



Medicare Part D Formulary

List of covered drugs

Effective: December 1, 2023

Updated: December 1, 2023

Formulary ID 23215
and Formulary ID 23216
Version 18

This formulary was updated on December 1, 2023. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team. Visit MassGeneralBrighamAdvantage.org/Rx-information for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

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

Este documento está disponible gratis en español. Por favor llame al Centro de Servicios a los Aliados de Mass General Brigham Health Plan al número arriba.

For Medicare Advantage members:

Call **855-833-3668** (TTY: 711)

October 1– March 31, 8:00 AM to 8:00 PM EST, Monday through Sunday

April 1– September 30, 8:00 AM to 8:00 PM EST, Monday through Friday

Mass General Brigham Advantage Secure (HMO-POS),
Mass General Brigham Advantage (PPO),
and Mass General Brigham Advantage Premier (PPO)

This plan is underwritten by Mass General Brigham Health Plan, Inc.

NOTE TO EXISTING MEMBERS: This document includes a list of the drugs (Formulary) for our plan which is current as of December 1, 2023. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change from time to time during the year.

What is the Mass General Brigham Health Plan Medicare Part D Formulary?

A Formulary is a list of covered drugs selected by Mass General Brigham Health Plan 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. Mass General Brigham Health Plan will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a Mass General Brigham Health Plan 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 Mass General Brigham Health Plan 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 the how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Mass General Brigham Health Care Medicare Part D Formulary?” on page 6.

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 new generic drug 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 add a generic drug that is not new to market to replace a brand name drug currently on the Formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our Formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one month supply of the drug (up to 30 days).

- 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 Mass General Brigham Health Plan Medicare Part D 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 December 2023. To get updated information about the drugs covered by Mass General Brigham Health Plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at massgeneralbrighamadvantage.org. The updated version of the comprehensive Formulary will be posted on this website on a monthly basis as needed. To view the list of changes, start at our home page and:

- Click the link for “Rx Information” at the very top (in the blue bar)
- At the top of the page, you will see a headline for Part D and the PDF file for the formulary will be linked below and updated monthly

Or you may request an errata sheet (a copy of the 2023 Formulary changes) by calling Mass General Brigham Health Plan Customer Service at the phone numbers on the back of your Member ID card.

How do I use the Formulary?

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

Medical condition

The Formulary begins on page 12. 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 12. 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 88. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. 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?

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

Are there any restrictions on my coverage?

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

Prior authorization

Mass General Brigham Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval, Mass General Brigham Health Plan may not cover the drug.

Quantity limits

For certain drugs, Mass General Brigham Health Plan limits the amount of the drug that Mass General Brigham Health Plan will cover. For example, Mass General Brigham Health Plan provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

Step therapy

In some cases, Mass General Brigham Health Plan 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan 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 12.

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 restriction 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 Mass General Brigham Health Plan 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 Mass General Brigham Health Plan Medicare Part D Formulary?" on the next page 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 the Mass General Brigham Health Plan Customer Service and ask if your drug is covered.

If you learn that Mass General Brigham Health Plan does not cover your drug, you have two options:

1. You can ask the Mass General Brigham Health Plan Customer Service for a list of similar drugs that are covered by Mass General Brigham Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Mass General Brigham Health Plan.
2. You can ask Mass General Brigham Health Plan to make an exception and cover your drug. See next section for information about how to request an exception.

How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?

You can ask Mass General Brigham Health Plan 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 a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Note: You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Mass General Brigham Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Mass General Brigham Health Plan 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, tiering, or utilization restriction exception.

When you request a Formulary, tiering, 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 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 up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For more information

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

If you have questions about Mass General Brigham Health Plan, 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 medicare.gov.

The Mass General Brigham Health Plan Medicare Part D Formulary

The Formulary that begins on page 12 provides coverage information about most of the drugs covered by Mass General Brigham Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 88.

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

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

Abbreviations and definitions of Formulary terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Not Available at Mail Order (NM)

Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

Prior Authorization (PA)

For safety reasons and/or cost savings, Mass General Health Plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval first, Mass General Health Plan may not cover the drug.

Quantity Limits (QL)

For safety reasons and/or cost savings, for certain drugs Mass General Health Plan limits the amount of the drug that we will cover. For example, Mass General Brigham Health Plan provides one capsule per day for JANUVIA. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases Mass General Brigham Health Plan 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

Limited Access (LA)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to Mass General Brigham Health Plan so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

Your costs in the initial coverage period

Note: If you qualify for Massachusetts Prescription Advantage Program (Massachusetts' State Pharmaceutical Assistance Program - SPAP or Low Income Subsidy, the amounts below may be reduced.

What you pay for a 30-day supply from a retail pharmacy:

Plan Type	Deductible	Tier 1 Preferred Generic Drugs	Tier 2 Generic Drugs	Tier 3 Preferred Brand Name Drugs	Tier 4 Non-Preferred Drugs	Tier 5 Specialty Drugs
Mass General Brigham Advantage PPO <i>What you pay after deductible is met</i>						
	\$275 Tiers 3-5	\$0	\$3	\$37	\$100	28%
Mass General Brigham Advantage Secure HMO-POS						
	\$200 Tiers 3-5	\$0	\$3	\$37	\$100	29%
Mass General Brigham Advantage Premier PPO						
	\$0	\$0	\$3	\$37	\$100	33%

*Your deductible will be \$0–\$99 based on your level of “Extra Help.”

**Cost-share for prescription drugs filled at any network pharmacy is based on your level of “Extra Help.”

Tier descriptions

Tier 1—Preferred Generic Drugs—\$0 cost

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

Tier 2—Generic Drugs

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 3—Preferred Brand Name Drugs

Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

Tier 4—Non-Preferred Drugs

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for Mass General Brigham Health Plan to cover them. If they are approved, they will be covered in Tier 4.

Tier 5—Specialty Drugs

Tier 5 includes high-cost specialty generic and brand-name drugs that cost \$830 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail and are excluded from the mail order program and tier exception process.

Mass General Brigham Health Plan_CY23_GS_CORE eff 12/01/2023

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
<i>MITIGARE</i> 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
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml		3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg		3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml		3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg		3	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml		3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg		3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg		3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg		3	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml		4	
<i>butorphanol tartrate</i> SOLN 10mg/ml		3	QL (10 mL / 30 days)
<i>endocet tab</i> 2.5-325mg		3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg		3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg		3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg		3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg		4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg		5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml		4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg		3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg		3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg		3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg		3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml		4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg		3	QL (180 tabs / 30 days)
<i>MORPHINE SULFATE</i> SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml		4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml		4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml		3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml		3	QL (180 mL / 30 days)
<i>morphine sulfate</i> 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 2.5-325 mg</i>		3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>		3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>		3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>		3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg		2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>		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	
<i>CAYSTON</i> SOLR 75mg	5	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	
<i>CLINDMYC/NAC INJ</i> 300/50ML	4	
<i>CLINDMYC/NAC INJ</i> 600/50ML	4	
<i>CLINDMYC/NAC INJ</i> 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
voriconazole TABS 200mg	4	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml	4	
abacavir sulfate TABS 300mg	3	
APTIVUS CAPS 250mg	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	
darunavir TABS 600mg	5	QL (60 tabs / 30 days)
darunavir TABS 800mg	5	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	
efavirenz CAPS 50mg, 200mg; TABS 600mg	4	
emtricitabine CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium 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	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
maraviroc TABS 150mg, 300mg	5	
nevirapine SUSP 50mg/5ml; TB24 400mg	4	
nevirapine 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)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	
SELZENTRY TABS 25mg	4	
SUNLENCA TBPK 300mg	5	LA
<i>tenofovir disoproxil fumarate</i> 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	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	
<i>zidovudine</i> TABS 300mg	3	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	

Drug Name	Drug Tier	Requirements/Limits
<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	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	
BARACLUDÉ SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	5	PA
EPCLUSA PAK 200-50MG	5	PA
EPCLUSA TAB 200-50MG	5	PA
EPCLUSA TAB 400-100	5	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	PA
HARVONI PAK 45-200MG	5	PA
HARVONI TAB 45-200MG	5	PA
HARVONI TAB 90-400MG	5	PA
<i>lamivudine (hbv) TABS 100mg</i>	4	
MAVYRET PAK 50-20MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
MAVYRET TAB 100-40MG	5	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	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	
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	
<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	PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3
<i>cefaclor</i> SUSR 250mg/5ml	4
CEFACLOR 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
<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

Drug Name	Drug Tier Requirements/Limits
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4
<i>TEFLARO</i> SOLR 400mg, 600mg	5
<i>ERYTHROMYCINS/MACROLIDES</i>	
<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
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	5
<i>e.e.s. 400</i> TABS 400mg	4
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4
<i>ERYTHROCIN LACTOBIONATE</i> 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
<i>FLUOROQUINOLONES</i>	
<i>CIPRO</i> SUSR 500mg/5ml	4
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3
<i>ciprofloxacin 400 mg/200ml in d5w</i>	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 250 mg/50ml</i>	3
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3
<i>moxifloxacin hcl</i> TABS 400mg	4
<i>PENICILLINS</i>	
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1
<i>amoxicillin</i> CHEW 125mg, 250mg	2
<i>amoxicillin & k clavulanate chew tab 200- 28.5 mg</i>	4
<i>amoxicillin & k clavulanate chew tab 400- 57 mg</i>	4

Drug Name	Drug Tier Requirements/Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4
<i>ampicillin CAPS 500mg</i>	2
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4
<i>nafcillin sodium SOLR 10gm</i>	5
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4
<i>PEN GK/DEXTR INJ 40000/ML</i>	4
<i>PEN GK/DEXTR INJ 60000/ML</i>	4
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	4
<i>penicillin g sodium SOLR 5000000unit</i>	4
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2
<i>penicillin v potassium TABS 250mg, 500mg</i>	1
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	3	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	3	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml</i>	5	B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	5	B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	5	B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	4	
<i>GLEOSTINE CAPS 100mg</i>	5	
<i>LEUKERAN TABS 2mg</i>	4	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	4	B/D
<i>oxaliplatin SOLR 50mg, 100mg</i>	5	B/D
<i>paraplatin SOLN 1000mg/100ml</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
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
<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	LA, PA
LONSURF TAB 15-6.14	5	LA, PA
LONSURF TAB 20-8.19	5	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	LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg, 240mg	5	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	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	PA
LYSODREN TABS 500mg	5	
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	LA, PA
ORGOVYX TABS 120mg	5	LA, PA
ORSERDU TABS 86mg, 345mg	5	LA, PA
SOLTAMOX SOLN 10mg/5ml	5	

Drug Name		Drug Tier	Requirements/Limits
<i>tamoxifen citrate</i> TABS 10mg, 20mg		2	
<i>toremifene citrate</i> TABS 60mg		5	
XTANDI CAPS 40mg; TABS 40mg, 80mg		5	LA, PA
IMMUNOMODULATORS			
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), LA, PA	
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), LA, PA	
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), LA, PA	
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), LA, PA	
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), LA, PA	
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), LA, PA	
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), LA, PA	
MISCELLANEOUS			
BESREMI SOSY 500mcg/ml	5	LA, PA	
<i>bexarotene</i> CAPS 75mg	5	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), PA	
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), PA	
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), PA	
MATULANE CAPS 50mg	5	LA	
SYNRIBO SOLR 3.5mg	5	PA	
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5		
WELIREG TABS 40mg	5	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D
<i>vincristine sulfate SOLN 1mg/ml</i>	2	B/D
<i>vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml</i>	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	LA, PA
ALUNBRIG PAK	5	LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	PA
<i>bortezomib</i> SOLR 3.5mg	5	PA
BOSULIF TABS 100mg, 400mg, 500mg	5	PA
BRAFTOVI CAPS 75mg	5	LA, PA
BRUKINSA CAPS 80mg	5	LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), LA, PA
CAPRELSA TABS 100mg, 300mg	5	LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	LA, PA
COMETRIQ KIT 100MG	5	LA, PA
COMETRIQ KIT 140MG	5	LA, PA
COPIKTRA CAPS 15mg, 25mg	5	LA, PA
COTELLIC TABS 20mg	5	LA, PA
DAURISMO TABS 25mg, 100mg	5	LA, PA
ERIVEDGE CAPS 150mg	5	LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), PA
EXKIVITY CAPS 40mg	5	LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
GAVRETO CAPS 100mg	5	LA, PA
<i>gefitinib</i> TABS 250mg	5	PA
GILOTrif TABS 20mg, 30mg, 40mg	5	LA, PA
HERCEP HYLEC SOL 60-10000	5	LA, PA
HERCEPTIN SOLR 150mg	5	LA, PA
HERZUMA SOLR 150mg, 420mg	5	LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), PA
IMBRUvICA CAPS 70mg	5	QL (30 caps / 30 days), LA, PA
IMBRUvICA CAPS 140mg	5	QL (120 caps / 30 days), LA, PA
IMBRUvICA SUSP 70mg/ml	5	QL (216 mL / 27 days), LA, PA
IMBRUvICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), LA, PA
INREBIC CAPS 100mg	5	LA, PA
IRESSA TABS 250mg	5	LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, LA
KANJINTI SOLR 150mg, 420mg	5	LA, PA
KEYTRUDA SOLN 100mg/4ml	5	LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
KRAZATI TABS 200mg	5	LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), LA, PA
LORBRENA TABS 25mg, 100mg	5	LA, PA
LUMAKRAS TABS 120mg, 320mg	5	LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), LA, PA
LYTGOBI TBPK 4mg	5	LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	LA, PA
MEKTOVI TABS 15mg	5	LA, PA
MONJUVI SOLR 200mg	5	LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	LA, PA
NERLYNX TABS 40mg	5	LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	5	LA, PA
OGIVRI SOLR 150mg	5	LA, PA
OGIVRI INJ 420MG	5	LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	LA, PA
PHESGO SOL	5	LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	PA
PIQRAY 250MG TAB DOSE	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	PA
QINLOCK TABS 50mg	5	LA, PA
RETEVMO CAPS 40mg, 80mg	5	LA, PA
REZLIDHIA CAPS 150mg	5	LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	LA, PA

Drug Name	Drug Tier	Requirements/Limits
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), LA, PA
RYDAPT CAPS 25mg	5	PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), PA
sorafenib tosylate TABS 200mg	5	QL (120 tabs / 30 days), PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	PA
STIVARGA TABS 40mg	5	LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	5	PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	PA
TAZVERIK TABS 200mg	5	LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	LA, PA
TEPMETKO TABS 225mg	5	LA, PA
TIBSOVO TABS 250mg	5	LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	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	PA
TUKYSA TABS 50mg, 150mg	5	LA, PA
TURALIO CAPS 125mg, 200mg	5	LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	3	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	2	

Drug Name		Drug Tier	Requirements/Limits
<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, 54mg, 145mg, 160mg		3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg		3	
<i>gemfibrozil</i> TABS 600mg		1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS			
<i>ALTOPREV</i> 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)	
<i>EZALLOR SPRINKLE</i> 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)	
<i>LIVALO</i> 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)	
<i>ZYPITAMAG</i> 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		
<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)	

Drug Name	Drug Tier	Requirements/Limits
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	PA
prevalite PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	3	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	4	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier Requirements/Limits
<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</i> 5-50 mg	2
<i>amiloride hcl</i> TABS 5mg	2
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3
<i>chlorthalidone</i> TABS 25mg, 50mg	2
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2

Drug Name	Drug Tier	Requirements/Limits
furosemide TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
tosemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg	4	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	

Drug Name	Drug Tier	Requirements/Limits
<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), PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), 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	4	
<i>VERQUVO</i> 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	
<i>NITRO-BID</i> OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	

PULMONARY ARTERIAL HYPERTENSION

<i>ADEMPAS</i> TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), LA, PA
<i>alyq</i> TABS 20mg	5	QL (60 tabs / 30 days), PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), LA, PA
<i>OPSUMIT</i> TABS 10mg	5	QL (30 tabs / 30 days), LA, PA
<i>ORENITRAM</i> TBCR .25mg, 1mg, 2.5mg, 5mg	5	LA, PA
<i>ORENITRAM</i> TBCR .125mg	4	LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	LA, PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	LA, PA
UPTRAVI PACK TAB 200/800	5	LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	LA, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<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

<i>APTIOM</i> TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
<i>APTIOM</i> TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
<i>BRIVIACT</i> SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
<i>BRIVIACT</i> SOLN 50mg/5ml	4	PA
<i>BRIVIACT</i> 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	
<i>CELONTIN</i> 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
<i>DIACOMIT</i> CAPS 250mg	5	QL (360 caps / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), LA, PA
<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), 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), 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<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	
<i>NAYZILAM</i> 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
<i>phenytek</i> CAPS 200mg, 300mg	2	
<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	

Drug Name		Drug Tier	Requirements/Limits
rufinamide SUSP 40mg/ml		5	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg		4	QL (480 tabs / 30 days), PA
rufinamide 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)
subvenite 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	
topiramate CPSP 15mg, 25mg		3	
topiramate TABS 25mg, 50mg, 100mg, 200mg		2	
valproate sodium SOLN 100mg/ml		4	
valproate sodium SOLN 250mg/5ml		3	
valproic acid 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	
vigabatrin PACK 500mg		5	QL (180 packets / 30 days), LA, PA
vigabatrin TABS 500mg		5	QL (180 tabs / 30 days), LA, PA
vigadroner PACK 500mg		5	QL (180 packets / 30 days), LA, PA
vigadroner TABS 500mg		5	QL (180 tabs / 30 days), 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	

Drug Name	Drug Tier	Requirements/Limits
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), LA, PA

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<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	

Drug Name	Drug Tier	Requirements/Limits
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)
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	

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD KIT STARTER	4	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	4	
carb/levo orally disintegrating tab 25-100mg	4	
carb/levo orally disintegrating tab 25-250mg	4	
carbidopa TABS 25mg	4	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
rasagiline mesylate TABS .5mg, 1mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride</i> TABS .25mg,.5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<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 hcl</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	

Drug Name		Drug Tier	Requirements/Limits
<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)	
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), LA, PA	
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), 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)	

Drug Name		Drug Tier	Requirements/Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg		2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)	
<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), PA	
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), PA	
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), PA	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<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>dexamphetamine hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexamphetamine 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>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days), PA
<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
<i>VYVANSE CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), PA
<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

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), 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)
NURTEC 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)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), LA, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), 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), LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA 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), PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), PA
<i>dalfampridine</i> TB12 10mg	3	PA

Drug Name		Drug Tier	Requirements/Limits
<i>dimethyl fumarate</i>	CPDR 120mg	5	QL (14 caps / 7 days), PA
<i>dimethyl fumarate</i>	CPDR 240mg	5	QL (60 caps / 30 days), PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>		5	PA
<i>fingolimod hcl</i>	CAPS .5mg	5	QL (28 caps / 28 days), PA
<i>glatiramer acetate</i>	SOSY 20mg/ml	5	QL (30 syringes / 30 days), PA
<i>glatiramer acetate</i>	SOSY 40mg/ml	5	QL (12 syringes / 28 days), PA
<i>glatopa</i>	SOSY 20mg/ml	5	QL (30 syringes / 30 days), PA
<i>glatopa</i>	SOSY 40mg/ml	5	QL (12 syringes / 28 days), PA
KESIMPTA	SOAJ 20mg/0.4ml	5	QL (16 pens / year), LA, PA

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), LA, PA
XYREM	SOLN 500mg/ml	5	QL (540 mL / 30 days), 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)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	3	
disulfiram TABS 250mg, 500mg	3	
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	3	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
VIVITROL SUSR 380mg	5	

ENDOCRINE AND METABOLIC

ANDROGENS

depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	4	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA

ANTIDIABETICS

acarbose 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)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	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)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide 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
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide 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)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 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)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	4	

Drug Name		Drug Tier	Requirements/Limits
<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	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)	
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3		
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4		
TERIPARATIDE SOPN 620mcg/2.48ml	5	PA	
XGEVA SOLN 120mg/1.7ml	5	PA	
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D	

CHELATING AGENTS

<i>CHEMET</i> CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 125mg, 250mg, 500mg	5	PA
<i>deferasirox</i> TABS 90mg	3	PA
<i>LOKELMA</i> PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	PA
<i>VELTASSA</i> PACK 8.4gm, 16.8gm, 25.2gm	3	

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel</i>	3	
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethynodiolide (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethynodiolide tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethynodiolide tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	3	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutera</i>	2	
<i>lyeq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	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 TABS .35mg</i>	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 TABS .35mg</i>	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarrylla</i>	3	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	3	
<i>tri-lo-estarrylla</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<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>vienna</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</i> CAPS 50mg, 100mg, 200mg	4
<i>SYNAREL</i> SOLN 2mg/ml	5

ESTROGENS

<i>amabelz</i>	3
<i>DELESTROGEN</i> OIL 10mg/ml	4
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2
<i>estradiol & norethindrone acetate tab 0.5-</i> <i>0.1 mg</i>	3
<i>estradiol & norethindrone acetate tab 1-0.5</i> <i>mg</i>	3
<i>estradiol vaginal</i> CREA .1mg/gm	3
<i>estradiol vaginal</i> TABS 10mcg	4
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4
<i>fyavolv tab 0.5mg-2.5mcg</i>	3
<i>fyavolv tab 1mg-5mcg</i>	3
<i>jinteli</i>	3

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	3	
<i>yuvafem</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
<i>DEXAMETHASONE INTENSOL CONC</i> 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	3	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
<i>PREDNISONE INTENSOL CONC</i> 5mg/ml	4	B/D
<i>SOLU-CORTEF</i> SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
<i>GVOKE HYPOOPEN 2-PACK SOAJ</i> .5mg/0.1ml, 1mg/0.2ml	3	
<i>GVOKE KIT</i> SOLN 1mg/0.2ml	3	
<i>GVOKE PFS SOSY</i> .5mg/0.1ml, 1mg/0.2ml	3	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	LA, PA
<i>betaine powder for oral solution</i>	5	LA
<i>cabergoline TABS .5mg</i>	3	
<i>carglumic acid TBSO 200mg</i>	5	LA, PA
CERDELGA CAPS 84mg	5	LA, PA
CEREZYME SOLR 400unit	5	LA, PA
<i>cinacalcet hcl TABS 30mg</i>	4	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl TABS 60mg</i>	5	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl TABS 90mg</i>	5	B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	4	LA, PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	5	
<i>desmopressin acetate TABS .1mg, .2mg</i>	3	
<i>desmopressin acetate spray SOLN .01%</i>	4	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	4	
FABRAZYME SOLR 5mg, 35mg	5	LA, PA
GENOTROPIN CART 5mg, 12mg	5	PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	PA
INCRELEX SOLN 40mg/4ml	5	LA, PA
<i>javygtor PACK 100mg, 500mg; TABS 100mg</i>	5	LA, PA
KORLYM TABS 300mg	5	LA, PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg</i>	4	B/D
LUMIZYME SOLR 50mg	5	LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	PA
<i>miglustat CAPS 100mg</i>	5	QL (90 caps / 30 days), PA
NAGLAZYME SOLN 1mg/ml	5	LA, PA
<i>nitisinone CAPS 2mg, 5mg, 10mg, 20mg</i>	5	PA
<i>octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml</i>	4	PA
<i>octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml</i>	5	PA
<i>raloxifene hcl TABS 60mg</i>	3	

Drug Name		Drug Tier	Requirements/Limits
sapropterin dihydrochloride	PACK 100mg, 500mg; TABS 100mg	5	PA
SIGNIFOR SOLN	.3mg/ml, .6mg/ml, .9mg/ml	5	LA, PA
sodium phenylbutyrate	POWD 3gm/tsp; TABS 500mg	5	PA
SOMATULINE DEPOT	SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	LA, PA
SOMAVERT SOLR	10mg, 15mg, 20mg, 25mg, 30mg	5	LA, PA

PHOSPHATE BINDER AGENTS

calcium acetate (phosphate binder)	CAPS 667mg	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder)	TABS 667mg	3	QL (360 tabs / 30 days)
sevelamer carbonate	PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate	PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate	TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW	500mg	5	QL (180 tabs / 30 days)

PROGESTINS

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

THYROID AGENTS

euthyrox	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl	TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium	TABS 5mcg, 25mcg, 50mcg	3	
methimazole	TABS 5mg, 10mg	1	
propylthiouracil	TABS 50mg	3	

Drug Name		Drug Tier	Requirements/Limits
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	
<i>RAYALDEE</i> 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>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4		
<i>gransetron 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		
<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	

Drug Name	Drug Tier	Requirements/Limits
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<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 20 mg/50ml</i>	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	
<i>GOLYTELY</i> SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>PLENUVU</i> SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177ml</i>	4	

Drug Name		Drug Tier	Requirements/Limits
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</i> 2.5-0.025 mg/5ml	4		
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3		
GATTEX KIT 5mg	5		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), 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		
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)

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

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl TB24 10mg</i> 2 QL (30 tabs / 30 days)		
<i>dutasteride CAPS .5mg</i> 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 TABS 5mg</i> 1		
<i>silodosin CAPS 4mg, 8mg</i> 3 QL (30 caps / 30 days)		
<i>tamsulosin hcl CAPS .4mg</i> 2		
MISCELLANEOUS		
<i>acetic acid SOLN .25%</i> 2		
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i> 3		
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i> 4		
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide TB24 7.5mg, 15mg</i> 4 QL (30 tabs / 30 days), ST		
<i>fesoterodine fumarate TB24 4mg, 8mg</i> 4 QL (30 tabs / 30 days)		
<i>GEMTESA TABS 75mg</i> 4 QL (30 tabs / 30 days)		
<i>MYRBETRIQ SRER 8mg/ml</i> 4 QL (300 mL / 28 days)		
<i>MYRBETRIQ TB24 25mg, 50mg</i> 4 QL (30 tabs / 30 days)		
<i>oxybutynin chloride SOLN 5mg/5ml; TABS 5mg</i> 3		
<i>oxybutynin chloride TB24 5mg</i> 3 QL (30 tabs / 30 days)		
<i>oxybutynin chloride TB24 10mg, 15mg</i> 3 QL (60 tabs / 30 days)		
<i>solifenacina succinate TABS 5mg, 10mg</i> 4 QL (30 tabs / 30 days)		
<i>tolterodine tartrate CP24 2mg, 4mg</i> 4 QL (30 caps / 30 days), ST		
<i>tolterodine tartrate TABS 1mg, 2mg</i> 4 QL (60 tabs / 30 days)		
<i>trospium chloride CP24 60mg</i> 4 QL (30 caps / 30 days)		
<i>trospium chloride TABS 20mg</i> 3 QL (60 tabs / 30 days)		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal CREA 2%</i> 3		
<i>metronidazole vaginal GEL .75%</i> 3		
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i> 3		
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i> 4 QL (60 caps / 30 days)		
<i>ELIQUIS TABS 2.5mg</i> 3 QL (60 tabs / 30 days)		
<i>ELIQUIS TABS 5mg</i> 3 QL (74 tabs / 30 days)		
<i>ELIQUIS STARTER PACK TBPK 5mg</i> 3 QL (74 tabs / 30 days)		

Drug Name		Drug Tier	Requirements/Limits
<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	PA	
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	PA	
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	PA	
ZIEXTENZO SOSY 6mg/0.6ml	5	PA	
MISCELLANEOUS			
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4		
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), LA, PA	
<i>cilostazol</i> TABS 50mg, 100mg	2		
DOPTELET TABS 20mg	5	LA, PA	
DROXIA CAPS 200mg, 300mg, 400mg	3		
ENDARI PACK 5gm	5	LA, PA	
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), LA, PA	
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), LA, PA	

Drug Name		Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOSY 30mg/3ml		5	QL (9 syringes / 30 days), PA
<i>pentoxifylline</i> TBCR 400mg		2	
PROMACTA PACK 12.5mg		5	QL (360 packets / 30 days), LA, PA
PROMACTA PACK 25mg		5	QL (180 packets / 30 days), LA, PA
PROMACTA TABS 12.5mg, 25mg		5	QL (30 tabs / 30 days), LA, PA
PROMACTA TABS 50mg, 75mg		5	QL (60 tabs / 30 days), LA, PA
<i>sajazir</i> SOSY 30mg/3ml		5	QL (9 syringes / 30 days), 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	
<i>BRILINTA</i> 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	PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg		5	QL (16 vials / 28 days), PA
ENBREL SOSY 25mg/0.5ml		5	QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml		5	QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml		5	QL (8 cartridges / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml		5	QL (8 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml		5	QL (2 syringes / 28 days), PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml		5	QL (6 syringes / 28 days), PA
HUMIRA PEDIA INJ CROHNS		5	PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml		5	PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml		5	QL (6 pens / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	5	PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	PA
INFILIXIMAB SOLR 100mg	5	LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), PA
REMICADE SOLR 100mg	5	LA, PA
RENFLEXIS SOLR 100mg	5	LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), LA, PA
STELARA SOLN 130mg/26ml	5	LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), LA, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

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

Drug Name		Drug Tier	Requirements/Limits
XATMEP SOLN 2.5mg/ml		4	B/D
IMMUNOGLOBULINS			
BIVIGAM SOLN 5gm/50ml, 10%		5	LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml		5	PA
GAMASTAN INJ		4	B/D, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml		5	PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm		5	PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml		5	PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml		5	LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml		5	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	PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml		5	PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml		5	PA
IMMUNOMODULATORS			
ACTIMMUNE SOLN 2000000unit/0.5ml		5	LA, PA
ARCALYST SOLR 220mg		5	LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit		5	B/D, LA
IMMUNOSUPPRESSANTS			
azathioprine TABS 50mg		3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml		5	QL (8 syringes / 28 days), LA, PA
BENLYSTA SOLR 120mg, 400mg		5	LA, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml		4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml		4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg		5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</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	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	4	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	
DENGVAXIA 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	
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	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D5W/LYTES INJ #48	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3
<i>dextrose 5% in lactated ringers</i>	3
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3
<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% &</i>	3
<i>nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	3
<i>nacl 0.2% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	3
<i>nacl 0.9% inj</i>	

Drug Name	Drug Tier Requirements/Limits
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3
kcl 40 meq/l (0.3%) in nacl 0.9% inj	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</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3
<i>magnesium sulfate</i> in dextrose 5% iv soln 1 gm/100ml	3
MG SO4/D5W INJ 10MG/ML	3
<i>multiple electrolytes</i> ph 5.5	4
<i>multiple electrolytes</i> ph 7.4	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</i> SOLN 2meq/ml	3
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4
<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

klor-con PACK 20meq	4
klor-con 8 TBCR 8meq	2
klor-con 10 TBCR 10meq	2
klor-con m10 TBCR 10meq	2
klor-con m15 TBCR 15meq	3

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

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>clenisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%, 70%</i>	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<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	

Drug Name	Drug Tier Requirements/Limits
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2
TOBRADEX OIN 0.3-0.1%	3
TOBRADEX ST SUS 0.3-0.05	3
tobramycin-dexamethasone ophth susp 0.3-0.1%	4
ZYLET SUS 0.5-0.3%	3
ANTI-INFECTIVES	
bacitracin (ophthalmic) OINT 500unit/gm	3
bacitracin-polymyxin b ophth oint	2
BESIVANCE SUSP .6%	3
CILOXAN OINT .3%	3
ciprofloxacin hcl (ophth) SOLN .3%	2
erythromycin (ophth) OINT 5mg/gm	2
gatifloxacin (ophth) SOLN .5%	3
gentak OINT .3%	3
gentamicin sulfate (ophth) SOLN .3%	2
moxifloxacin hcl (ophth) SOLN .5%	3
NATACYN SUSP 5%	4
neo-polycin 5(3.5)mg-400unt-10000unt op oin	3
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin	3
neomycin-polomy-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml	3
ofloxacin (ophth) SOLN .3%	2
polycin ophth oint	2
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	3
tobramycin (ophth) SOLN .3%	1
trifluridine SOLN 1%	4
ZIRGAN GEL .15%	4
ANTI-INFLAMMATORIES	
ALREX SUSP .2%	3
bromfenac sodium (ophth) SOLN .09%	4
BROMSITE SOLN .075%	4
dexamethasone sodium phosphate (ophth) SOLN .1%	3
diclofenac sodium (ophth) SOLN .1%	2
diluprednate EMUL .05%	4
EYSUVIS SUSP .25%	4
FLAREX SUSP .1%	4
fluorometholone (ophth) SUSP .1%	3

Drug Name	Drug Tier	Requirements/Limits
<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	
ZERVIATE 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 .1%	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> 2-0.5%	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<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	LA, PA
CYSTARAN SOLN .44%	5	LA, PA
<i>proparacaine hcl</i> SOLN .5%	3	

Drug Name	Drug Tier	Requirements/Limits
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 OIL .01%</i>	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)
<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)</i> SOLN .03%, .06%	3	
SPIRIVA HANDIHALER CAPS 18mcg	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	4	QL (1 inhaler / 30 days)

ANTIHISTAMINES

<i>azelastine hcl</i> SOLN .1%, .15%	3	
--------------------------------------	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
<i>ARALAST NP</i> SOLR 500mg, 1000mg	5	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)
<i>FASENRA</i> SOSY 30mg/ml	5	LA, PA
<i>FASENRA PEN</i> SOAJ 30mg/ml	5	LA, PA
<i>KALYDECO</i> PACK 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), LA, PA
<i>KALYDECO</i> TABS 150mg	5	QL (60 tabs / 30 days), LA, PA
<i>OFEV</i> CAPS 100mg, 150mg	5	QL (60 caps / 30 days), LA, PA
<i>ORKAMBI GRA</i> 75-94MG	5	QL (56 packs / 28 days), LA, PA
<i>ORKAMBI GRA</i> 100-125	5	QL (56 packs / 28 days), LA, PA
<i>ORKAMBI GRA</i> 150-188	5	QL (56 packs / 28 days), LA, PA
<i>ORKAMBI TAB</i> 100-125	5	QL (112 tabs / 28 days), LA, PA
<i>ORKAMBI TAB</i> 200-125	5	QL (112 tabs / 28 days), LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), PA
<i>PROLASTIN-C</i> SOLN 1000mg/20ml; SOLR 1000mg	5	LA, PA
<i>PULMOZYME</i> SOLN 2.5mg/2.5ml	5	PA
<i>roflumilast</i> TABS 250mcg, 500mcg	3	
<i>SYMDEKO TAB</i> 50-75MG	5	QL (56 tabs / 28 days), LA, PA
<i>SYMDEKO TAB</i> 100-150	5	QL (56 tabs / 28 days), LA, PA
<i>SYMJEPI</i> SOSY .15mg/0.3ml, .3mg/0.3ml	4	
<i>THEO-24 CP24</i> 100mg, 200mg, 300mg, 400mg	4	

Drug Name		Drug Tier	Requirements/Limits
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg		4	
<i>theophylline</i> TB24 400mg, 600mg		3	
TRIKAFTA PAK 59.5MG		5	QL (56 packs / 28 days), LA, PA
TRIKAFTA PAK 75MG		5	QL (56 packs / 28 days), LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG		5	QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG		5	QL (84 tabs / 28 days), LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml		5	LA, PA
ZEMAIRA SOLR 1000mg		5	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 50-25MCG	3	QL (60 blisters / 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

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

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate (topical) CREA .1%	4	QL (30 gm / 30 days)
gentamicin sulfate (topical) OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	3	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ketoconazole (topical) CREA 2%	3	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL (60 gm / 30 days)
DERMATOLOGY, ANTI-PSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene OINT .005%	4	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	4	QL (120 mL / 30 days), PA
calcitrene OINT .005%	4	QL (120 gm / 30 days), PA
tazarotene CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
ala-cort CREA 2.5%	2	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%	3	QL (60 gm / 30 days)
clobetasol propionate GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	4	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (60 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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
<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), PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>FINACEA</i> FOAM 15%	4	QL (50 gm / 30 days)

Drug Name		Drug Tier	Requirements/Limits
<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>procosol hc</i> CREA 2.5%	3		
<i>protozone-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), 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

REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	17
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	18
<i>ABELCET</i>	16
<i>ABILIFY MAINTENA</i>	47
<i>abiraterone acetate</i>	24
<i>ABRYSVO</i>	74
<i>acamprosate calcium</i>	53
<i>acarbose</i>	54
<i>accutane</i>	84
<i>acebutolol hcl</i>	36
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	13
<i>acetaminophen w/ codeine tab 300-15 mg</i>	13
<i>acetaminophen w/ codeine tab 300-30 mg</i>	13
<i>acetaminophen w/ codeine tab 300-60 mg</i>	13
<i>acetazolamide</i>	37
<i>acetic acid</i>	69
<i>acetic acid (otic)</i>	80
<i>acetylcysteine</i>	82
<i>acitretin</i>	85
<i>ACTHIB INJ</i>	74
<i>ACTIMMUNE</i>	73
<i>acyclovir</i>	19
<i>acyclovir sodium</i>	19
<i>ADACEL INJ</i>	74
<i>adefovir dipivoxil</i>	19
<i>ADEMPAS</i>	39
<i>ADRENALIN</i>	38
<i>ADVAIR DISKU AER 100/50</i>	83
<i>ADVAIR DISKU AER 250/50</i>	83
<i>ADVAIR DISKU AER 500/50</i>	83
<i>ADVAIR HFA AER 115/21</i>	84
<i>ADVAIR HFA AER 230/21</i>	84
<i>ADVAIR HFA AER 45/21</i>	84
<i>afirmelle</i>	58
<i>AIMOVIG</i>	51
<i>ala-cort</i>	85
<i>albendazole</i>	14
<i>albuterol sulfate</i>	81
<i>alclometasone dipropionate</i>	85
<i>ALDURAZYME</i>	64
<i>ALECENSA</i>	26
<i>alendronate sodium</i>	57, 58
<i>alfuzosin hcl</i>	69
<i>aliskiren fumarate</i>	38
<i>allopurinol</i>	12
<i>alosetron hcl</i>	68
<i>ALPHAGAN P</i>	79
<i>alprazolam</i>	40
<i>ALREX</i>	78
<i>altavera</i>	58
<i>ALTOPREV</i>	35
<i>ALUNBRIG</i>	26
<i>ALUNBRIG PAK</i>	26
<i>alyacen 1/35</i>	58
<i>alyacen 7/7/7</i>	58
<i>alyq</i>	39
<i>amabelz</i>	62
<i>amantadine hcl</i>	46
<i>ambrisentan</i>	39
<i>amikacin sulfate</i>	14
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	37
<i>amiloride hcl</i>	37
<i>amiodarone hcl</i>	34
<i>amitriptyline hcl</i>	44
<i>amlodipine besylate</i>	36
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	38
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	38

<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	38
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-40 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>2.5-10 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-10 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-20 mg</i>	31
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	31
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	32
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	32
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	32
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	32
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	32
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	33
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	32
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	32
<i>amnesteem</i>	84
<i>amoxapine</i>	44
<i>amoxicillin</i>	21
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	21
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	21
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	22
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	22
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	22
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	22
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	22

<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	22
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	22
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	22
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	49
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	49
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	49
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	49
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	49
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	49
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	49
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	49
<i>amphetamine-dextroamphetamine tab</i>	
<i>15 mg</i>	50
<i>amphetamine-dextroamphetamine tab</i>	
<i>20 mg</i>	50
<i>amphetamine-dextroamphetamine tab</i>	
<i>30 mg</i>	50
<i>amphetamine-dextroamphetamine tab</i>	
<i>5 mg</i>	49
<i>amphetamine-dextroamphetamine tab</i>	
<i>7.5 mg</i>	49
<i>amphotericin b</i>	16
<i>amphotericin b liposome</i>	16
<i>ampicillin</i>	22
<i>ampicillin & sulbactam sodium for inj</i>	
<i>1.5 (1-0.5) gm</i>	22
<i>ampicillin & sulbactam sodium for inj</i>	
<i>3 (2-1) gm</i>	22
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 1.5 (1-0.5) gm</i>	22
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 15 (10-5) gm</i>	22
<i>ampicillin & sulbactam sodium for iv</i>	
<i>soln 3 (2-1) gm</i>	22
<i>ampicillin sodium</i>	22
<i>anagrelide hcl</i>	70

<i>anastrozole</i>	24
ANORO ELLIPT AER 62.5-25	80
<i>aprepitant</i>	66
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	66
<i>apri</i>	58
APTIOM	40
APTIVUS	17
ARALAST NP	82
<i>aranelle</i>	58
ARCALYST	73
AREXVY	74
<i>arformoterol tartrate</i>	81
<i>ariPIPrazole</i>	47
ARISTADA	47
ARISTADA INITIO	47
<i>armodafinil</i>	53
ARNUITY ELLIPTA	83
<i>asenapine maleate</i>	47
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	71
<i>atazanavir sulfate</i>	17
<i>atenolol</i>	36
<i>atenolol & chlorthalidone tab 100-25 mg</i>	36
<i>atenolol & chlorthalidone tab 50-25 mg</i>	36
<i>atomoxetine hcl</i>	50
<i>atorvastatin calcium</i>	35
<i>atovaquone</i>	14
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	17
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	17
ATROPINE SULFATE	79
<i>atropine sulfate (ophthalmic)</i>	79
ATROVENT HFA	80
<i>aubra eq</i>	58
<i>aurovela 1/20</i>	58
<i>aurovela fe 1/20</i>	59
<i>aurovela fe 1.5/30</i>	59
AUSTEDO	52
AUSTEDO XR	52
AUSTEDO XR TAB TITR KIT	52
AUVELITY TAB 45-105MG	44
<i>aviane</i>	59
<i>ayuna</i>	59

AYVAKIT	26
<i>azacitidine</i>	24
<i>azathioprine</i>	73
<i>azelaic acid</i>	86
<i>azelastine hcl</i>	80
<i>azelastine hcl (ophth)</i>	79
<i>azithromycin</i>	21
<i>aztreonam</i>	14
<i>azurette</i>	59
B	
<i>bacitracin (ophthalmic)</i>	78
<i>bacitracin-polymyxin b ophth oint</i>	78
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	77
<i>baclofen</i>	53
BAFIERTAM	52
<i>balsalazide disodium</i>	67
BALVERSA	26
<i>balziva</i>	59
BARACLUDE	19
BASAGLAR KWIKPEN	56
BCG VACCINE	74
BD ALCOHOL SWABS	56
BELSOMRA	51
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	31
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	31
<i>benazepril hcl</i>	32
BENDEKA	23
BENLYSTA	73
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	84
<i>benztropine mesylate</i>	46
BERINERT	70
BESIVANCE	78
BESREMI	25
<i>betaine powder for oral solution</i>	64
<i>betamethasone dipropionate (topical)</i>	85
<i>betamethasone dipropionate augmented</i>	85
<i>betamethasone valerate</i>	85

BETASERON	52
betaxolol hcl (ophth)	79
bethanechol chloride	69
BETOPTIC-S	79
BEVESPI AER 9-4.8MCG	80
bexarotene.....	25
bexarotene (<i>topical</i>)	86
BEXSERO INJ	74
bicalutamide.....	24
BICILLIN L-A	22
BIKTARVY TAB 30-120-15 MG.....	18
BIKTARVY TAB 50-200-25 MG.....	18
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	36
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	36
bisoprolol & hydrochlorothiazide tab 5- 6.25 mg	36
bisoprolol fumarate	36
BIVIGAM.....	73
blisovi fe 1.5/30.....	59
BOOSTRIX INJ	74
bortezomib.....	26
BORTEZOMIB	26
bosentan	39
BOSULIF	26
BRAFTOVI	26
BREO ELLIPTA INH 100-25	84
BREO ELLIPTA INH 200-25	84
BREO ELLIPTA INH 50-25MCG	84
BREZTRI AERO AER SPHERE	80
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	80
briellyn	59
BRILINTA	71
brimonidine tartrate	79
brinzolamide	79
BRIVIACT.....	40
bromfenac sodium (ophth)	78
bromocriptine mesylate	46
BROMSITE	78
BRUKINSA	26
budesonide	67
budesonide (<i>inhalation</i>)	83
bumetanide.....	37
buprenorphine hcl	53
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>12-3 mg (base equiv)</i>	54
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>2-0.5 mg (base equiv)</i>	53
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i>	53
<i>buprenorphine hcl-naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i>	54
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>2-0.5 mg (base equiv)</i>	54
<i>buprenorphine hcl-naloxone hcl sl tab</i> <i>8-2 mg (base equiv)</i>	54
<i>bupropion hcl</i>	44
<i>bupropion hcl (smoking deterrent)</i> ..	54
<i>buspirone hcl</i>	40
<i>butorphanol tartrate</i>	13
BYDUREON BCISE	54
BYETTA.....	54
C	
<i>cabergoline</i>	64
CABOMETYX	26
<i>calcipotriene</i>	85
<i>calcitonin (salmon) spray</i>	58
<i>calcitrene</i>	85
<i>calcitriol</i>	66
<i>calcitriol (oral)</i>	66
<i>calcium acetate (phosphate binder)</i> ..	65
CALQUENCE	26
<i>camila</i>	59
<i>candesartan cilexetil</i>	34
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	33
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	33
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> ..	33
CAPLYTA	47
CAPRELSA	26
<i>captoril</i>	32
<i>captoril & hydrochlorothiazide tab 25- 15 mg.</i>	31
<i>captoril & hydrochlorothiazide tab 25- 25 mg.</i>	31
<i>captoril & hydrochlorothiazide tab 50- 15 mg.</i>	31

<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	31
<i>carb/levo orally disintegrating tab 10-100mg</i>	46
<i>carb/levo orally disintegrating tab 25-100mg</i>	46
<i>carb/levo orally disintegrating tab 25-250mg</i>	46
<i>carbamazepine</i>	40
<i>carbidopa</i>	46
<i>carbidopa & levodopa tab 10-100 mg</i>	46
<i>carbidopa & levodopa tab 25-100 mg</i>	46
<i>carbidopa & levodopa tab 25-250 mg</i>	46
<i>carbidopa & levodopa tab er 25-100 mg</i>	46
<i>carbidopa & levodopa tab er 50-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	46
<i>carboplatin</i>	23
<i>carglumic acid</i>	64
<i>carteolol hcl (ophth)</i>	79
<i>cartia xt</i>	37
<i>carvedilol</i>	36
<i>caspofungin acetate</i>	16
<i>CAYSTON</i>	14
<i>cefaclor</i>	20
<i>CEFACLOR ER</i>	20
<i>cefadroxil</i>	20
<i>CEFAZOLIN</i>	20
<i>CEFAZOLIN INJ 1GM/50ML</i>	20
<i>cefazolin sodium</i>	20
<i>CEFAZOLIN SOLN 2GM/100ML-4%</i>	20
<i>cefdinir</i>	20
<i>cefepime hcl</i>	20
<i>cefixime</i>	20
<i>cefoxitin sodium</i>	20

<i>cefpodoxime proxetil</i>	20
<i>cefprozil</i>	20
<i>ceftazidime</i>	20
<i>ceftriaxone sodium</i>	20
<i>cefuroxime axetil</i>	20
<i>cefuroxime sodium</i>	20
<i>celecoxib</i>	12
<i>CELONTIN</i>	40
<i>cephalexin</i>	20, 21
<i>CERDELGA</i>	64
<i>CEREZYME</i>	64
<i>cetirizine hcl</i>	81
<i>cevimeline hcl</i>	87
<i>chateal</i>	59
<i>CHEMET</i>	58
<i>chlorhexidine gluconate (mouth-throat)</i>	87
<i>chloroquine phosphate</i>	17
<i>chlorpromazine hcl</i>	47
<i>chlorthalidone</i>	37
<i>cholestyramine</i>	35
<i>cholestyramine light</i>	35
<i>choline fenofibrate</i>	35
<i>ciclopirox olamine</i>	84
<i>cilostazol</i>	70
<i>CILOXAN</i>	78
<i>CIMDUO TAB 300-300</i>	18
<i>cinacalcet hcl</i>	64
<i>CIPRO</i>	21
<i>ciprofloxacin 200 mg/100ml in d5w</i>	21
<i>ciprofloxacin 400 mg/200ml in d5w</i>	21
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	80
<i>ciprofloxacin hcl</i>	21
<i>ciprofloxacin hcl (ophth)</i>	78
<i>CIPRO HC SUS OTIC</i>	80
<i>cisplatin</i>	23
<i>citalopram hydrobromide</i>	44
<i>claravis</i>	84
<i>clarithromycin</i>	21
<i>clindamycin hcl</i>	14
<i>clindamycin palmitate hydrochloride</i>	14
<i>clindamycin phosphate</i>	14
<i>clindamycin phosphate (topical)</i>	84
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml.</i>	14

<i>clindamycin phosphate in d5w iv soln</i>	
<i>600 mg/50ml</i>	14
<i>clindamycin phosphate in d5w iv soln</i>	
<i>900 mg/50ml</i>	14
<i>clindamycin phosphate vaginal</i>	69
CLINDMYC/NAC INJ 300/50ML	14
CLINDMYC/NAC INJ 600/50ML	14
CLINDMYC/NAC INJ 900/50ML	14
CLINIMIX INJ 4.25/D10	77
CLINIMIX INJ 4.25/D5W	77
CLINIMIX INJ 5%/D15W	77
CLINIMIX INJ 5%/D20W	77
CLINIMIX INJ 6/5	77
CLINIMIX INJ 8/10	77
CLINIMIX INJ 8/14	77
<i>clinisol sf 15%</i>	77
CLINOLIPID EMU 20%	77
<i>clobazam</i>	40
<i>clobetasol propionate</i>	85
<i>clobetasol propionate e</i>	85
<i>clomipramine hcl</i>	44
<i>clonazepam</i>	40
<i>clonidine</i>	38
<i>clonidine hcl</i>	38
<i>clopidogrel bisulfate</i>	71
<i>clorazepate dipotassium</i>	40
<i>clotrimazole</i>	87
<i>clotrimazole (topical)</i>	84
<i>clotrimazole w/ betamethasone cream</i>	
<i>1-0.05%</i>	84
<i>clozapine</i>	47
COARTEM TAB 20-120MG.....	17
<i>colchicine</i>	12
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	12
<i>colesevelam hcl</i>	35
<i>colestipol hcl</i>	35
<i>colistimethate sodium</i>	14
COMBIGAN SOL 0.2/0.5%	79
COMBIVENT AER 20-100	80
COMETRIQ (60MG DOSE)	26
COMETRIQ KIT 100MG.....	26
COMETRIQ KIT 140MG.....	26
COMPLERA TAB.....	18
<i>compro</i>	66
<i>constulose</i>	67
COPIKTRA	26
CORLANOR.....	38
COTELLIC	26
CREON CAP 12000UNT	68
CREON CAP 24000UNT	68
CREON CAP 3000UNIT	68
CREON CAP 36000UNT	68
CREON CAP 6000UNIT	68
<i>cromolyn sodium</i>	82
<i>cromolyn sodium (mastocytosis)</i>	68
<i>cromolyn sodium (ophth)</i>	79
<i>cryselle-28</i>	59
<i>cyclobenzaprine hcl</i>	53
<i>cyclophosphamide</i>	23
CYCLOPHOSPHAMIDE	23
CYCLOPHOSPHAMIDE MONOHYDR.....	23
<i>cycloserine</i>	19
<i>cyclosporine</i>	73
<i>cyclosporine modified (for microemulsion)</i>	73
<i>cyproheptadine hcl</i>	81
<i>cyred eq</i>	59
CYSTADROPS	79
CYSTAGON	64
CYSTARAN	79
<i>cytarabine</i>	24
D	
D10W/NACL INJ 0.2%	75
D2.5W/NACL INJ 0.45%.....	75
D5W/LYTES INJ #48.....	75
<i>dabigatran etexilate mesylate</i>	69
<i>dalfampridine</i>	52
<i>danazol</i>	62
<i>dantrolene sodium</i>	53
<i>dapsone</i>	15
DAPTACEL INJ	74
<i>daptomycin</i>	15
DAPTO MYCIN	15
<i>darifenacin hydrobromide</i>	69
<i>darunavir</i>	17
<i>dasetta 1/35</i>	59
<i>dasetta 7/7/7</i>	59
DAURISMO.....	26
DAYVIGO	51
<i>deblitane</i>	59
<i>deferasirox</i>	58
DELESTROGEN	62
DELSTRIGO TAB	18

DENGVAXIA SUS.....	74
<i>depo-testosterone</i>	54
DESCOVY TAB 120-15MG	18
DESCOVY TAB 200/25MG	18
<i>desipramine hcl</i>	44
<i>desloratadine</i>	81
<i>desmopressin acetate</i>	64
<i>desmopressin acetate spray</i>	64
<i>refrigerated</i>	64
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	59
<i>desogestrel & ethynodiol dihydrogesterone tab 0.15 mg-30 mcg</i>	59
<i>desvenlafaxine succinate</i>	44
<i>dexamethasone</i>	63
DEXAMETHASONE INTENSOL.....	63
<i>dexamethasone sodium phosphate</i> ...63	
<i>dexamethasone sodium phosphate (ophth)</i>	78
<i>dexmethylphenidate hcl</i>	50
<i>dextrose</i>	77
<i>dextrose 10% w/ sodium chloride 0.45%</i>	75
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	75
<i>dextrose 5% in lactated ringers</i>	75
<i>dextrose 5% w/ sodium chloride 0.2%</i>	75
<i>dextrose 5% w/ sodium chloride 0.225%</i>	75
<i>dextrose 5% w/ sodium chloride 0.3%</i>	75
<i>dextrose 5% w/ sodium chloride 0.45%</i>	75
<i>dextrose 5% w/ sodium chloride 0.9%</i>	75
DIACOMIT	40, 41
<i>diazepam</i>	41
<i>diazepam (anticonvulsant)</i>	41
<i>diazepam inj</i>	41
<i>diazoxide</i>	63
<i>diclofenac potassium</i>	12
<i>diclofenac sodium</i>	12
<i>diclofenac sodium (ophth)</i>	78
<i>diclofenac sodium (topical)</i>	86
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	12
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	12
<i>dicloxacillin sodium</i>	22
<i>dicyclomine hcl</i>	67
DIFICID	21
<i>diflunisal</i>	12
<i>dilfluprednate</i>	78
<i>digoxin</i>	39
<i>dihydroergotamine mesylate</i>	51
DILANTIN	41
DILANTIN-125	41
DILANTIN INFATABS	41
<i>diltiazem hcl</i>	37
<i>diltiazem hcl coated beads</i>	37
<i>diltiazem hcl extended release beads</i>	37
<i>dilt-xr</i>	37
<i>dimethyl fumarate</i>	53
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	53
DIP/TET PED INJ 25-5LFU	74
<i>diphenhydramine hcl</i>	81
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	68
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	68
<i>dipyridamole</i>	71
<i>disopyramide phosphate</i>	34
<i>disulfiram</i>	54
<i>divalproex sodium</i>	41
<i>docetaxel</i>	25
DOCETAXEL	25
<i>dofetilide</i>	34
<i>donepezil hydrochloride</i>	44
DOPTELET	70
<i>dorzolamide hcl</i>	79
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	79
<i>dotti</i>	62
DOVATO TAB 50-300MG	18
<i>doxazosin mesylate</i>	32
<i>doxepin hcl</i>	44
<i>doxepin hcl (sleep)</i>	51
<i>doxercalciferol</i>	66
<i>doxorubicin hcl</i>	24
<i>doxorubicin hcl liposomal</i>	24

<i>doxy</i> 100	23
<i>doxycycline (monohydrate)</i>	23
<i>doxycycline hyclate</i>	23
DRIZALMA SPRINKLE.....	45
<i>dronabinol</i>	66
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	59
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	59
DROXIA.....	70
<i>droxidopa</i>	39
<i>duloxetine hcl</i>	45
DUPIXENT.....	71
<i>dutasteride</i>	69
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	69
E	
<i>e.e.s. 400</i>	21
<i>ec-naproxen</i>	12
EDARBI	34
EDARBYCLOR TAB 40-12.5	33
EDARBYCLOR TAB 40-25MG	33
EDURANT	17
<i>efavirenz</i>	17
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	18
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	18
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	18
ELIGARD.....	24
<i>elinet</i>	59
ELIQUIS	69
ELIQUIS STARTER PACK	69
ELLENCE.....	24
<i>eluryng</i>	59
EMCYT.....	24
<i>emoquette</i>	59
EMSAM	45
<i>emtricitabine</i>	17
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	18
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	18
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	18

<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	18
EMTRIVA.....	17
EMVERM	15
<i>enalapril maleate</i>	32
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	31
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	31
ENBREL	71
ENBREL MINI.....	71
ENBREL SURECLICK	71
ENDARI	70
<i>endocet tab 10-325mg</i>	13
<i>endocet tab 2.5-325mg</i>	13
<i>endocet tab 5-325mg</i>	13
<i>endocet tab 7.5-325mg</i>	13
ENGERIX-B	74
<i>enilloring</i>	59
<i>enoxaparin sodium</i>	70
<i>enpresse-28</i>	59
<i>enskyce</i>	59
ENSTILAR AER.....	86
<i>entacapone</i>	46
<i>entecavir</i>	19
ENTRESTO TAB 24-26MG	33
ENTRESTO TAB 49-51MG	33
ENTRESTO TAB 97-103MG	33
<i>enulose</i>	67
EPCLUSA PAK 150-37.5	19
EPCLUSA PAK 200-50MG.....	19
EPCLUSA TAB 200-50MG.....	19
EPCLUSA TAB 400-100	19
EPIDIOLEX	41
<i>epinephrine (anaphylaxis)</i>	39, 82
<i>epitol</i>	41
EPIVIR HBV	19
<i>eplerenone</i>	32
EPRONTIA.....	41
<i>ergotamine w/ caffeine tab 1-100 mg</i>	51
ERIVEDGE.....	26
ERLEADA	24
<i>erlotinib hcl</i>	26
<i>errin</i>	59
<i>ertapenem sodium</i>	15
<i>ery</i>	84

ery-tab	21
ERYTHROCIN LACTOBIONATE	21
erythrocin stearate.....	21
erythromycin (acne aid).....	84
erythromycin (ophth)	78
erythromycin base	21
erythromycin ethylsuccinate	21
erythromycin lactobionate	21
escitalopram oxalate	45
esomeprazole magnesium	68
estarrylla	59
estradiol	62
estradiol & norethindrone acetate tab 0.5-0.1 mg	62
estradiol & norethindrone acetate tab 1-0.5 mg.....	62
estradiol vaginal	62
estradiol valerate	62
ethambutol hcl	19
ethosuximide.....	41
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	59
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	59
etodolac.....	12
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	59
etoposide	25
etravirine	17
EUCRISA.....	86
EULEXIN	24
euthyrox	65
everolimus	26
everolimus (immunosuppressant)....	73
EVOTAZ TAB 300-150.....	18
exemestane	24
EXKIVITY	26
EYSUVIS	78
EZALLOR SPRINKLE.....	35
ezetimibe	35
ezetimibe-simvastatin tab 10-10 mg.	35
ezetimibe-simvastatin tab 10-20 mg.	35
ezetimibe-simvastatin tab 10-40 mg.	35
ezetimibe-simvastatin tab 10-80 mg.	35
F	
FABRAZYME	64
falmina	59
famciclovir	19
famotidine	67
famotidine in nacl 0.9% iv soln 20 mg/50ml	67
FANAPT	47
FANAPT PAK	47
FARXIGA.....	54
FASENRA	82
FASENRA PEN.....	82
febuxostat.....	12
felbamate	41
felodipine	37
femynor.....	59
fenofibrate	35
fenofibrate micronized	35
fentanyl	12
fentanyl citrate	13
fesoterodine fumarate	69
FETZIMA	45
FETZIMA CAP TITRATIO	45
FIASP FLEX INJ TOUCH	56
FIASP INJ 100/ML	56
FIASP PENFIL INJ U-100	56
FIASP PMPCRT INJ U-100	56
FINACEA	86
finasteride.....	69
fingolimod hcl	53
FINTEPLA	41
flac	80
FLAREX.....	78
FLEBOGAMMA DIF	73
flecainide acetate	34
FLOVENT DISKUS.....	83
FLOVENT HFA	83
fluconazole	16
fluconazole in nacl 0.9% inj 200 mg/100ml	16
fluconazole in nacl 0.9% inj 400 mg/200ml	16
flucytosine	16
fludrocortisone acetate	63
flunisolide (nasal).....	83
fluocinolone acetonide	86
fluocinolone acetonide (otic)	80
fluocinonide.....	86
fluocinonide emulsified base	86
fluorometholone (ophth)	78

<i>fluorouracil</i>	24
<i>fluorouracil (topical)</i>	87
<i>fluoxetine hcl</i>	45
<i>fluphenazine decanoate</i>	47
<i>fluphenazine hcl</i>	47
<i>flurbiprofen</i>	12
<i>flurbiprofen sodium</i>	79
<i>fluticasone propionate</i>	86
<i>fluticasone propionate (nasal)</i>	83
<i>fluvastatin sodium</i>	35
<i>fluvoxamine maleate</i>	40
<i>fondaparinux sodium</i>	70
<i>formoterol fumarate</i>	81
FORTEO	58
FOSAMAX + D TAB 70-2800	58
FOSAMAX + D TAB 70-5600	58
<i>fosamprenavir calcium</i>	17
<i>fosinopril sodium</i>	32
<i>fosinopril sodium & hydrochlorothiazide</i> tab 10-12.5 mg.....	31
<i>fosinopril sodium & hydrochlorothiazide</i> tab 20-12.5 mg.....	31
FOTIVDA	26
<i>fulvestrant</i>	24
<i>furosemide</i>	37, 38
<i>furosemide inj</i>	38
FUZEON	17
<i>fyavolv tab 0.5mg-2.5mcg</i>	62
<i>fyavolv tab 1mg-5mcg</i>	62
FYCOMPA	41
G	
<i>gabapentin</i>	41
<i>galantamine hydrobromide</i>	44
GAMASTAN INJ	73
GAMMAGARD LIQUID	73
GAMMAGARD S/D IGA LESS TH	73
GAMMAKED	73
GAMMAPLEX	73
GAMUNEX-C	73
<i>ganciclovir sodium</i>	19
GARDASIL 9 INJ	74
<i>gatifloxacin (ophth)</i>	78
GATTEX	68
GAUZE PADS 2	56
<i>gavilyte-c</i>	67
<i>gavilyte-g</i>	67
GAVRETO	27
<i>gefitinib</i>	27
<i>gemcitabine hcl</i>	24
<i>gemfibrozil</i>	35
GEMTESA	69
<i>generlac</i>	67
<i>genograf</i>	74
GENOTROPIN	64
GENOTROPIN MINIQUICK	64
<i>gentak</i>	78
<i>gentamicin in saline inj 0.8 mg/ml</i>	15
<i>gentamicin in saline inj 1.2 mg/ml</i>	15
<i>gentamicin in saline inj 1.6 mg/ml</i>	15
<i>gentamicin in saline inj 1 mg/ml</i>	15
<i>gentamicin in saline inj 2 mg/ml</i>	15
<i>gentamicin sulfate</i>	15
<i>gentamicin sulfate (ophth)</i>	78
<i>gentamicin sulfate (topical)</i>	84
GENVOYA TAB	18
GILOTRIF	27
<i>glatiramer acetate</i>	53
<i>glatopa</i>	53
GLEOSTINE	23
<i>glimepiride</i>	54
<i>glipizide</i>	54
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	55
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	55
<i>glipizide-metformin hcl tab 5-500 mg</i>	55
<i>glipizide xl</i>	54, 55
<i>glycopyrrolate</i>	67
<i>glydo</i>	86
GLYXAMBI TAB 10-5 MG	55
GLYXAMBI TAB 25-5 MG	55
GOLYTELY SOL	67
GRALISE	52
<i>granisetron hcl</i>	66
<i>griseofulvin microsize</i>	16
<i>griseofulvin ultramicrosize</i>	16
<i>guanfacine hcl</i>	39
<i>guanfacine hcl (adhd)</i>	50
GVOKE HYPOPEN 2-PACK	63
GVOKE KIT	63
GVOKE PFS	63
H	
HAEGARDA	70
<i>hailey 1.5/30</i>	59

<i>halobetasol propionate</i>	86
<i>haloette</i>	59
<i>haloperidol</i>	47
<i>haloperidol decanoate</i>	47
<i>haloperidol lactate</i>	48
HARVONI PAK 33.75-150MG	19
HARVONI PAK 45-200MG	19
HARVONI TAB 45-200MG	19
HARVONI TAB 90-400MG	19
HAVRIX	74
<i>heather</i>	59
HEPARIN/NACL INJ 25000UNT	70
<i>heparin sodium (porcine)</i>	70
HEPLISAV-B	74
HEP SOD/D5W INJ 20000UNT	70
HEP SOD/D5W INJ 25000UNT	70
HEP SOD/NACL INJ 12500UNT	70
HEP SOD/NACL INJ 25000UNT	70
HERCEP HYLEC SOL 60-10000	27
HERCEPTIN	27
HERZUMA	27
HIBERIX	74
HUMIRA	71
HUMIRA PEDIA INJ CROHNS	71
HUMIRA PEDIATRIC CROHNS D	71
HUMIRA PEN	71, 72
HUMIRA PEN-CD/UC/HS START	72
HUMIRA PEN KIT PS/UV	72
HUMIRA PEN-PEDIATRIC UC S	72
HUMIRA PEN-PS/UV STARTER	72
HUMULIN R U-500 (CONCENTR	56
HUMULIN R U-500 KWIKPEN	56
<i>hydralazine hcl</i>	39
<i>hydrochlorothiazide</i>	38
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	13
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	13
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	13
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	13
<i>hydrocodone bitartrate</i>	12
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	13
<i>hydrocortisone</i>	63
<i>hydrocortisone (intrarectal)</i>	67
<i>hydrocortisone (rectal)</i>	87
<i>hydrocortisone (topical)</i>	86
<i>hydromorphone hcl</i>	13
<i>hydroxychloroquine sulfate</i>	72
<i>hydroxyurea</i>	25
<i>hydroxyzine hcl</i>	81
<i>hydroxyzine pamoate</i>	81
HYSINGLA ER	13
I	
<i>ibandronate sodium</i>	58
IBRANCE	27
<i>ibu</i>	12
<i>ibuprofen</i>	12
<i>icatibant acetate</i>	71
<i>iclevia</i>	59
ICLUSIG	27
IDHIFA	27
ILEVRO	79
<i>imatinib mesylate</i>	27
IMBRUVICA	27
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	15
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	15
<i>imipramine hcl</i>	45
<i>imiquimod</i>	87
IMOVAZ RABIES (H.D.C.V.)	74
INBRIJA	46
<i>incassia</i>	59
INCRELEX	64
INCRUSE ELLIPTA	80
<i>indapamide</i>	38
INFANRIX INJ	74
INFLIXIMAB	72
INGREZZA	52
INGREZZA CAP 40-80MG	52
INLYTA	27
INQOVI TAB 35-100MG	24
INREBIC	27
INSULIN PEN NEEDLES: BD/NOVO	56
INSULIN SAFETY NEEDLES	56
INSULIN SYRINGES: BD	56
INTELENCE	17
INTRALIPID	77
INTRON A	73
<i>introvale</i>	59
INVEGA HAFYERA	48

INVEGA SUSTENNA	48
INVEGA TRINZA.....	48
IPOP INJ INACTIVE.....	74
<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>2.5(3) mg/3ml</i>	80
<i>ipratropium bromide.....</i>	80
<i>ipratropium bromide (nasal)</i>	80
<i>irbesartan</i>	34
<i>irbesartan-hydrochlorothiazide tab</i>	
<i>150-12.5 mg</i>	33
<i>irbesartan-hydrochlorothiazide tab</i>	
<i>300-12.5 mg</i>	33
IRESSA.....	27
<i>irinotecan hcl.....</i>	25
ISENTRESS	17
ISENTRESS HD	17
<i>isibloom</i>	59
ISOLYTE-P INJ /D5W	75
ISOLYTE-S INJ.....	75
ISOLYTE-S INJ PH 7.4.....	75
<i>isoniazid</i>	19
<i>isosorbide dinitrate.....</i>	39
<i>isosorbide mononitrate</i>	39
<i>isotretinoin.....</i>	84
<i>isradipine</i>	37
<i>itraconazole</i>	16
<i>ivermectin.....</i>	15
IXIARO INJ.....	74
J	
<i>JAKAFI</i>	27
<i>jantoven</i>	70
JANUMET TAB 50-1000	55
JANUMET TAB 50-500MG	55
JANUMET XR TAB 100-1000.....	55
JANUMET XR TAB 50-1000	55
JANUMET XR TAB 50-500MG.....	55
JANUVIA	55
JARDIANC	55
<i>jasmiel</i>	60
<i>javygtor.....</i>	64
JAYPIRCA.....	27
JENTADUETO TAB 2.5-1000.....	55
JENTADUETO TAB 2.5-500	55
JENTADUETO TAB 2.5-850	55
JENTADUETO TAB XR 2.5-1000MG ..	55
JENTADUETO TAB XR 5-1000MG	55
<i>jinteli</i>	62

<i>jolessa.....</i>	60
<i>juleber.....</i>	60
JULUCA TAB 50-25MG	18
<i>junel 1/20</i>	60
<i>junel 1.5/30</i>	60
<i>junel fe 1/20</i>	60
<i>junel fe 1.5/30.....</i>	60
K	
KADCYLA	27
KALYDECO	82
KANJINTI	27
<i>kariva.....</i>	60
KCL/D5W/NACL INJ 0.3/0.9%.....	76
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
<i>& nacl 0.45% inj</i>	75
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>nacl 0.2% inj</i>	75
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>nacl 0.45% inj</i>	76
<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>nacl 0.9% inj</i>	75
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
.....	76
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
.....	76
<i>kcl 30 meq/l (0.224%) in dextrose 5%</i>	
<i>& nacl 0.45% inj</i>	76
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
<i>nacl 0.45% inj</i>	76
<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
<i>nacl 0.9% inj</i>	76
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
.....	76
<i>kelnor 1/35</i>	60
<i>kelnor 1/50</i>	60
KERENDIA.....	32
KESIMPTA.....	53
<i>ketoconazole</i>	16
<i>ketoconazole (topical).....</i>	85
<i>ketorolac tromethamine (ophth).....</i>	79
KEVZARA	72
KEYTRUDA	27
KINRIX INJ.....	74
KISQALI 200 DOSE	27
KISQALI 200 PAK FEMARA.....	25
KISQALI 400 DOSE	27
KISQALI 400 PAK FEMARA.....	25
KISQALI 600 DOSE	27

KISQALI 600 PAK FEMARA.....	25
<i>klor-con</i>	76
<i>klor-con 10</i>	76
<i>klor-con 8</i>	76
<i>klor-con m10</i>	76
<i>klor-con m15</i>	76
<i>klor-con m20</i>	77
KORLYM.....	64
KRAZATI.....	28
<i>kurvelo</i>	60
L	
<i>labetalol hcl</i>	36
<i>lacosamide</i>	41, 42
<i>lacosamide oral</i>	42
<i>lactated ringer's solution</i>	76
<i>lactic acid (ammonium lactate)</i>	87
<i>lactulose</i>	67
<i>lactulose (encephalopathy)</i>	67
<i>lamivudine</i>	17
<i>lamivudine (hbv)</i>	19
<i>lamivudine-zidovudine tab 150-300 mg</i>	19
<i>lamotrigine</i>	42
<i>lansoprazole</i>	68
LANTUS	56
LANTUS SOLOSTAR	56
<i>lapatinib ditosylate</i>	28
<i>larin 1/20</i>	60
<i>larin 1.5/30</i>	60
<i>larin fe 1/20</i>	60
<i>larin fe 1.5/30</i>	60
<i>latanoprost</i>	79
LATUDA	48
<i>leena</i>	60
<i>leflunomide</i>	72
<i>lenalidomide</i>	25
LENVIMA 10 MG DAILY DOSE	28
LENVIMA 12MG DAILY DOSE	28
LENVIMA 20 MG DAILY DOSE	28
LENVIMA 4 MG DAILY DOSE	28
LENVIMA 8 MG DAILY DOSE	28
LENVIMA CAP 14 MG	28
LENVIMA CAP 18 MG	28
LENVIMA CAP 24 MG	28
<i>lessina</i>	60
<i>letrozole</i>	24
<i>leucovorin calcium</i>	30

LEUKERAN	23
<i>leuprolide acetate</i>	24
<i>levalbuterol hcl</i>	81
<i>levalbuterol tartrate</i>	81
LEVEMIR	56
LEVEMIR FLEXPEN.....	56
LEVEMIR FLEXTOUCH	56
<i>levetiracetam</i>	42
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	42
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	42
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	42
<i>levobunolol hcl</i>	79
<i>levocarnitine (metabolic modifiers)</i>	64
<i>levocetirizine dihydrochloride</i>	81
<i>levofloxacin</i>	21
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	21
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	21
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	21
<i>levonest</i>	60
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	60
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	60
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	60
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	60
<i>levora 0.15/30-28</i>	60
<i>levo-t</i>	65
<i>levothyroxine sodium</i>	65
<i>levoxyl</i>	65
LEXIVA	17
<i>lidocaine</i>	86
<i>lidocaine hcl</i>	86
<i>lidocaine hcl (local anesth.)</i>	14
<i>lidocaine hcl (mouth-throat)</i>	87
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	86
<i>linezolid</i>	15
LINEZOLID INJ 2MG/ML	15
LINZESS	68
<i>liothyronine sodium</i>	65

<i>lisdexamfetamine dimesylate</i>	50
<i>lisinopril</i>	32
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	31
LITHIUM	52
<i>lithium carbonate</i>	52
LIVALO	35
<i>loestrin 1/20-21</i>	60
<i>loestrin 1.5/30-21</i>	60
<i>loestrin fe 1/20</i>	60
<i>loestrin fe 1.5/30</i>	60
LOKELMA	58
LONSURF TAB 15-6.14	24
LONSURF TAB 20-8.19	24
<i>loperamide hcl</i>	68
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	19
<i>lopinavir-ritonavir tab 100-25 mg</i>	19
<i>lopinavir-ritonavir tab 200-50 mg</i>	19
<i>lorazepam</i>	40
<i>lorazepam intensol</i>	40
LORBRENA	28
<i>loryna</i>	60
<i>losartan potassium</i>	34
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	33
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	33
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	33
LOTEMAX	79
<i>lovastatin</i>	35
<i>low-ogestrel</i>	60
<i>loxapine succinate</i>	48
LUMAKRAS	28
LUMIGAN	79
LUMIZYME	64
LUPRON DEPOT (1-MONTH)	24
LUPRON DEPOT (3-MONTH)	24
LUPRON DEPOT-PED (1-MONTH)	64
LUPRON DEPOT-PED (3-MONTH)	64

LUPRON DEPOT-PED (6-MONTH)	64
<i>lurasidone hcl</i>	48
<i>lulera</i>	60
<i>lyleq</i>	60
<i>lyllana</i>	63
LYNPARZA	28
LYSODREN	24
LYTGOBI	28
<i>lyza</i>	60
M	
<i>magnesium sulfate</i>	76
MAGNESIUM SULFATE	76
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	76
<i>malathion</i>	87
<i>maraviroc</i>	17
<i>marlissa</i>	60
MARPLAN	45
MATULANE	25
<i>matzim la</i>	37
MAVYRET PAK 50-20MG	19
MAVYRET TAB 100-40MG	20
<i>meclizine hcl</i>	66
<i>medroxyprogesterone acetate</i>	65
<i>medroxyprogesterone acetate (contraceptive)</i>	60
<i>mefloquine hcl</i>	17
<i>megestrol acetate</i>	24, 65
<i>megestrol acetate (appetite)</i>	65
MEKINIST	28
MEKTOVI	28
<i>meloxicam</i>	12
<i>memantine hcl</i>	44
MENACTRA INJ	74
MENQUADFI INJ	74
MENVEO INJ	74
MENVEO SOL	74
<i>mercaptopurine</i>	24
<i>meropenem</i>	15
<i>mesalamine</i>	67
<i>mesalamine w/ cleanser</i>	67
MESNEX	30
<i>metadate er</i>	50
<i>metformin hcl</i>	55
<i>methadone hcl</i>	13
<i>methadone hydrochloride i</i>	13
<i>methazolamide</i>	38

<i>methenamine hippurate</i>	15
<i>methimazole</i>	65
<i>methotrexate sodium</i>	24, 72
<i>methsuximide</i>	42
<i>methylphenidate hcl</i>	50
<i>methylprednisolone</i>	63
<i>methylprednisolone acetate</i>	63
<i>methylprednisolone sod succ</i>	63
<i>metoclopramide hcl</i>	66
<i>metolazone</i>	38
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	36
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	36
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	36
<i>metoprolol succinate</i>	36
<i>metoprolol tartrate</i>	36
<i>metronidazole</i>	15
<i>metronidazole (topical)</i>	87
<i>metronidazole vaginal</i>	69
<i>metyrosine</i>	39
<i>MG SO4/D5W INJ 10MG/ML</i>	76
<i>micafungin sodium</i>	16
<i>microgestin 1/20</i>	60
<i>microgestin 1.5/30</i>	60
<i>microgestin fe 1/20</i>	60
<i>microgestin fe 1.5/30</i>	60
<i>midodrine hcl</i>	39
<i>miglustat</i>	64
<i>mili</i>	60
<i>mimvey</i>	63
<i>minocycline hcl</i>	23
<i>minoxidil</i>	39
<i>mirtazapine</i>	45
<i>misoprostol</i>	68
<i>MITIGARE</i>	12
<i>M-M-R II INJ</i>	74
<i>M-NATAL PLUS TAB</i>	77
<i>modafinil</i>	53
<i>moexipril hcl</i>	32
<i>molindone hcl</i>	48
<i>mometasone furoate</i>	86
<i>mometasone furoate (nasal)</i>	83
<i>MONJUVI</i>	28
<i>mono-linyah</i>	61
<i>montelukast sodium</i>	81, 82
<i>morphine sulfate</i>	13
<i>MORPHINE SULFATE</i>	13
<i>MORPHINE SULFATE/SODIUM C</i>	14
<i>MOVANTIK</i>	68
<i>moxifloxacin hcl</i>	21
<i>moxifloxacin hcl (ophth)</i>	78
<i>MULTAQ</i>	34
<i>multiple electrolytes ph 5.5</i>	76
<i>multiple electrolytes ph 7.4</i>	76
<i>mupirocin</i>	84
<i>MVASI</i>	28
<i>mycophenolate mofetil</i>	74
<i>mycophenolate sodium</i>	74
<i>MYRBETRIQ</i>	69
N	
<i>nabumetone</i>	12
<i>nadolol</i>	36
<i>nafcillin sodium</i>	22
<i>NAGLAZYME</i>	64
<i>nalbuphine hcl</i>	14
<i>naloxone hcl</i>	54
<i>naltrexone hcl</i>	54
<i>NAMZARIC CAP 14-10MG</i>	44
<i>NAMZARIC CAP 21-10MG</i>	44
<i>NAMZARIC CAP 28-10MG</i>	44
<i>NAMZARIC CAP 7-10MG</i>	44
<i>NAMZARIC CAP PACK</i>	44
<i>naproxen</i>	12
<i>naproxen sodium</i>	12
<i>naratriptan hcl</i>	51
<i>NATACYN</i>	78
<i>nateglinide</i>	55
<i>NATPARA</i>	58
<i>NAYZILAM</i>	42
<i>nebivolol hcl</i>	36
<i>necon 0.5/35-28</i>	61
<i>nefazodone hcl</i>	45
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	78
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	.78
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	77
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	77
<i>neomycin-polymyxin-hc ophth susp</i>	.77
<i>neomycin-polymyxin-hc otic soln 1%</i>	80

<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	80
<i>neomycin sulfate</i>	15
<i>neo-polycin 5(3.5)mg-400unt-1000unt op oin</i>	78
<i>neo-polycin hc ophth oint 1%</i>	77
NERLYNX	28
NEUPRO.....	46
<i>nevirapine</i>	17
NEXAVAR	28
<i>niacin (antihyperlipidemic)</i>	36
<i>nicardipine hcl</i>	37
NICOTROL INHALER	54
NICOTROL NS.....	54
<i>nifedipine</i>	37
<i>nikki</i>	61
<i>nilutamide</i>	24
<i>nimodipine</i>	37
NINLARO	28
<i>nisoldipine</i>	37
<i>nitazoxanide</i>	15
<i>nitisinone</i>	64
NITRO-BID.....	39
<i>nitrofurantoin macrocrystal</i>	15
<i>nitrofurantoin monohyd macro</i>	15
<i>nitroglycerin</i>	39
<i>nizatidine</i>	67
<i>nora-be</i>	61
<i>norethindrone (contraceptive)</i>	61
<i>norethindrone ace & ethynodiol-fe tab 1 mg-20 mcg</i>	61
<i>norethindrone ace & ethynodiol tab 1.5 mg-30 mcg</i>	61
<i>norethindrone ace & ethynodiol tab 1 mg-20 mcg</i>	61
<i>norethindrone acetate</i>	65
<i>norethindrone acetate-ethynodiol tab 0.5 mg-2.5 mcg</i>	63
<i>norethindrone acetate-ethynodiol tab 1 mg-5 mcg</i>	63
<i>norethindrone ac-ethynodiol estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	61
<i>norgestimate & ethynodiol estradiol tab 0.25 mg-35 mcg</i>	61
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	61
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	61
NORITATE	87
<i>norlyroc</i>	61
NORPACE CR	34
<i>nortrel 0.5/35 (28)</i>	61
<i>nortrel 1/35 (21)</i>	61
<i>nortrel 1/35 (28)</i>	61
<i>nortrel 7/7/7</i>	61
<i>nortriptyline hcl</i>	45
NORVIR	17
NOVOLIN INJ 70/30	56
NOVOLIN INJ 70/30 FP	56
NOVOLIN N	56
NOVOLIN N FLEXPEN	56
NOVOLIN R	56
NOVOLIN R FLEXPEN	57
NOVOLOG	57
NOVOLOG FLEXPEN	57
NOVOLOG MIX INJ 70/30	57
NOVOLOG MIX INJ FLEXPEN	57
NOVOLOG PENFILL	57
NOXAFIL	16
NUBEQA	24
NUEDEXTA CAP 20-10MG	52
NULOJIX	74
NUPLAZID	48
NURTEC	51
NUTRILIPID	77
NUZYRA	23
<i>nyamyc</i>	85
<i>nylia 1/35</i>	61
<i>nylia 7/7/7</i>	61
NYMALIZE	37
<i>nymyo</i>	61
<i>nystatin</i>	16
<i>nystatin (mouth-throat)</i>	87
<i>nystatin (topical)</i>	85
<i>nystop</i>	85
O	
<i>ocella</i>	61
OCTAGAM	73
<i>octreotide acetate</i>	64
ODEFSEY TAB	19
ODOMZO	28
OFEV	82
<i>ofloxacin (ophth)</i>	78

<i>ofloxacin (otic)</i>	80
OGIVRI.....	28
OGIVRI INJ 420MG.....	28
<i>olanzapine</i>	48
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	33
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	33
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	33
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	33
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	33
<i>olmesartan medoxomil.....</i>	34
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	33
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	33
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i>	.33
<i>olopatadine hcl</i>	79
<i>olopatadine hcl (nasal)</i>	81
<i>omeprazole</i>	68
<i>OMNARIS.....</i>	83
<i>OMNIPOD 5 G6 KIT INTRO</i>	57
<i>OMNIPOD 5 G6 MIS PODS.....</i>	57
<i>OMNIPOD DASH KIT INTRO</i>	57
<i>OMNIPOD DASH MIS PODS</i>	57
<i>OMNIPOD GO KIT 10UNT/DY</i>	57
<i>OMNIPOD GO KIT 15UNT/DY</i>	57
<i>OMNIPOD GO KIT 20UNT/DY</i>	57
<i>OMNIPOD GO KIT 25UNT/DY</i>	57
<i>OMNIPOD GO KIT 30UNT/DY</i>	57
<i>OMNIPOD GO KIT 35UNT/DY</i>	57
<i>OMNIPOD GO KIT 40UNT/DY</i>	57
<i>OMNIPOD MIS CLASSIC</i>	57
<i>OMNIPOD PDM KIT CLASSIC.....</i>	57
<i>ondansetron</i>	66
<i>ondansetron hcl</i>	66

<i>ONTRUZANT.....</i>	28
<i>ONUREG</i>	24
<i>OPSUMIT</i>	39
<i>ORENITRAM</i>	39
<i>ORGOVYX</i>	24
<i>ORKAMBI GRA 100-125</i>	82
<i>ORKAMBI GRA 150-188</i>	82
<i>ORKAMBI GRA 75-94MG</i>	82
<i>ORKAMBI TAB 100-125</i>	82
<i>ORKAMBI TAB 200-125.....</i>	82
<i>ORSERDU</i>	24
<i>oseltamivir phosphate.....</i>	20
<i>OTEZLA</i>	72
<i>OTEZLA TAB 10/20/30.....</i>	72
<i>oxacillin sodium</i>	22
<i>oxaliplatin</i>	23
<i>oxaprozin</i>	12
<i>oxcarbazepine</i>	42
<i>oxybutynin chloride</i>	69
<i>oxycodone hcl</i>	14
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	14
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	14
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	14
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	14
<i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i>	55
<i>OZEMPIC (1MG/DOSE)</i>	55
<i>OZEMPIC (2MG/DOSE) SOPN 8MG/3ML</i>	55
P	
<i>pacerone</i>	34
<i>paclitaxel</i>	25
<i>paclitaxel protein-bound particles for iv</i> <i>susp 100 mg</i>	26
<i>paliperidone</i>	48
<i>pamidronate disodium</i>	58
<i>PAMIDRONATE DISODIUM.....</i>	58
<i>PANRETIN</i>	87
<i>pantoprazole sodium</i>	68
<i>PANZYGA</i>	73
<i>paraplatin</i>	23
<i>paricalcitol</i>	66
<i>paramomycin sulfate</i>	15
<i>paroxetine hcl.....</i>	45

PEDIARIX INJ 0.5ML.....	74
PEDVAX HIB.....	74
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	67
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	67
PEGASYS	20
PEMAZYRE	28
pemetrexed disodium	24
PEN GK/DEXTR INJ 40000/ML.....	22
PEN GK/DEXTR INJ 60000/ML.....	22
penicillamine	58
penicillin g potassium	22
PENICILLIN G PROCAINE.....	22
penicillin g sodium	22
penicillin v potassium	22
PENTACEL INJ	74
pentamidine isethionate inh.....	15
pentamidine isethionate inj	15
pentoxifylline.....	71
perindopril erbumine	32
periogard	87
permethrin	87
perphenazine.....	48
PERSERIS	48
pfizerpen	22
phenelzine sulfate	45
phenobarbital	42
phenobarbital sodium	42
phenytek	42
phenytoin	42
phenytoin sodium	42
phenytoin sodium extended.....	42
PHESGO SOL.....	28
philith.....	61
PIFELTRO.....	17
pilocarpine hcl	79
pilocarpine hcl (oral).....	87
pimozide.....	48
pimtrea	61
pindolol	36
pioglitazone hcl.....	55
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	22
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....	23
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	23
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	23
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	23
PIQRAY 200MG DAILY DOSE.....	28
PIQRAY 250MG TAB DOSE.....	28
PIQRAY 300MG DAILY DOSE.....	28
pirfenidone.....	82
pirmella 1/35.....	61
piroxicam.....	12
PLASMA-LYTE INJ -148	76
PLASMA-LYTE INJ -A.....	76
plenamine	77
PLENUV SOL.....	67
podofilox.....	87
polycin ophth oint	78
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	78
POMALYST	25
portia-28	61
posaconazole.....	16
potassium chloride.....	76, 77
POTASSIUM CHLORIDE	76
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	76
potassium chloride microencapsulated crystals er	77
potassium citrate (alkalinizer).....	69
POT CHL 20MEQ/L IN NACL 0.45% INJ	76
POT CHL 20MEQ/L IN NACL 0.9% INJ	76
POT CHL 40MEQ/L IN NACL 0.9% INJ	76
PRADAXA	70
PRALUENT	36
pramipexole dihydrochloride	46
prasugrel hcl	71
pravastatin sodium	35
praziquantel	15
prazosin hcl.....	32
prednisolone	63
prednisolone acetate (ophth)	79
PREDNISOLONE SODIUM PHOSP	79
prednisolone sodium phosphate	63

<i>prednisone</i>	63
PREDNISONE INTENSOL	63
<i>pregabalin</i>	42
PREHEVBARIO	75
PREMASOL SOL 10%	77
PRENATAL TAB 27-1MG	77
PRENATAL TAB PLUS	77
<i>prevalite</i>	36
PREVYMIS	20
PREZCOBIX TAB 800-150	19
PREZISTA	17, 18
PRIFTIN	19
<i>primaquine phosphate</i>	17
PRIMAQUINE PHOSPHATE	17
<i>primidone</i>	42
PRIORIX INJ.....	75
PRIVIGEN	73
<i>probenecid</i>	12
<i>prochlorperazine</i>	66
<i>prochlorperazine edisylate</i>	66
<i>prochlorperazine maleate</i>	66
PROCRT.....	70
<i>procto-med hc</i>	87
<i>proctosol hc</i>	87
<i>proctozone-hc</i>	87
PROGRAF	74
PROLASTIN-C	82
PROLENSA	79
PROLIA	58
PROMACTA.....	71
<i>promethazine hcl</i>	66
<i>propafenone hcl</i>	34
<i>proparacaine hcl</i>	79
<i>propranolol hcl</i>	36
<i>propylthiouracil</i>	65
PROQUAD INJ.....	75
PROSOL INJ 20%	77
<i>protriptyline hcl</i>	45
PULMICORT FLEXHALER	83
PULMOZYME	82
PURIXAN.....	24
<i>pyrazinamide</i>	19
<i>pyridostigmine bromide</i>	52
Q	
QINLOCK	28
QUADRACEL INJ.....	75
QUADRACEL INJ 0.5ML	75
<i>quetiapine fumarate</i>	48
<i>quinapril hcl</i>	32
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	32
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	32
<i>quinidine sulfate</i>	34
<i>quinine sulfate</i>	17
R	
RABAVERT INJ	75
<i>rabeprazole sodium</i>	68
<i>raloxifene hcl</i>	64
<i>ramipril</i>	32
<i>ranolazine</i>	39
<i>rasagiline mesylate</i>	46
RAYALDEE.....	66
<i>reclipsen</i>	61
RECOMBIVAX HB	75
RECTIV	87
REGRANEX	87
RELENZA DISKHALER	20
RELISTOR	68
REMICADE	72
RENFLEXIS	72
<i>repaglinide</i>	55
RESTASIS	80
RESTASIS MULTIDOSE.....	80
RETEVMO	28
REVLIMID	25
REXULTI	48
REYATAZ	18
REZLIDHIA	28
REZUROCK	74
RHOPRESSA	79
<i>ribavirin (hepatitis c)</i>	20
<i>rifabutin</i>	19
<i>rifampin</i>	19
<i>riluzole</i>	52
<i>rimantadine hydrochloride</i>	20
RINVOQ	72
<i>risedronate sodium</i>	58
RISPERDAL CONSTA	48
<i>risperidone</i>	48, 49
<i>ritonavir</i>	18
<i>rivastigmine</i>	44

<i>rivastigmine tartrate</i>	44
<i>rizatriptan benzoate</i>	51
ROCKLATAN DRO	79
<i>roflumilast</i>	82
<i>ropinirole hydrochloride</i>	47
<i>rosuvastatin calcium</i>	35
ROTARIX SUS	75
ROTATEQ SOL	75
<i>roweepra</i>	42
ROZLYTREK	28
RUBRACA	29
<i>rufinamide</i>	43
RUKOBIA	18
RYBELSUS	55
RYDAPT	29
S	
<i>sajazir</i>	71
SANDIMMUNE	74
SANTYL	87
<i>sapropterin dihydrochloride</i>	65
SAVELLA	52
SAVELLA MIS TITR PAK	52
SCEMBLIX	29
<i>scopolamine</i>	66
SECUADO	49
<i>selegiline hcl</i>	47
<i>selenium sulfide</i>	85
SELZENTRY	18
SEREVENT DISKUS	81
<i>sertraline hcl</i>	45
<i>setlakin</i>	61
<i>sevelamer carbonate</i>	65
<i>sharobel</i>	61
SHINGRIX	75
SIGNIFOR	65
<i>sildenafil citrate (pulmonary hypertension)</i>	39
<i>silodosin</i>	69
<i>silver sulfadiazine</i>	84
SIMBRINZA SUS 1-0.2%	79
<i>simliya</i>	61
<i>simvastatin</i>	35
<i>sirolimus</i>	74
SIRTURO	19
SIVEXTRO	15
SKYRIZI	72
SKYRIZI PEN	72

<i>sodium chloride</i>	76
<i>sodium chloride (gu irrigant)</i>	87
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	77
SODIUM OXYBATE	53
<i>sodium phenylbutyrate</i>	65
<i>sodium polystyrene sulfonate powder</i>	58
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	67
<i>solifenacin succinate</i>	69
SOLIQUA INJ 100/33	57
SOLTAMOX	24
SOLU-CORTEF	63
SOMATULINE DEPOT	65
SOMAVERT	65
<i>sorafenib tosylate</i>	29
<i>sorine</i>	34
<i>sotalol hcl</i>	35
<i>sotalol hcl (afib/afl)</i>	35
SPIRIVA HANDIHALER	80
SPIRIVA RESPIMAT	80
<i>spironolactone</i>	32
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	38
<i>sprintec 28</i>	61
SPRITAM	43
SPRYCEL	29
<i>sps</i>	58
<i>sronyx</i>	61
<i>ssd</i>	84
STELARA	72
STIVARGA	29
<i>streptomycin sulfate</i>	15
STRIBILD TAB	19
<i>subvenite</i>	43
<i>sucralfate</i>	68
<i>sulfacetamide sodium (acne)</i>	84
<i>sulfacetamide sodium (ophth)</i>	78
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	78
<i>sulfadiazine</i>	15
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	15
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	15

<i>sulfamethoxazole-trimethoprim tab</i>	21
<i>400-80 mg</i>	15
<i>sulfamethoxazole-trimethoprim tab</i>	85
<i>800-160 mg</i>	37
SULFAMYLON	37
<i>sulfasalazine</i>	29
<i>sulindac</i>	29
<i>sumatriptan</i>	21
<i>sumatriptan succinate</i>	34
<i>sunitinib malate</i>	34
SUNLENCA	33
SUPREP BOWEL SOL PREP KIT	33
<i>syeda</i>	33
SYMBICORT AER 160-4.5	33
SYMBICORT AER 80-4.5	33
SYMDEKO TAB 100-150	33
SYMDEKO TAB 50-75MG	33
SYMJEPI	33
SYMPAZAN	33
SYMTUZA TAB	33
SYNAREL	33
SYNJARDY TAB 12.5-1000MG	33
SYNJARDY TAB 12.5-500.....	33
SYNJARDY TAB 5-1000MG.....	33
SYNJARDY TAB 5-500MG.....	33
SYNJARDY XR TAB 10-1000.....	33
SYNJARDY XR TAB 12.5-1000MG.....	33
SYNJARDY XR TAB 25-1000.....	33
SYNJARDY XR TAB 5-1000MG	33
SYNRIBO	33
SYNTHROID	33
T	
TABLOID.....	51
TABRECTA.....	51
<i>tacrolimus</i>	29
<i>tacrolimus (topical)</i>	29
<i>tadalafil (pulmonary hypertension)</i>	29
TAFINLAR	29
TAGRISSO	29
TALTZ	29
TALZENNA	29
<i>tamoxifen citrate</i>	29
<i>tamsulosin hcl</i>	29
<i>tarina fe 1/20 eq</i>	29
TASIGNA	29
<i>tasimelteon</i>	29
<i>tazarotene</i>	29
<i>tazicef</i>	36
TAZORAC.....	36
<i>taztia xt</i>	36
TAZVERIK	36
TDVAX INJ 2-2 LF	36
TECENTRIQ	36
TEFLARO.....	36
<i>telmisartan</i>	36
<i>telmisartan-amlodipine tab 40-10 mg</i>	36
<i>telmisartan-amlodipine tab 40-5 mg</i>	36
<i>telmisartan-amlodipine tab 80-10 mg</i>	36
<i>telmisartan-amlodipine tab 80-5 mg</i>	36
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	36
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	36
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	36
<i>temazepam</i>	36
TENIVAC INJ 5-2LF.....	36
<i>tenofovir disoproxil fumarate</i>	36
TEPMETKO	36
<i>terazosin hcl</i>	36
<i>terbinafine hcl</i>	36
<i>terbutaline sulfate</i>	36
<i>terconazole vaginal</i>	36
TERIPARATIDE.....	36
<i>testosterone</i>	36
<i>testosterone cypionate</i>	36
<i>testosterone enanthate</i>	36
<i>tetrabenazine</i>	36
<i>tetracycline hcl</i>	36
THALOMID	36
THEO-24	36
<i>theophylline</i>	36
<i>thioridazine hcl</i>	36
<i>thiothixene</i>	36
<i>tiadylt er</i>	36
<i>tiagabine hcl</i>	36
TIBSOVO	36
TICOVAC.....	36
<i>tigecycline</i>	36
TIGECYCLINE	36
<i>tilia fe</i>	36
<i>timolol maleate</i>	36

<i>timolol maleate (ophth)</i>	79
<i>tinidazole</i>	16
TIVICAY	18
TIVICAY PD	18
<i>tizanidine hcl</i>	53
TOBRADEX OIN 0.3-0.1%	78
TOBRADEX ST SUS 0.3-0.05.....	78
<i>tobramycin</i>	16
<i>tobramycin (ophth)</i>	78
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	78
<i>tobramycin sulfate</i>	16
<i>tolterodine tartrate</i>	69
<i>topiramate</i>	43
<i>toremifene citrate</i>	25
<i>torsemide</i>	38
TOUJEO MAX SOLOSTAR	57
TOUJEO SOLOSTAR	57
TPN ELECTROL INJ	76
TRADJENTA.....	56
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	14
<i>tramadol hcl</i>	14
<i>trandolapril</i>	32
<i>tranexamic acid</i>	71
<i>tranylcypromine sulfate</i>	45
TRAVASOL INJ 10%	77
<i>travoprost</i>	79
TRAZIMERA.....	29
<i>trazodone hcl</i>	45
TRECATOR	19
TRELEGY AER ELLIPTA 100-62.5-25 MCG	80
TRELEGY AER ELLIPTA 200-62.5-25 MCG	80
<i>treprostинil</i>	40
TRESIBA	57
TRESIBA FLEXTOUCH	57
<i>tretinoин</i>	84
<i>tretinoин (chemotherapy)</i>	25
TREXALL	72
<i>triamcinolone acetonide (mouth)</i>	87
<i>triamcinolone acetonide (topical)</i>	86
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	38
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	38

<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	38
<i>trientine hcl</i>	58
<i>tri-estarylla</i>	61
<i>trifluoperazine hcl</i>	49
<i>trifluridine</i>	78
<i>trihexyphenidyl hcl</i>	47
TRIJARDY XR TAB ER 24HR 10-5-1000MG	56
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	56
TRIJARDY XR TAB ER 24HR 25-5-1000MG	56
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	56
TRIKAFTA PAK 59.5MG	83
TRIKAFTA PAK 75MG	83
TRIKAFTA TAB 100-50-75MG & 150MG	83
TRIKAFTA TAB 50-25-37.5MG & 75MG	83
<i>tri-legest fe</i>	61
<i>tri-linyah</i>	61
<i>tri-lo-estarylla</i>	61
<i>tri-lo-marzia</i>	62
<i>tri-lo-mili</i>	62
<i>tri-lo-sprintec</i>	62
<i>trimethoprim</i>	16
<i>tri-mili</i>	62
<i>trimipramine maleate</i>	45
TRINTELLIX	45
<i>tri-nymyo</i>	62
<i>tri-sprintec</i>	62
TRIUMEQ PD TAB	19
TRIUMEQ TAB	19
<i>trivora-28</i>	62
<i>tri-vylibra</i>	62
<i>tri-vylibra lo</i>	62
TRIZIVIR TAB	19
TROGARZO	18
TROPHAMINE INJ 10%.....	77
<i>trospium chloride</i>	69
TRULICITY	56
TRUMENBA INJ	75
TRUSELTIQ 100MG DAILY DOSE	29
TRUSELTIQ 125MG DAILY DOSE	29
TRUSELTIQ 50MG DAILY DOSE	29

TRUSELTIQ 75MG DAILY DOSE	29
TRUXIMA	29
TUKYSA	29
TURALIO	29
TWINRIX INJ	75
TYBOST	18
TYPHIM VI.....	75
TYRVAYA	80
U	
<i>unithroid</i>	66
UPTRAVI	40
UPTRAVI PACK TAB 200/800	40
<i>ursodiol</i>	68
V	
<i>valacyclovir hcl</i>	20
VALCHLOR	87
<i>valganciclovir hcl</i>	20
<i>valproate sodium</i>	43
<i>valproic acid</i>	43
<i>valsartan</i>	34
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	34
VALTOCO 10 MG DOSE	43
VALTOCO 15 MG DOSE	43
VALTOCO 20 MG DOSE	43
VALTOCO 5 MG DOSE	43
<i>vancomycin hcl</i>	16
VANCOMYCIN INJ 1 GM.....	16
VANCOMYCIN INJ 500MG	16
VANCOMYCIN INJ 750MG	16
VANFLYTA	29
VAQTA.....	75
<i>varenicline tartrate</i>	54
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	54
VARIVAX.....	75
VASCEPA	36
<i>velivet</i>	62
VELPHORO	65

VELTASSA.....	58
VEMLIDY.....	20
VENCLEXTA.....	29
VENCLEXTA TAB START PK.....	30
<i>venlafaxine hcl</i>	45
VENTAVIS	40
VENTOLIN HFA	81
VENTOLIN HFA (INSTITUTIONAL PACK)	81
<i>verapamil hcl</i>	37
VERQUVO	39
VERSACLOZ	49
VERZENIO.....	30
<i>vestura</i>	62
V-GO 20 KIT.....	57
V-GO 30 KIT.....	57
V-GO 40 KIT.....	57
VICTOZA.....	56
vienna	62
<i>vigabatrin</i>	43
<i>vigadrone</i>	43
VIIBRYD KIT STARTER.....	46
<i>vilazodone hcl</i>	46
VIMPAT.....	43
<i>vincristine sulfate</i>	26
<i>vinorelbine tartrate</i>	26
<i>viorele</i>	62
VIRACEPT	18
VIREAD	18
VITRAKVI.....	30
VIVITROL.....	54
VIZIMPRO	30
VONJO.....	30
<i>voriconazole</i>	16, 17
VOSEVI TAB	20
VOTRIENT	30
VRAYLAR	49
VRAYLAR CAP 1.5-3MG	49
<i>vyfemla</i>	62
<i>vylibra</i>	62
VYVANSE.....	50, 51
VYZULTA.....	79
W	
<i>warfarin sodium</i>	70
<i>water for irrigation, sterile irrigation soln</i>	87
WELIREG	25

wera	62
X	
XALKORI.....	30
XARELTO	70
XARELTO STAR TAB 15/20MG	70
XATMEP	73
XCOPRI	43
XCOPRI PAK 100-150	43
XCOPRI PAK 12.5-25	43
XCOPRI PAK 150-200MG (MAINTENANCE)	43
XCOPRI PAK 150-200MG (TITRATION)	43
XCOPRI PAK 50-100MG.....	43
XELJANZ	72
XELJANZ XR	72
XERMELO	68
XGEVA.....	58
XHANCE.....	83
XIFAXAN.....	68
XIGDUO XR TAB 10-1000.....	56
XIGDUO XR TAB 10-500MG	56
XIGDUO XR TAB 2.5-1000.....	56
XIGDUO XR TAB 5-1000MG	56
XIGDUO XR TAB 5-500MG	56
XiIDRA	80
XOLAIR.....	83
XOSPATA	30
XPOVIO 100 MG ONCE WEEKLY	30
XPOVIO 40 MG ONCE WEEKLY	30
XPOVIO 40 MG TWICE WEEKLY.....	30
XPOVIO 60 MG ONCE WEEKLY	30
XPOVIO 60 MG TWICE WEEKLY.....	30
XPOVIO 80 MG ONCE WEEKLY	30
XPOVIO 80 MG TWICE WEEKLY.....	30
XTANDI	25
xulane	62
XULTOPHY INJ 100/3.6	57
XYREM.....	53

Y	
YF-VAX INJ.....	75
yuvafem	63
Z	
zafemy	62
zaflirlukast.....	82
ZARXIO	70
ZEJULA.....	30
ZELBORAF.....	30
ZEMAIRA	83
zenatane.....	84
ZENPEP CAP 10000UNT	68
ZENPEP CAP 15000UNT	68
ZENPEP CAP 20000UNT	68
ZENPEP CAP 25000UNT	68
ZENPEP CAP 3000UNIT	68
ZENPEP CAP 40000UNT	68
ZENPEP CAP 5000UNIT	68
ZERVIATE	79
zidovudine	18
ZIEXTENZO	70
ziprasidone hcl.....	49
ziprasidone mesylate	49
ZIRABEV	30
ZIRGAN	78
zoledronic acid.....	58
ZOLINZA.....	30
zolmitriptan.....	51
zolpidem tartrate	51
ZONISADE	43
zonisamide.....	43
zovia 1/35.....	62
ZTALMY	44
zumandimine.....	62
ZYCLARA PUMP	87
ZYDELIG	30
ZYKADIA	30
ZYLET SUS 0.5-0.3%.....	78
ZYPITAMAG	35
ZYPREXA RELPREVV	49

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-833-3668. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-833-3668. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-833-3668. 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-833-3668. 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-833-3668. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-833-3668. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-833-3668 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-833-3668. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-833-3668. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-833-3668. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-833-3668. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-833-3668 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-833-3668. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-833-3668. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-833-3668. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-833-3668. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、 1-855-833-3668 にお電話ください。日本語を話す人 者 が支援いたします。これは無料 のサー ビスです。

Armenian: Մենք ունենք բանավոր թարգմանչի անվճար ծառայություններ, որոնց օգնությամբ կստանաք մեր բժշկական ապահովագրության կամ դեղերի ծրագրի վերաբերյալ բոլոր հնարավոր հարցերի պատասխանները։ Թարգմանչի ծառայություններ պատվիրելու համար պարզապես զանգահարեք 1-855-833-3668։ Անձնակազմի որևէ անդամ, որը խոսում է անգլերեն կամ այլ լեզվով, կարող է օգնել ձեզ։ Ծառայությունն անվճար է։

Cambodian: មានអ្នកបោះឆ្នែកសំណង់ពីរបោះឆ្នែកទាំងអស់ ដើម្បីទទួលខ្លួនជំនួយ ដែលអ្នកអាចចាប់អារ៉ាន់ទៅការបាន បុគ្គលិកបាន ដើម្បីទទួលខ្លួនជំនួយ ដែលអ្នកបាន ដើម្បីទទួលខ្លួនជំនួយ នៅលើ 1-855-833-3668
ទេះទៀត ដែលអ្នកអាចចាប់អារ៉ាន់ទៅការបាន ដើម្បីទទួលខ្លួនជំនួយ នៅលើ 1-855-833-3668

Farsi:

ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا در مورد داروی خود داشته باشید پاسخ دهیم. برای دریافت مترجم، کافیست با ما تماس بگیرید 1-855-833-3668. فردی که به زبان انگلیسی/زبان شما صحبت می‌کند می‌تواند به شما کمک کند. این خدمت، رایگان است.

Hawaiian: Loa'a ke kōkua unuhi 'ōlelo no ka pane 'ana i kāu mau nīnau no kā mākou papa hana olakino a lā'au lapa'au paha. Ke makemake 'oe e kauoha no kēia kōkua, e kelepona mai iā mākou ma ka helu 1-855-833-3668. Na kekahī kanaka 'ōlelo Hawai'i e kōkua iā 'oe. He kōkua uku 'ole.

Ilocano: Adda libre a serbisiomi a panagipatarus tapno masungbatan ti aniaman a saludsodmo panggep iti planomi iti salun-at wenco agas. Tapno makaala iti agipatarus, tawagandakami laeng iti 1-855-833-3668. Matulungannaka ti Ilocano ti pagsasaona. Libre daytoy a serbisyo.

Samoan: Ua i ai la matou 'au'aunaga fa'amatala'upu fai fua e leai se totogi e tali ai ni au fesili e ono i ai e uiga i le soifua maloloina pe o alafua tau fuala'au. Ina ia maua se fa'amatala'upu, na o le vili mai o matou 'i le 1-855-833-3668. 'O se tasi e tautala i le Gagana Fa'asāmoa e mafai ona fesoasoani iate 'oe. 'O lenei 'au'aunaga e fai fua.

This formulary was updated on December 1, 2023. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team.

For Medicare Advantage members:

Call **855-833-3668** (TTY: 711)

October 1– March 31, 8:00 AM to 8:00 PM EST, Monday through Sunday

April 1– September 30, 8:00 AM to 8:00 PM EST, Monday through Friday

Visit **MassGeneralBrighamAdvantage.org/Rx-information** for the most up-to-date Formulary listing and more information on Medicare Part D drug coverage.

Este documento está disponible gratis en español. Por favor llame al Centro de Servicios a los Aliados de Mass General Brigham Health Plan al número arriba.