....	13	ARISTADA INITIO .....	47
<i>ampicillin</i> .....	21	<i>armodafinil</i> .....	54
<i>ampicillin &amp; sulbactam sodium for inj</i> <i>1.5 (1-0.5) gm</i> .....	21	ARNUITY ELLIPTA.....	89
<i>ampicillin &amp; sulbactam sodium for inj 3</i> <i>(2-1) gm</i> .....	21	ARRANON .....	23
<i>ampicillin &amp; sulbactam sodium for iv</i> <i>soln 15 (10-5) gm</i> .....	21	<i>arsenic trioxide</i> .....	28
<i>ampicillin sodium</i> .....	21	<i>asenapine maleate</i> .....	47
ANADROL-50 .....	55	<i>ashlyna</i> .....	60
<i>anagrelide hcl</i> .....	72	<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i> .....	72
<i>anastrozole</i> .....	25	<i>aspirin enteric coated ad</i> .....	9
ANNOVERA MIS .....	59	<i>atazanavir sulfate</i> .....	13, 14
ANORO ELLIPT AER 62.5-25 .....	86	<i>atenolol</i> .....	36
APOKYN.....	46	<i>atenolol &amp; chlorthalidone tab 100-25</i> <i>mg</i> .....	35
<i>apraclonidine hcl</i> .....	84	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	35
		<i>atomoxetine hcl</i> .....	49
		<i>atorvastatin calcium</i> .....	35
		<i>atovaquone</i> .....	11
		<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i> .....	13
		<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i> .....	13
		<i>atropine sulfate</i> .....	66
		<i>atropine sulfate (ophthalmic)</i> .....	85
		AUBAGIO .....	52
		AUGMENTIN SUS 125/5ML .....	21
		<i>aviane</i> .....	60
		<i>avidoxy</i> .....	22
		<i>avita</i> .....	90



AVONEX.....	52	<i>betamethasone valerate</i> .....	93
AVONEX PEN .....	52	BETASERON .....	52
<i>av-vite fb forte</i> .....	81	<i>betaxolol hcl</i> .....	36
<i>azacitidine</i> .....	23	<i>betaxolol hcl (ophth)</i> .....	84
AZACTAM/DEX INJ 1GM .....	11	<i>bethanechol chloride</i> .....	70
AZACTAM/DEX INJ 2GM .....	11	BETIMOL.....	84
AZASITE .....	83	BETOPTIC-S .....	84
<i>azathioprine</i> .....	76	BEVESPI AER 9-4.8MCG .....	86
<i>azelaic acid</i> .....	94	<i>bexarotene</i> .....	28
<i>azelastine hcl</i> .....	86	<i>bexarotene (topical)</i> .....	94
<i>azelastine hcl (ophth)</i> .....	84	BEXSERO INJ .....	77
<i>azithromycin</i> .....	19	<i>bicalutamide</i> .....	25
<i>aztreonam</i> .....	11	BIKTARVY TAB.....	16
<i>azurette</i> .....	60	<i>bimatoprost</i> .....	84
<b>B</b>		BIO-STATIN .....	13
<i>bacitracin (ophthalmic)</i> .....	83	<i>bisoprolol &amp; hydrochlorothiazide tab</i>	
<i>bacitracin-polymyxin b ophth oint</i> ....	83	10-6.25 mg .....	36
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>bisoprolol &amp; hydrochlorothiazide tab</i>	
<i>ophth oint 1%</i> .....	82	2.5-6.25 mg .....	35
<i>baclofen</i> .....	53	<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>	
BACTROBAN NASAL.....	91	6.25 mg .....	35
<i>balsalazide disodium</i> .....	68	<i>bisoprolol fumarate</i> .....	36
BARACLUDGE .....	18	<i>bleomycin sulfate</i> .....	23
BASAGLAR KWIKPEN .....	57	BLEPHAMIDE OIN S.O.P. ....	82
BELBUCA .....	9	BLEPHAMIDE SUS OP.....	82
BELSOMRA.....	50	BLOOD GLUCOSE CALIBRATION	
<i>benazepril &amp; hydrochlorothiazide tab</i>		SOLUTION .....	79
10-12.5 mg .....	30	BOOSTRIX INJ .....	77
<i>benazepril &amp; hydrochlorothiazide tab</i>		<i>bosentan</i> .....	40
20-12.5 mg .....	30	BOSULIF .....	26
<i>benazepril &amp; hydrochlorothiazide tab</i>		<i>bp wash</i> .....	90
20-25 mg .....	30	BREO ELLIPTA INH 100-25 .....	89
<i>benazepril &amp; hydrochlorothiazide tab 5-</i>		BREO ELLIPTA INH 200-25 .....	89
6.25 mg .....	30	BREZTRI AERO AER SPHERE .....	22
<i>benazepril hcl</i> .....	31	BRILINTA.....	72
BENZIQU .....	90	<i>brimonidine tartrate</i> .....	84
BENZIQU LS .....	90	<i>brinzolamide</i> .....	84
<i>benzonatate</i> .....	87	BRIVIACT.....	41
<i>benzoyl peroxide-erythromycin gel 5-</i>		<i>bromfenac sodium (ophth)</i> .....	83
3%.....	90	<i>bromocriptine mesylate</i> .....	46
<i>benztropine mesylate</i> .....	46	<i>budesonide</i> .....	68
<i>bepotastine besilate</i> .....	84	<i>budesonide (inhalation)</i> .....	89
BESIVANCE .....	83	<i>bumetanide</i> .....	38
<i>betamethasone dipropionate (topical)</i>		<i>buprenorphine hcl</i> .....	9
.....	92, 93	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>betamethasone dipropionate</i>		12-3 mg (base equiv) .....	2
<i>augmented</i> .....	93		

<i>buprenorphine hcl-naloxone hcl sl film</i>	
2-0.5 mg (base equiv) .....	2
<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv) .....	2
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv) .....	2
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv) .....	2
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv) .....	2
<i>bupropion hcl</i> .....	43
<i>bupropion hcl (smoking deterrent)</i> ...	54
<i>buspirone hcl</i> .....	51
<i>busulfan</i> .....	23
<i>butalbital-acetaminophen-caffeine cap</i>	
50-300-40 mg .....	1
<i>butalbital-acetaminophen-caffeine cap</i>	
50-325-40 mg .....	1
<i>butalbital-acetaminophen-caffeine tab</i>	
50-325-40 mg .....	1
<i>butalbital-acetaminophen-caff w/ cod</i>	
cap 50-300-40-30 mg .....	3
<i>butalbital-aspirin-caffeine cap</i> 50-325-	
40 mg .....	1
<i>butorphanol tartrate</i> .....	3
BYVALSON TAB 5-80MG .....	32
<b>C</b>	
CABENUVA SUS 400-600 .....	16
CABENUVA SUS 600-900 .....	16
<i>cabergoline</i> .....	64
<i>calcipotriene</i> .....	92
<i>calcipotriene-betamethasone</i>	
dipropionate oint 0.005-0.064% .....	93
<i>calcitonin (salmon)</i> .....	64
<i>calcitriol</i> .....	82
<i>calcitriol (topical)</i> .....	92
<i>calcium acetate (phosphate binder)</i> ..	65
CALQUENCE .....	26, 29
<i>camila</i> .....	60
<i>candesartan cilexetil</i> .....	33
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 16-12.5 mg</i>	
.....	32
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>	
.....	32

<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab 32-25 mg</i> .	32
<i>capecitabine</i> .....	23
CAPRELSA .....	26
<i>captopril</i> .....	31
<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
15 mg .....	30
<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
25 mg .....	30
<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
15 mg .....	31
<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
25 mg .....	31
<i>carbamazepine</i> .....	41
<i>carbidopa</i> .....	46
<i>carbidopa &amp; levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i> .....	46
<i>carbidopa &amp; levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i> .....	46
<i>carbidopa &amp; levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i> .....	46
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	46
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	46
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	46
<i>carbidopa &amp; levodopa tab er 25-100</i>	
<i>mg</i> .....	46
<i>carbidopa &amp; levodopa tab er 50-200</i>	
<i>mg</i> .....	46
<i>carbidopa-levodopa-entacapone tabs</i>	
12.5-50-200 mg .....	46
<i>carbidopa-levodopa-entacapone tabs</i>	
18.75-75-200 mg .....	46
<i>carbidopa-levodopa-entacapone tabs</i>	
25-100-200 mg .....	46
<i>carbidopa-levodopa-entacapone tabs</i>	
31.25-125-200 mg .....	46
<i>carbidopa-levodopa-entacapone tabs</i>	
37.5-150-200 mg .....	46
<i>carbidopa-levodopa-entacapone tabs</i>	
50-200-200 mg .....	47
<i>carbinoxamine maleate</i> .....	86
<i>carboplatin</i> .....	29
CARDENE IV SOL 20/200ML .....	37
CARDURA XL .....	70
<i>carglumic acid</i> .....	62
<i>carisoprodol</i> .....	53

<i>carisoprodol w/ aspirin &amp; codeine tab</i>		<i>chloroquine phosphate</i> .....	13
200-325-16 mg.....	81	<i>chlorothiazide sodium</i> .....	38
<i>carmustine</i> .....	23	<i>chlorpromazine hcl</i> .....	47
CARMUSTINE.....	23	CHLORPROMAZINE HCL .....	47
<i>carteolol hcl (ophth)</i> .....	84	<i>chlorthalidone</i> .....	38
<i>cartia xt</i> .....	37	<i>chlorzoxazone</i> .....	53
<i>carvedilol</i> .....	36	<i>cholecalciferol</i> .....	82
<i>carvedilol phosphate</i> .....	36	<i>cholestyramine</i> .....	34
CAYA DPR .....	79	<i>cholestyramine light</i> .....	34
CAYSTON .....	11	<i>choline fenofibrate</i> .....	34
<i>caziant</i> .....	60	CHORIONIC GONADOTROPIN .....	64
<i>cefaclor</i> .....	18	<i>ciclopirox</i> .....	91
<i>cefadroxil</i> .....	18	<i>ciclopirox olamine</i> .....	91
<i>cefazolin sodium</i> .....	18	<i>cidofovir</i> .....	18
<i>cefdinir</i> .....	18	<i>cilostazol</i> .....	72
<i>cefditoren pivoxil</i> .....	18	CIMDUO TAB 300-300 .....	16
<i>cefepime hcl</i> .....	18	<i>cimetidine</i> .....	67
<i>cefixime</i> .....	18	<i>cimetidine hcl</i> .....	67
<i>cefotaxime sodium</i> .....	18	<i>cinacalcet hcl</i> .....	59
<i>cefotetan disodium</i> .....	18	CIPRO .....	19
<i>cefoxitin sodium</i> .....	18	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	19
<i>cefpodoxime proxetil</i> .....	19	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	20
<i>cefprozil</i> .....	19	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>ceftazidime</i> .....	19, 55	0.3-0.1% .....	95
CEFTIN .....	19	<i>ciprofloxacin-fluocinolone acetone (pf)</i>	
<i>ceftriaxone sodium</i> .....	19	<i>otic soln 0.3-0.025%</i> .....	85
<i>cefuroxime axetil</i> .....	19	<i>ciprofloxacin hcl</i> .....	20
<i>cefuroxime sodium</i> .....	19	<i>ciprofloxacin hcl (ophth)</i> .....	83
<i>celecoxib</i> .....	1	CIPRO HC SUS OTIC.....	95
CELONTIN .....	41	<i>cisplatin</i> .....	29
<i>cephalexin</i> .....	19	<i>citalopram hydrobromide</i> .....	43
CERDELGA .....	62	CITRANATAL CAP HARMONY .....	82
CESAMET .....	67	CITRANATAL CAP MEDLEY .....	82
<i>cevimeline hcl</i> .....	95	CITRANATAL MIS .....	82
CHANTIX .....	54	CITRANATAL MIS 90 DHA.....	82
CHANTIX CONTINUING MONTH.....	54	CITRANATAL MIS B-CALM .....	82
<i>chateal</i> .....	60	CITRANATAL PAK ASSURE .....	82
CHEMET.....	59	CITRANATAL PAK DHA .....	82
<i>cheratussin ac</i> .....	87	CITRANATAL TAB BLOOM .....	82
<i>chloramphenicol sodium succinate</i> ....	10	CITRANATAL TAB RX .....	82
<i>chlordiazepoxide-amitriptyline tab 10-</i>		<i>cladribine</i> .....	23
25 mg.....	85	CLARINEX .....	86
<i>chlordiazepoxide-amitriptyline tab 5-</i>		<i>clarithromycin</i> .....	19
12.5 mg .....	85	<i>clemastine fumarate</i> .....	86
<i>chlordiazepoxide hcl</i> .....	22	CLEOCIN.....	70
<i>chlorhexidine gluconate (mouth-throat)</i>		CLIMARA PRO DIS WEEKLY .....	63
.....	95	<i>clindamycin hcl</i> .....	11

<i>clindamycin palmitate hydrochloride</i> .11	<i>cromolyn sodium</i> .....88
<i>clindamycin phosphate</i> .....11	<i>cromolyn sodium (mastocytosis)</i> .....68
<i>clindamycin phosphate (topical)</i> .....90	<i>cromolyn sodium (ophth)</i> .....84
<i>clindamycin phosphate vaginal</i> .....70	<i>croton</i> .....95
<i>clobazam</i> .....41	<i>cryselle-28</i> .....60
<i>clobetasol propionate</i> .....93	<i>cyanocobalamin</i> .....82
<i>clofarabine</i> .....23	<i>cyclafem 1/35</i> .....60
<i>clomipramine hcl</i> .....52	<i>cyclafem 7/7/7</i> .....60
<i>clonazepam</i> .....41	<i>cyclobenzaprine hcl</i> .....53
<i>clonidine</i> .....39	<i>cyclophosphamide</i> .....23
<i>clonidine hcl</i> .....39	<i>cycloserine</i> .....17
<i>clopidogrel bisulfate</i> .....72	CYCLOSET.....56
<i>clorazepate dipotassium</i> .....41	<i>cyclosporine</i> .....76
<i>clotrimazole</i> .....95	<i>cyclosporine modified (for</i>
<i>clotrimazole (topical)</i> .....91	<i>microemulsion)</i> .....76
<i>clotrimazole w/ betamethasone cream</i>	<i>cyproheptadine hcl</i> .....86
<i>1-0.05%</i> .....91	CYSTAGON.....62
<i>clotrimazole w/ betamethasone lotion</i>	CYSTARAN .....85
<i>1-0.05%</i> .....91	<i>cytarabine</i> .....23
<i>clozapine</i> .....47	<b>D</b>
COARTEM TAB 20-120MG.....13	<i>dacarbazine</i> .....23
<i>codeine sulfate</i> .....3	<i>dalfampridine</i> .....52
CODEINE SULFATE.....3	DALIRESP .....88
<i>colchicine</i> .....1	<i>danazol</i> .....62
<i>colchicine w/ probenecid tab 0.5-500</i>	<i>dantrolene sodium</i> .....53
<i>mg</i> .....1	<i>dapsone</i> .....11
<i>colestipol hcl</i> .....34	DAPTACEL INJ .....77
<i>colocort</i> .....68	<i>daptomycin</i> .....11
COLY-MYCIN S SUS OTIC .....95	<i>darifenacin hydrobromide</i> .....70
COMETRIQ .....26	<i>dasetta 1/35</i> .....60
COMETRIQ KIT 100MG.....26	<i>dasetta 7/7/7</i> .....60
COMETRIQ KIT 140MG.....26	<i>daunorubicin hcl</i> .....23
<i>compro</i> .....67	<i>decitabine</i> .....23
CONDOMS MIS .....79	<i>deferiprone</i> .....59
CONDYLOX.....94	<i>delyla</i> .....60
COPAXONE.....52	<i>demeclocycline hcl</i> .....22
CORLANOR.....39	DENGVAXIA SUS.....96
<i>cortisone acetate</i> .....63	DEPO-ESTRADIOL .....63
COSENTYX .....92	DEPO-MEDROL .....63
COSENTYX SENSOREADY PEN.....92	DEPO-PROVERA .....25
CREON CAP 12000UNT .....69	DEPO-SUBQ PROVERA 104 .....60
CREON CAP 24000UNT .....69	DESCOVY TAB 120-15MG .....16
CREON CAP 3000UNIT .....69	DESCOVY TAB 200/25MG .....16
CREON CAP 36000UNT .....69	<i>desipramine hcl</i> .....43, 44
CREON CAP 6000UNIT .....69	<i>desloratadine</i> .....86
CRINONE .....65	<i>desmopressin acetate</i> .....66
CRIXIVAN .....14	<i>desmopressin acetate spray</i> .....66

<i>desmopressin acetate spray</i>	
<i>refrigerated</i> .....	66
<i>desonide</i> .....	93
<i>desoximetasone</i> .....	93
<i>desvenlafaxine succinate</i> .....	44
<i>dexamethasone</i> .....	63
DEXAMETHASONE INTENSOL .....	63
<i>dexamethasone sodium phosphate</i> ...	64
<i>dexamethasone sodium phosphate</i>	
( <i>ophth</i> ) .....	83
<i>dexchlorpheniramine maleate</i> .....	22
DEXCOM G5 MIS RECEIVER .....	80
DEXCOM G5 MIS TRANSMIT .....	80
DEXCOM G6 MIS RECEIVER .....	80
DEXCOM G6 MIS SENSOR .....	80
DEXCOM G6 MIS TRANSMIT .....	80
<i>dexlansoprazole</i> .....	69
<i>dexmethylphenidate hcl</i> .....	49
<i>dextrazoxane hcl</i> .....	29
<i>dextroamphetamine sulfate</i> .....	49
<i>diazepam</i> .....	41
<i>diazepam intensol</i> .....	41
<i>diclofenac potassium</i> .....	1
<i>diclofenac sodium</i> .....	1
<i>diclofenac sodium (ophth)</i> .....	83
<i>diclofenac sodium (topical)</i> .....	94
<i>diclofenac w/ misoprostol tab delayed</i>	
<i>release 50-0.2 mg</i> .....	2
<i>diclofenac w/ misoprostol tab delayed</i>	
<i>release 75-0.2 mg</i> .....	2
<i>dicloxacillin sodium</i> .....	21
<i>dicyclomine hcl</i> .....	66
<i>didanosine</i> .....	14
DIFICID .....	19, 79
<i>diflorasone diacetate</i> .....	55
<i>diflunisal</i> .....	9
<i>difluprednate</i> .....	83
<i>digox</i> .....	38
<i>digoxin</i> .....	38
DILANTIN .....	41
DILATRATE SR .....	39
<i>diltiazem hcl</i> .....	37
DILTIAZEM HCL .....	37
<i>diltiazem hcl coated beads</i> .....	37
<i>diltiazem hcl extended release beads</i>	37
<i>dimethyl fumarate</i> .....	53
<i>dimethyl fumarate capsule dr starter</i>	
<i>pack 120 mg &amp; 240 mg</i> .....	53
DIP/TET PED INJ 25-5LFU .....	77
DIPENTUM .....	68
<i>diphenhydramine hcl</i> .....	86
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>mg/5ml</i> .....	68
<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>0.025 mg</i> .....	68
<i>dipyridamole</i> .....	72
<i>disopyramide phosphate</i> .....	34
<i>disulfiram</i> .....	54
DIURIL .....	38
<i>divalproex sodium</i> .....	41
DIVIGEL .....	63
<i>docetaxel</i> .....	24
DOCETAXEL .....	24
DOCETAXEL (NON-ALCOHOL FO .....	24
<i>dofetilide</i> .....	34
<i>donepezil hydrochloride</i> .....	42
<i>dorzolamide hcl</i> .....	84
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>soln 22.3-6.8 mg/ml</i> .....	84
DOVATO TAB 50-300MG .....	16
<i>doxazosin mesylate</i> .....	32
<i>doxepin hcl</i> .....	44
<i>doxepin hcl (antipruritic)</i> .....	92
<i>doxepin hcl (sleep)</i> .....	50
<i>doxercalciferol</i> .....	82
<i>doxorubicin hcl</i> .....	23
<i>doxorubicin hcl liposomal</i> .....	23
<i>doxy 100</i> .....	22
<i>doxycycline (monohydrate)</i> .....	22
<i>doxycycline hyclate</i> .....	22
<i>doxylamine succinate (sleep)</i> .....	50
<i>dronabinol</i> .....	67
<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>0.03 mg</i> .....	60
<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i>	60
DROXIA .....	28
DRYSOL .....	55
DUAVEE TAB 0.45-20 .....	63
<i>duloxetine hcl</i> .....	44
<i>dutasteride</i> .....	70
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
<i>mg</i> .....	70

<b>E</b>	
<i>e.e.s. 400</i> .....	19
<i>econazole nitrate</i> .....	91
<i>ed-spaz</i> .....	66
EDURANT .....	14
<i>efavirenz</i> .....	14
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i> .....	16
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i> .....	16
ELESTRIN .....	63
<i>eletriptan hydrobromide</i> .....	51
ELIGARD .....	25
<i>elinest</i> .....	60
ELIQUIS .....	71
ELIQUIS STARTER PACK .....	71
<i>elite-ob</i> .....	82
ELIXOPHYLLIN .....	90
ELLA .....	62
ELMIRON .....	70
EMADINE .....	84
EMBEDA CAP 100-4MG .....	3
EMBEDA CAP 20-0.8MG .....	3
EMBEDA CAP 30-1.2MG .....	3
EMBEDA CAP 50-2MG .....	3
EMBEDA CAP 60-2.4MG .....	3
EMBEDA CAP 80-3.2MG .....	3
EMCYT .....	23
EMGALITY .....	51
<i>emoquette</i> .....	60
EMSAM .....	44
<i>emtricitabine</i> .....	14
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i> .....	17
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i> .....	17
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i> .....	17
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i> .....	17
EMTRIVA .....	14
EMVERM .....	11
<i>enalapril maleate</i> .....	31
<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 10-25 mg</i> .....	31
<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 5-12.5 mg</i> .....	31
ENBREL .....	73
ENBREL MINI .....	73
ENBREL SURECLICK .....	73
ENCARE .....	70
ENGERIX-B .....	77
<i>enoxaparin sodium</i> .....	71
<i>enpresse-28</i> .....	60
<i>enskyce</i> .....	60
<i>entacapone</i> .....	47
<i>entecavir</i> .....	18
ENTRESTO TAB 24-26MG .....	39
ENTRESTO TAB 49-51MG .....	39
ENTRESTO TAB 97-103MG .....	39
<i>enulose</i> .....	68
EPCLUSA PAK 150-37.5 .....	20
EPCLUSA PAK 200-50MG .....	20
EPCLUSA TAB 200-50MG .....	20
EPCLUSA TAB 400-100 .....	20
EPIDIOLEX .....	41
<i>epinastine hcl (ophth)</i> .....	84
<i>epinephrine (anaphylaxis)</i> .....	85
EPIPEN 2-PAK .....	86
EPIPEN-JR 2-PAK .....	86
<i>epirubicin hcl</i> .....	23
<i>epitol</i> .....	41
EPIVIR HBV .....	18
<i>eplerenone</i> .....	31
<i>epoprostenol sodium</i> .....	40
<i>eprosartan mesylate</i> .....	33
ERBITUX .....	24
<i>ergocalciferol</i> .....	82
<i>ergoloid mesylates</i> .....	42
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	51
ERIVEDGE .....	24
ERLEADA .....	25
<i>erlotinib hcl</i> .....	26
<i>errin</i> .....	60
ERTACZO .....	91
<i>ertapenem sodium</i> .....	11
<i>ery</i> .....	90
<i>ery-tab</i> .....	19
ERYTHROCIN LACTOBIONATE .....	19
<i>erythrocin stearate</i> .....	19
<i>erythromycin (acne aid)</i> .....	90
<i>erythromycin (ophth)</i> .....	83
<i>erythromycin base</i> .....	19

<i>erythromycin ethylsuccinate</i> .....	19	<i>febuxostat</i> .....	1
ESBRIET .....	88	<i>felbamate</i> .....	41
<i>escitalopram oxalate</i> .....	44	<i>felodipine</i> .....	37
<i>esomeprazole magnesium</i> .....	69	FEMCAP MIS 22MM.....	79
<i>esomeprazole sodium</i> .....	69	FEMCAP MIS 26MM.....	79
<i>estradiol</i> .....	63	FEMCAP MIS 30MM.....	79
<i>estradiol &amp; norethindrone acetate tab</i> <i>0.5-0.1 mg</i> .....	63	<i>fenofibrate</i> .....	34, 35
<i>estradiol &amp; norethindrone acetate tab</i> <i>1-0.5 mg</i> .....	63	<i>fenofibrate micronized</i> .....	35
<i>estradiol vaginal</i> .....	63	<i>fentanyl</i> .....	3
<i>estradiol valerate</i> .....	63	<i>fentanyl citrate</i> .....	3
ESTROGEL .....	63	FERRIPROX .....	59
<i>eszopiclone</i> .....	50	FERRIPROX TWICE-A-DAY .....	59
<i>ethacrynate sodium</i> .....	38	<i>ferrous fumarate</i> .....	72
<i>ethacrynic acid</i> .....	38	FERROUS FUMARATE .....	72
<i>ethambutol hcl</i> .....	17	<i>ferrous gluconate</i> .....	72
<i>ethosuximide</i> .....	41	FERROUS GLUCONATE.....	72
<i>ethynodiol diacetate &amp; ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i> .....	60	<i>ferrous sulfate</i> .....	72
<i>etodolac</i> .....	1	FERROUS SULFATE.....	72
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i> .....	60	<i>fesoterodine fumarate</i> .....	96
<i>etoposide</i> .....	29	FETZIMA.....	44
<i>etravirine</i> .....	14	FETZIMA CAP TITRATIO .....	44
EUCRISA.....	94	FIASP FLEX INJ TOUCH .....	57
EURAX.....	95	FIASP INJ 100/ML .....	57
EVAMIST.....	63	FIASP PENFIL INJ U-100 .....	57
<i>everolimus</i> .....	26	FINACEA.....	94
EVOTAZ TAB 300-150.....	17	<i>finasteride</i> .....	70
<i>exemestane</i> .....	25	<i>flavoxate hcl</i> .....	70
<i>ezetimibe</i> .....	34	<i>flecainide acetate</i> .....	34
<i>ezetimibe-simvastatin tab 10-10 mg</i> .35		FLOVENT DISKUS.....	22
<i>ezetimibe-simvastatin tab 10-20 mg</i> .35		FLOVENT HFA .....	22
<i>ezetimibe-simvastatin tab 10-40 mg</i> .35		<i>floxuridine</i> .....	24
<i>ezetimibe-simvastatin tab 10-80 mg</i> .35		FLUAD QUADRIVALENT INFLUE .....	77
<b>F</b>		FLUARIX QUAD INJ 2022-23 .....	77
FACTIVE .....	20	FLUBLOK QUAD INJ 2022-23 .....	77
<i>falmina</i> .....	60	FLUCLVX QUAD INJ 2022-23.....	77
<i>famciclovir</i> .....	18	<i>fluconazole</i> .....	13
<i>famotidine</i> .....	67	FLUCONAZOLE/ INJ NAACL 100 .....	13
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i> .....	67	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i> .....	13
FARXIGA.....	58	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i> .....	13
FARYDAK .....	24	<i>fludarabine phosphate</i> .....	24
<i>fayosim</i> .....	60	<i>fludrocortisone acetate</i> .....	64
FC2 FEMALE MIS CONDOM .....	79	FLUMIST QUAD SUS 2022-23 .....	77
		<i>flunisolide (nasal)</i> .....	89
		<i>fluocinolone acetonide</i> .....	93
		<i>fluocinolone acetonide (otic)</i> .....	95

<i>fluocinonide</i> .....	93	<i>gatifloxacin (ophth)</i> .....	83
<i>fluoritab</i> .....	81	<i>gavilyte-c</i> .....	68
FLUOROPLEX .....	90	<i>gavilyte-g</i> .....	68
<i>fluorouracil</i> .....	24	<i>gavilyte-n/ flavor pack</i> .....	68
<i>fluorouracil (topical)</i> .....	90	GAZYVA.....	24
<i>fluoxetine hcl</i> .....	44	<i>gemcitabine hcl</i> .....	24
<i>fluphenazine decanoate</i> .....	47	<i>gemfibrozil</i> .....	35
<i>fluphenazine hcl</i> .....	47	<i>generlac</i> .....	68
<i>flura-drops</i> .....	81	<i>gengraf</i> .....	76
<i>flurazepam hcl</i> .....	72	<i>gentak</i> .....	83
<i>flurbiprofen</i> .....	1	<i>gentamicin in saline inj 0.8 mg/ml</i> ....	10
<i>flurbiprofen sodium</i> .....	83	<i>gentamicin in saline inj 1.2 mg/ml</i> ....	10
<i>flutamide</i> .....	25	<i>gentamicin in saline inj 1.6 mg/ml</i> ....	10
<i>fluticasone propionate</i> .....	93	<i>gentamicin in saline inj 1 mg/ml</i> .....	10
<i>fluticasone propionate (nasal)</i> .....	89	<i>gentamicin in saline inj 2 mg/ml</i> .....	10
<i>fluvastatin sodium</i> .....	35	<i>gentamicin sulfate</i> .....	10
<i>fluvoxamine maleate</i> .....	52	<i>gentamicin sulfate (ophth)</i> .....	83
FLUZONE HD INJ 2022-23 .....	77	<i>gentamicin sulfate (topical)</i> .....	91
FLUZONE QUAD INJ 2022-23 .....	77	GENVOYA TAB .....	17
FML.....	83	<i>gianvi</i> .....	60
FML FORTE.....	83	GILENYA.....	53
<i>folic acid</i> .....	82	GLEOSTINE .....	23
<i>fondaparinux sodium</i> .....	71	GLIADEL WAF 7.7MG .....	23
<i>fosamprenavir calcium</i> .....	14	<i>glimepiride</i> .....	59
<i>fosfomycin tromethamine</i> .....	10	<i>glipizide</i> .....	59
<i>fosinopril sodium</i> .....	31	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	56
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	31	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	56
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	31	<i>glipizide-metformin hcl tab 5-500 mg</i> 56	
<i>fosphenytoin sodium</i> .....	41	<i>glucagon (rdna)</i> .....	64
FOSRENOL .....	65	GLUCOSE URINE TEST STRIPS.....	79
FRAGMIN .....	71	<i>glyburide</i> .....	59
FREESTYLE KIT SENSOR .....	80	<i>glyburide-metformin tab 1.25-250 mg</i> .....	56
FREESTYLE MIS READER.....	80	<i>glyburide-metformin tab 2.5-500 mg</i> 56	
FREESTY LIBR KIT 2 SENSOR .....	80	<i>glyburide-metformin tab 5-500 mg</i> ...56	
FREESTY LIBR KIT 3 SENSOR .....	80	<i>glyburide micronized</i> .....	59
FREESTY LIBR MIS 2 READER .....	80	<i>glycopyrrolate</i> .....	66
<i>frovatriptan succinate</i> .....	80	GLYXAMBI TAB 10-5 MG .....	58
<i>fulvestrant</i> .....	25	GLYXAMBI TAB 25-5 MG .....	58
<i>furosemide</i> .....	38	GOLYTELY SOL .....	68
FUZEON.....	14	<i>goodsense aspirin</i> .....	9
FYCOMPA .....	41	<i>goodsense ibuprofen child</i> .....	1
<b>G</b>		<i>goodsense nicotine</i> .....	54
<i>gabapentin</i> .....	41	<i>goodsense nicotine polacr</i> .....	54
<i>galantamine hydrobromide</i> .....	42	<i>granisetron hcl</i> .....	67
GARDASIL 9 INJ .....	77		



<i>griseofulvin microsize</i> .....	13	<i>hydrocodone-acetaminophen tab 7.5-</i>	
<i>griseofulvin ultramicrosize</i> .....	13	325 mg .....	4
<i>guanfacine hcl</i> .....	39	<i>hydrocodone bitart-homatropine</i>	
<i>guanfacine hcl (adhd)</i> .....	49	<i>methylbromide tab 5-1.5 mg</i> .....	87
GUANIDINE HCL .....	52	<i>hydrocodone bitart-homatropine</i>	
GYNAZOLE-1 .....	70	<i>methylbrom soln 5-1.5 mg/5ml</i> .....	87
<b>H</b>		<i>hydrocodone bitartrate</i> .....	4
<i>halcinonide</i> .....	55	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	
<i>halobetasol propionate</i> .....	93	.....	4
<i>haloperidol</i> .....	47	<i>hydrocod polst-chlorphen polst er susp</i>	
<i>haloperidol decanoate</i> .....	47	10-8 mg/5ml .....	55
<i>haloperidol lactate</i> .....	47	<i>hydrocortisone</i> .....	64
HARVONI PAK.....	20	<i>hydrocortisone (topical)</i> .....	93
HARVONI PAK 45-200MG .....	20	<i>hydrocortisone butyrate</i> .....	93
HARVONI TAB 45-200MG .....	20	<i>hydrocortisone valerate</i> .....	94
HARVONI TAB 90-400MG .....	20	<i>hydrocortisone w/ acetic acid otic soln</i>	
HAVRIX .....	77	1-2%.....	95
<i>heather</i> .....	60	<i>hydromet</i> .....	87
HEMLIBRA.....	72	<i>hydromorphone hcl</i> .....	4, 5
<i>heparin sodium (porcine)</i> .....	71	<i>hydroxychloroquine sulfate</i> .....	76
HEPLISAV-B .....	77	<i>hydroxyurea</i> .....	28
HETLIOZ .....	50	<i>hydroxyzine hcl</i> .....	86
HEXALEN .....	23	<i>hydroxyzine pamoate</i> .....	86
HIBERIX .....	77	<i>hyoscyamine sulfate</i> .....	66
HUMATROPE.....	64	HYPERCARE.....	55
HUMATROPE COMBO PACK.....	64	HYQVIA INJ 10-800 .....	76
HUMATROPEN MIS FOR 12MG.....	80	HYQVIA INJ 2.5-200 .....	76
HUMATROPEN MIS FOR 24MG.....	80	HYQVIA INJ 20-1600 .....	76
HUMATROPEN MIS FOR 6MG.....	80	HYQVIA INJ 30-2400 .....	76
HUMIRA.....	73	HYQVIA INJ 5-400.....	76
HUMIRA PEDIA INJ CROHNS.....	73	<b>I</b>	
HUMIRA PEDIATRIC CROHNS D.....	73	<i>ibandronate sodium</i> .....	59
HUMIRA PEN .....	73	IBRANCE.....	24
HUMIRA PEN-CD/UC/HS START.....	73	<i>ibuprofen</i> .....	1
HUMIRA PEN KIT PS/UV .....	73	<i>icatibant acetate</i> .....	72
HUMIRA PEN-PS/UV STARTER.....	73	ICLUSIG .....	26
HUMULIN R U-500 (CONCENTR.....	57	<i>icosapent ethyl</i> .....	35
HUMULIN R U-500 KWIKPEN.....	57	<i>idarubicin hcl</i> .....	23
<i>hydralazine hcl</i> .....	39	IDHIFA .....	27
<i>hydrochlorothiazide</i> .....	38	<i>ifosfamide</i> .....	23
<i>hydrocodone-acetaminophen soln 7.5-</i>		<i>imatinib mesylate</i> .....	27
325 mg/15ml .....	4	IMBRUVICA.....	27
<i>hydrocodone-acetaminophen tab 10-</i>		<i>imipenem-cilastatin intravenous for</i>	
325 mg.....	4	soln 250 mg .....	11
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>imipenem-cilastatin intravenous for</i>	
mg.....	4	soln 500 mg .....	11
		<i>imipramine hcl</i> .....	44

<i>imipramine pamoate</i> .....	45	JANUMET XR TAB 100-1000.....	56
<i>imiquimod</i> .....	90	JANUMET XR TAB 50-1000 .....	56
INCRELEX .....	64	JANUMET XR TAB 50-500MG.....	56
INCRUSE ELLIPTA .....	86	JANUVIA.....	56
<i>indapamide</i> .....	38	JARDIANCE .....	59
<i>indomethacin</i> .....	9	<i>jinteli</i> .....	63
INFANRIX INJ.....	77	<i>jolessa</i> .....	60
INLYTA .....	27	<i>jolivette</i> .....	60
INSTA-GLUCOSE.....	64	<i>junel 1/20</i> .....	60
INSULIN PEN NEEDLES .....	79	<i>junel 1.5/30</i> .....	60
INSULIN PEN NEEDLES/SYRINGES ...	79	<i>junel fe 1/20</i> .....	60
INTELENCE .....	14	<i>junel fe 1.5/30</i> .....	60
INTRAROSA.....	55	<b>K</b>	
<i>introvale</i> .....	60	KADCYLA .....	24
INVANZ .....	11	KALYDECO .....	88
INVEGA SUSTENNA .....	29	<i>kariva</i> .....	60
INVEGA TRINZA.....	29	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
INVIRASE .....	14	.....	81
IOPIDINE.....	84	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
IPOL INJ INACTIVE.....	77	.....	81
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	81
<i>2.5(3) mg/3ml</i> .....	86	<i>k-effervescent</i> .....	81
<i>ipratropium bromide</i> .....	86	<i>kelnor 1/35</i> .....	60
<i>ipratropium bromide (nasal)</i> .....	86	KERENDIA.....	66
<i>irbesartan</i> .....	33	<i>ketoconazole (topical)</i> .....	91, 92
<i>irbesartan-hydrochlorothiazide tab</i>		KETONE URINE TEST STRIPS.....	79
<i>150-12.5 mg</i> .....	32	<i>ketorolac tromethamine</i> .....	1
<i>irbesartan-hydrochlorothiazide tab</i>		<i>ketorolac tromethamine (ophth)</i> .....	83
<i>300-12.5 mg</i> .....	32	KEVZARA.....	73, 74
<i>irinotecan hcl</i> .....	29	KEYTRUDA .....	24
ISENTRESS .....	14	KINRIX INJ.....	78
ISENTRESS HD .....	14	<i>kionex</i> .....	59
<i>isoniazid</i> .....	17	KISQALI 200 PAK FEMARA.....	25
<i>isosorbide dinitrate</i> .....	39	KISQALI 400 PAK FEMARA.....	25
<i>isosorbide mononitrate</i> .....	39	KISQALI 600 PAK FEMARA.....	25
<i>isotretinoin</i> .....	90	KISQALI TAB 200 DOSE .....	25
<i>isradipine</i> .....	37	KISQALI TAB 400 DOSE .....	25
<i>itraconazole</i> .....	13	KISQALI TAB 600 DOSE .....	25
<i>ivermectin</i> .....	11	<i>klor-con 10</i> .....	81
<i>ivermectin (pediculicide)</i> .....	95	<i>klor-con 8</i> .....	81
IV PREP WIPE PAD .....	91	<i>klor-con m15</i> .....	81
<b>J</b>		<i>klor-con m20</i> .....	81
JAKAFI .....	27	<i>kurvelo</i> .....	60
JANSSEN COVID-19 VACCINE.....	96	KYLEENA.....	60
<i>jantoven</i> .....	71	<b>L</b>	
JANUMET TAB 50-1000 .....	56	<i>labetalol hcl</i> .....	36
JANUMET TAB 50-500MG .....	56	<i>lacosamide</i> .....	41

LACRISERT .....	85	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lactic acid (ammonium lactate)</i> .....	94	500 mg/100ml .....	42
<i>lactulose</i> .....	68	<i>levobunolol hcl</i> .....	84
LAGEVRIO .....	30	<i>levocetirizine dihydrochloride</i> .....	86
<i>lamivudine</i> .....	14	<i>levofloxacin</i> .....	20
<i>lamivudine (hbv)</i> .....	18	<i>levofloxacin (ophth)</i> .....	83
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>levofloxacin in d5w iv soln 250</i>	
.....	17	mg/50ml .....	20
<i>lamotrigine</i> .....	41	<i>levofloxacin in d5w iv soln 500</i>	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg</i>		mg/100ml .....	20
(7) starter kit .....	41	<i>levofloxacin in d5w iv soln 750</i>	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100</i>		mg/150ml .....	20
mg starter kit .....	42	<i>levonest</i> .....	61
LANCETS .....	79	<i>levonorgestrel (emergency oc)</i> .....	62
LANCING DEVICE .....	79	<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
LANOXIN .....	38	<i>day) tab 0.15-0.03 mg</i> .....	61
LANOXIN PEDIATRIC .....	38	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>lansoprazole</i> .....	69	0.15 mg-30 mcg .....	61
<i>lapatinib ditosylate</i> .....	27	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>	
<i>larin 1.5/30</i> .....	60	<i>eth est tab 0.01mg(7)</i> .....	61
LASTACFT .....	84	<i>levora 0.15/30-28</i> .....	61
<i>latanoprost</i> .....	84	<i>levorphanol tartrate</i> .....	10
LATUDA .....	47, 48	<i>levothyroxine sodium</i> .....	65
<i>leena</i> .....	60	<i>levoxyl</i> .....	65
<i>leflunomide</i> .....	76	LEXIVA .....	14
LENVIMA 10 MG DAILY DOSE .....	27	LIDO/DEXTROS INJ 5-7.5% .....	10
LENVIMA 12MG DAILY DOSE .....	27	<i>lidocaine</i> .....	94
LENVIMA 20 MG DAILY DOSE .....	27	<i>lidocaine hcl</i> .....	94
LENVIMA 4 MG DAILY DOSE .....	27	<i>lidocaine hcl (cardiac)</i> .....	34
LENVIMA 8 MG DAILY DOSE .....	27	<i>lidocaine hcl (local anesth.)</i> .....	10
LENVIMA CAP 14 MG .....	27	<i>lidocaine hcl (mouth-throat)</i> .....	95
LENVIMA CAP 18 MG .....	27	<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	
LENVIMA CAP 24 MG .....	27	.....	34
<i>lessina</i> .....	60	<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	
<i>letrozole</i> .....	25	.....	34
<i>leucovorin calcium</i> .....	29	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	94
LEUKERAN .....	23	<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	
<i>leuprolide acetate</i> .....	25	.....	94
<i>levabuterol hcl</i> .....	87	LILETTA .....	61
<i>levabuterol tartrate</i> .....	87	<i>lindane</i> .....	95
LEVEMIR .....	57	<i>linezolid</i> .....	11
LEVEMIR FLEXTOUCH .....	57	<i>linezolid in sodium chloride iv soln 600</i>	
<i>levetiracetam</i> .....	42	mg/300ml-0.9% .....	11
<i>levetiracetam in sodium chloride iv soln</i>		LINZESS .....	68
1000 mg/100ml .....	42	<i>liothyronine sodium</i> .....	65
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril</i> .....	31
1500 mg/100ml .....	42		

<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	31	MARPLAN .....	45
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	31	MATULANE .....	28
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	31	<i>matzim la</i> .....	37
LITHIUM .....	52	MAXIDEX .....	84
<i>lithium carbonate</i> .....	52	MAYZENT .....	53
<i>loperamide hcl</i> .....	68	MAYZENT STARTER PACK .....	53
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	17	<i>meclizine hcl</i> .....	67
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	17	<i>meclofenamate sodium</i> .....	1
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	17	MEDROL .....	64
<i>lorazepam</i> .....	40	<i>medroxyprogesterone acetate</i> .....	65
LORBRENA .....	27	<i>medroxyprogesterone acetate (contraceptive)</i> .....	61
<i>loryna</i> .....	61	<i>mefenamic acid</i> .....	2
<i>losartan potassium</i> .....	33	<i>mefloquine hcl</i> .....	13
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	32	<i>megestrol acetate</i> .....	26
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	33	<i>megestrol acetate (appetite)</i> .....	26
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	32	MEKINIST .....	27
<i>loteprednol etabonate</i> .....	84	<i>meloxicam</i> .....	2
<i>lovastatin</i> .....	35	<i>melphalan</i> .....	23
<i>low-ogestrel</i> .....	61	<i>melphalan hcl</i> .....	23
<i>loxapine succinate</i> .....	48	<i>memantine hcl</i> .....	42
<i>lubiprostone</i> .....	68	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	43
<i>ludent</i> .....	81	MENACTRA INJ .....	78
<i>luliconazole</i> .....	55	MENEST .....	63
LUMIGAN .....	84	MENQUADFI INJ .....	78
LUPRON DEPOT-PED (1-MONTH) .....	25	MENTAX .....	91
LUPRON DEPOT-PED (3-MONTH) .....	26	MENVEO INJ .....	78
<i>lutera</i> .....	61	MENVEO SOL .....	78
LYNPARZA .....	25	<i>meprobamate</i> .....	40
LYSODREN .....	26	<i>mercaptapurine</i> .....	24
<b>M</b>		<i>meropenem</i> .....	11, 12
<i>magnesium sulfate</i> .....	81	<i>mesalamine</i> .....	68
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	81	<i>mesna</i> .....	29
<i>malathion</i> .....	95	MESNEX .....	29
<i>mannitol</i> .....	38	<i>metaproterenol sulfate</i> .....	87
<i>maprotiline hcl</i> .....	45	<i>metaxalone</i> .....	54
<i>maraviroc</i> .....	15	<i>metformin hcl</i> .....	56
<i>marlissa</i> .....	61	<i>methadone hcl</i> .....	5
		<i>methadone hydrochloride i</i> .....	5
		<i>methadose</i> .....	5
		<i>methamphetamine hcl</i> .....	49
		<i>methazolamide</i> .....	38
		<i>methenamine hippurate</i> .....	12
		<i>methimazole</i> .....	65
		<i>methocarbamol</i> .....	54
		<i>methotrexate sodium</i> .....	24, 76

<i>methoxsalen rapid</i> .....	92	<i>mononessa</i> .....	61
<i>methscopolamine bromide</i> .....	66	<i>montelukast sodium</i> .....	88
<i>methyl dopa</i> .....	39	<i>morgidox 1x100mg</i> .....	22
<i>methylphenidate hcl</i> .....	49, 50	<i>morphine sulfate</i> .....	5, 6
<i>methylprednisolone</i> .....	64	MORPHINE SULFATE.....	5
<i>methylprednisolone acetate</i> .....	64	<i>morphine sulfate beads</i> .....	6
<i>methylprednisolone sod succ</i> .....	64	MOTOFEN TAB 1-0.025 .....	69
<i>methyltestosterone</i> .....	55	MOVANTIK .....	69
<i>metoclopramide hcl</i> .....	67	<i>moxifloxacin hcl</i> .....	20
<i>metolazone</i> .....	38	<i>moxifloxacin hcl (ophth)</i> .....	83
<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-25 mg .....	36	<i>moxifloxacin hcl 400 mg/250ml in</i> sodium chloride 0.8% inj.....	20
<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-50 mg .....	36	MULTAQ.....	34
<i>metoprolol &amp; hydrochlorothiazide tab</i> 50-25 mg .....	36	<i>multi-vit/fluoride</i> .....	82
<i>metoprolol succinate</i> .....	36	<i>multi-vit/iron/fluoride</i> .....	82
<i>metoprolol tartrate</i> .....	36	<i>multivitamin/fluoride</i> .....	82
<i>metronidazole</i> .....	12	<i>multi-vitamin/fluoride/ir</i> .....	82
<i>metronidazole (topical)</i> .....	94, 95	<i>multi-vitamin/fluoride dr</i> .....	82
<i>metronidazole vaginal</i> .....	70	<i>mupirocin</i> .....	91
<i>mexiletine hcl</i> .....	34	<i>mvc-fluoride</i> .....	82
MIACALCIN .....	64	MYALEPT.....	62
<i>miconazole 3</i> .....	70	<i>mycophenolate mofetil</i> .....	76
MICRHOGAM ULTRA-FILTERED.....	85	<i>mycophenolate mofetil hcl</i> .....	76
<i>microgestin 1.5/30</i> .....	61	<i>mycophenolate sodium</i> .....	77
<i>midodrine hcl</i> .....	39	<i>myzilra</i> .....	61
<i>miglitol</i> .....	55	<b>N</b>	
<i>mimvey</i> .....	63	<i>nabumetone</i> .....	2
<i>mimvey lo</i> .....	63	<i>nadolol</i> .....	36
<i>minitran</i> .....	39	<i>nafcillin sodium</i> .....	21
<i>minocycline hcl</i> .....	22	<i>nafrinse</i> .....	81
<i>minoxidil</i> .....	39	<i>nafrinse drops</i> .....	81
MIRCERA .....	71	<i>naftifine hcl</i> .....	91
MIRENA .....	61	<i>nalbuphine hcl</i> .....	6
<i>mirtazapine</i> .....	45	<i>naloxone hcl</i> .....	54
MIRVASO .....	95	<i>naltrexone hcl</i> .....	54
MISC LANCETS .....	79	NAMENDA XR CAP TITRATIO.....	43
<i>misoprostol</i> .....	66	<i>naproxen</i> .....	2
<i>mitomycin</i> .....	23	<i>naratriptan hcl</i> .....	51
<i>mitoxantrone hcl</i> .....	28	NATACYN .....	83
M-M-R II INJ .....	78	<i>nateglinide</i> .....	58
<i>modafinil</i> .....	54	<i>neбиволол hcl</i> .....	36
MODERNA COVID-19 VACCINE .....	96	<i>necon 0.5/35-28</i> .....	61
<i>moexipril hcl</i> .....	31	<i>nefazodone hcl</i> .....	45
<i>mometasone furoate</i> .....	94	<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	85
<i>mono-lynyah</i> .....	61	<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	83

<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	82	NORDITROPIN FLEXPEN.....	66
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	83	<i>norethindrone (contraceptive)</i> .....	61
<i>neomycin-polymyxin-hc ophth susp</i> ..	83	<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> .....	61
<i>neomycin-polymyxin-hc otic soln 1%</i>	95	<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> .....	61
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	95	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	61
<i>neomycin sulfate</i> .....	10	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	61
NEUPRO.....	47	<i>norethindrone acetate</i> .....	65
NEVANAC.....	84	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....	63
<i>nevirapine</i> .....	15	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	61
NEXPLANON .....	61	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	61
NEXTERONE INJ.....	34	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	61
<i>niacin (antihyperlipidemic)</i> .....	35	NORPACE CR.....	34
<i>nicardipine hcl</i> .....	37	<i>nortrel 0.5/35 (28)</i> .....	61
<i>nicorelief</i> .....	54	<i>nortrel 1/35</i> .....	61
<i>nicotine</i> .....	54	<i>nortrel 7/7/7</i> .....	61
<i>nicotine polacrilex</i> .....	54	<i>nortriptyline hcl</i> .....	45
<i>nicotine step 3</i> .....	54	NORTUSS-EX LIQ 200-20/5.....	87
NICOTROL INHALER .....	54	NORVIR .....	15
NICOTROL NS.....	54	NOVOFINE PEN NEEDLES .....	79
<i>nifedipine</i> .....	37	NOVOLIN INJ 70/30 .....	57
<i>nikki</i> .....	61	NOVOLIN INJ 70/30 FP .....	57
<i>nilutamide</i> .....	26	NOVOLIN N .....	57
<i>nimodipine</i> .....	37	NOVOLIN N FLEXPEN .....	57
NIPENT.....	24	NOVOLIN R .....	57
<i>nisoldipine</i> .....	37	NOVOLIN R FLEXPEN .....	57
<i>nitazoxanide</i> .....	12	NOVOLOG .....	57
<i>nitisinone</i> .....	62	NOVOLOG FLEXPEN.....	57
NITRO-BID.....	39	NOVOLOG MIX INJ 70/30 .....	57
NITRO-DUR.....	39	NOVOLOG MIX INJ FLEXPEN .....	57
<i>nitrofurantoin</i> .....	12	NOVOLOG PENFILL.....	57
<i>nitrofurantoin macrocrystal</i> .....	12	NUCALA.....	87
<i>nitrofurantoin monohyd macro</i> .....	12	NUEDEXTA CAP 20-10MG.....	52
<i>nitroglycerin</i> .....	39	<i>nulev</i> .....	66
NITROGLYCERIN .....	39	NUPLAZID .....	48
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i> .....	39	NURTEC.....	80
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i> .....	39	<i>nyamyc</i> .....	91
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i> .....	39	<i>nylia 1/35</i> .....	61
<i>niva-fol tab</i> .....	82	<i>nystatin</i> .....	13
NIVESTYM.....	71	<i>nystatin (mouth-throat)</i> .....	95
<i>nizatidine</i> .....	67		
<i>nora-be</i> .....	61		

<i>nystatin (topical)</i> .....	91	OMNIFLEX DPR .....	79
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> .....	91	OMNIPOD 5 G6 KIT INTRO .....	80
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> .....	91	OMNIPOD 5 G6 MIS PODS .....	80
<i>nystop</i> .....	91	OMNIPOD DASH KIT INTRO .....	80
NYVEPRIA .....	72	OMNIPOD DASH MIS PODS .....	80
<b>o</b>		OMNIPOD MIS CLASSIC .....	80
<i>ocella</i> .....	61	OMNIPOD PDM KIT CLASSIC .....	80
<i>octreotide acetate</i> .....	64	ONCASPAR .....	28
OCTREOTIDE ACETATE .....	64	<i>ondansetron</i> .....	67
ODEFSEY TAB .....	17	<i>ondansetron hcl</i> .....	67
ODOMZO .....	28	OPSUMIT .....	40
<i>ofloxacin</i> .....	20	OPTIONS GYNOL II VAGINAL .....	70
<i>ofloxacin (ophth)</i> .....	83	<i>oralone dental paste</i> .....	95
<i>ofloxacin (otic)</i> .....	95	ORAVIG .....	95
<i>ogestrel</i> .....	61	ORENITRAM .....	40
<i>olanzapine</i> .....	48	ORFADIN .....	62
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> .....	33	ORKAMBI GRA 100-125 .....	88
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> .....	33	ORKAMBI GRA 150-188 .....	88
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> .....	33	ORKAMBI TAB 100-125 .....	88
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> .....	33	ORKAMBI TAB 200-125 .....	88
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> .....	33	<i>orphenadrine citrate</i> .....	54
<i>olmesartan medoxomil</i> .....	33	<i>orsythia</i> .....	62
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....	33	<i>oscimin</i> .....	66
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....	33	<i>oscimin sr</i> .....	66
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....	33	<i>oseltamivir phosphate</i> .....	18
<i>olopatadine hcl</i> .....	84	<i>osmitrol viaflex</i> .....	38
<i>olopatadine hcl (nasal)</i> .....	86	OSPHENA .....	64
<i>omega-3-acid ethyl esters cap 1 gm</i> .....	35	OTEZLA .....	76
<i>omeprazole</i> .....	69	OTEZLA TAB 10/20/30 .....	76
OMNARIS .....	89	<i>oxacillin sodium</i> .....	21
		<i>oxaliplatin</i> .....	29
		<i>oxandrolone</i> .....	55
		<i>oxaprozin</i> .....	2
		<i>oxazepam</i> .....	40
		<i>oxcarbazepine</i> .....	42
		<i>oxiconazole nitrate</i> .....	55
		<i>oxybutynin chloride</i> .....	70
		<i>oxycodone-aspirin tab 4.8355-325 mg</i> .....	8
		<i>oxycodone hcl</i> .....	6, 7
		<i>oxycodone-ibuprofen tab 5-400 mg</i> .....	8
		<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	8
		<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	7
		<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....	7

<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	8	<i>perindopril erbumine</i> .....	31
<i>oxymorphone hcl</i> .....	8	<i>perlogard</i> .....	95
OZEMPIC .....	56	<i>permethrin</i> .....	95
OZEMPIC INJ 8MG/3ML.....	56	<i>perphenazine</i> .....	48
<b>P</b>		PERSERIS .....	30
<i>pacerone</i> .....	34	PFIZER-BIONTECH COVID-19 .....	96
<i>paclitaxel</i> .....	24	<i>pfizerpen</i> .....	21
<i>paclitaxel protein-bound particles for iv susp 100 mg</i> .....	24	<i>phenazopyridine tab 95mg</i> .....	70
<i>paliperidone</i> .....	48	<i>phenelzine sulfate</i> .....	45
<i>pamidronate disodium</i> .....	59	<i>phenobarbital</i> .....	42
<i>pantoprazole sodium</i> .....	69	<i>phenoxybenzamine hcl</i> .....	39
PARAGARD IUD T380A.....	62	<i>phenylephrine hcl (mydriatic)</i> .....	85
<i>paraplatin</i> .....	29	<i>phenytoin</i> .....	42
<i>paricalcitol</i> .....	82	<i>phenytoin sodium</i> .....	42
<i>paramomycin sulfate</i> .....	10	<i>phenytoin sodium extended</i> .....	42
<i>paroxetine hcl</i> .....	45	PHOSLYRA .....	65
PASER .....	17	PHOSPHOLINE IODIDE.....	84
PATADAY .....	84	PHOTOFRIN.....	28
PAXLOVID TAB 150-100.....	30	<i>physiolyte</i> .....	85
PAXLOVID TAB 300-100.....	30	<i>physiosol irrigation</i> .....	85
PCE.....	19	<i>phytonadione</i> .....	82
PEDIARIX INJ 0.5ML.....	78	PICATO.....	90
PEDIATRIC RESPIRATORY MASK .....	80	<i>pilocarpine hcl</i> .....	84
PEDVAX HIB .....	78	<i>pilocarpine hcl (oral)</i> .....	95
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	68	<i>pimozide</i> .....	52
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> .....	68	<i>pindolol</i> .....	36
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> .....	68	<i>pioglitazone hcl</i> .....	57
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	68	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .....	58
PEGANONE.....	42	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....	58
PEGASYS .....	20	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	57
PEGASYS PROCLICK .....	20	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	57
PEG-PREP KIT.....	68	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	21
<i>pemetrexed disodium</i> .....	24	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	21
<i>penicillamine</i> .....	59	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	22
<i>penicillin g potassium</i> .....	21	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....	22
<i>penicillin g sodium</i> .....	21	<i>pirfenidone</i> .....	88
<i>penicillin v potassium</i> .....	21	<i>pirmella 1/35</i> .....	62
PENTACEL INJ .....	78	<i>pirmella 7/7/7</i> .....	62
<i>pentamidine isethionate</i> .....	12	<i>piroxicam</i> .....	2
<i>pentoxifylline</i> .....	72		
PERFOROMIST .....	87		



PLEGRIDY .....	53	<i>procainamide hcl</i> .....	34
PLEGRIDY INJ STARTER .....	53	<i>prochlorperazine</i> .....	67
PLEGRIDY PEN INJ STARTER.....	53	<i>prochlorperazine edisylate</i> .....	67
PNEUMOVAX 23/1 DOSE .....	78	<i>prochlorperazine maleate</i> .....	67
<i>podofilox</i> .....	94	<i>procto-pak</i> .....	69
<i>polycin</i> .....	83	<i>proctosol hc</i> .....	69
<i>polyethylene glycol 3350</i> .....	68	<i>proctozone-hc</i> .....	69
<i>polymyxin b sulfate</i> .....	12	<i>progesterone</i> .....	65
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1% .....	83	PROGRAF .....	77
POMALYST .....	76	PROLASTIN-C .....	88
<i>portia-28</i> .....	62	PROLIA .....	65
<i>potassium chloride</i> .....	81	PROMACTA .....	71, 72
<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	81	<i>promethazine &amp; phenylephrine syrup</i> 6.25-5 mg/5ml .....	87
<i>potassium citrate (alkalinizer)</i> .....	70	<i>promethazine-dm syrup 6.25-15</i> <i>mg/5ml</i> .....	87
PRALUENT.....	35	<i>promethazine hcl</i> .....	67
<i>pramipexole dihydrochloride</i> .....	47	<i>promethazine vc/codeine</i> .....	87
<i>pramox gel</i> .....	94	<i>promethazine w/ codeine syrup 6.25-</i> <i>10 mg/5ml</i> .....	87
<i>prasugrel hcl</i> .....	72	<i>propafenone hcl</i> .....	34
<i>pravastatin sodium</i> .....	35	<i>proparacaine hcl</i> .....	85
<i>praziquantel</i> .....	12	<i>propranolol &amp; hydrochlorothiazide tab</i> 40-25 mg .....	36
<i>prazosin hcl</i> .....	32	<i>propranolol &amp; hydrochlorothiazide tab</i> 80-25 mg .....	36
PRED-G S.O.P OIN OP.....	85	<i>propranolol hcl</i> .....	36
PRED-G SUS OP .....	85	<i>propylthiouracil</i> .....	65
PRED MILD.....	84	PROQUAD INJ.....	78
<i>prednicarbate</i> .....	94	<i>protriptyline hcl</i> .....	45
<i>prednisolone</i> .....	64	<i>pseudoephed-bromphen-dm syrup 30-</i> <i>2-10 mg/5ml</i> .....	88
<i>prednisolone acetate (ophth)</i> .....	84	<i>pyrazinamide</i> .....	17
PREDNISOLONE SODIUM PHOSP .....	84	<i>pyridostigmine bromide</i> .....	52
<i>prednisolone sodium phosphate</i> .....	64	<i>pyridoxine hcl</i> .....	82
<i>prednisone</i> .....	64	<i>pyrimethamine</i> .....	12
PREDNISONE INTENSOL .....	64	<b>Q</b>	
<i>pregabalin</i> .....	42	QBREXZA.....	55
PREMARIN .....	63	QUADRACEL INJ 0.5ML .....	78
<i>prenatabs rx</i> .....	82	QUADRAMET .....	28
<i>prevalite</i> .....	34	<i>quasense</i> .....	62
<i>previfem</i> .....	62	<i>quazepam</i> .....	72
PREVNAR 13 INJ .....	78	<i>quetiapine fumarate</i> .....	48
PREVNAR 20 INJ .....	78	<i>quinapril hcl</i> .....	31
PREZCOBIX TAB 800-150 .....	17	<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> .....	31
PREZISTA .....	15		
PRIFTIN .....	17		
<i>primaquine phosphate</i> .....	13		
<i>primidone</i> .....	42		
PRIMSOL .....	12		
<i>probenecid</i> .....	1		

<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> .....	31	<i>risedronate sodium</i> .....	59
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> .....	31	RISPERDAL CONSTA .....	30
<i>quinidine sulfate</i> .....	34	<i>risperidone</i> .....	48
<i>quinine sulfate</i> .....	13	<i>ritonavir</i> .....	15
QVAR REDIHALER .....	89	<i>rivastigmine</i> .....	43
<b>R</b>		<i>rivastigmine tartrate</i> .....	43
<i>rabeprazole sodium</i> .....	69	<i>rivelsa</i> .....	62
<i>raloxifene hcl</i> .....	65	<i>rizatriptan benzoate</i> .....	51
<i>ramelteon</i> .....	50	<i>roflumilast</i> .....	88
<i>ramipril</i> .....	31	<i>ropinirole hydrochloride</i> .....	47
<i>ranolazine</i> .....	39	<i>rosadan</i> .....	95
<i>rasagiline mesylate</i> .....	47	<i>rosuvastatin calcium</i> .....	35
REBETOL .....	20	ROTARIX SUS .....	78
REBIF .....	53	ROTATEQ SOL .....	78
REBIF REBIDO INJ TITRATN .....	53	RYBELSUS .....	56
REBIF REBIDOSE .....	53	RYDAPT .....	25
REBIF TITRTN INJ PACK .....	53	<b>S</b>	
<i>reclipsen</i> .....	62	SANCUSO .....	67
RECOMBIVAX HB .....	78	SANDIMMUNE .....	77
RECTIV .....	94	<i>sapropterin dihydrochloride</i> .....	62
REGONOL .....	52	SAVELLA .....	52
REGRANEX .....	95	SAVELLA MIS TITR PAK .....	52
RELENZA DISKHALER .....	18	<i>scopolamine</i> .....	67
RELISTOR .....	69	<i>selegiline hcl</i> .....	47
REMICADE .....	74	<i>selenium sulfide</i> .....	92
REMODULIN .....	40	SELZENTRY .....	15
<i>repaglinide</i> .....	58	<i>sertraline hcl</i> .....	45
RESCRIPTOR .....	15	<i>sevelamer carbonate</i> .....	65
RESTASIS .....	85	SHARPS CONTAINER .....	79
RESTASIS MULTIDOSE .....	85	SHINGRIX .....	78
RETACRIT .....	72	SHUR-SEAL .....	70
RETROVIR IV INFUSION .....	15	SIGNIFOR .....	65
REVLIMID .....	76	<i>sildenafil citrate (pulmonary hypertension)</i> .....	40
REXULTI .....	48	<i>silodosin</i> .....	70
REYATAZ .....	15	<i>silver sulfadiazine</i> .....	91
RHOGAM ULTRA-FILTERED PLU .....	85	SIMBRINZA SUS 1-0.2% .....	84
<i>ribavirin</i> .....	18	SIMPONI .....	74
<i>ribavirin (hepatitis c)</i> .....	20	SIMPONI ARIA .....	74
<i>rifabutin</i> .....	17	<i>simvastatin</i> .....	35
RIFAMATE CAP .....	17	<i>sirolimus</i> .....	77
<i>rifampin</i> .....	17	SIRTURO .....	17
RIFATER TAB .....	17	SIVEXTRO .....	12
<i>riluzole</i> .....	52	SKYLA .....	62
<i>rimantadine hydrochloride</i> .....	18	SKYRIZI .....	74
RINVOQ .....	74	SKYRIZI PEN .....	75
		<i>sm nicotine transdermal s</i> .....	54

<i>sodium chloride</i> .....	81	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sodium chloride (gu irrigant)</i> .....	95	400-80 mg .....	12
<i>sodium chloride (inhalant)</i> .....	88	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sodium chloride flush</i> .....	81	800-160 mg .....	12
<i>sodium fluoride</i> .....	81	SULFAMYLON .....	91
<i>sodium phenylbutyrate</i> .....	62, 63	<i>sulfasalazine</i> .....	68
<i>sodium polystyrene sulfonate</i> .....	59	<i>sulindac</i> .....	2
<i>solifenacin succinate</i> .....	70	<i>sumatriptan</i> .....	51
SOLQUA INJ 100/33 .....	57	<i>sumatriptan-naproxen sodium tab 85-</i>	
SOLU-CORTEF .....	64	500 mg.....	51
SOLU-MEDROL.....	64	<i>sumatriptan succinate</i> .....	51
SOMATULINE DEPOT .....	65	<i>sunitinib malate</i> .....	28
SOMAVERT.....	65	SUNOSI.....	1
<i>sorafenib tosylate</i> .....	27	SUPRAX .....	19
<i>sorine</i> .....	34	SUPREP BOWEL SOL PREP KIT .....	68
<i>sotalol hcl</i> .....	34	SUTAB TAB .....	79
<i>sotalol hcl (afib/afl)</i> .....	34	<i>syeda</i> .....	62
SOTALOL HYDROCHLORIDE.....	34	<i>symax-sl</i> .....	66
SOVALDI.....	20	SYMBICORT AER 160-4.5 .....	89
<i>spinosad</i> .....	95	SYMBICORT AER 80-4.5.....	89
SPIRIVA HANDIHALER .....	86	SYMDEKO TAB 100-150 .....	89
SPIRIVA RESPIMAT .....	86	SYMDEKO TAB 50-75MG .....	88
<i>spironolactone</i> .....	38	SYMLINPEN 120.....	55
<i>spironolactone &amp; hydrochlorothiazide</i>		SYMLINPEN 60.....	55
<i>tab 25-25 mg</i> .....	38	SYNAREL .....	62
<i>sprintec 28</i> .....	62	SYNERA DIS 70-70MG .....	94
SPRYCEL.....	28	SYNJARDY TAB .....	58
<i>sronyx</i> .....	62	SYNJARDY TAB 12.5-500.....	58
<i>ssd</i> .....	91	SYNJARDY TAB 5-1000MG.....	58
<i>stavudine</i> .....	15	SYNJARDY TAB 5-500MG.....	58
STELARA.....	75	SYNJARDY XR TAB .....	58
STIVARGA.....	28	SYNJARDY XR TAB 10-1000.....	58
<i>streptomycin sulfate</i> .....	10	SYNJARDY XR TAB 25-1000.....	58
STRIVERDI RESPIMAT .....	87	SYNJARDY XR TAB 5-1000MG .....	58
SUBLOCADE.....	9	SYNTHROID .....	65
SUCRAID .....	69	<b>T</b>	
<i>sucralfate</i> .....	69	TABLOID.....	24
<i>sulconazole nitrate</i> .....	91, 92	<i>tacrolimus</i> .....	77
<i>sulfacetamide sodium (acne)</i> .....	90	<i>tacrolimus (topical)</i> .....	94
<i>sulfacetamide sodium (ophth)</i> .....	83	<i>tadalafil</i> .....	70
<i>sulfacetamide sodium-prednisolone</i>		<i>tadalafil (pulmonary hypertension)</i> ..	40
<i>ophth soln 10-0.23(0.25)%</i> .....	83	TAFINLAR .....	28
SULFADIAZINE .....	10	<i>tafluprost</i> .....	84
<i>sulfamethoxazole-trimethoprim iv soln</i>		TALTZ .....	75
400-80 mg/5ml.....	12	<i>tamoxifen citrate</i> .....	26
<i>sulfamethoxazole-trimethoprim susp</i>		<i>tamsulosin hcl</i> .....	70
200-40 mg/5ml.....	12	<i>tazarotene</i> .....	92

<i>tazicef</i> .....	19	TIVICAY .....	15
TAZORAC .....	92	<i>tizanidine hcl</i> .....	54
<i>taztia xt</i> .....	37	TOBRADEX OIN 0.3-0.1% .....	83
TDVAX INJ 2-2 LF .....	78	TOBRADEX ST SUS 0.3-0.05 .....	83
<i>telmisartan</i> .....	34	<i>tobramycin</i> .....	10
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	33	<i>tobramycin (ophth)</i> .....	83
<i>telmisartan-amlodipine tab 40-5 mg</i> .33		<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1% .....	83
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	33	<i>tobramycin sulfate</i> .....	10, 11
<i>telmisartan-amlodipine tab 80-5 mg</i> .33		TODAY SPONGE .....	70
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i> .....	33	<i>tolcapone</i> .....	47
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i> .....	33	<i>tolmetin sodium</i> .....	2
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i> .....	33	<i>tolterodine tartrate</i> .....	70
<i>temazepam</i> .....	50	<i>tolvaptan</i> .....	65
TEMIKYS TAB 300-300 .....	17	<i>topiramate</i> .....	42
TEMODAR .....	23	<i>toposar</i> .....	29
<i>temozolomide</i> .....	23	<i>topotecan hcl</i> .....	29
<i>tencon</i> .....	1	<i>toremifene citrate</i> .....	26
TENIPOSIDE .....	29	<i>torseimide</i> .....	38
TENIVAC INJ 5-2LF .....	78	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i> .....	9
<i>tenofovir disoproxil fumarate</i> .....	15	<i>tramadol hcl</i> .....	8, 9
<i>terazosin hcl</i> .....	32	<i>trandolapril</i> .....	31
<i>terbinafine hcl</i> .....	13	<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i> .....	31
<i>terbutaline sulfate</i> .....	87	<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i> .....	31
<i>terconazole vaginal</i> .....	70	<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i> .....	31
<i>testosterone</i> .....	55	<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i> .....	31
<i>testosterone cypionate</i> .....	55	<i>tranexamic acid</i> .....	72
<i>testosterone enanthate</i> .....	55	<i>tranylcypromine sulfate</i> .....	45
<i>tetrabenazine</i> .....	52	<i>travoprost</i> .....	84
<i>tetracycline hcl</i> .....	22	<i>trazodone hcl</i> .....	45
THALOMID .....	76	TRECATOR .....	17
THEO-24 .....	90	TRELEGY AER 100MCG .....	86
<i>theochron</i> .....	90	TRELEGY AER 200MCG .....	86
<i>theophylline</i> .....	90	TREMFYA .....	75
<i>thioridazine hcl</i> .....	48	TRESIBA .....	57
<i>thiothixene</i> .....	48	TRESIBA FLEXTOUCH .....	57
THYROSAFE .....	59	<i>tretinoin</i> .....	90
<i>tiagabine hcl</i> .....	42	<i>tretinoin (chemotherapy)</i> .....	28
TICE BCG .....	28	<i>tretinoin microsphere</i> .....	90
<i>timolol maleate</i> .....	36	<i>triamcinolone acetonide (mouth)</i> .....	95
<i>timolol maleate (ophth)</i> .....	84	<i>triamcinolone acetonide (nasal)</i> .....	89
<i>tinidazole</i> .....	10	<i>triamcinolone acetonide (topical)</i> .....	94
<i>tis-u-sol</i> .....	85		

<i>triamterene</i> .....	38
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg .....	38
<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg .....	39
<i>triamterene &amp; hydrochlorothiazide tab</i> 75-50 mg .....	39
<i>triderm</i> .....	94
<i>trifluoperazine hcl</i> .....	48
<i>trifluridine</i> .....	83
<i>trihexyphenidyl hcl</i> .....	47
TRIKAFTA TAB .....	89
<i>tri-linyah</i> .....	62
<i>trimethobenzamide hcl</i> .....	67
<i>trimethoprim</i> .....	12
<i>trimipramine maleate</i> .....	46
<i>trinessa</i> .....	62
<i>tri-sprintec</i> .....	62
TRIUMEQ PD TAB .....	17
TRIUMEQ TAB .....	17
<i>tri-vit/fluoride</i> .....	82
<i>trivora-28</i> .....	62
TROGARZO .....	16
<i>tropicamide</i> .....	85
<i>tropium chloride</i> .....	70
TRULICITY .....	56
TRUMENBA INJ .....	78
<i>tussigon</i> .....	88
TUZISTRA XR SUS .....	88
TWINRIX INJ .....	79
TYBOST .....	16
TYMLOS .....	65
TYSABRI .....	53
TYVASO .....	40
TYVASO REFILL .....	40
TYVASO STARTER .....	40
<b>U</b>	
<i>unithroid</i> .....	66
UPTRAVI .....	40
UPTRAVI PACK TAB 200/800 .....	40
URINE GLUCOSE MONITORING SUPPLIES .....	79
URINE TEST STRIPS .....	80
<i>ursodiol</i> .....	69
UVADEX .....	28
<b>V</b>	
<i>valacyclovir hcl</i> .....	18
<i>valganciclovir hcl</i> .....	18
<i>valproate sodium</i> .....	42
<i>valproic acid</i> .....	42
<i>valsartan</i> .....	34
<i>valsartan-hydrochlorothiazide tab</i> 160- 12.5 mg .....	33
<i>valsartan-hydrochlorothiazide tab</i> 160- 25 mg .....	33
<i>valsartan-hydrochlorothiazide tab</i> 320- 12.5 mg .....	33
<i>valsartan-hydrochlorothiazide tab</i> 320- 25 mg .....	33
<i>valsartan-hydrochlorothiazide tab</i> 80- 12.5 mg .....	33
<i>vancomycin hcl</i> .....	12
VAQTA .....	79
VARENICLINE TARTRATE .....	54
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack .....	54
VARIVAX .....	79
VARUBI .....	67
VASCEPA .....	35
VAXELIS INJ .....	96
VAXNEUVANCE INJ .....	79
VCF VAGINAL CONTRACEPTIVE .....	70
<i>velivet</i> .....	62
VELPHORO .....	65
VEMLIDY .....	18
VENCLEXTA .....	29
VENCLEXTA TAB START PK .....	29
<i>venlafaxine hcl</i> .....	46
VENTAVIS .....	40
<i>verapamil hcl</i> .....	38
VERZENIO .....	29
VIBRAMYCIN .....	22
VICTOZA .....	56
<i>vigabatrin</i> .....	42
VIIBRYD KIT STARTER .....	46
<i>vilazodone hcl</i> .....	46
<i>vinblastine sulfate</i> .....	24
<i>vincasar pfs</i> .....	24
<i>vincristine sulfate</i> .....	24
<i>vinorelbine tartrate</i> .....	24
VIOKACE TAB 10440 .....	69
VIOKACE TAB 20880 .....	69
<i>viorele</i> .....	62
VIRACEPT .....	16

VIREAD .....	16	ZELBORAF.....	28
VISTOGARD .....	28	<i>zenchent</i> .....	62
<i>vitamins a/c/d/fluoride</i> .....	82	ZENPEP CAP 10000UNT .....	69
VITRAKVI.....	28	ZENPEP CAP 15000UNT .....	69
VITUZ SOL 5-4MG.....	88	ZENPEP CAP 20000UNT .....	69
VIVITROL.....	55	ZENPEP CAP 25000UNT .....	69
<i>voriconazole</i> .....	13	ZENPEP CAP 3000UNIT .....	69
VOSEVI TAB .....	20	ZENPEP CAP 40000UNT .....	69
VOTRIENT .....	28	ZENPEP CAP 5000UNIT .....	69
VUMERITY.....	53	<i>zenzedi</i> .....	50
<b>W</b>		ZEPATIER TAB 50-100MG.....	21
<i>warfarin sodium</i> .....	71	ZEPOSIA.....	53
<i>wera</i> .....	62	ZEPOSIA 7DAY CAP STR PACK .....	53
WIDE-SEAL SILICONE DIAPHR.....	79	ZEPOSIA CAP STR KIT .....	53
<b>X</b>		ZERIT.....	16
XALKORI.....	28	<i>zidovudine</i> .....	16
XARELTO .....	71	<i>zileuton</i> .....	88
XARELTO STAR TAB 15/20MG.....	71	ZIOPTAN.....	84
XELJANZ .....	75	<i>ziprasidone hcl</i> .....	48
XELJANZ XR .....	75	ZIRGAN .....	83
XEPI.....	55	ZMAX .....	19
XERAC AC .....	55	<i>zoledronic acid</i> .....	59
XIFAXAN .....	12, 13	ZOLINZA.....	25
XIGDUO XR TAB 10-1000 .....	58	<i>zolmitriptan</i> .....	51
XIGDUO XR TAB 10-500MG .....	58	<i>zolpidem tartrate</i> .....	50
XIGDUO XR TAB 2.5-1000 .....	58	<i>zonisamide</i> .....	42
XIGDUO XR TAB 5-1000MG .....	58	ZOSTAVAX .....	79
XIGDUO XR TAB 5-500MG.....	58	<i>zovia 1/35e</i> .....	62
XOLAIR.....	87	ZUBSOLV SUB 0.7-0.18 .....	2
XTANDI .....	26	ZUBSOLV SUB 1.4-0.36 .....	2
<i>xulane</i> .....	62	ZUBSOLV SUB 11.4-2.9 .....	2
XULTOPHY INJ 100/3.6 .....	57	ZUBSOLV SUB 2.9-0.71 .....	2
<b>Y</b>		ZUBSOLV SUB 5.7-1.4.....	2
<i>yuvaferm</i> .....	63	ZUBSOLV SUB 8.6-2.1 .....	2
<b>Z</b>		ZYDELIG.....	28
<i>zafirlukast</i> .....	88	ZYKADIA.....	28
<i>zaleplon</i> .....	50	ZYLET SUS 0.5-0.3%.....	85
ZEJULA.....	25	ZYPREXA RELPREVV .....	30