

Clover Health

2023

Comprehensive

Formulary

List of Covered Drugs for Plans:

Clover Health Choice PPO (plans 025, 033, 038)

Clover Health LiveHealthy PPO (plans 026, 036, 050, 052)

Clover Health LiveHealthy Value PPO (plan 037)

Important Message About What You Pay for Vaccines:

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if applicable). Call Member Services for more information.

Important Message About What You Pay for Insulin:

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



PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED IN YOUR PLAN.

This formulary was updated on 09/19/2023. For more recent information or other questions, please contact Clover at 1-888-778-1478 (TTY 711) 8 am–8 pm local time, 7 days a week, or visit cloverhealth.com/formulary. Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Clover Health. When it refers to “plan” or “our plan,” it means Clover Health.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/19/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Clover Health Formulary?

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

Can the Formulary (drug list) change?

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

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

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

immediately remove the drug from our formulary and provide notice to members who take the drug.

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

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

The enclosed formulary is current as of 09/19/2023. To get updated information about the drugs covered by Clover Health please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formulary search tool posted on our website will be updated monthly and the printed formularies will be updated quarterly.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Clover Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Clover Health before you fill your prescriptions. If you don't get approval, Clover Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Clover Health limits the amount of the drug that Clover Health will cover. For example, Clover Health provides one tablet per day per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Clover Health 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, Clover Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Clover Health 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that Clover Health does not cover your drug, you have two options:

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

How do I request an exception to the Clover Health's Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you

may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a treatment setting change, such as being admitted to or discharged from a Long-Term Care (LTC) facility, you will be provided access to a refill upon admission or discharge. Clover Health will not use early refill edits to limit appropriate and necessary access to your Part D benefit. A temporary supply may be provided at your network pharmacy if the prescription claim submitted shows your treatment setting, or Level of Care, has changed. Otherwise, the pharmacy will call our Pharmacy Help Desk in order to obtain an override to submit a Level of Care temporary supply request.

Our Transition Fill Policy is available on Clover Health's website, www.cloverhealth.com/formulary

For more information

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

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

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

Clover Health Formulary

The formulary below provides coverage information about the drugs covered by Clover Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

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

The following abbreviations are used:

B/D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or contact Clover Health Member Services, at 1-888-778-1478 or, for TTY users, 711. Hours are 8 am-8pm, local time, 7 days a week. From April 1 through September 30, alternate technologies (for example voicemail) will be used on weekends and holidays, or visit www.cloverhealth.com.

NM: Not Available at our mail-order pharmacies

PA: Prior Authorization

QL: Drug has quantity limit

SI: Select Insulins. Depending the plan you are in, Clover Health offers a one month supply of select insulins at a \$35 copay during the deductible, initial coverage and coverage gap or “donut hole” stages of your benefit. During the catastrophic phase, you will pay the greater of 5% of the total cost of the drug, or \$10.35 copayment. Members with a Low-Income Subsidy or “Extra Help” are excluded from this program (Senior Savings Model). For complete coverage details on these select insulins see Chapter 6 of your Evidence of Coverage booklet.

ST: Step therapy required

Drug tier copay levels

Clover Health's 2023 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier the drug is on. Copay amounts and coinsurance percentages for each tier vary by plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Preferred Generic: Drugs that are available at the lowest cost sharing tier
Tier 2	Generic drugs
Tier 3	Preferred Brand: includes preferred brand drugs and non-preferred generic drugs
Tier 4	Non-Preferred drug: includes non-preferred brand drugs and non-preferred generic drugs
Tier 5	Specialty drug: includes specialty drugs and very high cost brand and generic drugs, which may require special handling and/or close monitoring

Clover Health, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

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

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

CH_CY23_GS_CORE eff 10/01/2023

Drug Name	Drug Tier	Requirements/Limits
------------------	------------------	----------------------------

ANALGESICS**GOUT**

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	3	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	3	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml	3	QL (10 mL / 30 days)
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	3	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

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

ANTIRETROVIRAL AGENTS

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

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

ANTIRETROVIRAL COMBINATION AGENTS

abacavir sulfate-lamivudine tab 600-300 mg	3	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	

Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECATOR TABS 250mg	4	

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	3	
<i>ganciclovir sodium SOLR 500mg</i>	4	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA

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

CEPHALOSPORINS

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	3	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	3	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	4	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	4	

TETRACYCLINES

<i>doxy 100</i> SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM

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

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg, 345mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA

IMMUNOMODULATORS

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

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA

MITOTIC INHIBITORS

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

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 DOSE TBPk 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	5	QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	5	NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPk 4mg	5	NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
REZLIDHIA CAPS 150mg	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	LA, PA
TRUSELTIQ 125MG DAILY DOSE	5	LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 125mg, 200mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> TABS 25mg	4	
MESNEX TABS 400mg	5	
BLOOD GLUCOSE REGULATOR		
DIABETIC TESTING SUPPLIES		
ACCU-CHEK TES COMPACT	0	
ONETOUCH TES VERIO	0	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	3	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 145mg	2	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
prevalite PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	2	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	4	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	

MISCELLANEOUS

<i>ADRENALIN</i> SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-80 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

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

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	4	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TB24 500mg, 750mg	3	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)

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

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 40mg	4	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-250mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine elixir</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA

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

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	3	QL (30 tabs / 30 days)
<i>tasimelteon CAPS 20mg</i>	5	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)

MISCELLANEOUS

<i>AUSTEDO</i> TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>AUSTEDO</i> TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>AUSTEDO XR</i> TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 24mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg	4	QL (120 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 tabs / 30 days), PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg, 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	3	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	4	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	PA
VIVITROL SUSR 380mg	5	NM

CONTINUOUS GLUCOSE MONITORING SYSTEMS

DIABETIC TESTING SUPPLIES

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

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>oxandrolone</i> TABS 2.5mg	3	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	4	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	3	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	SI
LANTUS SOLOSTAR SOPN 100unit/ml	3	SI
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXPEN SOPN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI
NOVOLIN INJ 70/30	3	SI (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI (brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI (brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	SI (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI (brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days); SI
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	SI
TOUJEO SOLOSTAR SOPN 300unit/ml	3	SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 125mg, 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen</i> 1/35	3	

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>brielllyn</i>	3	
<i>camila TABS .35mg</i>	2	
<i>chateal</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>deblitane TABS .35mg</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	3	
<i>haloette</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel</i> 1.5/30	3	
<i>junel</i> 1/20	3	
<i>junel fe</i> 1.5/30	2	
<i>junel fe</i> 1/20	2	
<i>kariva</i>	3	
<i>kelnor</i> 1/35	2	
<i>kelnor</i> 1/50	3	
<i>kurvelo</i>	3	
<i>larin</i> 1.5/30	3	
<i>larin</i> 1/20	3	
<i>larin fe</i> 1.5/30	2	
<i>larin fe</i> 1/20	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora</i> 0.15/30-28	3	
<i>lillow</i>	3	
<i>loestrin</i> 1.5/30-21	3	
<i>loestrin</i> 1/20-21	3	
<i>loestrin fe</i> 1.5/30	2	
<i>loestrin fe</i> 1/20	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	2	
<i>lyleq</i> TABS .35mg	2	
<i>lyza</i> TABS .35mg	2	
<i>marlissa</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be</i> TABS .35mg	2	
<i>norethindrone (contraceptive)</i> TABS .35mg	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	4	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	4	
<i>SYNAREL SOLN 2mg/ml</i>	5	
ESTROGENS		
<i>amabelz</i>	3	
<i>DELESTROGEN OIL 10mg/ml</i>	4	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</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>	3	
<i>estradiol TABS .5mg, 1mg, 2mg</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal CREA .1mg/gm</i>	3	
<i>estradiol vaginal TABS 10mcg</i>	4	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm TABS 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	3	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	3	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	3	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	3	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	3	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	3	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 25mg/5ml</i>	3	B/D
<i>prednisone SOLN 5mg/5ml</i>	4	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	2	B/D
<i>prednisone TBPK 5mg, 10mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	

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

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

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

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	

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

MISCELLANEOUS

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

PANCREATIC ENZYMES

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	2	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

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

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

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

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

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

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

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	4	
<i>klor-con</i> 8 TBCR 8meq	2	
<i>klor-con</i> 10 TBCR 10meq	2	
<i>klor-con</i> m10 TBCR 10meq	2	
<i>klor-con</i> m15 TBCR 15meq	3	
<i>klor-con</i> m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq	3	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> er TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol</i> sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	3	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .09%	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	3	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	gel forming solution, generic for TIMOPTIC-XE
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	solution, generic for TIMOPTIC
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

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

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	3	

ANTI HISTAMINES

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

BETA AGONISTS

<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	3	B/D
<i>albuterol sulfate NEBU .083%</i>	2	B/D
<i>albuterol sulfate SYRP 2mg/5ml</i>	3	
<i>albuterol sulfate TABS 2mg, 4mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg, 500mcg	3	
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 inhalers / 30 days), ST
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	3	QL (3 inhalers / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%	4	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	3	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%	3	QL (60 gm / 30 days)
<i>clobetasol propionate</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

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

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

REGANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</i>	4	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	1	
<i>clotrimazole TROC 10mg</i>	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	2	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	3	
<i>periogard SOLN .12%</i>	1	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	3	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	3	

Index

A	
<i>abacavir sulfate</i>	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
ABELCET	12
ABILIFY MAINTENA	43
<i>abiraterone acetate</i>	20
ABRYSVO.....	70
<i>acamprosate calcium</i>	49
<i>acarbose</i>	50
ACCU-CHEK TES COMPACT.....	27
<i>accutane</i>	80
<i>acebutolol hcl</i>	32
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	9
<i>acetaminophen w/ codeine tab 300-15 mg</i>	9
<i>acetaminophen w/ codeine tab 300-30 mg</i>	9
<i>acetaminophen w/ codeine tab 300-60 mg</i>	9
<i>acetazolamide</i>	33
<i>acetic acid</i>	65
<i>acetic acid (otic)</i>	76
<i>acetylcysteine</i>	78
<i>acitretin</i>	81
ACTHIB INJ	70
ACTIMMUNE.....	69
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
ADACEL INJ	70
<i>adefovir dipivoxil</i>	15
ADEMPAS	35
ADRENALIN.....	34
ADVAIR DISKU AER 100/50.....	80
ADVAIR DISKU AER 250/50.....	80
ADVAIR DISKU AER 500/50.....	80
ADVAIR HFA AER 115/21	80
ADVAIR HFA AER 230/21	80
ADVAIR HFA AER 45/21	80
<i>afirmelle</i>	54
AIMOVIG	47
<i>ala-cort</i>	81
<i>albendazole</i>	10
<i>albuterol sulfate</i>	77
<i>alclometasone dipropionate</i>	81
ALDURAZYME.....	60
ALECENSA.....	22
<i>alendronate sodium</i>	54
<i>alfuzosin hcl</i>	65
<i>aliskiren fumarate</i>	34
<i>allopurinol</i>	8
<i>alosetron hcl</i>	64
ALPHAGAN P	75
<i>alprazolam</i>	36
ALREX.....	75
<i>altavera</i>	54
ALTOPREV	31
ALUNBRIG	22
ALUNBRIG PAK.....	22
<i>alyacen 1/35</i>	54
<i>alyacen 7/7/7</i>	55
<i>amabelz</i>	58
<i>amantadine hcl</i>	41, 42
<i>ambrisentan</i>	35
<i>amikacin sulfate</i>	10
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	33
<i>amiloride hcl</i>	33
<i>amiodarone hcl</i>	30
<i>amitriptyline hcl</i>	40
<i>amlodipine besylate</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	34

amlodipine besylate-atorvastatin
 calcium tab 5-80 mg34
 amlodipine besylate-benazepril hcl cap
 10-20 mg27
 amlodipine besylate-benazepril hcl cap
 10-40 mg27
 amlodipine besylate-benazepril hcl cap
 2.5-10 mg.....27
 amlodipine besylate-benazepril hcl cap
 5-10 mg27
 amlodipine besylate-benazepril hcl cap
 5-20 mg27
 amlodipine besylate-benazepril hcl cap
 5-40 mg27
 amlodipine besylate-olmesartan
 medoxomil tab 10-20 mg28
 amlodipine besylate-olmesartan
 medoxomil tab 10-40 mg28
 amlodipine besylate-olmesartan
 medoxomil tab 5-20 mg28
 amlodipine besylate-olmesartan
 medoxomil tab 5-40 mg28
 amlodipine besylate-valsartan tab 10-
 160 mg29
 amlodipine besylate-valsartan tab 10-
 320 mg29
 amlodipine besylate-valsartan tab 5-
 160 mg29
 amlodipine besylate-valsartan tab 5-
 320 mg29
 amnesteem80
 amoxapine40
 amoxicillin 17, 18
 amoxicillin & k clavulanate chew tab
 200-28.5 mg18
 amoxicillin & k clavulanate chew tab
 400-57 mg18
 amoxicillin & k clavulanate for susp
 200-28.5 mg/5ml.....18
 amoxicillin & k clavulanate for susp
 250-62.5 mg/5ml.....18
 amoxicillin & k clavulanate for susp
 400-57 mg/5ml18
 amoxicillin & k clavulanate for susp
 600-42.9 mg/5ml.....18
 amoxicillin & k clavulanate tab 250-125
 mg18

amoxicillin & k clavulanate tab 500-125
 mg 18
 amoxicillin & k clavulanate tab 875-125
 mg 18
 amoxicillin & k clavulanate tab er 12hr
 1000-62.5 mg 18
 amphetamine-dextroamphetamine cap
 er 24hr 10 mg45
 amphetamine-dextroamphetamine cap
 er 24hr 15 mg45
 amphetamine-dextroamphetamine cap
 er 24hr 20 mg45
 amphetamine-dextroamphetamine cap
 er 24hr 25 mg45
 amphetamine-dextroamphetamine cap
 er 24hr 30 mg45
 amphetamine-dextroamphetamine cap
 er 24hr 5 mg.....45
 amphetamine-dextroamphetamine tab
 10 mg45
 amphetamine-dextroamphetamine tab
 12.5 mg45
 amphetamine-dextroamphetamine tab
 15 mg45
 amphetamine-dextroamphetamine tab
 20 mg46
 amphetamine-dextroamphetamine tab
 30 mg46
 amphetamine-dextroamphetamine tab
 5 mg45
 amphetamine-dextroamphetamine tab
 7.5 mg45
 amphotericin b12
 amphotericin b liposome12
 ampicillin.....18
 ampicillin & sulbactam sodium for inj
 1.5 (1-0.5) gm18
 ampicillin & sulbactam sodium for inj 3
 (2-1) gm18
 ampicillin & sulbactam sodium for iv
 soln 1.5 (1-0.5) gm.....18
 ampicillin & sulbactam sodium for iv
 soln 15 (10-5) gm.....18
 ampicillin & sulbactam sodium for iv
 soln 3 (2-1) gm18
 ampicillin sodium.....18
 anagrelide hcl66

<i>anastrozole</i>	20	<i>ayuna</i>	55
ANORO ELLIPT AER 62.5-25	76	AYVAKIT	22
<i>aprepitant</i>	62	<i>azacitidine</i>	20
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	62	<i>azathioprine</i>	70
<i>apri</i>	55	<i>azelaic acid</i>	83
APTIOM	36	<i>azelastine hcl</i>	77
APTIVUS.....	13	<i>azelastine hcl (ophth)</i>	75
ARALAST NP.....	78	<i>azithromycin</i>	17
<i>aranelle</i>	55	<i>aztreonam</i>	10
ARCALYST	69	<i>azurette</i>	55
AREXVY.....	70	B	
<i>arformoterol tartrate</i>	78	<i>bacitracin (ophthalmic)</i>	74
<i>aripiprazole</i>	43	<i>bacitracin-polymyxin b ophth oint</i>	74
ARISTADA	43	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	74
ARISTADA INITIO	43	<i>baclofen</i>	49
<i>armodafinil</i>	49	BAFIERTAM.....	48
ARNUITY ELLIPTA	79	<i>balsalazide disodium</i>	63
<i>asenapine maleate</i>	43	BALVERSA	22
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	67	<i>balziva</i>	55
<i>atazanavir sulfate</i>	13	BARACLUDE.....	15
<i>atenolol</i>	32	BASAGLAR KWIKPEN.....	52
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	32	BCG VACCINE	70
<i>atenolol & chlorthalidone tab 50-25 mg</i>	32	BD ALCOHOL SWABS	52
<i>atomoxetine hcl</i>	46	BELSOMRA	46
<i>atorvastatin calcium</i>	31	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	27
<i>atovaquone</i>	10	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	27
<i>atovaquone-proguanil hcl tab 250-100</i> <i>mg</i>	13	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	27
<i>atovaquone-proguanil hcl tab 62.5-25</i> <i>mg</i>	13	<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25mg</i>	27
ATROPINE SULFATE	76	<i>benazepril hcl</i>	28
<i>atropine sulfate (ophthalmic)</i>	76	BENDEKA	19
ATROVENT HFA	77	BENLYSTA	70
<i>aubra eq</i>	55	<i>benzoyl peroxide-erythromycin gel 5-</i> <i>3%</i>	80
<i>aurovela 1/20</i>	55	<i>benztropine mesylate</i>	42
<i>aurovela fe 1.5/30</i>	55	BERINERT	66
<i>aurovela fe 1/20</i>	55	BESIVANCE	74
AUSTEDO	47	BESREMI	21
AUSTEDO XR.....	47	<i>betaine powder for oral solution</i>	60
AUSTEDO XR TAB TITR KIT	48	<i>betamethasone dipropionate (topical)</i>	81, 82
AUVELITY TAB 45-105MG	40	<i>betamethasone dipropionate</i> <i>augmented</i>	82
<i>aviane</i>	55		
<i>avita</i>	80		

<i>betamethasone valerate</i>	82	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BETASERON	48	12-3 mg (base equiv)	49
<i>betaxolol hcl (ophth)</i>	75	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bethanechol chloride</i>	65	2-0.5 mg (base equiv)	49
BETOPTIC-S	75	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BEVESPI AER 9-4.8MCG	76	4-1 mg (base equiv)	49
<i>bexarotene</i>	21	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bexarotene (topical)</i>	83	8-2 mg (base equiv)	49
BXSERO INJ	70	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bicalutamide</i>	20	2-0.5 mg (base equiv)	49
BICILLIN L-A	18	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BIKTARVY TAB 30-120-15 MG	14	8-2 mg (base equiv)	49
BIKTARVY TAB 50-200-25 MG	14	<i>bupropion hcl</i>	40
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl (smoking deterrent)</i> ...	49
10-6.25 mg	32	<i>buspirone hcl</i>	36
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>butorphanol tartrate</i>	9
2.5-6.25 mg	32	BYDUREON BCISE	50
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		BYETTA	50
6.25 mg	32	C	
<i>bisoprolol fumarate</i>	32	<i>cabergoline</i>	60
BIVIGAM	69	CABOMETYX	22
<i>blisovi fe 1.5/30</i>	55	<i>calcipotriene</i>	81
BOOSTRIX INJ	70	<i>calcitonin (salmon) spray</i>	54
<i>bortezomib</i>	22	<i>calcitrene</i>	81
BORTEZOMIB	22	<i>calcitriol</i>	62
<i>bosentan</i>	35	<i>calcitriol (oral)</i>	62
BOSULIF	22	<i>calcium acetate (phosphate binder)</i> ..	61
BRAFTOVI	22	CALQUENCE	22
BREO ELLIPTA INH 100-25	80	<i>camila</i>	55
BREO ELLIPTA INH 200-25	80	<i>candesartan cilexetil</i>	30
BREZTRI AERO AER SPHERE	76	<i>candesartan cilexetil-</i>	
BREZTRI AERO AER SPHERE		hydrochlorothiazide tab 16-12.5 mg	
(INSTITUTIONAL PACK)	76		29
<i>briellyn</i>	55	<i>candesartan cilexetil-</i>	
BRILINTA	67	hydrochlorothiazide tab 32-12.5 mg	
<i>brimonidine tartrate</i>	75		29
<i>brinzolamide</i>	75	<i>candesartan cilexetil-</i>	
BRIVIACT	36	hydrochlorothiazide tab 32-25 mg .	29
<i>bromfenac sodium (ophth)</i>	75	CAPLYTA	43
<i>bromocriptine mesylate</i>	42	CAPRELSA	22
BROMSITE	75	<i>captopril</i>	28
BRUKINSA	22	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>budesonide</i>	63	15 mg	27
<i>budesonide (inhalation)</i>	79	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bumetanide</i>	33, 34	25 mg	27
<i>buprenorphine hcl</i>	49	<i>captopril & hydrochlorothiazide tab 50-</i>	
		15 mg	27

<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	27	<i>cefprozil</i>	16
<i>carb/levo orally disintegrating tab 10-100mg</i>	42	<i>ceftazidime</i>	16
<i>carb/levo orally disintegrating tab 25-100mg</i>	42	CEFTAZIDIME/ SOL D5W 1GM	16
<i>carb/levo orally disintegrating tab 25-250mg</i>	42	CEFTAZIDIME/ SOL D5W 2GM	16
<i>carbamazepine</i>	36	<i>ceftriaxone sodium</i>	17
<i>carbidopa</i>	42	<i>cefuroxime axetil</i>	17
<i>carbidopa & levodopa tab 10-100 mg</i> 42		<i>cefuroxime sodium</i>	17
<i>carbidopa & levodopa tab 25-100 mg</i> 42		<i>celecoxib</i>	8
<i>carbidopa & levodopa tab 25-250 mg</i> 42		CELONTIN	36
<i>carbidopa & levodopa tab er 25-100 mg</i>	42	<i>cephalexin</i>	17
<i>carbidopa & levodopa tab er 50-200 mg</i>	42	CERDELGA.....	60
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	42	CEREZYME.....	60
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	42	<i>cetirizine hcl</i>	77
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	42	<i>cevimeline hcl</i>	84
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	42	<i>chateal</i>	55
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	42	CHEMET	54
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	42	<i>chlorhexidine gluconate (mouth-throat)</i>	84
<i>carboplatin</i>	19	<i>chloroquine phosphate</i>	13
<i>carglumic acid</i>	60	<i>chlorpromazine hcl</i>	43
<i>carteolol hcl (ophth)</i>	75	<i>chlorthalidone</i>	34
<i>cartia xt</i>	33	<i>cholestyramine</i>	31
<i>carvedilol</i>	32	<i>cholestyramine light</i>	31
<i>caspofungin acetate</i>	12	<i>choline fenofibrate</i>	31
CAYSTON.....	10	<i>ciclopirox olamine</i>	81
<i>cefaclor</i>	16	<i>cilostazol</i>	67
CEFACLOR ER.....	16	CILOXAN	74
<i>cefadroxil</i>	16	CIMDUO TAB 300-300	14
CEFAZOLIN	16	<i>cinacalcet hcl</i>	60
CEFAZOLIN INJ 1GM/50ML.....	16	CIPRO.....	17
<i>cefazolin sodium</i>	16	CIPRO HC SUS OTIC	76
CEFAZOLIN SOLN 2GM/100ML-4% ...	16	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	17
<i>cefdinir</i>	16	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	17
<i>cefepime hcl</i>	16	<i>ciprofloxacin hcl</i>	17
<i>cefixime</i>	16	<i>ciprofloxacin hcl (ophth)</i>	74
<i>cefoxitin sodium</i>	16	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	76
		<i>cisplatin</i>	19
		<i>citalopram hydrobromide</i>	40
		<i>claravis</i>	80
		<i>clarithromycin</i>	17
		<i>clindamycin hcl</i>	10
		<i>clindamycin palmitate hydrochloride</i> ..	10
		<i>clindamycin phosphate</i>	10
		<i>clindamycin phosphate (topical)</i>	80

<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	10	<i>constulose</i>	63
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	10	COPIKTRA	22
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	10	CORLANOR	35
<i>clindamycin phosphate vaginal</i>	65	COTELLIC	22
CLINDMYC/NAC INJ 300/50ML	10	CREON CAP 12000UNT	64
CLINDMYC/NAC INJ 600/50ML	10	CREON CAP 24000UNT	64
CLINDMYC/NAC INJ 900/50ML	10	CREON CAP 3000UNIT	64
CLINIMIX INJ 4.25/D10	73	CREON CAP 36000UNT	64
CLINIMIX INJ 4.25/D5W	73	CREON CAP 6000UNIT	64
CLINIMIX INJ 5%/D15W	73	<i>cromolyn sodium</i>	78
CLINIMIX INJ 5%/D20W	73	<i>cromolyn sodium (mastocytosis)</i>	64
CLINIMIX INJ 6/5	73	<i>cromolyn sodium (ophth)</i>	75
CLINIMIX INJ 8/10	73	<i>cryselle-28</i>	55
CLINIMIX INJ 8/14	73	<i>cyclobenzaprine hcl</i>	49
<i>clinisol sf 15%</i>	73	<i>cyclophosphamide</i>	19
CLINOLIPID EMU 20%	73	CYCLOPHOSPHAMIDE	19
<i>clobazam</i>	36	CYCLOPHOSPHAMIDE MONOHYDR ...	19
<i>clobetasol propionate</i>	82	<i>cycloserine</i>	15
<i>clobetasol propionate e</i>	82	<i>cyclosporine</i>	70
<i>clomipramine hcl</i>	40	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	70
<i>clonazepam</i>	36	<i>cyproheptadine hcl</i>	77
<i>clonidine</i>	35	<i>cyred eq</i>	55
<i>clonidine hcl</i>	35	CYSTADROPS	76
<i>clopidogrel bisulfate</i>	67	CYSTAGON	60
<i>clorazepate dipotassium</i>	36	CYSTARAN	76
<i>clotrimazole</i>	84	<i>cytarabine</i>	20
<i>clotrimazole (topical)</i>	81	D	
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	81	D10W/NACL INJ 0.2%	71
<i>clozapine</i>	43	D2.5W/NACL INJ 0.45%	71
COARTEM TAB 20-120MG	13	D5W/LYTES INJ #48	71
<i>colchicine</i>	8	<i>dabigatran etexilate mesylate</i>	66
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	8	<i>dalfampridine</i>	48
<i>colesevelam hcl</i>	31	<i>danazol</i>	58
<i>colestipol hcl</i>	31	<i>dantrolene sodium</i>	49
<i>colistimethate sodium</i>	10	<i>dapsone</i>	11
COMBIGAN SOL 0.2/0.5%	75	DAPTACEL INJ	70
COMBIVENT AER 20-100	76	<i>daptomycin</i>	11
COMETRIQ (60MG DOSE)	22	DAPTOMYCIN	11
COMETRIQ KIT 100MG	22	<i>darifenacin hydrobromide</i>	65
COMETRIQ KIT 140MG	22	<i>darunavir</i>	13
COMPLERA TAB	14	<i>dasetta 1/35</i>	55
<i>compro</i>	62	<i>dasetta 7/7/7</i>	55
		DAURISMO	22
		DAYVIGO	46
		<i>deblitane</i>	55
		<i>deferasirox</i>	54

DELESTROGEN	58	<i>diazepam inj</i>	37
DELSTRIGO TAB	14	<i>diazoxide</i>	60
DENGVAIXA SUS	70	<i>diclofenac potassium</i>	8
<i>depo-testosterone</i>	50	<i>diclofenac sodium</i>	8
DESCOVY TAB 120-15MG	14	<i>diclofenac sodium (ophth)</i>	75
DESCOVY TAB 200/25MG	14	<i>diclofenac sodium (topical)</i>	83
<i>desipramine hcl</i>	40	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>desloratadine</i>	77	<i>release 50-0.2 mg</i>	8
<i>desmopressin acetate</i>	60	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>desmopressin acetate spray</i>	60	<i>release 75-0.2 mg</i>	8
<i>desmopressin acetate spray</i>		<i>dicloxacillin sodium</i>	18
<i>refrigerated</i>	60	<i>dicyclomine hcl</i>	63
<i>desogest-eth estrad & eth estrad tab</i>		DIFICID	17
<i>0.15-0.02/0.01 mg(21/5)</i>	55	<i>diflunisal</i>	8
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>difluprednate</i>	75
<i>mg-30 mcg</i>	55	<i>digoxin</i>	35
<i>desvenlafaxine succinate</i>	40	<i>dihydroergotamine mesylate</i>	47
<i>dexamethasone</i>	59	DILANTIN	37
DEXAMETHASONE INTENSOL	59	DILANTIN INFATABS	37
<i>dexamethasone sodium phosphate</i>	59	DILANTIN-125	37
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl</i>	33
<i>(ophth)</i>	75	<i>diltiazem hcl coated beads</i>	33
DEXCOM G6 RECEIVER	50	<i>diltiazem hcl extended release beads</i>	33
DEXCOM G6 SENSOR	50	<i>dilt-xr</i>	33
DEXCOM G6 TRANSMITTER	50	DIP/TET PED INJ 25-5LFU	70
DEXCOM G7 RECEIVER	50	<i>diphenhydramine hcl</i>	77
DEXCOM G7 SENSOR	50	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dexmethylphenidate hcl</i>	46	<i>mg/5ml</i>	64
<i>dextrose</i>	73	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dextrose 10% w/ sodium chloride</i>		<i>0.025 mg</i>	64
<i>0.45%</i>	72	<i>dipyridamole</i>	67
<i>dextrose 2.5% w/ sodium chloride</i>		<i>disopyramide phosphate</i>	30
<i>0.45%</i>	71	<i>disulfiram</i>	49
<i>dextrose 5% in lactated ringers</i>	71	<i>divalproex sodium</i>	37
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>docetaxel</i>	21
.....	71	DOCETAXEL	21
<i>dextrose 5% w/ sodium chloride</i>		<i>dofetilide</i>	30
<i>0.225%</i>	72	<i>donepezil hydrochloride</i>	39, 40
<i>dextrose 5% w/ sodium chloride 0.3%</i>		DOPTELET	67
.....	72	<i>dorzolamide hcl</i>	75
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>dorzolamide hcl-timolol maleate ophth</i>	
.....	72	<i>soln 22.3-6.8 mg/ml</i>	75
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>dotti</i>	58
.....	72	DOVATO TAB 50-300MG	14
DIACOMIT	36	<i>doxazosin mesylate</i>	28
<i>diazepam</i>	37	<i>doxepin hcl</i>	40
<i>diazepam (anticonvulsant)</i>	37	<i>doxepin hcl (sleep)</i>	46

<i>doxercalciferol</i>	62	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	14
<i>doxorubicin hcl</i>	20	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	14
<i>doxorubicin hcl liposomal</i>	20	EMTRIVA.....	13
<i>doxy 100</i>	19	EMVERM.....	11
<i>doxycycline (monohydrate)</i>	19	<i>enalapril maleate</i>	28
<i>doxycycline hyclate</i>	19	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	27
DRIZALMA SPRINKLE	40	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	27
<i>dronabinol</i>	62	ENBREL.....	67
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	55	ENBREL MINI	67
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	55	ENBREL SURECLICK.....	67
DROXIA.....	67	ENDARI.....	67
<i>droxidopa</i>	35	<i>endocet tab 10-325mg</i>	9
<i>duloxetine hcl</i>	40	<i>endocet tab 2.5-325mg</i>	9
DUPIXENT.....	67	<i>endocet tab 5-325mg</i>	9
<i>dutasteride</i>	65	<i>endocet tab 7.5-325mg</i>	9
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	65	ENGERIX-B.....	70
E		<i>enoxaparin sodium</i>	66
<i>e.e.s. 400</i>	17	<i>enpresse-28</i>	55
<i>ec-naproxen</i>	8	<i>enskyce</i>	55
EDARBI	30	ENSTILAR AER	82
EDARBYCLOR TAB 40-12.5.....	29	<i>entacapone</i>	42
EDARBYCLOR TAB 40-25MG	29	<i>entecavir</i>	15
EDURANT	13	ENTRESTO TAB 24-26MG.....	29
<i>efavirenz</i>	13	ENTRESTO TAB 49-51MG.....	29
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	14	ENTRESTO TAB 97-103MG.....	29
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	14	<i>enulose</i>	63
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	14	EPCLUSA PAK 150-37.5.....	15
ELIGARD	20	EPCLUSA PAK 200-50MG	15
<i>elinest</i>	55	EPCLUSA TAB 200-50MG	15
ELIQUIS	66	EPCLUSA TAB 400-100	15
ELIQUIS STARTER PACK	66	EPIDIOLEX	37
ELLENCE.....	20	<i>epinephrine (anaphylaxis)</i>	35, 78
<i>eluryng</i>	55	<i>epitol</i>	37
EMCYT	20	EPIVIR HBV	15
<i>emoquette</i>	55	<i>eplerenone</i>	28
EMSAM.....	41	EPRONTIA	37
<i>emtricitabine</i>	13	<i>ergotamine w/ caffeine tab 1-100 mg</i>	47
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	14	ERIVEDGE	22
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	14	ERLEADA.....	20
		<i>erlotinib hcl</i>	22
		<i>errin</i>	55
		<i>ertapenem sodium</i>	11

<i>ery</i>	80	<i>famciclovir</i>	15
<i>ery-tab</i>	17	<i>famotidine</i>	63
ERYTHROCIN LACTOBIONATE	17	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythrocin stearate</i>	17	<i>mg/50ml</i>	63
<i>erythromycin (acne aid)</i>	80	FANAPT	43
<i>erythromycin (ophth)</i>	74	FANAPT PAK	43
<i>erythromycin base</i>	17	FARXIGA	50
<i>erythromycin ethylsuccinate</i>	17	FASENRA.....	78
<i>erythromycin lactobionate</i>	17	FASENRA PEN	78
<i>escitalopram oxalate</i>	41	<i>febuxostat</i>	8
<i>esomeprazole magnesium</i>	65	<i>felbamate</i>	37
<i>estarylla</i>	55	<i>felodipine</i>	33
<i>estradiol</i>	58	<i>femynor</i>	55
<i>estradiol & norethindrone acetate tab</i>		<i>fenofibrate</i>	31
<i>0.5-0.1 mg</i>	58	<i>fenofibrate micronized</i>	31
<i>estradiol & norethindrone acetate tab</i>		<i>fentanyl</i>	8
<i>1-0.5 mg</i>	59	<i>fentanyl citrate</i>	9
<i>estradiol vaginal</i>	59	<i>fesoterodine fumarate</i>	65
<i>estradiol valerate</i>	59	FETZIMA	41
<i>ethambutol hcl</i>	15	FETZIMA CAP TITRATIO.....	41
<i>ethosuximide</i>	37	FIASP FLEX INJ TOUCH.....	52
<i>ethynodiol diacetate & ethinyl estradiol</i>		FIASP INJ 100/ML.....	52
<i>tab 1 mg-35 mcg</i>	55	FIASP PENFIL INJ U-100	52
<i>ethynodiol diacetate & ethinyl estradiol</i>		FINACEA	83
<i>tab 1 mg-50 mcg</i>	55	<i>finasteride</i>	65
<i>etodolac</i>	8	<i> fingolimod hcl</i>	48
<i>etonogestrel-ethinyl estradiol va ring</i>		FINTEPLA	37
<i>0.120-0.015 mg/24hr</i>	55	<i>flac</i>	76
<i>etoposide</i>	22	FLAREX	75
<i>etravirine</i>	13	FLEBOGAMMA DIF	69
EULEXIN	20	<i>flecainide acetate</i>	30
<i>euthyrox</i>	61	FLOVENT DISKUS	79, 80
<i>everolimus</i>	22, 23	FLOVENT HFA	80
<i>everolimus (immunosuppressant)</i>	70	<i>fluconazole</i>	12
EVOTAZ TAB 300-150.....	14	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>exemestane</i>	20	<i>mg/100ml</i>	12
EXKIVITY.....	23	<i>fluconazole in nacl 0.9% inj 400</i>	
EYSUVIS.....	75	<i>mg/200ml</i>	12
EZALLOR SPRINKLE	31	<i>flucytosine</i>	12
<i>ezetimibe</i>	31	<i>fludrocortisone acetate</i>	59
<i>ezetimibe-simvastatin tab 10-10 mg</i>	32	<i>flunisolide (nasal)</i>	79
<i>ezetimibe-simvastatin tab 10-20 mg</i>	32	<i>fluocinolone acetonide</i>	82
<i>ezetimibe-simvastatin tab 10-40 mg</i>	32	<i>fluocinolone acetonide (otic)</i>	76
<i>ezetimibe-simvastatin tab 10-80 mg</i>	32	<i>fluocinonide</i>	82
F		<i>fluocinonide emulsified base</i>	82
FABRAZYME	60	<i>fluorometholone (ophth)</i>	75
<i>falmina</i>	55	<i>fluorouracil</i>	20

<i>fluorouracil (topical)</i>	83	GATTEX.....	64
<i>fluoxetine hcl</i>	41	GAUZE PADS 2.....	52
<i>fluphenazine decanoate</i>	43	<i>gavilyte-c</i>	63
<i>fluphenazine elixir</i>	43	<i>gavilyte-g</i>	63
<i>flurbiprofen</i>	8	GAVRETO	23
<i>flurbiprofen sodium</i>	75	<i>gefitinib</i>	23
<i>fluticasone propionate</i>	82	<i>gemcitabine hcl</i>	20
<i>fluticasone propionate (nasal)</i>	79	<i>gemfibrozil</i>	31
<i>fluvastatin sodium</i>	31	GEMTESA	65
<i>fluvoxamine maleate</i>	36	<i>generlac</i>	63
<i>fondaparinux sodium</i>	66	<i>engraf</i>	70
<i>formoterol fumarate</i>	78	GENOTROPIN	60
FORTEO.....	54	GENOTROPIN MINIQUEL	60
FOSAMAX + D TAB 70-2800	54	<i>gentak</i>	74
FOSAMAX + D TAB 70-5600	54	<i>gentamicin in saline inj 0.8 mg/ml</i> ...	11
<i>fosamprenavir calcium</i>	13	<i>gentamicin in saline inj 1 mg/ml</i>	11
<i>fosinopril sodium</i>	28	<i>gentamicin in saline inj 1.2 mg/ml</i> ...	11
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	27	<i>gentamicin in saline inj 1.6 mg/ml</i> ...	11
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	27	<i>gentamicin in saline inj 2 mg/ml</i>	11
FOTIVDA	23	<i>gentamicin sulfate</i>	11
FREESTYLE LIBRE 14 DAY/RE	50	<i>gentamicin sulfate (ophth)</i>	74
FREESTYLE LIBRE 14 DAY/SE	50	<i>gentamicin sulfate (topical)</i>	81
FREESTYLE LIBRE 2/READER/.....	50	GENVOYA TAB.....	15
FREESTYLE LIBRE 2/SENSOR/	50	GILOTRIF	23
FREESTYLE LIBRE/READER/FL	50	<i>glatiramer acetate</i>	48
FREESTYLE LIBRE/SENSOR/FL	50	<i>glatopa</i>	48
<i>fulvestrant</i>	20	GLEOSTINE	19
<i>furosemide</i>	34	<i>glimepiride</i>	50
<i>furosemide inj</i>	34	<i>glipizide</i>	50, 51
FUZEON	13	<i>glipizide xl</i>	51
<i>fyavolv tab 0.5mg-2.5mcg</i>	59	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	51
<i>fyavolv tab 1mg-5mcg</i>	59	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	51
FYCOMPA.....	37	<i>glipizide-metformin hcl tab 5-500 mg</i>	51
G		<i>glycopyrrolate</i>	63
<i>gabapentin</i>	37	<i>glydo</i>	82
<i>galantamine hydrobromide</i>	40	GLYXAMBI TAB 10-5 MG	51
GAMASTAN INJ.....	69	GLYXAMBI TAB 25-5 MG	51
GAMMAGARD LIQUID	69	GOLYTELY SOL.....	64
GAMMAGARD S/D IGA LESS TH	69	GRALISE	48
GAMMAKED.....	69	<i>granisetron hcl</i>	62
GAMMAPLEX.....	69	<i>griseofulvin microsize</i>	12
GAMUNEX-C.....	69	<i>griseofulvin ultramicrosize</i>	12
<i>ganciclovir sodium</i>	15	<i>guanfacine hcl</i>	35
GARDASIL 9 INJ	70	<i>guanfacine hcl (adhd)</i>	46
<i>gatifloxacin (ophth)</i>	74	GVOKE HYPOPEN 2-PACK.....	60

GVOKE KIT	60
GVOKE PFS	60
H	
HAEGARDA	67
<i>hailey 1.5/30</i>	55
<i>halobetasol propionate</i>	82
<i>haloette</i>	55
<i>haloperidol</i>	43
<i>haloperidol decanoate</i>	43
<i>haloperidol lactate</i>	43
HARVONI PAK 33.75-150MG	15
HARVONI PAK 45-200MG	15
HARVONI TAB 45-200MG	15
HARVONI TAB 90-400MG	15
HAVRIX	70
<i>heather</i>	56
HEP SOD/D5W INJ 20000UNT.....	66
HEP SOD/D5W INJ 25000UNT.....	66
HEP SOD/NACL INJ 12500UNT.....	66
HEP SOD/NACL INJ 25000UNT.....	66
<i>heparin sodium (porcine)</i>	66
HEPARIN/NACL INJ 25000UNT	66
HEPLISAV-B	70
HERCEP HYLEC SOL 60-10000	23
HERCEPTIN	23
HERZUMA	23
HIBERIX	70
HUMIRA	68
HUMIRA PEDIA INJ CROHNS.....	68
HUMIRA PEDIATRIC CROHNS D	68
HUMIRA PEN	68
HUMIRA PEN KIT PS/UV.....	68
HUMIRA PEN-CD/UC/HS START	68
HUMIRA PEN-PEDIATRIC UC S	68
HUMIRA PEN-PS/UV STARTER.....	68
HUMULIN R U-500 (CONCENTR.....	52
HUMULIN R U-500 KWIKPEN	52
<i>hydralazine hcl</i>	35
<i>hydrochlorothiazide</i>	34
<i>hydrocodone bitartrate</i>	8
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	9
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	9
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9

<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	9
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	9
<i>hydrocortisone</i>	59
<i>hydrocortisone (intrarectal)</i>	63
<i>hydrocortisone (rectal)</i>	83
<i>hydrocortisone (topical)</i>	82
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	69
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	77
<i>hydroxyzine pamoate</i>	77
HYSINGLA ER.....	9
I	
<i>ibandronate sodium</i>	54
IBRANCE	23
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>icatibant acetate</i>	67
<i>iclevia</i>	56
ICLUSIG	23
IDHIFA.....	23
ILEVRO	75
<i>imatinib mesylate</i>	23
IMBRUVICA	23
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	11
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	11
<i>imipramine hcl</i>	41
<i>imiquimod</i>	83
IMOVAX RABIES (H.D.C.V.).....	71
INBRIJA	42
<i>incassia</i>	56
INCRELEX.....	60
INCRUSE ELLIPTA.....	77
<i>indapamide</i>	34
INFANRIX INJ	71
INFLIXIMAB	68
INGREZZA.....	48
INGREZZA CAP 40-80MG	48
INLYTA.....	23
INQOVI TAB 35-100MG	20
INREBIC.....	23
INSULIN PEN NEEDLES: BD/NOVO ...	52
INSULIN SAFETY NEEDLES.....	52

INSULIN SYRINGES: BD	52	JAYPIRCA	23
INTELENCE	13	JENTADUETO TAB 2.5-1000	51
INTRALIPID.....	73	JENTADUETO TAB 2.5-500	51
INTRON A.....	70	JENTADUETO TAB 2.5-850	51
<i>introvale</i>	56	JENTADUETO TAB XR 2.5-1000MG ...	51
INVEGA HAFYERA	43	JENTADUETO TAB XR 5-1000MG.....	51
INVEGA SUSTENNA	44	<i>jinteli</i>	59
INVEGA TRINZA	44	<i>jolessa</i>	56
IPOL INJ INACTIVE	71	<i>juleber</i>	56
<i>ipratropium bromide</i>	77	JULUCA TAB 50-25MG	15
<i>ipratropium bromide (nasal)</i>	77	<i>junel 1.5/30</i>	56
<i>ipratropium-albuterol nebu soln 0.5-</i> <i>2.5(3) mg/3ml</i>	77	<i>junel 1/20</i>	56
<i>irbesartan</i>	30	<i>junel fe 1.5/30</i>	56
<i>irbesartan-hydrochlorothiazide tab</i> <i>150-12.5 mg</i>	29	<i>junel fe 1/20</i>	56
<i>irbesartan-hydrochlorothiazide tab</i> <i>300-12.5 mg</i>	29	K	
IRESSA	23	KADCYLA.....	23
<i>irinotecan hcl</i>	21	KALYDECO.....	78
ISENTRESS	13	KANJINTI	23
ISENTRESS HD	13	<i>kariva</i>	56
<i>isibloom</i>	56	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	72
ISOLYTE-P INJ /D5W	72	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.2% inj</i>	72
ISOLYTE-S INJ	72	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	72
ISOLYTE-S INJ PH 7.4	72	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	72
<i>isoniazid</i>	15	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	72
ISOPTO ATROPINE	76	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	72
<i>isosorbide dinitrate</i>	35	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>& nacl 0.45% inj</i>	72
<i>isosorbide mononitrate</i>	35	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.45% inj</i>	72
<i>isotretinoin</i>	80	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i> <i>nacl 0.9% inj</i>	72
<i>isradipine</i>	33	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> 72	
<i>itraconazole</i>	12	KCL/D5W/NACL INJ 0.3/0.9%	72
<i>ivermectin</i>	11	<i>kelnor 1/35</i>	56
IXIARO INJ	71	<i>kelnor 1/50</i>	56
J		KERENDIA	28
JAKAFI	23	KESIMPTA	48
<i>jantoven</i>	66	<i>ketoconazole</i>	12
JANUMET TAB 50-1000	51	<i>ketoconazole (topical)</i>	81
JANUMET TAB 50-500MG	51	<i>ketorolac tromethamine (ophth)</i>	75
JANUMET XR TAB 100-1000	51	KEVZARA	68
JANUMET XR TAB 50-1000	51		
JANUMET XR TAB 50-500MG	51		
JANUVIA.....	51		
JARDIANCE	51		
<i>jasmiel</i>	56		
<i>javygtor</i>	60		

KEYTRUDA.....	23
KINRIX INJ	71
KISQALI 200 DOSE	24
KISQALI 200 PAK FEMARA	21
KISQALI 400 DOSE	24
KISQALI 400 PAK FEMARA	21
KISQALI 600 DOSE	24
KISQALI 600 PAK FEMARA	21
<i>klor-con</i>	73
<i>klor-con 10</i>	73
<i>klor-con 8</i>	73
<i>klor-con m10</i>	73
<i>klor-con m15</i>	73
<i>klor-con m20</i>	73
KORLYM	60
KRAZATI.....	24
<i>kurvelo</i>	56
L	
<i>labetalol hcl</i>	32
<i>lacosamide</i>	37
<i>lacosamide oral</i>	37
<i>lactated ringer's solution</i>	72
<i>lactic acid (ammonium lactate)</i>	83
<i>lactulose</i>	64
<i>lactulose (encephalopathy)</i>	64
<i>lamivudine</i>	13
<i>lamivudine (hbv)</i>	16
<i>lamivudine-zidovudine tab 150-300 mg</i>	15
<i>lamotrigine</i>	37, 38
<i>lansoprazole</i>	65
LANTUS.....	52
LANTUS SOLOSTAR.....	52
<i>lapatinib ditosylate</i>	24
<i>larin 1.5/30</i>	56
<i>larin 1/20</i>	56
<i>larin fe 1.5/30</i>	56
<i>larin fe 1/20</i>	56
<i>latanoprost</i>	75
LATUDA.....	44
<i>leena</i>	56
<i>leflunomide</i>	69
<i>lenalidomide</i>	21
LENVIMA 10 MG DAILY DOSE	24
LENVIMA 12MG DAILY DOSE	24
LENVIMA 20 MG DAILY DOSE	24
LENVIMA 4 MG DAILY DOSE	24

LENVIMA 8 MG DAILY DOSE.....	24
LENVIMA CAP 14 MG.....	24
LENVIMA CAP 18 MG.....	24
LENVIMA CAP 24 MG.....	24
<i>lessina</i>	56
<i>letrozole</i>	20
<i>leucovorin calcium</i>	26, 27
LEUKERAN.....	20
<i>leuprolide acetate</i>	20
<i>levalbuterol hcl</i>	78
<i>levalbuterol tartrate</i>	78
LEVEMIR	52
LEVEMIR FLEXPEN	52
LEVEMIR FLEXTOUCH.....	52
<i>levetiracetam</i>	38
<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	38
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	38
<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	38
<i>levobunolol hcl</i>	75
<i>levocarnitine (metabolic modifiers)</i> ..	60
<i>levocetirizine dihydrochloride</i>	77
<i>levofloxacin</i>	17
<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	17
<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	17
<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	17
levonest	56
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	56
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	56
<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	56
<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	56
<i>levora 0.15/30-28</i>	56
<i>levo-t</i>	61
<i>levothyroxine sodium</i>	62
<i>levoxyl</i>	62
LEXIVA	13
<i>lidocaine</i>	83
<i>lidocaine hcl</i>	83

<i>lidocaine hcl (local anesth.)</i>	10	LUMIGAN	76
<i>lidocaine hcl (mouth-throat)</i>	84	LUMIZYME	60
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	83	LUPRON DEPOT (1-MONTH)	20
<i>lillow</i>	56	LUPRON DEPOT (3-MONTH)	20
<i>linezolid</i>	11	LUPRON DEPOT-PED (1-MONTH)	60
LINEZOLID INJ 2MG/ML	11	LUPRON DEPOT-PED (3-MONTH)	60
LINZESS	64	LUPRON DEPOT-PED (6-MONTH)	60
<i>liothyronine sodium</i>	62	<i>lurasidone hcl</i>	44
<i>lisinopril</i>	28	<i>lutea</i>	56
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	27	<i>lyleq</i>	56
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	28	<i>lyllana</i>	59
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	28	LYNPARZA	24
<i>lithium carbonate</i>	48	LYSODREN	20
LIVALO	31	LYTGOBI	24
<i>loestrin 1.5/30-21</i>	56	<i>lyza</i>	56
<i>loestrin 1/20-21</i>	56	M	
<i>loestrin fe 1.5/30</i>	56	<i>magnesium sulfate</i>	72
<i>loestrin fe 1/20</i>	56	MAGNESIUM SULFATE	72
LOKELMA	54	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	72
LONSURF TAB 15-6.14	20	<i>malathion</i>	83
LONSURF TAB 20-8.19	20	<i>maraviroc</i>	13
<i>loperamide hcl</i>	64	<i>marlissa</i>	56
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	15	MARPLAN	41
<i>lopinavir-ritonavir tab 100-25 mg</i>	15	MATULANE	21
<i>lopinavir-ritonavir tab 200-50 mg</i>	15	<i>matzim la</i>	33
<i>lorazepam</i>	36	MAVYRET PAK 50-20MG	16
<i>lorazepam intensol</i>	36	MAVYRET TAB 100-40MG	16
LORBRENA	24	<i>meclizine hcl</i>	62
<i>loryna</i>	56	<i>medroxyprogesterone acetate</i>	61
<i>losartan potassium</i>	30	<i>medroxyprogesterone acetate (contraceptive)</i>	57
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	29	<i>mefloquine hcl</i>	13
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	29	<i>megestrol acetate</i>	20, 61
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	29	<i>megestrol acetate (appetite)</i>	61
LOTEMAX	75	MEKINIST	24
<i>lovastatin</i>	31	MEKTOVI	24
<i>low-ogestrel</i>	56	<i>meloxicam</i>	8
<i>loxapine succinate</i>	44	<i>memantine hcl</i>	40
LUMAKRAS	24	MENACTRA INJ	71
		MENQUADFI INJ	71
		MENVEO INJ	71
		MENVEO SOL	71
		<i>mercaptopurine</i>	20
		<i>meropenem</i>	11
		<i>mesalamine</i>	63
		<i>mesalamine w/ cleanser</i>	63

MESNEX	27	<i>molindone hcl</i>	44
<i>metadate er</i>	46	<i>mometasone furoate</i>	82
<i>metformin hcl</i>	51	<i>mometasone furoate (nasal)</i>	79
<i>methadone hcl</i>	9	MONJUVI	24
<i>methadone hydrochloride i</i>	9	<i>mono-lynyah</i>	57
<i>methazolamide</i>	34	<i>montelukast sodium</i>	78
<i>methenamine hippurate</i>	11	<i>morphine sulfate</i>	9
<i>methimazole</i>	62	MORPHINE SULFATE	9
<i>methotrexate sodium</i>	20, 69	MORPHINE SULFATE/SODIUM C.....	10
<i>methsuximide</i>	38	MOVANTIK	64
<i>methylphenidate hcl</i>	46	<i>moxifloxacin hcl</i>	17
<i>methylprednisolone</i>	59	<i>moxifloxacin hcl (ophth)</i>	74
<i>methylprednisolone acetate</i>	59	MULTAQ	30
<i>methylprednisolone sod succ</i>	59	<i>multiple electrolytes ph 5.5</i>	72
<i>metoclopramide hcl</i>	62	<i>multiple electrolytes ph 7.4</i>	72
<i>metolazone</i>	34	<i>mupirocin</i>	81
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	32	MVASI	24
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	32	<i>mycophenolate mofetil</i>	70
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	32	<i>mycophenolate sodium</i>	70
<i>metoprolol succinate</i>	32	MYRBETRIQ	65
<i>metoprolol tartrate</i>	32	N	
<i>metronidazole</i>	11	<i>nabumetone</i>	8
<i>metronidazole (topical)</i>	83	<i>nadolol</i>	32
<i>metronidazole vaginal</i>	65	<i>nafcillin sodium</i>	18
<i>metyrosine</i>	35	NAGLAZYME	61
MG SO4/D5W INJ 10MG/ML	72	<i>nalbuphine hcl</i>	10
<i>micafungin sodium</i>	12	<i>naloxone hcl</i>	49
<i>microgestin 1.5/30</i>	57	<i>naltrexone hcl</i>	49
<i>microgestin 1/20</i>	57	NAMZARIC CAP 14-10MG	40
<i>microgestin fe 1.5/30</i>	57	NAMZARIC CAP 21-10MG	40
<i>microgestin fe 1/20</i>	57	NAMZARIC CAP 28-10MG	40
<i>midodrine hcl</i>	35	NAMZARIC CAP 7-10MG	40
<i>miglustat</i>	61	NAMZARIC CAP PACK	40
<i>mili</i>	57	<i>naproxen</i>	8
<i>mimvey</i>	59	<i>naproxen sodium</i>	8
<i>minocycline hcl</i>	19	<i>naratriptan hcl</i>	47
<i>minoxidil</i>	35	NATACYN	74
<i>mirtazapine</i>	41	<i>nateglinide</i>	51
<i>misoprostol</i>	64	NATPARA	54
MITIGARE	8	NAYZILAM	38
M-M-R II INJ	71	<i>nebivolol hcl</i>	32
M-NATAL PLUS TAB	73	<i>necon 0.5/35-28</i>	57
<i>modafinil</i>	49	<i>nefazodone hcl</i>	41
<i>moexipril hcl</i>	28	<i>neomycin sulfate</i>	11
		<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	74

neomycin-polymyx-gramicid op sol
 1.75-10000-0.025mg-unt-mg/ml ..74
neomycin-polymyxin-dexamethasone
*ophth oint 0.1%.....*74
neomycin-polymyxin-dexamethasone
*ophth susp 0.1%*74
*neomycin-polymyxin-hc ophth susp..*74
*neomycin-polymyxin-hc otic soln 1%*76
neomycin-polymyxin-hc otic susp 3.5
*mg/ml-10000 unit/ml-1%*76
neo-polycin 5(3.5)mg-400unt-
*10000unt op oin*74
*neo-polycin hc ophth oint 1%*74
 NERLYNX24
 NEUPRO42
*nevirapine*13
 NEXAVAR.....24
*niacin (antihyperlipidemic)*32
*nicardipine hcl.....*33
 NICOTROL INHALER49
 NICOTROL NS49
*nifedipine*33
*nikki*57
*nilutamide*21
*nimodipine.....*33
 NINLARO24
*nisoldipine*33
*nitazoxanide*11
*nitisinone.....*61
 NITRO-BID35
*nitrofurantoin macrocrystal*11
*nitrofurantoin monohyd macro.....*11
*nitroglycerin.....*35
*nizatidine.....*63
*nora-be*57
*norethindrone (contraceptive)*57
norethindrone ace & ethinyl estradiol
*tab 1 mg-20 mcg*57
norethindrone ace & ethinyl estradiol
*tab 1.5 mg-30 mcg*57
norethindrone ace & ethinyl estradiol-fe
*tab 1 mg-20 mcg*57
*norethindrone acetate*61
norethindrone acetate-ethinyl estradiol
*tab 0.5 mg-2.5 mcg*59
norethindrone acetate-ethinyl estradiol
*tab 1 mg-5 mcg*59

norethindrone ac-ethinyl estrad-fe tab
 1-20/1-30/1-35 mg-mcg.....57
norgestimate & ethinyl estradiol tab
 0.25 mg-35 mcg.....57
norgestimate-eth estrad tab 0.18-
 25/0.215-25/0.25-25 mg-mcg.....57
norgestimate-eth estrad tab 0.18-
 35/0.215-35/0.25-35 mg-mcg.....57
 NORITATE83
*norlyroc*57
 NORPACE CR30
*nortrel 0.5/35 (28)*57
*nortrel 1/35 (21)*57
*nortrel 1/35 (28)*57
*nortrel 7/7/7.....*57
*nortriptyline hcl.....*41
 NORVIR13
 NOVOLIN INJ 70/3052
 NOVOLIN INJ 70/30 FP52
 NOVOLIN N.....52
 NOVOLIN N FLEXPEN52
 NOVOLIN R.....53
 NOVOLIN R FLEXPEN.....53
 NOVOLOG53
 NOVOLOG FLEXPEN53
 NOVOLOG MIX INJ 70/30.....53
 NOVOLOG MIX INJ FLEXPEN.....53
 NOVOLOG PENFILL53
 NOXAFIL12
 NUBEQA.....21
 NUEDEXTA CAP 20-10MG48
 NULOJIX.....70
 NUPLAZID44
 NURTEC47
 NUTRILIPID73
 NUZYRA19
*nyamyc.....*81
*nylia 1/35.....*57
*nylia 7/7/7*57
 NYMALIZE33
*nymyo*57
*nystatin*12
*nystatin (mouth-throat).....*84
*nystatin (topical)*81
*nystop*81
O
*ocella.....*57

OCTAGAM	69	OMNIPOD GO KIT 35UNT/DY	53
<i>octreotide acetate</i>	61	OMNIPOD GO KIT 40UNT/DY	53
ODEFSEY TAB.....	15	OMNIPOD MIS CLASSIC.....	53
ODOMZO	24	OMNIPOD PDM KIT CLASSIC	53
OFEV	78	<i>ondansetron</i>	62
<i>ofloxacin (ophth)</i>	74	<i>ondansetron hcl</i>	62
<i>ofloxacin (otic)</i>	76	ONETOUCH TES VERIO.....	27
OGIVRI	24	ONTRUZANT	24
OGIVRI INJ 420MG	24	ONUREG.....	20
<i>olanzapine</i>	44	OPSUMIT.....	35
<i>olmesartan medoxomil</i>	30	ORGOVYX.....	21
<i>olmesartan medoxomil-</i>		ORKAMBI GRA 100-125.....	78
<i>hydrochlorothiazide tab 20-12.5 mg</i>		ORKAMBI GRA 150-188.....	78
.....	29	ORKAMBI GRA 75-94MG.....	78
<i>olmesartan medoxomil-</i>		ORKAMBI TAB 100-125	78
<i>hydrochlorothiazide tab 40-12.5 mg</i>		ORKAMBI TAB 200-125	78
.....	29	ORSERDU	21
<i>olmesartan medoxomil-</i>		<i>oseltamivir phosphate</i>	16
<i>hydrochlorothiazide tab 40-25 mg</i> .	29	OTEZLA.....	68
<i>olmesartan-amlodipine-</i>		OTEZLA TAB 10/20/30	68
<i>hydrochlorothiazide tab 20-5-12.5</i>		<i>oxacillin sodium</i>	18
<i>mg</i>	29	<i>oxaliplatin</i>	20
<i>olmesartan-amlodipine-</i>		<i>oxandrolone</i>	50
<i>hydrochlorothiazide tab 40-10-12.5</i>		<i>oxaprozin</i>	8
<i>mg</i>	29	<i>oxcarbazepine</i>	38
<i>olmesartan-amlodipine-</i>		<i>oxybutynin chloride</i>	65
<i>hydrochlorothiazide tab 40-10-25 mg</i>		<i>oxycodone hcl</i>	10
.....	29	<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>olmesartan-amlodipine-</i>		<i>325 mg</i>	10
<i>hydrochlorothiazide tab 40-5-12.5</i>		<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>mg</i>	29	<i>325 mg</i>	10
<i>olmesartan-amlodipine-</i>		<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>325 mg</i>	10
.....	29	<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>olopatadine hcl</i>	75	<i>325 mg</i>	10
<i>olopatadine hcl (nasal)</i>	77	OZEMPIC (0.25 OR 0.5MG/DOSE)	51
<i>omeprazole</i>	65	OZEMPIC (1MG/DOSE)	51
OMNARIS	79	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	
OMNIPOD 5 G6 KIT INTRO	53		51
OMNIPOD 5 G6 MIS PODS.....	53	P	
OMNIPOD DASH KIT INTRO.....	53	<i>pacerone</i>	30
OMNIPOD DASH MIS PODS	53	<i>paclitaxel</i>	22
OMNIPOD GO KIT 10UNT/DY	53	<i>paclitaxel protein-bound particles for iv</i>	
OMNIPOD GO KIT 15UNT/DY	53	<i>susp 100 mg</i>	22
OMNIPOD GO KIT 20UNT/DY	53	<i>paliperidone</i>	44
OMNIPOD GO KIT 25UNT/DY	53	<i>pamidronate disodium</i>	54
OMNIPOD GO KIT 30UNT/DY	53	PAMIDRONATE DISODIUM	54

PANRETIN.....	83	<i>pindolol</i>	32
<i>pantoprazole sodium</i>	65	<i>pioglitazone hcl</i>	51
PANZYGA.....	69	<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm).....	19
<i>paraplatin</i>	20	<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	19
<i>paricalcitol</i>	62	<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	19
<i>paromomycin sulfate</i>	11	<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm).....	19
<i>paroxetine hcl</i>	41	<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	19
PEDIARIX INJ 0.5ML.....	71	PIQRAY 200MG DAILY DOSE	24
PEDVAX HIB.....	71	PIQRAY 250MG TAB DOSE	25
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> for soln 236 gm	64	PIQRAY 300MG DAILY DOSE	25
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	64	<i>pirfenidone</i>	78, 79
PEGASYS	16	<i>pirmella 1/35</i>	57
PEMAZYRE	24	<i>piroxicam</i>	8
<i>pemetrexed disodium</i>	20	PLASMA-LYTE INJ -148.....	72
PEN GK/DEXTR INJ 40000/ML.....	18	PLASMA-LYTE INJ -A	72
PEN GK/DEXTR INJ 60000/ML.....	18	<i>plenamine</i>	74
<i>penicillamine</i>	54	PLENVU SOL	64
<i>penicillin g potassium</i>	18	<i>podofilox</i>	83
PENICILLIN G PROCAINE	18	<i>polycin ophth oint</i>	74
<i>penicillin g sodium</i>	18	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	74
<i>penicillin v potassium</i>	18, 19	POMALYST.....	21
PENTACEL INJ	71	<i>portia-28</i>	57
<i>pentamidine isethionate inh</i>	11	<i>posaconazole</i>	12
<i>pentamidine isethionate inj</i>	11	POT CHL 20MEQ/L IN NACL 0.45% INJ	72
<i>pentoxifylline</i>	67	POT CHL 20MEQ/L IN NACL 0.9% INJ	72
<i>perindopril erbumine</i>	28	POT CHL 40MEQ/L IN NACL 0.9% INJ	72
<i>perlogard</i>	84	<i>potassium chloride</i>	72, 73
<i>permethrin</i>	83	POTASSIUM CHLORIDE	72
<i>perphenazine</i>	44	<i>potassium chloride 20 meq/l (0.15%)</i> in dextrose 5% inj	73
PERSERIS	44	<i>potassium chloride microencapsulated</i> crystals er	73
<i>pfizerpen</i>	19	<i>potassium citrate (alkalinizer)</i>	65
<i>phenelzine sulfate</i>	41	PRADAXA	66
<i>phenobarbital</i>	38	PRALUENT	32
<i>phenobarbital sodium</i>	38	<i>pramipexole dihydrochloride</i>	42
PHENYTEK	38	<i>prasugrel hcl</i>	67
<i>phenytoin</i>	38	<i>pravastatin sodium</i>	31
<i>phenytoin sodium</i>	38		
<i>phenytoin sodium extended</i>	38		
PHESGO SOL.....	24		
<i>philith</i>	57		
PIFELTRO	13		
<i>pilocarpine hcl</i>	76		
<i>pilocarpine hcl (oral)</i>	84		
<i>pimozide</i>	44		
<i>pimtrea</i>	57		

<i>praziquantel</i>	11
<i>prazosin hcl</i>	28
<i>prednisolone</i>	59
<i>prednisolone acetate (ophth)</i>	75
PREDNISOLONE SODIUM PHOSP.....	75
<i>prednisolone sodium phosphate</i>	59
<i>prednisone</i>	59
PREDNISONE INTENSOL	60
<i>pregabalin</i>	38
PREHEVBRIO.....	71
PREMASOL SOL 10%.....	74
PRENATAL TAB 27-1MG	73
PRENATAL TAB PLUS	73
<i>prevalite</i>	32
PREVYMIS.....	16
PREZCOBIX TAB 800-150.....	15
PREZISTA	13, 14
PRIFTIN.....	15
<i>primaquine phosphate</i>	13
PRIMAQUINE PHOSPHATE	13
<i>primidone</i>	38
PRIORIX INJ.....	71
PRIVIGEN	69
<i>probenecid</i>	8
<i>prochlorperazine</i>	62
<i>prochlorperazine edisylate</i>	63
<i>prochlorperazine maleate</i>	63
PROCRIT	66
<i>procto-med hc</i>	83
<i>proctosol hc</i>	83
<i>proctozone-hc</i>	83
PROGRAF.....	70
PROLASTIN-C.....	79
PROLENSA	75
PROLIA.....	54
PROMACTA	67
<i>promethazine hcl</i>	63
<i>propafenone hcl</i>	30, 31
<i>proparacaine hcl</i>	76
<i>propranolol hcl</i>	32
<i>propylthiouracil</i>	62
PROQUAD INJ.....	71
PROSOL INJ 20%.....	74
<i>protriptyline hcl</i>	41
PULMICORT FLEXHALER.....	80
PULMOZYME.....	79
PURIXAN	20

<i>pyrazinamide</i>	15
<i>pyridostigmine bromide</i>	48
Q	
QINLOCK.....	25
QUADRACEL INJ	71
QUADRACEL INJ 0.5ML.....	71
<i>quetiapine fumarate</i>	44
<i>quinapril hcl</i>	28
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	28
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	28
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	28
<i>quinidine sulfate</i>	31
<i>quinine sulfate</i>	13
R	
RABAVERT INJ	71
<i>rabeprazole sodium</i>	65
<i>raloxifene hcl</i>	61
<i>ramipril</i>	28
<i>ranolazine</i>	35
<i>rasagiline mesylate</i>	42
RAYALDEE	62
<i>reclipsen</i>	57
RECOMBIVAX HB	71
RECTIV	83
REGRANEX	83
RELENZA DISKHALER.....	16
RELISTOR.....	64
REMICADE.....	68
RENFLEXIS	68
<i>repaglinide</i>	51
RESTASIS.....	76
RESTASIS MULTIDOSE	76
RETEVMO	25
REVLIMID	21
REXULTI.....	44
REYATAZ.....	14
REZLIDHIA	25
REZUROCK	70
RHOPRESSA	76
<i>ribavirin (hepatitis c)</i>	16
<i>rifabutin</i>	15
<i>rifampin</i>	15
<i>riluzole</i>	48
<i>rimantadine hydrochloride</i>	16

RINVOQ	68	<i>simvastatin</i>	31
<i>risedronate sodium</i>	54	<i>sirolimus</i>	70
RISPERDAL CONSTA.....	44	SIRTURO	15
<i>risperidone</i>	44, 45	SIVEXTRO	11
<i>ritonavir</i>	14	SKYRIZI	68
<i>rivastigmine</i>	40	SKYRIZI PEN.....	68
<i>rivastigmine tartrate</i>	40	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>rizatriptan benzoate</i>	47	17.5-3.13-1.6 gm/177ml	64
ROCKLATAN DRO.....	76	<i>sodium chloride</i>	73
<i>roflumilast</i>	79	<i>sodium chloride (gu irrigant)</i>	83
<i>ropinirole hydrochloride</i>	42	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>rosuvastatin calcium</i>	31	mg/ml soln	73
ROTARIX SUS.....	71	SODIUM OXYBATE	49
ROTATEQ SOL	71	<i>sodium phenylbutyrate</i>	61
<i>roweepra</i>	38	<i>sodium polystyrene sulfonate powder</i>	
ROZLYTREK	25		54
RUBRACA	25	<i>solifenacin succinate</i>	65
<i>rufinamide</i>	38, 39	SOLIQUEA INJ 100/33	53
RUKOBIA	14	SOLTAMOX	21
RYBELSUS	51	SOLU-CORTEF.....	60
RYDAPT	25	SOMATULINE DEPOT	61
S		SOMAVERT	61
<i>sajazir</i>	67	<i>sorafenib tosylate</i>	25
SANDIMMUNE	70	<i>sorine</i>	31
SANTYL	83	<i>sotalol hcl</i>	31
<i>sapropterin dihydrochloride</i>	61	<i>sotalol hcl (afib/afI)</i>	31
SAVELLA.....	48	<i>spironolactone</i>	28
SAVELLA MIS TITR PAK	48	<i>spironolactone & hydrochlorothiazide</i>	
SCSEMBLIX.....	25	<i>tab 25-25 mg</i>	34
<i>scopolamine</i>	63	<i>sprintec 28</i>	57
SECUADO	45	SPRITAM	39
<i>selegiline hcl</i>	43	SPRYCEL	25
<i>selenium sulfide</i>	81	<i>sps</i>	54
SELZENTRY	14	<i>sronyx</i>	58
SEREVENT DISKUS	78	<i>ssd</i>	81
<i>sertraline hcl</i>	41	STELARA	68
<i>setlakin</i>	57	STIVARGA	25
<i>sevelamer carbonate</i>	61	<i>streptomycin sulfate</i>	11
<i>sharobel</i>	57	STRIBILD TAB.....	15
SHINGRIX.....	71	<i>subvenite</i>	39
SIGNIFOR.....	61	<i>sucrafate</i>	64
<i>sildenafil citrate (pulmonary</i>		<i>sulfacetamide sodium (acne)</i>	80
<i>hypertension)</i>	35	<i>sulfacetamide sodium (ophth)</i>	75
<i>silodosin</i>	65	<i>sulfacetamide sodium-prednisolone</i>	
<i>silver sulfadiazine</i>	81	<i>ophth soln 10-0.23(0.25)%</i>	74
SIMBRINZA SUS 1-0.2%.....	76	<i>sulfadiazine</i>	11
<i>simliya</i>	57		

<i>sulfamethoxazole-trimethoprim iv soln</i>	
400-80 mg/5ml	11
<i>sulfamethoxazole-trimethoprim susp</i>	
200-40 mg/5ml	11
<i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	11
<i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	12
SULFAMYLON	81
sulfasalazine	63
sulindac.....	8
sumatriptan	47
sumatriptan succinate	47
sunitinib malate.....	25
SUNLENCA.....	14
SUPREP BOWEL SOL PREP KIT	64
syeda.....	58
SYMBICORT AER 160-4.5.....	80
SYMBICORT AER 80-4.5.....	80
SYMDEKO TAB 100-150	79
SYMDEKO TAB 50-75MG	79
SYMJEPI	79
SYMPAZAN.....	39
SYMTUZA TAB	15
SYNAREL	58
SYNJARDY TAB 12.5-1000MG	51
SYNJARDY TAB 12.5-500	51
SYNJARDY TAB 5-1000MG.....	51
SYNJARDY TAB 5-500MG	51
SYNJARDY XR TAB 10-1000.....	52
SYNJARDY XR TAB 12.5-1000MG	52
SYNJARDY XR TAB 25-1000.....	52
SYNJARDY XR TAB 5-1000MG.....	51
SYNRIBO	21
SYNTHROID	62
T	
TABLOID	20
TABRECTA	25
<i>tacrolimus</i>	70
<i>tacrolimus (topical)</i>	83
TAFINLAR	25
TAGRISSO	25
TALTZ	69
TALZENNA	25
<i>tamoxifen citrate</i>	21
<i>tamsulosin hcl</i>	65
<i>tarina fe 1/20 eq</i>	58

TASIGNA.....	25
<i>tasimelteon</i>	46
<i>tazarotene</i>	81
<i>tazicef</i>	17
TAZORAC	81
<i>taztia xt</i>	33
TAZVERIK.....	25
TDVAX INJ 2-2 LF.....	71
TECENTRIQ.....	25
TEFLARO	17
<i>telmisartan</i>	30
<i>telmisartan-amlodipine tab 40-10 mg</i>	
.....	29
<i>telmisartan-amlodipine tab 40-5 mg.</i>	29
<i>telmisartan-amlodipine tab 80-10 mg</i>	
.....	30
<i>telmisartan-amlodipine tab 80-5 mg.</i>	30
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	30
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	30
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	30
<i>temazepam</i>	47
TENIVAC INJ 5-2LF	71
<i>tenofovir disoproxil fumarate</i>	14
TEPMETKO.....	25
<i>terazosin hcl</i>	28
<i>terbinafine hcl</i>	12
<i>terbutaline sulfate</i>	78
<i>terconazole vaginal</i>	66
TERIPARATIDE	54
<i>testosterone</i>	50
<i>testosterone cypionate</i>	50
<i>testosterone enanthate</i>	50
<i>tetrabenazine</i>	48
<i>tetracycline hcl</i>	19
THALOMID.....	21
THEO-24	79
<i>theophylline</i>	79
<i>thioridazine hcl</i>	45
<i>thiothixene</i>	45
<i>tiadylt er</i>	33
<i>tiagabine hcl</i>	39
TIBSOVO.....	25
TICOVAC.....	71
<i>tigecycline</i>	19

TIGECYCLINE	19	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tilia fe</i>	58	<i>37.5-25 mg</i>	34
<i>timolol maleate</i>	32	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i>	76	<i>37.5-25 mg</i>	34
<i>tinidazole</i>	12	<i>triamterene & hydrochlorothiazide tab</i>	
TIVICAY	14	<i>75-50 mg</i>	34
TIVICAY PD.....	14	TRICARE TAB PRENATAL.....	73
<i>tizanidine hcl</i>	49	<i>trientine hcl</i>	54
TOBRADEX OIN 0.3-0.1%	74	<i>tri-estarylla</i>	58
TOBRADEX ST SUS 0.3-0.05	74	<i>trifluoperazine hcl</i>	45
<i>tobramycin</i>	12	<i>trifluridine</i>	75
<i>tobramycin (ophth)</i>	75	<i>trihexyphenidyl hcl</i>	43
<i>tobramycin sulfate</i>	12	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin-dexamethasone ophth susp</i>		<i>1000MG</i>	52
<i>0.3-0.1%</i>	74	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tolterodine tartrate</i>	65	<i>1000MG</i>	52
<i>topiramate</i>	39	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	21	<i>1000MG</i>	52
<i>torseamide</i>	34	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOUJEO MAX SOLOSTAR.....	53	<i>1000MG</i>	52
TOUJEO SOLOSTAR.....	53	TRIKAFTA PAK 59.5MG.....	79
TPN ELECTROL INJ.....	73	TRIKAFTA PAK 75MG.....	79
TRADJENTA.....	52	TRIKAFTA TAB 100-50-75MG & 150MG	
<i>tramadol hcl</i>	10		79
<i>tramadol-acetaminophen tab 37.5-325</i>		TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>mg</i>	10		79
<i>trandolapril</i>	28	<i>tri-legest fe</i>	58
<i>tranexamic acid</i>	67	<i>tri-linyah</i>	58
<i>tranylcypromine sulfate</i>	41	<i>tri-lo-estarylla</i>	58
TRAVASOL INJ 10%	74	<i>tri-lo-marzia</i>	58
<i>travoprost</i>	76	<i>tri-lo-mili</i>	58
TRAZIMERA	25	<i>tri-lo-sprintec</i>	58
<i>trazodone hcl</i>	41	<i>trimethoprim</i>	12
TRECTOR.....	15	<i>tri-mili</i>	58
TRELEGY AER ELLIPTA 100-62.5-25		<i>trimipramine maleate</i>	41
<i>MCG</i>	77	TRINTELLIX	41
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-nymyo</i>	58
<i>MCG</i>	77	<i>tri-sprintec</i>	58
<i>treprostinil</i>	35	TRIUMEQ PD TAB	15
TRESIBA.....	53	TRIUMEQ TAB	15
TRESIBA FLEXTOUCH	53	<i>trivora-28</i>	58
<i>tretinoin</i>	80	<i>tri-vylibra</i>	58
<i>tretinoin (chemotherapy)</i>	21	<i>tri-vylibra lo</i>	58
TREXALL.....	69	TRIZIVIR TAB	15
<i>triamcinolone acetonide (mouth)</i>	84	TROGARZO	14
<i>triamcinolone acetonide (topical)</i>	82	TROPHAMINE INJ 10%	74
		<i>tropium chloride</i>	65

TRULICITY	52
TRUMENBA INJ	71
TRUSELTIQ 100MG DAILY DOSE	25
TRUSELTIQ 125MG DAILY DOSE	25
TRUSELTIQ 50MG DAILY DOSE	25
TRUSELTIQ 75MG DAILY DOSE	25
TRUXIMA	25
TUKYSA.....	25
TURALIO	25
TWINRIX INJ	71
TYBOST	14
TYPHIM VI	71
TYRVAYA	76
U	
<i>unithroid</i>	62
<i>ursodiol</i>	64
V	
<i>valacyclovir hcl</i>	16
VALCHLOR	83
<i>valganciclovir hcl</i>	16
<i>valproate sodium</i>	39
<i>valproic acid</i>	39
<i>valsartan</i>	30
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	30
VALTOCO 10 MG DOSE	39
VALTOCO 15 MG DOSE	39
VALTOCO 20 MG DOSE	39
VALTOCO 5 MG DOSE.....	39
<i>vancomycin hcl</i>	12
VANCOMYCIN INJ 1 GM	12
VANCOMYCIN INJ 500MG.....	12
VANCOMYCIN INJ 750MG.....	12
VAQTA	71
<i>varenicline tartrate</i>	50
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	50
VARIVAX	71
VASCEPA	32

<i>velivet</i>	58
VELPHORO	61
VELTASSA	54
VEMLIDY	16
VENCLEXTA	26
VENCLEXTA TAB START PK	26
<i>venlafaxine hcl</i>	41
VENTAVIS	35
VENTOLIN HFA	78
VENTOLIN HFA (INSTITUTIONAL PACK)	78
<i>verapamil hcl</i>	33
VERQUVO	35
VERSACLOZ	45
VERZENIO	26
<i>vestura</i>	58
V-GO 20 KIT	53
V-GO 30 KIT	53
V-GO 40 KIT	53
VICTOZA	52
<i>vienva</i>	58
<i>vigabatrin</i>	39
<i>vigadrone</i>	39
VIIBRYD KIT STARTER	41
<i>vilazodone hcl</i>	41
VIMPAT	39
<i>vincristine sulfate</i>	22
<i>vinorelbine tartrate</i>	22
<i>violele</i>	58
VIRACEPT	14
VIREAD	14
VITRAKVI	26
VIVITROL	50
VIZIMPRO	26
VONJO	26
<i>voriconazole</i>	12, 13
VOSEVI TAB	16
VOTRIENT	26
VRAYLAR	45
VRAYLAR CAP 1.5-3MG.....	45
<i>vyfemla</i>	58
<i>vylibra</i>	58
VYVANSE.....	46
VYZULTA	76
W	
<i>warfarin sodium</i>	66

<i>water for irrigation, sterile irrigation soln</i>	84
WELIREG	21
<i>wera</i>	58
X	
XALKORI	26
XARELTO	66
XARELTO STAR TAB 15/20MG.....	66
XATMEP.....	69
XCOPRI	39
XCOPRI PAK 100-150	39
XCOPRI PAK 12.5-25.....	39
XCOPRI PAK 150-200MG (MAINTENANCE)	39
XCOPRI PAK 150-200MG (TITRATION)	39
XCOPRI PAK 50-100MG	39
XELJANZ.....	69
XELJANZ XR.....	69
XERMELO.....	64
XGEVA	54
XHANCE	79
XIFAXAN.....	64
XIGDUO XR TAB 10-1000.....	52
XIGDUO XR TAB 10-500MG.....	52
XIGDUO XR TAB 2.5-1000.....	52
XIGDUO XR TAB 5-1000MG.....	52
XIGDUO XR TAB 5-500MG.....	52
XIIDRA.....	76
XOLAIR	79
XOSPATA.....	26
XPOVIO 100 MG ONCE WEEKLY	26
XPOVIO 40 MG ONCE WEEKLY	26
XPOVIO 40 MG TWICE WEEKLY.....	26
XPOVIO 60 MG ONCE WEEKLY	26
XPOVIO 60 MG TWICE WEEKLY.....	26
XPOVIO 80 MG ONCE WEEKLY	26
XPOVIO 80 MG TWICE WEEKLY.....	26
XTANDI	21
<i>xulane</i>	58
XULTOPHY INJ 100/3.6.....	54

XYREM	49
Y	
YF-VAX INJ	71
<i>yuvaferm</i>	59
Z	
<i>zafemy</i>	58
<i>zafirlukast</i>	78
ZARXIO.....	66
ZEJULA	26
ZELBORAF	26
ZEMAIRA.....	79
<i>zenatane</i>	80
ZENPEP CAP 10000UNT	64
ZENPEP CAP 15000UNT	64
ZENPEP CAP 20000UNT	64
ZENPEP CAP 25000UNT	64
ZENPEP CAP 3000UNIT.....	64
ZENPEP CAP 40000UNT	65
ZENPEP CAP 5000UNIT.....	64
ZERVIAE.....	75
<i>zidovudine</i>	14
ZIEXTENZO	66
<i>ziprasidone hcl</i>	45
<i>ziprasidone mesylate</i>	45
ZIRABEV	26
ZIRGAN.....	75
<i>zoledronic acid</i>	54
ZOLINZA	26
<i>zolmitriptan</i>	47
<i>zolpidem tartrate</i>	47
ZONISADE.....	39
<i>zonisamide</i>	39
<i>zovia 1/35</i>	58
ZTALMY.....	39
<i>zumandimine</i>	58
ZYCLARA PUMP	83
ZYDELIG	26
ZYKADIA	26
ZYLET SUS 0.5-0.3%	74
ZYPITAMAG	31
ZYPREXA RELPREVV	45

**We're
here
to help.**

This formulary was updated on **09/19/2023**. For more recent information or other questions, please contact Clover at **1-888-778-1478** (TTY 711) 8 am–8 pm local time, 7 days a week, or visit **cloverhealth.com/formulary**. Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Y0129_22MX036A3_C