



# MyTruAdvantage

## 2023 Formulary

### List of Covered Drugs

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**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Y0150\_PBM055\_C

ID 00023163, Version 16

This formulary was updated on 12/4/2023.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

For more recent information or other questions, please contact MyTruAdvantage's Pharmacy Member Services at (844) 283-2788 or for TTY users 711, 24 hours a day, 7 days a week, or visit [www.MyTruAdvantage.com](http://www.MyTruAdvantage.com).

Last Updated 12/4/2023

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 12/4/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the MyTruAdvantage Formulary?**

A formulary is a list of covered drugs selected by MyTruAdvantage 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. MyTruAdvantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MyTruAdvantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage, which can be found at [www.MyTruAdvantage.com](http://www.MyTruAdvantage.com).

## **Can the Formulary (drug list) change?**

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the MyTruAdvantage 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 12/4/2023. To get updated information about the drugs covered by MyTruAdvantage, please contact us. Our contact information appears on the front and back cover pages. The formularies will be updated monthly and posted on our website at [www.MyTruAdvantage.com](http://www.MyTruAdvantage.com), in the event of any mid-year non-maintenance formulary changes.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins immediately following the Medical Condition listing that begins on page 68. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

MyTruAdvantage 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:** MyTruAdvantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from MyTruAdvantage before you fill your prescriptions. If you don't get approval, MyTruAdvantage may not cover the drug.
- **Quantity Limits:** For certain drugs, MyTruAdvantage limits the amount of the drug that MyTruAdvantage will cover. For example, MyTruAdvantage provides 30 tablets per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, MyTruAdvantage 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, MyTruAdvantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MyTruAdvantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask MyTruAdvantage 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 MyTruAdvantage's formulary?" on page 5 for information about how to request an exception.

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

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

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

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

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

You can ask MyTruAdvantage 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 unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, MyTruAdvantage 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, MyTruAdvantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

## For more information

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

If you have questions about MyTruAdvantage, 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 day a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

## MyTruAdvantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by MyTruAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins immediately following the Medical Condition listing that begins on page 68.

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

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

The following abbreviations are used in the formulary chart to indicate drugs that may have additional requirements or limits on coverage:

PA – Drug requires Prior Authorization

QL – Drug has Quantity Limits

SI – Select Insulins

ST – Drug requires Step Therapy

NM – Drug not available at our mail-order pharmacies

LA - Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Pharmacy Member Services at (844) 283-2788, TTY users should call 711. 24 hours a day, 7 days a week. or visit [www.MyTruAdvantage.com](http://www.MyTruAdvantage.com).

B/D – Drug may be covered under Medicare Part B or D

## Medical Condition Drug List

Effective 12/1/2023

Drug Name	Drug Requirements Tier /Limits
<b><u>ANALGESICS</u></b>	
<b><u>GOUT</u></b>	
<i>allopurinol</i> TABS 100mg, 300mg	1
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	2 QL
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3 QL
<i>probenecid</i> TABS 500mg	2
<b><u>NSAIDS</u></b>	
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	2 QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	2 QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	2 QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2
<i>diflunisal</i> TABS 500mg	2
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2 QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	2 QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2
<i>flurbiprofen</i> TABS 100mg	2
<i>ibu</i> TABS 400mg, 600mg, 800mg	1
<i>ibuprofen</i> SUSP 100mg/5ml	2

Drug Name	Drug Requirements Tier /Limits
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1
<i>meloxicam</i> TABS 7.5mg, 15mg	1
<i>nabumetone</i> TABS 500mg, 750mg	1
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2 QL
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	2 QL
<i>naproxen sodium</i> TABS 275mg, 550mg	2
<i>piroxicam</i> CAPS 10mg, 20mg	2
<i>sulindac</i> TABS 150mg, 200mg	2
<b><u>OPIOID ANALGESICS, LONG-ACTING</u></b>	
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	2 QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	2 QL PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3 QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3 QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	2 QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	2 QL PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	2	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	2	QL PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i> QL (400 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i> QL (360 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i> QL (180 tabs / 30 days)	2	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	2	QL
<i>endocet tab 5-325mg</i> QL (360 tabs / 30 days)	2	QL
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	2	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	2	QL
<i>fentanyl citrate</i> LPOP 200mcg QL (120 lozenges / 30 days)	2	QL PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA
<i>hydrocodone-</i> <i>acetaminophen soln 7.5-325</i> <i>mg/15ml</i> QL (2700 mL / 30 days)	2	QL
<i>hydrocodone-</i> <i>acetaminophen tab 5-325</i> <i>mg</i> QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-</i> <i>acetaminophen tab 7.5-325</i> <i>mg</i> QL (180 tabs / 30 days)	2	QL
<i>hydrocodone-</i> <i>acetaminophen tab 10-325</i> <i>mg</i> QL (180 tabs / 30 days)	2	QL
<i>hydrocodone-ibuprofen tab</i> <i>7.5-200 mg</i> QL (150 tabs / 30 days)	2	QL
<i>hydromorphone hcl</i> LIQD 1mg/ml QL (600 mL / 30 days)	2	QL
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	2	QL
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D



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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	2	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	2	QL
<b><u>ANESTHETICS</u></b>		
<b><u>LOCAL ANESTHETICS</u></b>		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
<b><u>ANTI-INFECTIVES</u></b>		
<b><u>ANTI-INFECTIVES - MISCELLANEOUS</u></b>		
<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
<i>atovaquone</i> SUSP 750mg/5ml	2	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NM LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin SOLR 350mg, 500mg</i>	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin TABS 3mg QL (12 tabs / 90 days)</i>	2	QL PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)</i>	5	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>linezolid TABS 600mg QL (60 tabs / 30 days)</i>	2	QL
LINEZOLID INJ 2MG/ML	2	
<i>meropenem SOLR 1gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg QL (6 tabs / 30 days)</i>	5	QL
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>paromomycin sulfate CAPS 250mg</i>	2	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>praziquantel TABS 600mg</i>	2	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate SOLR 1gm</i>	2	
<i>sulfadiazine TABS 500mg</i>	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
<i>trimethoprim</i> TABS 100mg	2	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	2	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	2	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>ketoconazole</i> TABS 200mg	2	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	2	QL PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	2	QL PA
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	2	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20- 120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA

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

Drug Name	Drug Requirements	
	Tier	/Limits
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	2	
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	2	
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; TABS 300mg	2	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
BIKTARVY TAB 30-120- 15 MG	5	
BIKTARVY TAB 50-200- 25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	

Drug Name	Drug Requirements	
	Tier	/Limits
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	QL
QL (30 tabs / 30 days)		
DESCOVY TAB 200/25MG	5	QL
QL (30 tabs / 30 days)		
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL
QL (30 tabs / 30 days)		
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL
QL (30 tabs / 30 days)		
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL
QL (30 tabs / 30 days)		
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL
QL (30 tabs / 30 days)		
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
lamivudine-zidovudine tab 150-300 mg	2	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	
lopinavir-ritonavir tab 100-25 mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
lopinavir-ritonavir tab 200-50 mg	2	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
<b>ANTITUBERCULAR AGENTS</b>		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml	2	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NM LA PA
TRECTOR TABS 250mg	4	
<b>ANTIVIRALS</b>		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir SUSP 200mg/5ml	2	
acyclovir sodium SOLN 50mg/ml	2	B/D
adefovir dipivoxil TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
entecavir TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	NM PA
EPCLUSA PAK 200-50MG	5	NM PA
EPCLUSA TAB 200-50MG	5	NM PA
EPCLUSA TAB 400-100	5	NM PA
EPIVIR HBV SOLN 5mg/ml	4	

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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	
VOSEVI TAB	5	NM PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
<b><i>ERYTHROMYCINS/MACROLIDES</i></b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<b><i>FLUOROQUINOLONES</i></b>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<b><i>PENICILLINS</i></b>		
<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 &amp; k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	2	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	2	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	2	
<i>nafcillin sodium</i> SOLR 10gm	5	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	2	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
<b><u>TETRACYCLINES</u></b>		
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NM LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	PA
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
<b><u>ANTINEOPLASTIC AGENTS</u></b>		
<b><u>ALKYLATING AGENTS</u></b>		
BENDEKA SOLN 100mg/4ml	5	B/D NM LA



Drug Name	Drug Requirements	
	Tier	/Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
<b>ANTIBIOTICS</b>		
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLEENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> SUSR 100mg	5	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D

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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM LA PA
ORGOVYX TABS 120mg	5	NM LA PA
ORSERDU TABS 86mg, 345mg	5	NM LA PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM LA PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL NM LA PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	5	NM LA PA
<i>bexarotene</i> CAPS 75mg	5	NM PA
<i>hydroxyurea</i> CAPS 500mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL NM PA
MATULANE CAPS 50mg	5	NM LA
SYNRIBO SOLR 3.5mg	5	NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM LA PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
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	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	5	NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM LA PA
ALUNBRIG PAK	5	NM LA PA

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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA
EXKIVITY CAPS 40mg	5	NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL NM LA PA
GAVRETO CAPS 100mg	5	NM LA PA
<i>gefitinib</i> TABS 250mg	5	NM PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM LA PA
HERCEP HYLEC SOL 60-10000	5	NM LA PA
HERCEPTIN SOLR 150mg	5	NM LA PA
HERZUMA SOLR 150mg, 420mg	5	NM LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL NM LA PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements		
	Tier	/Limits	
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL NM LA	PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	QL NM LA	PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	5	QL NM LA	PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL NM LA	PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL NM LA	PA
INREBIC CAPS 100mg	5	NM LA PA	
IRESSA TABS 250mg	5	NM LA PA	
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL NM LA	PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	QL NM LA	PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA	PA
KADCYLA SOLR 100mg, 160mg	5	B/D NM LA	
KANJINTI SOLR 150mg, 420mg	5	NM LA PA	
KEYTRUDA SOLN 100mg/4ml	5	NM LA PA	
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL NM PA	
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA	
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA	
KRAZATI TABS 200mg	5	NM LA PA	

Drug Name	Drug Requirements		
	Tier	/Limits	
<i>lapatinib ditosylate</i> TABS 250mg	5	NM PA	
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM LA	PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM LA	PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM LA	PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM LA	PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM LA	PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM LA	PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM LA	PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM LA	PA
LORBRENA TABS 25mg, 100mg	5	NM LA PA	
LUMAKRAS TABS 120mg, 320mg	5	NM LA PA	
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM LA	PA
LYTGOBI TBPK 4mg	5	NM LA PA	
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NM LA PA	
MEKTOVI TABS 15mg	5	NM LA PA	
MONJUVI SOLR 200mg	5	NM LA PA	
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM LA PA	
NERLYNX TABS 40mg	5	NM LA PA	
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL NM LA	PA

Drug Name	Drug Requirements	
	Tier	/Limits
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
ODOMZO CAPS 200mg	5	NM LA PA
OGIVRI SOLR 150mg	5	NM LA PA
OGIVRI INJ 420MG	5	NM LA PA
ONTRUZANT SOLR 150mg, 420mg	5	NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM LA PA
PHESGO SOL	5	NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM PA
PIQRAY 250MG TAB DOSE	5	NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM PA
QINLOCK TABS 50mg	5	NM LA PA
RETEVMO CAPS 40mg, 80mg	5	NM LA PA
REZLIDHIA CAPS 150mg	5	NM LA PA
ROZLYTREK CAPS 100mg, 200mg	5	NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL NM LA PA
RYDAPT CAPS 25mg	5	NM PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL NM PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM PA
STIVARGA TABS 40mg	5	NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
TABRECTA TABS 150mg, 200mg	5	NM PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL NM LA PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM PA
TAZVERIK TABS 200mg	5	NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM LA PA
TEPMETKO TABS 225mg	5	NM LA PA
TIBSOVO TABS 250mg	5	NM LA PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	LA PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	LA PA
TRUSELTIQ 125MG DAILY DOSE	5	LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
TUKYSA TABS 50mg, 150mg	5	NM LA PA
TURALIO CAPS 125mg, 200mg	5	NM LA PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NM LA PA

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

Drug Name	Drug Requirements	
	Tier	/Limits
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	5	QL NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	5	QL NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	5	QL NM LA PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
ZELBORAF TABS 240mg	5	NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM LA PA
ZOLINZA CAPS 100mg	5	NM PA
ZYDELIG TABS 100mg, 150mg	5	NM LA PA
ZYKADIA TABS 150mg	5	NM LA PA
<b><i>PROTECTIVE AGENTS</i></b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	
<b><u>CARDIOVASCULAR</u></b>		
<b><i>ACE INHIBITOR COMBINATIONS</i></b>		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	1	QL

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 SI - Select Insulins

Drug Name	Drug Requirements	
	Tier	/Limits
<i>amlodipine besylate- benazepril hcl cap 10-40 mg QL (30 caps / 30 days)</i>	1	QL
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20- 25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25- 15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25- 25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50- 15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50- 25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5- 12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10- 25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	6	
<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	6	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>lisinopril &amp; hydrochlorothiazide tab 20- 25 mg</i>	6	
<i>quinapril- hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>quinapril- hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>quinapril- hydrochlorothiazide tab 20- 25 mg</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<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>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<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>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)</i>	3	QL
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Requirements	
	Tier	/Limits
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate- olmesartan medoxomil tab</i> 5-20 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab</i> 5-40 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab</i> 10-20 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab</i> 10-40 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- valsartan tab</i> 5-160 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- valsartan tab</i> 5-320 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- valsartan tab</i> 10-160 mg QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- valsartan tab</i> 10-320 mg QL (30 tabs / 30 days)	1	QL
ENTRESTO TAB 24- 26MG	3	
ENTRESTO TAB 49- 51MG	3	
ENTRESTO TAB 97- 103MG	3	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>irbesartan- hydrochlorothiazide tab</i> 150-12.5 mg QL (60 tabs / 30 days)	6	QL
<i>irbesartan- hydrochlorothiazide tab</i> 300-12.5 mg QL (30 tabs / 30 days)	6	QL
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 50- 12.5 mg	6	
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-12.5 mg	6	
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-25 mg	6	
<i>olmesartan medoxomil- hydrochlorothiazide tab</i> 20- 12.5 mg QL (30 tabs / 30 days)	6	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab</i> 40- 12.5 mg QL (30 tabs / 30 days)	6	QL
<i>olmesartan medoxomil- hydrochlorothiazide tab</i> 40- 25 mg QL (30 tabs / 30 days)	6	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab</i> 20- 5-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab</i> 40- 5-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab</i> 40- 5-25 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine- hydrochlorothiazide tab</i> 40- 10-12.5 mg QL (30 tabs / 30 days)	1	QL



Drug Name	Drug Requirements	
	Tier	/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	6	QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	6	QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	6	QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	6	QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	6	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	1	QL
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	6	QL
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	1	QL
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>telmisartan TABS 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	1	QL
<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	1	QL
<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	1	QL
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	2	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>gemfibrozil</i> TABS 600mg	1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	6	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	6	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	6	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	6	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab</i> 10-10 mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab</i> 10-20 mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab</i> 10-40 mg QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab</i> 10-80 mg QL (30 tabs / 30 days)	1	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	2	QL

Drug Name	Drug Requirements	
	Tier	/Limits
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
VASCEPA CAPS .5gm, 1gm	4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab</i> 50-25 mg	1	
<i>atenolol &amp; chlorthalidone tab</i> 100-25 mg	1	
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg	1	
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 5-6.25 mg	1	
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg	1	
<i>metoprolol &amp; hydrochlorothiazide tab</i> 50-25 mg	2	
<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-25 mg	2	
<i>metoprolol &amp; hydrochlorothiazide tab</i> 100-50 mg	2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	2	QL
<i>pindolol</i> TABS 5mg, 10mg	2	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride &amp; hydrochlorothiazide tab 5- 50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone &amp; hydrochlorothiazide tab</i> 25-25 mg	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene &amp; hydrochlorothiazide tab</i> 75-50 mg	1	
<b>MISCELLANEOUS</b>		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	3	PA
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM LA PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (360 tabs / 30 days)	2	QL NM PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM LA PA
<b><u>CENTRAL NERVOUS SYSTEM</u></b>		
<b><u>ANTI-ANXIETY</u></b>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	2	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	2	QL
<b><u>ANTICONVULSANTS</u></b>		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA

Drug Name	Drug Requirements	
	Tier	/Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	2	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	2	QL PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	2	QL
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	2	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	2	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	2	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	2	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM LA PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	2	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	2	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	2	QL
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	2	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	2	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	2	QL
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Requirements		Drug Name	Drug Requirements	
	Tier	/Limits		Tier	/Limits
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2		<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL PA
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2		<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	2	QL PA
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2		<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL PA
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2		<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	2	QL PA
<i>methsuximide</i> CAPS 300mg	2		<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
NAYZILAM SOLN 5mg/0.1ml	4		<i>roweepra</i> TABS 500mg	2	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2		<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	4	PA	<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	2	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	3	PA	<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	4	PA	SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
<i>phenytek</i> CAPS 200mg, 300mg	2		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
<i>phenytoin sodium</i> SOLN 50mg/ml	2		SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2		<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
			SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA
			<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>topiramate</i> CPSP 15mg, 25mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
<i>vigadrone</i> TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL

Drug Name	Drug Requirements	
	Tier	/Limits
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM LA PA
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	2	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	2	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA if < 30 yrs	2	PA
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	



Drug Name	Drug Requirements		Drug Name	Drug Requirements	
	Tier	/Limits		Tier	/Limits
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	2	QL	EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	2	QL	<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<b>ANTIDEPRESSANTS</b>			<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3		FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3		FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
AUVELITY TAB 45- 105MG QL (60 tabs / 30 days)	4	QL PA	FETZIMA CAP TITRATIO	4	PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2		<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2		<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1		<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA	MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4		<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL PA	<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3		<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>doxepin hcl</i> CAPS 150mg	4		<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA	<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	2	QL	<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
			<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
			<i>phenelzine sulfate</i> TABS 15mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranlycypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	2	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	2	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	3	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>carb/levo orally</i> <i>disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally</i> <i>disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally</i> <i>disintegrating tab 25-250mg</i>	2	
<i>carbidopa &amp; levodopa tab</i> <i>10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab</i> <i>25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab</i> <i>25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab</i> <i>er 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab</i> <i>er 50-200 mg</i>	2	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 12.5-50-</i> <i>200 mg</i>	2	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 18.75-75-</i> <i>200 mg</i>	2	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 25-100-200</i> <i>mg</i>	2	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 31.25-125-</i> <i>200 mg</i>	2	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 37.5-150-</i> <i>200 mg</i>	2	
<i>carbidopa-levodopa-</i> <i>entacapone tabs 50-200-200</i> <i>mg</i>	2	
<i>entacapone</i> TABS 200mg	2	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	QL NM LA PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	2	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	3	PA
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	2	QL
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	2	QL
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	5	QL
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	QL
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	2	QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	2	QL
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	2	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	2	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	5	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	QL PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	5	QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	5	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	2	QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	2	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	2	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg QL (60 tabs / 30 days)	2	QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	2	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	2	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	2	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	2	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	QL
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL

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

Drug Name	Drug Requirements	
	Tier	/Limits
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL NM PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	2	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	2	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>atomoxetine hcl</i> CAPS 40mg QL (60 caps / 30 days)	2	QL
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	2	QL
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	2	QL PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	2	QL PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>guanfacine hcl (adhd)</i> TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	3	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	2	QL PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	2	QL PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)	2	QL PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	2	QL PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	2	QL PA
<b>HYPNOTICS</b>		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	2	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	2	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	2	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	2	QL
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM LA PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM LA PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	QL NM PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	5	QL NM LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	5	QL NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUDEXTA CAP 20- 10MG QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL NM PA
<i>dalfampridine</i> TB12 10mg	2	NM PA
<i> fingolimod hcl</i> CAPS .5mg QL (28 caps / 28 days)	5	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA

Drug Name	Drug Requirements	
	Tier	/Limits
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / year)	5	QL NM LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	3	PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	2	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	2	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM LA PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	2	QL PA
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 2-0.5 mg (base</i> <i>equiv)</i> QL (90 films / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 4-1 mg (base</i> <i>equiv)</i> QL (90 films / 30 days)	2	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 8-2 mg (base</i> <i>equiv)</i> QL (90 films / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film 12-3 mg (base</i> <i>equiv)</i> QL (60 films / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 2-0.5 mg (base</i> <i>equiv)</i> QL (90 tabs / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab 8-2 mg (base</i> <i>equiv)</i> QL (90 tabs / 30 days)	2	QL
<i>bupropion hcl (smoking</i> <i>deterrent)</i> TB12 150mg	2	
<i>disulfiram</i> TABS 250mg, 500mg	2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	2	QL PA
<i>varenicline tartrate tab 11 x</i> <i>0.5 mg &amp; 42 x 1 mg start</i> <i>pack</i>	2	PA
VIVITROL SUSR 380mg	5	NM
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA



Drug Name	Drug Requirements	
	Tier	/Limits
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	2	QL PA
testosterone GEL 1.62% QL (150 gm / 30 days)	2	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
<b>ANTIDIABETICS</b>		
acarbose TABS 25mg, 50mg, 100mg	2	
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL PA
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	6	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	6	QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	6	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	6	QL
glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	6	QL
glipizide xl TB24 10mg QL (60 tabs / 30 days)	6	QL

Drug Name	Drug Requirements	
	Tier	/Limits
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5- 500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5- 850 QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements	
	Tier	/Limits
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	6	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	6	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	6	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	6	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	6	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	3	QL PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	6	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements	
	Tier	/Limits
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL PA
XIGDUO XR TAB 2.5- 1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5- 500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
<b>ANTIDIABETICS, INSULINS</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml SI	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH SI	3	
FIASP INJ 100/ML SI	3	
FIASP PENFIL INJ U-100 SI	3	
FIASP PMPCRT INJ U-100 SI	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	

Drug Name	Drug Requirements	
	Tier	/Limits
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml SI	3	
LANTUS SOLOSTAR SOPN 100unit/ml SI	3	
LEVEMIR SOLN 100unit/ml SI	3	
LEVEMIR FLEXPEN SOPN 100unit/ml SI	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	3	
NOVOLIN INJ 70/30 SI (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	

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

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

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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>estarylla</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutura</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<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>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>norgestimate &amp; 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>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	2	
<i>SYNAREL SOLN 2mg/ml</i>	5	
<b>ESTROGENS</b>		
<i>amabelz</i>	3	
<i>DELESTROGEN OIL 10mg/ml</i>	4	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol TABS .5mg, 1mg, 2mg</i>	2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	2	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	

Drug Name	Drug Requirements	
	Tier	/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 0.5 mg- 2.5 mcg</i>	3	
<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem</i> TABS 10mcg	2	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D

Drug Name	Drug Requirements	
	Tier	/Limits
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISON INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2- PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	5	NM LA PA
<i>betaine powder for oral solution</i>	5	NM LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NM LA PA
CERDELGA CAPS 84mg	5	NM LA PA
CEREZYME SOLR 400unit	5	NM LA PA
<i>cinacalcet hcl</i> TABS 30mg QL (60 tabs / 30 days)	2	B/D QL NM
<i>cinacalcet hcl</i> TABS 60mg QL (60 tabs / 30 days)	5	B/D QL NM
<i>cinacalcet hcl</i> TABS 90mg QL (120 tabs / 30 days)	5	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	4	NM LA PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	



Drug Name	Drug Requirements	
	Tier	/Limits
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM LA PA
GENOTROPIN CART 5mg, 12mg	5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM LA PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM LA PA
KORLYM TABS 300mg	5	NM LA PA
<i>levocarnitine (metabolic</i> <i>modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM LA PA
LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM PA
LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	5	NM PA
LUPRON DEPOT-PED (6- MONTH KIT 45mg	5	NM PA
<i>miglustat</i> CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
NAGLAZYME SOLN 1mg/ml	5	NM LA PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
<i>raloxifene hcl</i> TABS 60mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM LA PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM LA PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM LA PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate</i> <i>binder)</i> CAPS 667mg QL (360 caps / 30 days)	2	QL
<i>calcium acetate (phosphate</i> <i>binder)</i> TABS 667mg QL (360 tabs / 30 days)	2	QL
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	5	QL
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	5	QL
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	2	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL
<b>PROGESTINS</b>		
<i>medroxyprogesterone</i> <i>acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>megestrol acetate (appetite) SUSP 625mg/5ml</i>	4	PA
<i>norethindrone acetate TABS 5mg</i>	2	
<b>THYROID AGENTS</b>		
<i>euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	
<i>levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	2	
<i>levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	2	
<i>levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	
<i>liothyronine sodium TABS 5mcg, 25mcg, 50mcg</i>	2	
<i>methimazole TABS 5mg, 10mg</i>	1	
<i>propylthiouracil TABS 50mg</i>	2	
<b>SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</b>	4	
<i>unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	2	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol CAPS .25mcg, .5mcg</i>	2	B/D

Drug Name	Drug Requirements	
	Tier	/Limits
<i>calcitriol (oral) SOLN 1mcg/ml</i>	2	B/D
<i>paricalcitol CAPS 1mcg, 2mcg, 4mcg</i>	2	B/D
<i>RAYALDEE CPCR 30mcg</i>	5	
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>aprepitant CAPS 40mg, 80mg, 125mg</i>	2	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	B/D
<i>compro SUPP 25mg</i>	2	
<i>dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)</i>	2	B/D QL
<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	2	
<i>granisetron hcl TABS 1mg</i>	2	B/D
<i>meclizine hcl TABS 12.5mg, 25mg</i>	2	
<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml</i>	2	
<i>metoclopramide hcl TABS 5mg, 10mg</i>	1	
<i>ondansetron TBDP 4mg, 8mg</i>	2	B/D
<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>	2	
<i>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg</i>	2	B/D
<i>prochlorperazine SUPP 25mg</i>	2	
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	2	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	2	
<i>promethazine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older</i>	3	PA
<i>promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older</i>	2	PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	4	QL PA
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	2	QL
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	2	QL PA
<i>budesonide</i> TB24 9mg QL (30 tabs / 30 days)	5	QL PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	2	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	2	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	2	QL
<i>mesalamine w/ cleanser</i> KIT 4gm	2	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	2	
SUPREP BOWEL SOL PREP KIT	4	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> TABS .5mg, 1mg QL (60 tabs / 30 days)	5	QL PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
<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	

Drug Name	Drug Requirements	
	Tier	/Limits
GATTEX KIT 5mg	5	NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
XERMELO TABS 250mg QL (90 tabs / 30 days)	5	QL NM LA PA
XIFAXAN TABS 550mg	5	PA
<b>PANCREATIC ENZYMES</b>		
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	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	2	QL ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	2	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	

Drug Name	Drug Requirements	
	Tier	/Limits
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	1	QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	2	QL
<i>dutasteride-tamsulosin hcl</i> <i>cap 0.5-0.4 mg</i> QL (30 caps / 30 days)	2	QL
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i> CAPS .4mg	1	
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate</i> (alkalinizer) TBCR 15meq, 540mg, 1080mg	2	
<b>URINARY ANTISPASMODICS</b>		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	2	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	4	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg	2	
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	2	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	2	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	2	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	2	QL
<b><i>VAGINAL ANTI-INFECTIVES</i></b>		
<i>clindamycin phosphate</i> <i>vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
<b><i>HEMATOLOGIC ANTICOAGULANTS</i></b>		
<i>dabigatran etexilate</i> <i>mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	

Drug Name	Drug Requirements	
	Tier	/Limits
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	2	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 QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
<b><i>HEMATOPOIETIC GROWTH FACTORS</i></b>		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA

Drug Name	Drug Requirements	
	Tier	/Limits
ZIEXTENZO SOSY 6mg/0.6ml	5	NM PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM LA PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM LA PA
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL NM PA

Drug Name	Drug Requirements	
	Tier	/Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HUMIRA PEDIA INJ CROHNS	5	NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
HUMIRA PEN KIT PS/UV	5	NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM PA
HUMIRA PEN- PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM PA
INFLIXIMAB SOLR 100mg	5	NM LA PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL NM PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	5	QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL NM PA
REMICADE SOLR 100mg	5	NM LA PA
RENFLEXIS SOLR 100mg	5	NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	5	QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL NM LA PA
STELARA SOLN 130mg/26ml	5	NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM LA PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D
<b>IMMUNOGLOBULINS</b>		
BIVIGAM SOLN 5gm/50ml, 10%	5	NM LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMASTAN INJ	4	B/D NM LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM LA PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA

Drug Name	Drug Requirements	
	Tier	/Limits
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM LA PA
ARCALYST SOLR 220mg	5	NM LA PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D NM LA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM LA PA
BENLYSTA SOLR 120mg, 400mg	5	NM LA PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
<i>everolimus</i> ( <i>immunosuppressant</i> ) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM LA PA



Drug Name	Drug Requirements	
	Tier	/Limits
SANDIMMUNE SOLN 100mg/ml	4	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D
<b>VACCINES</b>		
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	

Drug Name	Drug Requirements	
	Tier	/Limits
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	3	QL
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	
<b><u>NUTRITIONAL/SUPPLEMENTS</u></b>		
<b><u>ELECTROLYTES/MINERALS, INJECTABLE</u></b>		
D2.5W/NAACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NAACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
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% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN</i> 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN</i> 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN</i> .45%, .9%, 2.5meq/ml, 3%, 5%	2	
TPN ELECTROL INJ	4	B/D
<b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>		
<i>klor-con PACK</i> 20meq	2	
<i>klor-con 8 TBCR</i> 8meq	1	
<i>klor-con 10 TBCR</i> 10meq	1	
<i>klor-con m10 TBCR</i> 10meq	1	
<i>klor-con m15 TBCR</i> 15meq	2	

Drug Name	Drug Requirements	
	Tier	/Limits
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%, 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc</i> ophth oint 1%	2	
<i>neo-polycin hc</i> ophth oint 1%	2	

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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>ofloxacin (ophth)</i> SOLN .3%	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	2	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	2	
ZIRGAN GEL .15%	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUSP .2%	3	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	2	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>olopatadine hcl</i> SOLN .1%	2	

Drug Name	Drug Requirements	
	Tier	/Limits
ZERVIATE SOLN .24%	4	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .1%, .15%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NM LA PA
CYSTARAN SOLN .44%	5	NM LA PA
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	

Drug Name	Drug Requirements	
	Tier	/Limits
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	2	
<i>ciprofloxacin- dexamethasone otic susp</i> 0.3-0.1%	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D

Drug Name	Drug Requirements	
	Tier	/Limits
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl</i> SOLN .1%, .15%	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	3	PA
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	4	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	

<b>Drug Name</b>	<b>Drug Requirements</b>		<b>Drug Name</b>	<b>Drug Requirements</b>	
	<b>Tier</b>	<b>/Limits</b>		<b>Tier</b>	<b>/Limits</b>
<b>BETA AGONISTS</b>			<b>LEUKOTRIENE MODULATORS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	2	QL	<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	2	QL	<i>montelukast sodium</i> TABS 10mg	1	
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	2	QL	<i>zafirlukast</i> TABS 10mg, 20mg	2	
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D	<b>MISCELLANEOUS</b>		
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2		<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	B/D	ARALAST NP SOLR 500mg, 1000mg	5	NM LA PA
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	2	QL ST	<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL	<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	2	
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2		<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenallick)	2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL	FASENRA SOSY 30mg/ml	5	NM LA PA
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL	FASENRA PEN SOAJ 30mg/ml	5	NM LA PA
			KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL NM LA PA
			KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL NM LA PA
			OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM LA PA
			ORKAMBI GRA 75-94MG QL (56 packs / 28 days)	5	QL NM LA PA
			ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL NM LA PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL NM LA PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL NM LA PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM PA
<i>roflumilast</i> TABS 250mcg, 500mcg	2	
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	QL NM LA PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	QL NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5	QL NM LA PA
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	5	QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM LA PA
ZEMAIRA SOLR 1000mg <b>NASAL STEROIDS</b>	5	NM LA PA
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	2	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	3	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	3	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements	
	Tier	/Limits
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
<b><i>STEROID/BETA-AGONIST COMBINATIONS</i></b>		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100- 25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200- 25 QL (60 blisters / 30 days)	3	QL

Drug Name	Drug Requirements	
	Tier	/Limits
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	3	QL
<b><u>TOPICAL</u></b> <b><i>DERMATOLOGY, ACNE</i></b>		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	2	PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	2	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	2	QL
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% QL (60 mL / 30 days)	2	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	2	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	2	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	2	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	2	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA



Drug Name	Drug Requirements	
	Tier	/Limits
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	2	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	2	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	2	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	2	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (30 mL / 30 days)	2	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	2	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	2	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	2	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	2	QL

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

Drug Name	Drug Requirements	
	Tier	/Limits
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	2	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	2	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	2	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	2	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	2	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	2	QL
ENSTILAR AER QL (120 gm / 30 days)	4	QL PA
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	2	QL
<i>fluocinolone acetonide</i> CREA .025%; OINT .025% QL (120 gm / 30 days)	2	QL
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	2	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	2	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	2	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	2	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	2	QL

Drug Name	Drug Requirements	
	Tier	/Limits
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	2	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	2	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .1% QL (454 gm / 30 days)	1	QL
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	2	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	2	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	2	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	2	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	2	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	5	QL NM PA

Drug Name	Drug Requirements	
	Tier	/Limits
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	2	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	2	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	2	QL
<i>hydrocortisone (rectal)</i> CREA 1%	2	
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	2	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	2	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	2	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	2	QL
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4% QL (30 gm / 30 days)	4	QL
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	2	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements	
	Tier	/Limits
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	2	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	2	QL
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	2	QL
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

## Index

<i>abacavir sulfate</i> .....	12	<i>alclometasone dipropionate</i>	65	<i>amlodipine besylate-</i>	
<i>abacavir sulfate-lamivudine</i>		ALDURAZYME .....	48	<i>olmesartan medoxomil tab</i>	
<i>tab 600-300 mg</i> .....	12	ALECENSA .....	18	<i>5-20 mg</i> .....	24
ABELCET.....	11	<i>alendronate sodium</i> .....	45	<i>amlodipine besylate-</i>	
ABILIFY MAINTENA.....	35	<i>alfuzosin hcl</i> .....	52	<i>olmesartan medoxomil tab</i>	
<i>abiraterone acetate</i> .....	17	<i>aliskiren fumarate</i> .....	28	<i>5-40 mg</i> .....	24
ABRYSVO.....	57	<i>allopurinol</i> .....	7	<i>amlodipine besylate-valsartan</i>	
<i>acamprosate calcium</i> .....	40	<i>alosetron hcl</i> .....	51	<i>tab 10-160 mg</i> .....	24
<i>acarbose</i> .....	41	ALPHAGAN P .....	60	<i>amlodipine besylate-valsartan</i>	
<i>accutane</i> .....	64	<i>alprazolam</i> .....	29	<i>tab 10-320 mg</i> .....	24
<i>acebutolol hcl</i> .....	26	ALREX .....	60	<i>amlodipine besylate-valsartan</i>	
<i>acetaminophen w/ codeine soln</i>		<i>altavera</i> .....	45	<i>tab 5-160 mg</i> .....	24
<i>120-12 mg/5ml</i> .....	8	ALUNBRIG .....	18	<i>amlodipine besylate-valsartan</i>	
<i>acetaminophen w/ codeine tab</i>		ALUNBRIG PAK .....	18	<i>tab 5-320 mg</i> .....	24
<i>300-15 mg</i> .....	8	<i>alyacen 1/35</i> .....	45	<i>amnesteem</i> .....	64
<i>acetaminophen w/ codeine tab</i>		<i>alyacen 7/7/7</i> .....	45	<i>amoxapine</i> .....	33
<i>300-30 mg</i> .....	8	<i>amabelz</i> .....	47	<i>amoxicillin</i> .....	15
<i>acetaminophen w/ codeine tab</i>		<i>amantadine hcl</i> .....	34	<i>amoxicillin &amp; k clavulanate</i>	
<i>300-60 mg</i> .....	8	<i>ambrisentan</i> .....	28	<i>chew tab 200-28.5 mg</i> .....	15
<i>acetazolamide</i> .....	27	<i>amikacin sulfate</i> .....	9	<i>amoxicillin &amp; k clavulanate</i>	
<i>acetic acid</i> .....	52	<i>amiloride &amp;</i>		<i>chew tab 400-57 mg</i> .....	15
<i>acetic acid (otic)</i> .....	61	<i>hydrochlorothiazide tab 5-</i>		<i>amoxicillin &amp; k clavulanate for</i>	
<i>acetylcysteine</i> .....	62	<i>50 mg</i> .....	27	<i>susp 200-28.5 mg/5ml</i> .....	15
<i>acitretin</i> .....	65	<i>amiloride hcl</i> .....	27	<i>amoxicillin &amp; k clavulanate for</i>	
ACTHIB INJ .....	57	<i>amiodarone hcl</i> .....	25	<i>susp 250-62.5 mg/5ml</i> .....	15
ACTIMMUNE.....	56	<i>amitriptyline hcl</i> .....	33	<i>amoxicillin &amp; k clavulanate for</i>	
<i>acyclovir</i> .....	13	<i>amlodipine besylate</i> .....	27	<i>susp 400-57 mg/5ml</i> .....	15
<i>acyclovir sodium</i> .....	13	<i>amlodipine besylate-benazepril</i>		<i>susp 600-42.9 mg/5ml</i> .....	15
ADACEL INJ .....	57	<i>hcl cap 10-20 mg</i> .....	22	<i>amoxicillin &amp; k clavulanate</i>	
<i>adefovir dipivoxil</i> .....	13	<i>amlodipine besylate-benazepril</i>		<i>tab 250-125 mg</i> .....	15
ADEMPAS.....	28	<i>hcl cap 10-40 mg</i> .....	23	<i>amoxicillin &amp; k clavulanate</i>	
ADRENALIN.....	28	<i>amlodipine besylate-benazepril</i>		<i>tab 500-125 mg</i> .....	15
ADVAIR DISKU AER 100/50		<i>hcl cap 2.5-10 mg</i> .....	22	<i>amoxicillin &amp; k clavulanate</i>	
.....	64	<i>amlodipine besylate-benazepril</i>		<i>tab 875-125 mg</i> .....	15
ADVAIR DISKU AER 250/50		<i>hcl cap 5-10 mg</i> .....	22	<i>amoxicillin &amp; k clavulanate</i>	
.....	64	<i>amlodipine besylate-benazepril</i>		<i>tab er 12hr 1000-62.5 mg</i>	15
ADVAIR DISKU AER 500/50		<i>hcl cap 5-20 mg</i> .....	22	<i>amphetamine-</i>	
.....	64	<i>amlodipine besylate-benazepril</i>		<i>dextroamphetamine tab 10</i>	
ADVAIR HFA AER 115/2164		<i>hcl cap 5-40 mg</i> .....	22	<i>mg</i> .....	37
ADVAIR HFA AER 230/2164		<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
ADVAIR HFA AER 45/21	64	<i>olmesartan medoxomil tab</i>		<i>dextroamphetamine tab 12.5</i>	
<i>afirmelle</i> .....	45	<i>10-20 mg</i> .....	24	<i>mg</i> .....	37
AIMOVIG.....	38	<i>amlodipine besylate-</i>		<i>amphetamine-</i>	
<i>ala-cort</i> .....	65	<i>olmesartan medoxomil tab</i>		<i>dextroamphetamine tab 15</i>	
<i>albendazole</i> .....	9	<i>10-40 mg</i> .....	24	<i>mg</i> .....	37
<i>albuterol sulfate</i> .....	62				

<i>amphetamine-</i> <i>dextroamphetamine tab 20</i> <i>mg</i> ..... 37	<i>atazanavir sulfate</i> ..... 12	BARACLUDGE ..... 13
<i>amphetamine-</i> <i>dextroamphetamine tab 30</i> <i>mg</i> ..... 37	<i>atenolol</i> ..... 26	BASAGLAR KWIKPEN.... 43
<i>amphetamine-</i> <i>dextroamphetamine tab 5</i> <i>mg</i> ..... 37	<i>atenolol &amp; chlorthalidone tab</i> <i>100-25 mg</i> ..... 26	BCG VACCINE ..... 57
<i>amphetamine-</i> <i>dextroamphetamine tab 7.5</i> <i>mg</i> ..... 37	<i>atenolol &amp; chlorthalidone tab</i> <i>50-25 mg</i> ..... 26	BD ALCOHOL SWABS .... 43
<i>amphotericin b</i> ..... 11	<i>atomoxetine hcl</i> ..... 37, 38	BELSOMRA..... 38
<i>amphotericin b liposome</i> .... 11	<i>atorvastatin calcium</i> ..... 26	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> ..... 23
<i>ampicillin</i> ..... 16	<i>atovaquone</i> ..... 9	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> ..... 23
<i>ampicillin &amp; sulbactam sodium</i> <i>for inj 1.5 (1-0.5) gm</i> ..... 16	<i>atovaquone-proguanil hcl tab</i> <i>250-100 mg</i> ..... 11	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 20-</i> <i>25 mg</i> ..... 23
<i>ampicillin &amp; sulbactam sodium</i> <i>for inj 3 (2-1) gm</i> ..... 16	<i>atovaquone-proguanil hcl tab</i> <i>62.5-25 mg</i> ..... 11	<i>benazepril &amp;</i> <i>hydrochlorothiazide tab 5-</i> <i>6.25mg</i> ..... 23
<i>ampicillin &amp; sulbactam sodium</i> <i>for iv soln 1.5 (1-0.5) gm</i> 16	ATROPINE SULFATE..... 60	<i>benazepril hcl</i> ..... 23
<i>ampicillin &amp; sulbactam sodium</i> <i>for iv soln 15 (10-5) gm ..</i> 16	<i>atropine sulfate (ophthalmic)</i> ..... 60	BENDEKA ..... 16
<i>ampicillin &amp; sulbactam sodium</i> <i>for iv soln 3 (2-1) gm</i> ..... 16	ATROVENT HFA..... 61	BENLYSTA..... 56
<i>ampicillin sodium</i> ..... 16	<i>aubra eq</i> ..... 45	<i>benzoyl peroxide-erythromycin</i> <i>gel 5-3%</i> ..... 64
<i>anagrelide hcl</i> ..... 54	<i>aurovela 1/20</i> ..... 45	<i>benztropine mesylate</i> ..... 34
<i>anastrozole</i> ..... 17	<i>aurovela fe 1.5/30</i> ..... 45	BERINERT..... 54
ANORO ELLIPT AER 62.5- 25..... 61	<i>aurovela fe 1/20</i> ..... 45	BESIVANCE ..... 59
<i>aprepitant</i> ..... 50	AUSTEDO ..... 39	BESREMI..... 18
<i>aprepitant capsule therapy</i> <i>pack 80 &amp; 125 mg</i> ..... 50	AUSTEDO XR ..... 39	<i>betaine powder for oral</i> <i>solution</i> ..... 48
<i>apri</i> ..... 45	AUSTEDO XR TAB TITR KIT ..... 39	<i>betamethasone dipropionate</i> <i>(topical)</i> ..... 65
APTIOM..... 29	AUVELITY TAB 45-105MG ..... 33	<i>betamethasone dipropionate</i> <i>augmented</i> ..... 65, 66
APTIVUS..... 12	<i>aviane</i> ..... 45	<i>betamethasone valerate</i> ..... 66
ARALAST NP..... 62	<i>ayuna</i> ..... 45	BETASERON ..... 39
<i>aranelle</i> ..... 45	AYVAKIT..... 19	<i>betaxolol hcl (ophth)</i> ..... 60
ARCALYST..... 56	<i>azacitidine</i> ..... 17	<i>bethanechol chloride</i> ..... 52
AREXVY..... 57	<i>azathioprine</i> ..... 56	BETOPTIC-S ..... 60
<i>aripiprazole</i> ..... 35	<i>azelastine hcl</i> ..... 61	BEVESPI AER 9-4.8MCG .61
ARISTADA..... 35	<i>azelastine hcl (ophth)</i> ..... 60	<i>bexarotene</i> ..... 18
ARISTADA INITIO..... 35	<i>azithromycin</i> ..... 15	<i>bexarotene (topical)</i> ..... 66
<i>armodafinil</i> ..... 40	<i>aztreonam</i> ..... 9	BEXSERO INJ ..... 57
ARNUITY ELLIPTA ..... 63	<i>azurette</i> ..... 45	<i>bicalutamide</i> ..... 17
<i>asenapine maleate</i> ..... 35	<i>bacitracin (ophthalmic)</i> ..... 59	BICILLIN L-A ..... 16
<i>aspirin-dipyridamole cap er</i> <i>12hr 25-200 mg</i> ..... 54	<i>bacitracin-polymyxin b ophth</i> <i>oint</i> ..... 59	BIKTARVY TAB 30-120-15 MG..... 12
	<i>bacitracin-polymyxin-</i> <i>neomycin-hc ophth oint 1%</i> ..... 59	BIKTARVY TAB 50-200-25 MG..... 12
	<i>baclofen</i> ..... 40	
	BAFIERTAM ..... 39	
	<i>balsalazide disodium</i> ..... 51	
	BALVERSA ..... 19	
	<i>balziva</i> ..... 45	

<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	26	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	40	<i>carb/levo orally disintegrating tab 25-100mg</i> .....	34
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	26	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	40	<i>carb/levo orally disintegrating tab 25-250mg</i> .....	34
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	26	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	40	<i>carbamazepine</i> .....	29
<i>bisoprolol fumarate</i> .....	26	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	40	<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	34
<b>BIVIGAM</b> .....	56	<i>bupropion hcl</i> .....	33	<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	34
<i>blisovi fe 1.5/30</i> .....	45	<i>bupropion hcl (smoking deterrent)</i> .....	40	<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	34
<b>BOOSTRIX INJ</b> .....	57	<i>buspirone hcl</i> .....	29	<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	34
<i>bortezomib</i> .....	19	<i>butorphanol tartrate</i> .....	8	<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	34
<b>BORTEZOMIB</b> .....	19	<b>BYDUREON BCISE</b> .....	41	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	34
<i>bosentan</i> .....	28	<b>BYETTA</b> .....	41	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	34
<b>BOSULIF</b> .....	19	<i>cabergoline</i> .....	48	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	34
<b>BRAFTOVI</b> .....	19	<b>CABOMETYX</b> .....	19	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	34
<b>BREO ELLIPTA INH 100-25</b> .....	64	<i>calcipotriene</i> .....	65	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	34
<b>BREO ELLIPTA INH 200-25</b> .....	64	<i>calcitonin (salmon) spray</i> ...	45	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	34
<b>BREO ELLIPTA INH 50-25MCG</b> .....	64	<i>calcitrene</i> .....	65	<i>carboplatin</i> .....	17
<b>BREZTRI AERO AER SPHERE</b> .....	61	<i>calcitriol</i> .....	50	<i>carglumic acid</i> .....	48
<b>BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)</b> .....	61	<i>calcitriol (oral)</i> .....	50	<i>carteolol hcl (ophth)</i> .....	60
<i>briellyn</i> .....	45	<i>calcium acetate (phosphate binder)</i> .....	49	<i>cartia xt</i> .....	27
<b>BRILINTA</b> .....	54	<b>CALQUENCE</b> .....	19	<i>carvedilol</i> .....	26
<i>brimonidine tartrate</i> .....	60	<i>camila</i> .....	45	<i>casprofungin acetate</i> .....	11
<i>brinzolamide</i> .....	60	<i>candesartan cilexetil</i> .....	25	<b>CAYSTON</b> .....	9
<b>BRIVIACT</b> .....	29	<b>CAPLYTA</b> .....	35	<i>cefaclor</i> .....	14
<i>bromocriptine mesylate</i> .....	34	<b>CAPRELSA</b> .....	19	<b>CEFACLOR ER</b> .....	14
<b>BROMSITE</b> .....	60	<i>captopril</i> .....	23	<i>cefadroxil</i> .....	14
<b>BRUKINSA</b> .....	19	<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> .....	23	<b>CEFAZOLIN</b> .....	14
<i>budesonide</i> .....	51	<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> .....	23	<b>CEFAZOLIN INJ 1GM/50ML</b> .....	14
<i>budesonide (inhalation)</i> .....	63	<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....	23	.....	14
<i>bumetanide</i> .....	27	<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....	23	<i>cefazolin sodium</i> .....	14
<i>buprenorphine hcl</i> .....	40	<i>carb/levo orally disintegrating tab 10-100mg</i> .....	34		
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	40				
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	40				

CEFAZOLIN SOLN	<i>clindamycin phosphate</i> .....	COMBIGAN SOL 0.2/0.5% 60
2GM/100ML-4% .....	<i>clindamycin phosphate</i>	COMBIVENT AER 20-100 61
<i>cefdinir</i> .....	( <i>topical</i> ) .....	COMETRIQ (60MG DOSE)
<i>cefepime hcl</i> .....	<i>clindamycin phosphate in d5w</i>	.....
<i>cefixime</i> .....	<i>iv soln 300 mg/50ml</i> .....	COMETRIQ KIT 100MG... 19
<i>cefoxitin sodium</i> .....	<i>clindamycin phosphate in d5w</i>	COMETRIQ KIT 140MG... 19
<i>cefpodoxime proxetil</i> .....	<i>iv soln 600 mg/50ml</i> .....	COMPLERA TAB..... 12
<i>cefprozil</i> .....	<i>clindamycin phosphate in d5w</i>	<i>compro</i> .....
<i>ceftazidime</i> .....	<i>iv soln 900 mg/50ml</i> .....	<i>constulose</i> .....
<i>ceftriaxone sodium</i> .....	<i>clindamycin phosphate vaginal</i>	COPIKTRA .....
<i>cefuroxime axetil</i> .....	.....	CORLANOR..... 28
<i>cefuroxime sodium</i> .....	CLINDMYC/NAC INJ	COTELLIC .....
<i>celecoxib</i> .....	300/50ML .....	CREON CAP 12000UNT ... 52
CELONTIN.....	CLINDMYC/NAC INJ	CREON CAP 24000UNT ... 52
<i>cephalexin</i> .....	600/50ML .....	CREON CAP 3000UNIT ... 52
CERDELGA.....	CLINDMYC/NAC INJ	CREON CAP 36000UNT ... 52
CEREZYME .....	900/50ML .....	CREON CAP 6000UNIT ... 52
<i>cetirizine hcl</i> .....	CLINIMIX INJ 4.25/D10 ... 59	<i>cromolyn sodium</i> ..... 62
<i>chateal</i> .....	CLINIMIX INJ 4.25/D5W.. 59	<i>cromolyn sodium</i>
CHEMET.....	CLINIMIX INJ 5%/D15W . 59	( <i>mastocytosis</i> ) .....
<i>chlorhexidine gluconate</i>	CLINIMIX INJ 5%/D20W . 59	<i>cromolyn sodium (ophth)</i> ... 60
( <i>mouth-throat</i> ).....	CLINIMIX INJ 6/5 .....	<i>cryselle-28</i> .....
<i>chloroquine phosphate</i> .....	CLINIMIX INJ 8/10 .....	<i>cyclobenzaprine hcl</i> ..... 40
<i>chlorpromazine hcl</i> .....	CLINIMIX INJ 8/14 .....	<i>cyclophosphamide</i> ..... 17
<i>chlorthalidone</i> .....	<i>clinisol sf 15%</i> .....	CYCLOPHOSPHAMIDE... 17
<i>cholestyramine</i> .....	CLINOLIPID EMU 20% ... 59	CYCLOPHOSPHAMIDE
<i>cholestyramine light</i> .....	<i>clobazam</i> .....	MONOHYDR..... 17
<i>ciclopirox olamine</i> .....	<i>clobetasol propionate</i> ..... 66	<i>cycloserine</i> .....
<i>cilostazol</i> .....	<i>clobetasol propionate e</i> .....	<i>cyclosporine</i> .....
CILOXAN.....	<i>clomipramine hcl</i> ..... 33	<i>cyclosporine modified (for</i>
CIMDUO TAB 300-300 .... 12	<i>clonazepam</i> ..... 29	<i>microemulsion</i> ) .....
<i>cinacalcet hcl</i> .....	<i>clonidine</i> ..... 28	<i>cyproheptadine hcl</i> ..... 61
CIPRO .....	<i>clonidine hcl</i> .....	<i>cyred eq</i> .....
<i>ciprofloxacin 200 mg/100ml in</i>	<i>clonidine hcl</i> .....	CYSTADROPS .....
<i>d5w</i> .....	<i>clopidogrel bisulfate</i> .....	CYSTAGON..... 48
<i>ciprofloxacin 400 mg/200ml in</i>	<i>clorazepate dipotassium</i> .... 29	CYSTARAN..... 60
<i>d5w</i> .....	<i>clotrimazole</i> .....	<i>cytarabine</i> .....
<i>ciprofloxacin hcl</i> .....	<i>clotrimazole (topical)</i> ..... 65	D10W/NAACL INJ 0.2%..... 57
<i>ciprofloxacin hcl (ophth)</i> .... 59	<i>clotrimazole w/ betamethasone</i>	D2.5W/NAACL INJ 0.45% ... 57
<i>ciprofloxacin-dexamethasone</i>	<i>cream 1-0.05%</i> .....	D5W/LYTES INJ #48 .....
<i>otic susp 0.3-0.1%</i> ..... 61	<i>clozapine</i> .....	<i>dabigatran etexilate mesylate</i>
<i>cisplatin</i> .....	COARTEM TAB 20-120MG	.....
<i>citalopram hydrobromide</i> ... 33	.....	..... 53
<i>claravis</i> .....	<i>colchicine</i> .....	<i>dalfampridine</i> .....
<i>clarithromycin</i> .....	<i>colchicine w/ probenecid tab</i>	<i>danazol</i> ..... 47
<i>clindamycin hcl</i> .....	0.5-500 mg .....	<i>dantrolene sodium</i> ..... 40
<i>clindamycin palmitate</i>	<i>colesevelam hcl</i> .....	<i>dapsone</i> .....
<i>hydrochloride</i> .....	<i>colestipol hcl</i> .....	DAPTACEL INJ..... 57
..... 9	<i>colistimethate sodium</i> ..... 10	<i>daptomycin</i> ..... 10

DAPTOMYCIN.....	10	<i>dextrose 5% w/ sodium</i>		<i>dotti.....</i>	47
<i>darunavir .....</i>	12	<i>chloride 0.45% .....</i>	58	DOVATO TAB 50-300MG	13
<i>dasetta 1/35 .....</i>	45	<i>dextrose 5% w/ sodium</i>		<i>doxazosin mesylate.....</i>	24
<i>dasetta 7/7/7 .....</i>	45	<i>chloride 0.9% .....</i>	58	<i>doxepin hcl.....</i>	33
DAURISMO.....	19	DIACOMIT .....	29	<i>doxepin hcl (sleep).....</i>	38
DAYVIGO .....	38	<i>diazepam .....</i>	30	<i>doxorubicin hcl.....</i>	17
<i>deblitane .....</i>	45	<i>diazepam (anticonvulsant) ..</i>	30	<i>doxorubicin hcl liposomal... </i>	17
<i>deferasirox .....</i>	45	<i>diazepam inj.....</i>	30	<i>doxy 100 .....</i>	16
DELESTROGEN .....	47	<i>diazoxide .....</i>	48	<i>doxycycline (monohydrate) .</i>	16
DELSTRIGO TAB.....	13	<i>diclofenac potassium.....</i>	7	<i>doxycycline hyclate .....</i>	16
DENGVAXIA SUS.....	57	<i>diclofenac sodium.....</i>	7	DRIZALMA SPRINKLE ...	33
<i>depo-testosterone .....</i>	40	<i>diclofenac sodium (ophth) ..</i>	60	<i>dronabinol .....</i>	50
DESCOVY TAB 120-15MG		<i>diclofenac sodium (topical) .</i>	67	<i>drospirenone-ethinyl estradiol</i>	
.....	13	<i>dicloxacillin sodium.....</i>	16	<i>tab 3-0.02 mg.....</i>	45
DESCOVY TAB 200/25MG		<i>dicyclomine hcl .....</i>	51	<i>drospirenone-ethinyl estradiol</i>	
.....	13	DIFICID.....	15	<i>tab 3-0.03 mg.....</i>	45
<i>desipramine hcl.....</i>	33	<i>diflunisal .....</i>	7	DROXIA .....	54
<i>desmopressin acetate .....</i>	48	<i>difluprednate.....</i>	60	<i>droxidopa.....</i>	28
<i>desmopressin acetate spray</i>	49	<i>digoxin .....</i>	28	<i>duloxetine hcl .....</i>	33
<i>desmopressin acetate spray</i>		<i>dihydroergotamine mesylate</i>	38	DUPIXENT .....	54
<i>refrigerated.....</i>	49	DILANTIN.....	30	<i>dutasteride .....</i>	52
<i>desogest-eth estrad &amp; eth</i>		DILANTIN INFATABS.....	30	<i>dutasteride-tamsulosin hcl cap</i>	
<i>estrad tab 0.15-0.02/0.01</i>		DILANTIN-125 .....	30	<i>0.5-0.4 mg .....</i>	52
<i>mg(21/5) .....</i>	45	<i>diltiazem hcl.....</i>	27	<i>e.e.s. 400.....</i>	15
<i>desogestrel &amp; ethinyl estradiol</i>		<i>diltiazem hcl coated beads ..</i>	27	<i>ec-naproxen .....</i>	7
<i>tab 0.15 mg-30 mcg.....</i>	45	<i>diltiazem hcl extended release</i>		EDURANT .....	12
<i>desvenlafaxine succinate ....</i>	33	<i>beads .....</i>	27	<i>efavirenz .....</i>	12
<i>dexamethasone.....</i>	48	<i>dilt-xr .....</i>	27	<i>efavirenz-emtricitabine-</i>	
DEXAMETHASONE		DIP/TET PED INJ 25-5LFU		<i>tenofovir df tab 600-200-300</i>	
INTENSOL.....	48	.....	57	<i>mg .....</i>	13
<i>dexamethasone sodium</i>		<i>diphenhydramine hcl.....</i>	61	<i>efavirenz-lamivudine-tenofovir</i>	
<i>phosphate .....</i>	48	<i>diphenoxylate w/ atropine liq</i>		<i>df tab 400-300-300 mg....</i>	13
<i>dexamethasone sodium</i>		<i>2.5-0.025 mg/5ml .....</i>	51	<i>efavirenz-lamivudine-tenofovir</i>	
<i>phosphate (ophth) .....</i>	60	<i>diphenoxylate w/ atropine tab</i>		<i>df tab 600-300-300 mg....</i>	13
<i>dexmethylphenidate hcl.....</i>	38	<i>2.5-0.025 mg .....</i>	51	ELIGARD.....	17
<i>dextrose.....</i>	59	<i>dipyridamole .....</i>	54	<i>elinest.....</i>	45
<i>dextrose 10% w/ sodium</i>		<i>disopyramide phosphate ....</i>	25	ELIQUIS .....	53
<i>chloride 0.45% .....</i>	58	<i>disulfiram .....</i>	40	ELIQUIS STARTER PACK	
<i>dextrose 2.5% w/ sodium</i>		<i>divalproex sodium .....</i>	30	.....	53
<i>chloride 0.45% .....</i>	57	<i>docetaxel .....</i>	18	ELLENCES .....	17
<i>dextrose 5% in lactated</i>		DOCETAXEL.....	18	<i>eluryng .....</i>	45
<i>ringers.....</i>	57	<i>dofetilide .....</i>	25	EMCYT.....	17
<i>dextrose 5% w/ sodium</i>		<i>donepezil hydrochloride ....</i>	32	<i>emoquette.....</i>	45
<i>chloride 0.2%.....</i>	58	DOPTELET .....	54	EMSAM .....	33
<i>dextrose 5% w/ sodium</i>		<i>dorzolamide hcl.....</i>	60	<i>emtricitabine .....</i>	12
<i>chloride 0.225% .....</i>	58	<i>dorzolamide hcl-timolol</i>		<i>emtricitabine-tenofovir</i>	
<i>dextrose 5% w/ sodium</i>		<i>maleate ophth soln 2-0.5%</i>		<i>disoproxil fumarate tab 100-</i>	
<i>chloride 0.3%.....</i>	58	.....	60	<i>150 mg .....</i>	13



<i>emtricitabine-tenofovir</i>	<i>epitol</i> .....	30	<i>everolimus</i>
<i>disoproxil fumarate tab 133-</i>	EPIVIR HBV .....	13	( <i>immunosuppressant</i> ).....
200 mg .....	<i>eplerenone</i> .....	23	EVOTAZ TAB 300-150 .....
13	EPRONTIA .....	30	<i>exemestane</i> .....
<i>emtricitabine-tenofovir</i>	<i>ergotamine w/ caffeine tab 1-</i>		EXKIVITY .....
<i>disoproxil fumarate tab 167-</i>	100 mg .....	38	EYSUVIS .....
250 mg .....	ERIVEDGE .....	19	<i>ezetimibe</i> .....
13	ERLEADA .....	17	<i>ezetimibe-simvastatin tab 10-</i>
<i>emtricitabine-tenofovir</i>	<i>erlotinib hcl</i> .....	19	10 mg .....
<i>disoproxil fumarate tab 200-</i>	<i>errin</i> .....	45	<i>ezetimibe-simvastatin tab 10-</i>
300 mg .....	<i>ertapenem sodium</i> .....	10	20 mg .....
13	<i>ery</i> .....	64	<i>ezetimibe-simvastatin tab 10-</i>
EMTRIVA .....	<i>ery-tab</i> .....	15	40 mg .....
12	ERYTHROCIN		<i>ezetimibe-simvastatin tab 10-</i>
EMVERM .....	LACTOBIONATE.....	15	80 mg .....
10	<i>erythrocin stearate</i> .....	15	26
<i>enalapril maleate</i> .....	<i>erythromycin (acne aid)</i> ....	64	FABRAZYME .....
23	<i>erythromycin (ophth)</i> .....	59	<i>falmina</i> .....
<i>enalapril maleate &amp;</i>	<i>erythromycin base</i> .....	15	<i>famciclovir</i> .....
<i>hydrochlorothiazide tab 10-</i>	<i>erythromycin ethylsuccinate</i> 15		<i>famotidine</i> .....
25 mg .....	<i>erythromycin lactobionate</i> ..	15	<i>famotidine in nacl 0.9% iv soln</i>
23	<i>escitalopram oxalate</i> .....	33	20 mg/50ml.....
<i>enalapril maleate &amp;</i>	<i>esomeprazole magnesium</i> ...	52	FANAPT .....
<i>hydrochlorothiazide tab 5-</i>	<i>estarylla</i> .....	46	FANAPT PAK .....
12.5 mg.....	<i>estradiol</i> .....	47	FARXIGA .....
23	<i>estradiol &amp; norethindrone</i>		FASENRA .....
ENBREL.....	<i>acetate tab 0.5-0.1 mg</i> ....	47	FASENRA PEN .....
54	<i>estradiol &amp; norethindrone</i>		<i>felbamate</i> .....
ENBREL MINI.....	<i>acetate tab 1-0.5 mg</i> .....	47	<i>felodipine</i> .....
54	<i>estradiol vaginal</i> .....	47	<i>femynor</i> .....
ENBREL SURECLICK .....	<i>estradiol valerate</i> .....	47	<i>fenofibrate</i> .....
54	<i>ethambutol hcl</i> .....	13	<i>fenofibrate micronized</i> .....
ENDARI .....	<i>ethosuximide</i> .....	30	<i>fentanyl</i> .....
54	<i>ethynodiol diacetate &amp; ethinyl</i>		<i>fentanyl citrate</i> .....
<i>endocet tab 10-325mg</i> .....	<i>estradiol tab 1 mg-35 mcg</i>		<i>fesoterodine fumarate</i> .....
8	.....	46	FETZIMA .....
<i>endocet tab 2.5-325mg</i> .....	<i>ethynodiol diacetate &amp; ethinyl</i>		FETZIMA CAP TITRATIO
8	<i>estradiol tab 1 mg-50 mcg</i>		33
<i>endocet tab 5-325mg</i> .....	.....	46	FIASP FLEX INJ TOUCH .
8	<i>etodolac</i> .....	7	43
<i>endocet tab 7.5-325mg</i> .....	<i>etonogestrel-ethinyl estradiol</i>		FIASP INJ 100/ML .....
8	<i>va ring 0.120-0.015 mg/24hr</i>		43
ENGERIX-B .....	.....	46	FIASP PENFIL INJ U-100 .
57	<i>etoposide</i> .....	18	43
<i>enilloring</i> .....	<i>etravirine</i> .....	12	FIASP PMPCRT INJ U-100
45	EULEXIN .....	17	43
<i>enoxaparin sodium</i> .....	<i>euthyrox</i> .....	50	<i>finasteride</i> .....
53	<i>everolimus</i> .....	19	52
<i>enpresse-28</i> .....			<i>fingolimod hcl</i> .....
45			39
<i>enskyce</i> .....			FINTEPLA .....
45			<i>flac</i> .....
ENSTILAR AER .....			61
66			FLAREX .....
<i>entacapone</i> .....			60
34			FLEBOGAMMA DIF .....
<i>entecavir</i> .....			56
13			<i>flecainide acetate</i> .....
ENTRESTO TAB 24-26MG			25
.....			FLOVENT DISKUS .....
24			63
ENTRESTO TAB 49-51MG			
.....			
24			
ENTRESTO TAB 97-103MG			
.....			
24			
<i>enulose</i> .....			
51			
EPCLUSA PAK 150-37.5 ..			
13			
EPCLUSA PAK 200-50MG			
13			
EPCLUSA TAB 200-50MG			
13			
EPCLUSA TAB 400-100 ...			
13			
EPIDIOLEX .....			
30			
<i>epinephrine (anaphylaxis)</i> .			
28,			
62			

FLOVENT HFA .....	63	GAMMAGARD S/D IGA		<i>glipizide-metformin hcl tab 5-</i>	
<i>fluconazole</i> .....	11	LESS TH .....	56	500 mg .....	41
<i>fluconazole in nacl 0.9% inj</i>		GAMMAKED.....	56	<i>glycopyrrolate</i> .....	51
200 mg/100ml.....	11	GAMMAPLEX.....	56	<i>glydo</i> .....	66
<i>fluconazole in nacl 0.9% inj</i>		GAMUNEX-C .....	56	GLYXAMBI TAB 10-5 MG	
400 mg/200ml.....	11	<i>ganciclovir sodium</i> .....	14	.....	41
<i>flucytosine</i> .....	11	GARDASIL 9 INJ .....	57	GLYXAMBI TAB 25-5 MG	
<i>fludrocortisone acetate</i> .....	48	<i>gatifloxacin (ophth)</i> .....	59	.....	41
<i>flunisolide (nasal)</i> .....	63	GATTEX.....	52	GOLYTELY SOL.....	51
<i>fluocinolone acetonide</i> .....	66	GAUZE PADS 2 .....	43	<i>granisetron hcl</i> .....	50
<i>fluocinolone acetonide (otic)</i>		<i>gavilyte-c</i> .....	51	<i>griseofulvin microsize</i> .....	11
.....	61	<i>gavilyte-g</i> .....	51	<i>griseofulvin ultramicrosize</i> ..	11
<i>fluocinonide</i> .....	66	GAVRETO.....	19	<i>guanfacine hcl</i> .....	28
<i>fluocinonide emulsified base</i>	66	<i>gefitinib</i> .....	19	<i>guanfacine hcl (adhd)</i> .....	38
<i>fluorometholone (ophth)</i> .....	60	<i>gemcitabine hcl</i> .....	17	GVOKE HYPOPEN 2-PACK	
<i>fluorouracil</i> .....	17	<i>gemfibrozil</i> .....	26	.....	48
<i>fluorouracil (topical)</i> .....	67	GEMTESA .....	52	GVOKE KIT.....	48
<i>fluoxetine hcl</i> .....	33	<i>generlac</i> .....	51	GVOKE PFS .....	48
<i>fluphenazine decanoate</i> .....	35	<i>gengraf</i> .....	56	HAEGARDA .....	54
<i>fluphenazine hcl</i> .....	35	GENOTROPIN .....	49	<i>hailey 1.5/30</i> .....	46
<i>flurbiprofen</i> .....	7	GENOTROPIN MINIQUICK		<i>halobetasol propionate</i> .....	66
<i>flurbiprofen sodium</i> .....	60	.....	49	<i>haloette</i> .....	46
<i>fluticasone propionate</i> .....	66	<i>gentak</i> .....	59	<i>haloperidol</i> .....	35
<i>fluticasone propionate (nasal)</i>		<i>gentamicin in saline inj 0.8</i>		<i>haloperidol decanoate</i> .....	36
.....	63	mg/ml .....	10	<i>haloperidol lactate</i> .....	36
<i>fluvoxamine maleate</i> .....	29	<i>gentamicin in saline inj 1</i>		HARVONI PAK 33.75-	
<i>fondaparinux sodium</i> .....	53	mg/ml .....	10	150MG.....	14
FORTEO.....	45	<i>gentamicin in saline inj 1.2</i>		HARVONI PAK 45-200MG	
<i>fosamprenavir calcium</i> .....	12	mg/ml .....	10	.....	14
<i>fosinopril sodium</i> .....	23	<i>gentamicin in saline inj 1.6</i>		HARVONI TAB 45-200MG	
<i>fosinopril sodium &amp;</i>		mg/ml .....	10	.....	14
<i>hydrochlorothiazide tab 10-</i>		<i>gentamicin in saline inj 2</i>		HARVONI TAB 90-400MG	
12.5 mg.....	23	mg/ml .....	10	.....	14
<i>fosinopril sodium &amp;</i>		<i>gentamicin sulfate</i> .....	10	HAVRIX .....	57
<i>hydrochlorothiazide tab 20-</i>		<i>gentamicin sulfate (ophth)</i> ..	59	<i>heather</i> .....	46
12.5 mg.....	23	<i>gentamicin sulfate (topical)</i>	65	HEP SOD/D5W INJ	
FOTIVDA .....	19	GENVOYA TAB .....	13	20000UNT .....	53
<i>fulvestrant</i> .....	17	GILOTRIF.....	19	HEP SOD/D5W INJ	
<i>furosemide</i> .....	27	<i>glatiramer acetate</i> .....	39	25000UNT .....	53
<i>furosemide inj</i> .....	27	<i>glatopa</i> .....	39	HEP SOD/NACL INJ	
FUZEON.....	12	GLEOSTINE .....	17	12500UNT .....	53
<i>fyavolv tab 0.5mg-2.5mcg</i> ..	47	<i>glimepiride</i> .....	41	HEP SOD/NACL INJ	
<i>fyavolv tab 1mg-5mcg</i> .....	47	<i>glipizide</i> .....	41	25000UNT .....	53
FYCOMPA .....	30	<i>glipizide xl</i> .....	41	<i>heparin sodium (porcine)</i> ....	53
<i>gabapentin</i> .....	30	<i>glipizide-metformin hcl tab</i>		HEPARIN/NACL INJ	
<i>galantamine hydrobromide</i> ..	32	2.5-250 mg .....	41	25000UNT .....	53
GAMASTAN INJ .....	56	<i>glipizide-metformin hcl tab</i>		HEPLISAV-B .....	57
GAMMAGARD LIQUID ..	56	2.5-500 mg .....	41		

HERCEP HYLEC SOL 60-10000 .....	19	<i>ibuprofen</i> .....	7	<i>irbesartan</i> .....	25
HERCEPTIN .....	19	<i>icatibant acetate</i> .....	54	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	24
HERZUMA .....	19	<i>iclevia</i> .....	46	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	24
HIBERIX .....	57	ICLUSIG .....	19	IRESSA .....	20
HUMIRA .....	54, 55	IDHIFA .....	19	<i>irinotecan hcl</i> .....	18
HUMIRA PEDIA INJ CROHNS .....	55	ILEVRO .....	60	ISENTRESS .....	12
HUMIRA PEDIATRIC CROHNS D .....	55	<i>imatinib mesylate</i> .....	19	ISENTRESS HD .....	12
HUMIRA PEN .....	55	IMBRUVICA .....	19, 20	<i>isibloom</i> .....	46
HUMIRA PEN KIT PS/UV .....	55	<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....	10	ISOLYTE-P INJ /D5W .....	58
HUMIRA PEN-CD/UC/HS START .....	55	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	10	ISOLYTE-S INJ .....	58
HUMIRA PEN-PEDIATRIC UC S .....	55	<i>imipramine hcl</i> .....	33	ISOLYTE-S INJ PH 7.4 .....	58
HUMIRA PEN-PS/UV STARTER .....	55	<i>imiquimod</i> .....	67	<i>isoniazid</i> .....	13
HUMULIN R U-500 (CONCENTR) .....	43	IMOVA RABIES (H.D.C.V.) .....	57	<i>isosorbide dinitrate</i> .....	28
HUMULIN R U-500 KWIKPEN .....	43	INBRIJA .....	34	<i>isosorbide mononitrate</i> .....	28
<i>hydralazine hcl</i> .....	28	<i>incassia</i> .....	46	<i>isotretinoin</i> .....	64
<i>hydrochlorothiazide</i> .....	27	INCRELEX .....	49	<i>itraconazole</i> .....	11
<i>hydrocodone bitartrate</i> .....	7	INCRUSE ELLIPTA .....	61	<i>ivermectin</i> .....	10
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	8	<i>indapamide</i> .....	27	IXIARO INJ .....	57
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	8	INFANRIX INJ .....	57	JAKAFI .....	20
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	8	INFLIXIMAB .....	55	<i>jantoven</i> .....	53
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	8	INGREZZA .....	39	JANUMET TAB 50-1000 .....	41
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	8	INGREZZA CAP 40-80MG .....	39	JANUMET TAB 50-500MG .....	41
<i>hydrocortisone</i> .....	48	INLYTA .....	20	JANUMET XR TAB 100-1000 .....	41
<i>hydrocortisone (intrarectal)</i> .....	51	INQOVI TAB 35-100MG .....	17	JANUMET XR TAB 50-1000 .....	41
<i>hydrocortisone (rectal)</i> .....	67	INREBIC .....	20	JANUMET XR TAB 50-500MG .....	41
<i>hydrocortisone (topical)</i> .....	66	INSULIN PEN NEEDLES: BD/NOVO .....	43	JANUVIA .....	41
<i>hydromorphone hcl</i> .....	8	INSULIN SAFETY NEEDLES .....	43	JARDIANCE .....	41
<i>hydroxychloroquine sulfate</i> .....	55	INSULIN SYRINGES: BD .....	43	<i>jasmiel</i> .....	46
<i>hydroxyurea</i> .....	18	INTELENCE .....	12	<i>javygtor</i> .....	49
<i>hydroxyzine hcl</i> .....	61	INTRALIPID .....	59	JAYPIRCA .....	20
<i>hydroxyzine pamoate</i> .....	61	INTRON A .....	56	JENTADUETO TAB 2.5-1000 .....	42
HYSINGLA ER .....	7	<i>introvale</i> .....	46	JENTADUETO TAB 2.5-500 .....	41
<i>ibandronate sodium</i> .....	45	INVEGA HAFYERA .....	36	JENTADUETO TAB 2.5-850 .....	41
IBRANCE .....	19	INVEGA SUSTENNA .....	36	JENTADUETO TAB XR 2.5-1000MG .....	42
<i>ibu</i> .....	7	INVEGA TRINZA .....	36	JENTADUETO TAB XR 5-1000MG .....	42
		IPOL INJ INACTIVE .....	57		
		<i>ipratropium bromide</i> .....	61		
		<i>ipratropium bromide (nasal)</i> .....	61		
		<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	61		

<i>jinteli</i> .....	47	KEYTRUDA .....	20	LENVIMA 12MG DAILY	
<i>jolessa</i> .....	46	KINRIX INJ .....	57	DOSE .....	20
<i>juleber</i> .....	46	KISQALI 200 DOSE .....	20	LENVIMA 20 MG DAILY	
JULUCA TAB 50-25MG ...	13	KISQALI 200 PAK FEMARA		DOSE .....	20
<i>junel 1.5/30</i> .....	46	.....	18	LENVIMA 4 MG DAILY	
<i>junel 1/20</i> .....	46	KISQALI 400 DOSE .....	20	DOSE .....	20
<i>junel fe 1.5/30</i> .....	46	KISQALI 400 PAK FEMARA		LENVIMA 8 MG DAILY	
<i>junel fe 1/20</i> .....	46	.....	18	DOSE .....	20
KADCYLA .....	20	KISQALI 600 DOSE .....	20	LENVIMA CAP 14 MG.....	20
KALYDECO .....	62	KISQALI 600 PAK FEMARA		LENVIMA CAP 18 MG.....	20
KANJINTI .....	20	.....	18	LENVIMA CAP 24 MG.....	20
<i>kariva</i> .....	46	<i>klor-con</i> .....	58	<i>lessina</i> .....	46
<i>kcl 10 meq/l (0.075%) in</i>		<i>klor-con 10</i> .....	58	<i>letrozole</i> .....	17
<i>dextrose 5% &amp; nacl 0.45%</i>		<i>klor-con 8</i> .....	58	<i>leucovorin calcium</i> .....	22
<i>inj</i> .....	58	<i>klor-con m10</i> .....	58	LEUKERAN .....	17
<i>kcl 20 meq/l (0.15%) in</i>		<i>klor-con m15</i> .....	58	<i>leuprolide acetate</i> .....	17
<i>dextrose 5% &amp; nacl 0.2%</i>		<i>klor-con m20</i> .....	59	<i>levalbuterol hcl</i> .....	62
<i>inj</i> .....	58	KORLYM .....	49	<i>levalbuterol tartrate</i> .....	62
<i>kcl 20 meq/l (0.15%) in</i>		KRAZATI .....	20	LEVEMIR .....	43
<i>dextrose 5% &amp; nacl 0.45%</i>		<i>kurvelo</i> .....	46	LEVEMIR FLEXPEN.....	43
<i>inj</i> .....	58	<i>labetalol hcl</i> .....	26	LEVEMIR FLEXTOUCH ..	43
<i>kcl 20 meq/l (0.15%) in</i>		<i>lacosamide</i> .....	30	<i>levetiracetam</i> .....	31
<i>dextrose 5% &amp; nacl 0.9%</i>		<i>lacosamide oral</i> .....	30	<i>levetiracetam in sodium</i>	
<i>inj</i> .....	58	<i>lactated ringer's solution</i> ....	58	<i>chloride iv soln 1000</i>	
<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>lactic acid (ammonium lactate)</i>		<i>mg/100ml</i> .....	31
<i>0.45% inj</i> .....	58	.....	67	<i>levetiracetam in sodium</i>	
<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>lactulose</i> .....	51	<i>chloride iv soln 1500</i>	
<i>0.9% inj</i> .....	58	<i>lactulose (encephalopathy)</i> .	51	<i>mg/100ml</i> .....	31
<i>kcl 30 meq/l (0.224%) in</i>		<i>lamivudine</i> .....	12	<i>levetiracetam in sodium</i>	
<i>dextrose 5% &amp; nacl 0.45%</i>		<i>lamivudine (hbv)</i> .....	14	<i>chloride iv soln 500</i>	
<i>inj</i> .....	58	<i>lamivudine-zidovudine tab</i>		<i>mg/100ml</i> .....	31
<i>kcl 40 meq/l (0.3%) in dextrose</i>		<i>150-300 mg</i> .....	13	<i>levobunolol hcl</i> .....	60
<i>5% &amp; nacl 0.45% inj</i> .....	58	<i>lamotrigine</i> .....	30	<i>levocarnitine (metabolic</i>	
<i>kcl 40 meq/l (0.3%) in dextrose</i>		<i>lansoprazole</i> .....	52	<i>modifiers)</i> .....	49
<i>5% &amp; nacl 0.9% inj</i> .....	58	LANTUS.....	43	<i>levocetirizine dihydrochloride</i>	
<i>kcl 40 meq/l (0.3%) in nacl</i>		LANTUS SOLOSTAR.....	43	.....	61
<i>0.9% inj</i> .....	58	<i>lapatinib ditosylate</i> .....	20	<i>levofloxacin</i> .....	15
KCL/D5W/NACL INJ		<i>larin 1.5/30</i> .....	46	<i>levofloxacin in d5w iv soln 250</i>	
<i>0.3/0.9%</i> .....	58	<i>larin 1/20</i> .....	46	<i>mg/50ml</i> .....	15
<i>kelnor 1/35</i> .....	46	<i>larin fe 1.5/30</i> .....	46	<i>levofloxacin in d5w iv soln 500</i>	
<i>kelnor 1/50</i> .....	46	<i>larin fe 1/20</i> .....	46	<i>mg/100ml</i> .....	15
KERENDIA .....	23	<i>latanoprost</i> .....	60	<i>levofloxacin in d5w iv soln 750</i>	
KESIMPTA.....	40	LATUDA .....	36	<i>mg/150ml</i> .....	15
<i>ketoconazole</i> .....	11	<i>leena</i> .....	46	<i>levonest</i> .....	46
<i>ketoconazole (topical)</i> .....	65	<i>leflunomide</i> .....	56	<i>levonorgestrel &amp; ethinyl</i>	
<i>ketorolac tromethamine</i>		<i>lenalidomide</i> .....	18	<i>estradiol (91-day) tab 0.15-</i>	
<i>(ophth)</i> .....	60	LENVIMA 10 MG DAILY		<i>0.03 mg</i> .....	46
KEVZARA.....	55	DOSE .....	20		

<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	46	<i>lopinavir-ritonavir tab 100-25 mg</i> .....	13	<i>maraviroc</i> .....	12
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	46	<i>lopinavir-ritonavir tab 200-50 mg</i> .....	13	<i>marlissa</i> .....	46
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....	46	<i>lorazepam</i> .....	29	MARPLAN .....	33
<i>levora 0.15/30-28</i> .....	46	<i>lorazepam intensol</i> .....	29	MATULANE .....	18
<i>levo-t</i> .....	50	LORBRENA .....	20	MAVYRET PAK 50-20MG	14
<i>levothyroxine sodium</i> .....	50	<i>loryna</i> .....	46	MAVYRET TAB 100-40MG .....	14
<i>levoxyl</i> .....	50	<i>losartan potassium</i> .....	25	<i>meclizine hcl</i> .....	50
LEXIVA .....	12	<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	24	<i>medroxyprogesterone acetate</i> .....	49
<i>lidocaine</i> .....	66	<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	24	<i>medroxyprogesterone acetate (contraceptive)</i> .....	46
<i>lidocaine hcl</i> .....	66	<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	24	<i>mefloquine hcl</i> .....	11
<i>lidocaine hcl (local anesth.)</i> ..	9	LOTEMAX .....	60	<i>megestrol acetate</i> .....	18, 49
<i>lidocaine hcl (mouth-throat)</i>	67	<i>lovastatin</i> .....	26	<i>megestrol acetate (appetite)</i>	50
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	66	<i>low-ogestrel</i> .....	46	MEKINIST .....	20
<i>linezolid</i> .....	10	<i>loxapine succinate</i> .....	36	MEKTOVI .....	20
LINEZOLID INJ 2MG/ML	10	LUMAKRAS .....	20	<i>meloxicam</i> .....	7
LINZESS .....	52	LUMIGAN .....	60	<i>memantine hcl</i> .....	32
<i>liothyronine sodium</i> .....	50	LUMIZYME .....	49	MENACTRA INJ .....	57
<i>lisinopril</i> .....	23	LUPRON DEPOT (1-MONTH) .....	17	MENQUADFI INJ .....	57
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	23	LUPRON DEPOT (3-MONTH) .....	17	MENVEO INJ .....	57
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	23	LUPRON DEPOT-PED (1-MONTH) .....	49	MENVEO SOL .....	57
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	23	LUPRON DEPOT-PED (3-MONTH) .....	49	<i>mercaptapurine</i> .....	17
LITHIUM .....	39	LUPRON DEPOT-PED (6-MONTH) .....	49	<i>meropenem</i> .....	10
<i>lithium carbonate</i> .....	39	<i>lurasidone hcl</i> .....	36	<i>mesalamine</i> .....	51
<i>loestrin 1.5/30-21</i> .....	46	<i>lutra</i> .....	46	<i>mesalamine w/ cleanser</i> .....	51
<i>loestrin 1/20-21</i> .....	46	<i>lyleq</i> .....	46	MESNEX .....	22
<i>loestrin fe 1.5/30</i> .....	46	<i>lyllana</i> .....	48	<i>metadate er</i> .....	38
<i>loestrin fe 1/20</i> .....	46	LYNPARZA .....	20	<i>metformin hcl</i> .....	42
LOKELMA .....	45	LYSODREN .....	17	<i>methadone hcl</i> .....	7
LONSURF TAB 15-6.14 ..	17	LYTGOBI .....	20	<i>methadone hydrochloride i</i> .....	8
LONSURF TAB 20-8.19 ..	17	<i>lyza</i> .....	46	<i>methazolamide</i> .....	27
<i>loperamide hcl</i> .....	52	<i>magnesium sulfate</i> .....	58	<i>methenamine hippurate</i> .....	10
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	13	MAGNESIUM SULFATE .	58	<i>methimazole</i> .....	50
		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> ..	58	<i>methotrexate sodium</i> ....	17, 56
		<i>malathion</i> .....	67	<i>methsuximide</i> .....	31
				<i>methylphenidate hcl</i> .....	38
				<i>methylprednisolone</i> .....	48
				<i>methylprednisolone acetate</i>	48
				<i>methylprednisolone sod succ</i> .....	48
				<i>metoclopramide hcl</i> .....	50
				<i>metolazone</i> .....	28
				<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	26

<i>metoprolol &amp; hydrochlorothiazide tab</i>		<i>mycophenolate mofetil</i> .....	56	<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> .....	59
100-50 mg .....	26	<i>mycophenolate sodium</i> .....	56	<i>neo-polycin hc ophth oint 1%</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	26	MYRBETRIQ .....	52	.....	59
<i>metoprolol succinate</i> .....	26	<i>nabumetone</i> .....	7	NERLYNX .....	20
<i>metoprolol tartrate</i> .....	27	<i>nadolol</i> .....	27	NEUPRO .....	34
<i>metronidazole</i> .....	10	<i>nafcillin sodium</i> .....	16	<i>nevirapine</i> .....	12
<i>metronidazole (topical)</i> .....	67	NAGLAZYME .....	49	NEXAVAR.....	20
<i>metronidazole vaginal</i> .....	53	<i>nalbuphine hcl</i> .....	9	<i>niacin (antihyperlipidemic)</i> .	26
<i>metyrosine</i> .....	28	<i>naloxone hcl</i> .....	40	<i>nicardipine hcl</i> .....	27
MG SO4/D5W INJ 10MG/ML .....	58	<i>naltrexone hcl</i> .....	40	NICOTROL INHALER.....	40
<i>micafungin sodium</i> .....	11	NAMZARIC CAP 14-10MG .....	32	NICOTROL NS .....	40
<i>microgestin 1.5/30</i> .....	46	NAMZARIC CAP 21-10MG .....	32	<i>nifedipine</i> .....	27
<i>microgestin 1/20</i> .....	46	NAMZARIC CAP 28-10MG .....	32	<i>nikki</i> .....	46
<i>microgestin fe 1.5/30</i> .....	46	NAMZARIC CAP 28-10MG .....	32	<i>nilutamide</i> .....	18
<i>microgestin fe 1/20</i> .....	46	NAMZARIC CAP 7-10MG	32	<i>nimodipine</i> .....	27
<i>midodrine hcl</i> .....	28	NAMZARIC CAP PACK... 32		NINLARO .....	21
<i>miglustat</i> .....	49	<i>naproxen</i> .....	7	<i>nitazoxanide</i> .....	10
<i>mili</i> .....	46	<i>naproxen sodium</i> .....	7	<i>nitisinone</i> .....	49
<i>mimvey</i> .....	48	<i>naratriptan hcl</i> .....	38	NITRO-BID.....	28
<i>minocycline hcl</i> .....	16	NATAACYN .....	59	<i>nitrofurantoin macrocrystal</i> 10	
<i>minoxidil</i> .....	28	<i>nateglinide</i> .....	42	<i>nitrofurantoin monohyd macro</i>	
<i>mirtazapine</i> .....	33	NATPARA .....	45	.....	10
<i>misoprostol</i> .....	52	NAYZILAM.....	31	<i>nitroglycerin</i> .....	28
MITIGARE .....	7	<i>nebevivolol hcl</i> .....	27	<i>nizatidine</i> .....	51
M-M-R II INJ .....	57	<i>necon 0.5/35-28</i> .....	46	<i>nora-be</i> .....	46
M-NATAL PLUS TAB.....	59	<i>nefazodone hcl</i> .....	33	<i>norethindrone (contraceptive)</i>	
<i>moexipril hcl</i> .....	23	<i>neomycin sulfate</i> .....	10	.....	46
<i>molindone hcl</i> .....	36	<i>neomycin-bacitrac zn-polymyx</i>		<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>mometasone furoate</i> .....	66	5(3.5)mg-400unt-10000unt		.....	46
MONJUVI.....	20	op oin .....	59	<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>mono-linyah</i> .....	46	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	59	.....	46
<i>montelukast sodium</i> .....	62	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	59	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	46
<i>morphine sulfate</i> .....	8, 9	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	59	<i>norethindrone acetate</i> .....	50
MORPHINE SULFATE .....	8	<i>neomycin-polymyxin-hc ophth susp</i> .....	59	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
MORPHINE		<i>neomycin-polymyxin-hc otic soln 1%</i> .....	61	.....	48
SULFATE/SODIUM C ....	9	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	61	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .	48
MOVANTIK .....	52			<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	46
<i>moxifloxacin hcl</i> .....	15				
<i>moxifloxacin hcl (ophth)</i> .....	59				
MULTAQ .....	25				
<i>multiple electrolytes ph 5.5</i> .	58				
<i>multiple electrolytes ph 7.4</i> .	58				
<i>mupirocin</i> .....	65				
MVASI .....	20				

<i>norgestimate &amp; ethinyl</i>	OCTAGAM.....	OMNIPOD GO KIT
<i>estradiol tab 0.25 mg-35</i>	<i>octreotide acetate</i> .....	15UNT/DY.....
<i>mcg</i> .....	ODEFSEY TAB.....	OMNIPOD GO KIT
<i>norgestimate-eth estrad tab</i>	ODOMZO .....	20UNT/DY.....
<i>0.18-25/0.215-25/0.25-25</i>	OFEV.....	OMNIPOD GO KIT
<i>mg-mcg</i> .....	<i>ofloxacin (ophth)</i> .....	25UNT/DY.....
<i>norgestimate-eth estrad tab</i>	<i>ofloxacin (otic)</i> .....	OMNIPOD GO KIT
<i>0.18-35/0.215-35/0.25-35</i>	OGIVRI .....	30UNT/DY.....
<i>mg-mcg</i> .....	OGIVRI INJ 420MG .....	OMNIPOD GO KIT
<i>norlyroc</i> .....	<i>olanzapine</i> .....	35UNT/DY.....
NORPACE CR .....	<i>olmesartan medoxomil</i> .....	OMNIPOD GO KIT
<i>nortrel 0.5/35 (28)</i> .....	<i>olmesartan medoxomil-</i>	40UNT/DY.....
<i>nortrel 1/35 (21)</i> .....	<i>hydrochlorothiazide tab 20-</i>	OMNIPOD MIS CLASSIC
<i>nortrel 1/35 (28)</i> .....	12.5 mg .....	OMNIPOD PDM KIT
<i>nortrel 7/7/7</i> .....	.....	CLASSIC .....
<i>nortriptyline hcl</i> .....	<i>olmesartan medoxomil-</i>	<i>ondansetron</i> .....
NORVIR.....	<i>hydrochlorothiazide tab 40-</i>	<i>ondansetron hcl</i> .....
NOVOLIN INJ 70/30 .....	12.5 mg .....	ONTRUZANT .....
NOVOLIN INJ 70/30 FP ...	<i>olmesartan medoxomil-</i>	ONUREG .....
NOVOLIN N .....	<i>hydrochlorothiazide tab 40-</i>	OPSUMIT.....
NOVOLIN N FLEXPEN ...	25 mg.....	ORGOVYX .....
NOVOLIN R .....	.....	ORKAMBI GRA 100-125 ..
NOVOLIN R FLEXPEN....	<i>olmesartan-amlodipine-</i>	ORKAMBI GRA 150-188 ..
NOVOLOG .....	<i>hydrochlorothiazide tab 20-</i>	ORKAMBI GRA 75-94MG
NOVOLOG FLEXPEN .....	5-12.5 mg .....	ORKAMBI TAB 100-125...
NOVOLOG MIX INJ 70/30	<i>olmesartan-amlodipine-</i>	ORKAMBI TAB 200-125...
NOVOLOG MIX INJ	<i>hydrochlorothiazide tab 40-</i>	ORSERDU.....
FLEXPEN .....	10-12.5 mg .....	<i>oseltamivir phosphate</i> .....
NOVOLOG PENFILL .....	.....	OTEZLA .....
NOXAFIL .....	<i>olmesartan-amlodipine-</i>	OTEZLA TAB 10/20/30....
NUBEQA.....	<i>hydrochlorothiazide tab 40-</i>	<i>oxacillin sodium</i> .....
NUEDEXTA CAP 20-10MG	5-12.5 mg .....	<i>oxaliplatin</i> .....
.....	.....	<i>oxcarbazepine</i> .....
NULOJIX.....	<i>olmesartan-amlodipine-</i>	<i>oxybutynin chloride</i> .....
NUPLAZID .....	<i>hydrochlorothiazide tab 40-</i>	<i>oxycodone hcl</i> .....
NURTEC .....	5-25 mg.....	<i>oxycodone w/ acetaminophen</i>
NUTRILIPID.....	.....	<i>tab 10-325 mg</i> .....
NUZYRA.....	<i>olopatadine hcl</i> .....	<i>oxycodone w/ acetaminophen</i>
<i>nyamyc</i> .....	.....	<i>tab 2.5-325 mg</i> .....
<i>nylia 1/35</i> .....	<i>omeprazole</i> .....	<i>oxycodone w/ acetaminophen</i>
<i>nylia 7/7/7</i> .....	OMNIPOD 5 G6 KIT INTRO	<i>tab 5-325 mg</i> .....
NYMALIZE .....	.....	<i>oxycodone w/ acetaminophen</i>
<i>nymyo</i> .....	OMNIPOD 5 G6 MIS PODS	<i>tab 5-325 mg</i> .....
<i>nystatin</i> .....	.....	<i>oxycodone w/ acetaminophen</i>
<i>nystatin (mouth-throat)</i> .....	OMNIPOD DASH KIT	<i>tab 7.5-325 mg</i> .....
<i>nystatin (topical)</i> .....	INTRO .....	OZEMPIC (0.25 OR
<i>nystop</i> .....	.....	0.5MG/DOSE).....
<i>ocella</i> .....	OMNIPOD DASH MIS PODS	OZEMPIC (1MG/DOSE) ...
	.....	OZEMPIC (2MG/DOSE)
	OMNIPOD GO KIT	SOPN 8MG/3ML.....
	10UNT/DY .....	

<i>pacerone</i> .....	25	<i>phenytek</i> .....	31	<i>posaconazole</i> .....	11
<i>paclitaxel</i> .....	18	<i>phenytoin</i> .....	31	POT CHL 20MEQ/L IN	
<i>paclitaxel protein-bound</i>		<i>phenytoin sodium</i> .....	31	NACL 0.45% INJ.....	58
<i>particles for iv susp 100 mg</i>		<i>phenytoin sodium extended</i> .	31	POT CHL 20MEQ/L IN	
.....	18	PHESGO SOL .....	21	NACL 0.9% INJ.....	58
<i>paliperidone</i> .....	36	<i>philith</i> .....	47	POT CHL 40MEQ/L IN	
<i>pamidronate disodium</i> .....	45	PIFELTRO .....	12	NACL 0.9% INJ.....	58
PAMIDRONATE DISODIUM		<i>pilocarpine hcl</i> .....	60	<i>potassium chloride</i> .....	58, 59
.....	45	<i>pilocarpine hcl (oral)</i> .....	67	POTASSIUM CHLORIDE	58
PANRETIN .....	67	<i>pimozide</i> .....	36	<i>potassium chloride 20 meq/l</i>	
<i>pantoprazole sodium</i> .....	52	<i>pimtrea</i> .....	47	(0.15%) in dextrose 5% inj	
PANZYGA.....	56	<i>pindolol</i> .....	27	.....	58
<i>paraplatin</i> .....	17	<i>pioglitazone hcl</i> .....	42	<i>potassium chloride</i>	
<i>paricalcitol</i> .....	50	<i>piperacillin sod-tazobactam na</i>		<i>microencapsulated crystals</i>	
<i>paromomycin sulfate</i> .....	10	<i>for inj 3.375 gm (3-0.375</i>		<i>er</i> .....	59
<i>paroxetine hcl</i> .....	33	<i>gm)</i> .....	16	<i>potassium citrate (alkalinizer)</i>	
PEDIARIX INJ 0.5ML .....	57	<i>piperacillin sod-tazobactam</i>		.....	52
PEDVAX HIB .....	57	<i>sod for inj 13.5 gm (12-1.5</i>		PRADAXA .....	53
<i>peg 3350-kcl-na bicarb-nacl-</i>		<i>gm)</i> .....	16	PRALUENT.....	26
<i>na sulfate for soln 236 gm</i>	51	<i>piperacillin sod-tazobactam</i>		<i>pramipexole dihydrochloride</i>	
<i>peg 3350-kcl-sod bicarb-nacl</i>		<i>sod for inj 2.25 gm (2-0.25</i>		.....	35
<i>for soln 420 gm</i> .....	51	<i>gm)</i> .....	16	<i>prasugrel hcl</i> .....	54
PEGASYS.....	14	<i>piperacillin sod-tazobactam</i>		<i>pravastatin sodium</i> .....	26
PEMAZYRE .....	21	<i>sod for inj 4.5 gm (4-0.5 gm)</i>		<i>praziquantel</i> .....	10
<i>pemetrexed disodium</i> .....	17	.....	16	<i>prazosin hcl</i> .....	24
PEN GK/DEXTR INJ		<i>piperacillin sod-tazobactam</i>		<i>prednisolone</i> .....	48
40000/ML.....	16	<i>sod for inj 40.5 gm (36-4.5</i>		<i>prednisolone acetate (ophth)</i>	
PEN GK/DEXTR INJ		<i>gm)</i> .....	16	.....	60
60000/ML.....	16	PIQRAY 200MG DAILY		PREDNISOLONE SODIUM	
<i>penicillamine</i> .....	45	DOSE .....	21	PHOSP.....	60
<i>penicillin g potassium</i> .....	16	PIQRAY 250MG TAB DOSE		<i>prednisolone sodium</i>	
PENICILLIN G PROCAINE		.....	21	<i>phosphate</i> .....	48
.....	16	PIQRAY 300MG DAILY		<i>prednisone</i> .....	48
<i>penicillin g sodium</i> .....	16	DOSE .....	21	PREDNISONE INTENSOL	48
<i>penicillin v potassium</i> .....	16	<i>pirfenidone</i> .....	63	<i>pregabalin</i> .....	31
PENTACEL INJ .....	57	<i>pirmella 1/35</i> .....	47	PREHEVBRIO .....	57
<i>pentamidine isethionate inh</i>	10	<i>piroxicam</i> .....	7	PREMASOL SOL 10% .....	59
<i>pentamidine isethionate inj.</i>	10	PLASMA-LYTE INJ -148..	58	PRENATAL TAB 27-1MG	59
<i>pentoxifylline</i> .....	54	PLASMA-LYTE INJ -A ...	58	PRENATAL TAB PLUS ...	59
<i>perindopril erbumine</i> .....	23	<i>plenamine</i> .....	59	<i>prevalite</i> .....	26
<i>perio gard</i> .....	67	PLENVU SOL .....	51	PREVYMIS .....	14
<i>permethrin</i> .....	67	<i>podofilox</i> .....	67	PREZCOBIX TAB 800-150	13
<i>perphenazine</i> .....	36	<i>polycin ophth oint</i> .....	60	PREZISTA.....	12
PERSERIS .....	36	<i>polymyxin b-trimethoprim</i>		PRIFTIN.....	13
<i>pfizerpen</i> .....	16	<i>ophth soln 10000 unit/ml-</i>		<i>primaquine phosphate</i> .....	11
<i>phenelzine sulfate</i> .....	33	<i>0.1%</i> .....	60	PRIMAQUINE PHOSPHATE	
<i>phenobarbital</i> .....	31	POMALYST.....	18	.....	11
<i>phenobarbital sodium</i> .....	31	<i>portia-28</i> .....	47	<i>primidone</i> .....	31



PRIORIX INJ .....	57	<i>reclipsen</i> .....	47	<i>scopolamine</i> .....	51
PRIVIGEN .....	56	RECOMBIVAX HB .....	57	SECUADO .....	37
<i>probenecid</i> .....	7	RECTIV .....	67	<i>selegiline hcl</i> .....	35
<i>prochlorperazine</i> .....	50	REGANEX.....	67	<i>selenium sulfide</i> .....	65
<i>prochlorperazine edisylate</i> .	50	RELENZA DISKHALER... 14		SELZENTRY .....	12
<i>prochlorperazine maleate</i> ...	50	RELISTOR.....	52	SEREVENT DISKUS .....	62
PROCRIT.....	53	REMICADE .....	55	<i>sertraline hcl</i> .....	34
<i>procto-med hc</i> .....	67	RENFLEXIS.....	55	<i>setlakin</i> .....	47
<i>proctosol hc</i> .....	67	<i>repaglinide</i> .....	42	<i>sevelamer carbonate</i> .....	49
<i>proctozone-hc</i> .....	67	RESTASIS .....	60	<i>sharobel</i> .....	47
PROGRAF .....	56	RESTASIS MULTIDOSE.. 60		SHINGRIX .....	57
PROLASTIN-C .....	63	RETEVMO.....	21	SIGNIFOR.....	49
PROLENSA .....	60	REVLIMID .....	18	<i>sildenafil citrate (pulmonary</i>	
PROLIA.....	45	REXULTI.....	36	<i>hypertension)</i> .....	28
PROMACTA.....	54	REYATAZ .....	12	<i>silver sulfadiazine</i> .....	65
<i>promethazine hcl</i> .....	50	REZLIDHIA .....	21	SIMBRINZA SUS 1-0.2% ..60	
<i>propafenone hcl</i> .....	25	REZUROCK.....	56	<i>simliya</i> .....	47
<i>proparacaine hcl</i> .....	60	RHOPRESSA .....	60	<i>simvastatin</i> .....	26
<i>propranolol hcl</i> .....	27	<i>ribavirin (hepatitis c)</i> .....	14	<i>sirolimus</i> .....	57
<i>propylthiouracil</i> .....	50	<i>rifabutin</i> .....	13	SIRTURO .....	13
PROQUAD INJ .....	57	<i>rifampin</i> .....	13	SIVEXTRO.....	10
PROSOL INJ 20% .....	59	<i>riluzole</i> .....	39	SKYRIZI .....	55
<i>protriptyline hcl</i> .....	34	<i>rimantadine hydrochloride</i> . 14		SKYRIZI PEN.....	55
PULMICORT FLEXHALER		RINVOQ .....	55	<i>sod sulfate-pot sulf-mg sulf</i>	
.....	64	RISPERDAL CONSTA .... 36		<i>oral sol 17.5-3.13-1.6</i>	
PULMOZYME.....	63	<i>risperidone</i> .....	37	<i>gm/177ml</i> .....	51
PURIXAN.....	17	<i>ritonavir</i> .....	12	<i>sodium chloride</i> .....	58
<i>pyrazinamide</i> .....	13	<i>rivastigmine</i> .....	33	<i>sodium chloride (gu irrigant)</i>	
<i>pyridostigmine bromide</i> .... 39		<i>rivastigmine tartrate</i> .....	33	.....	67
QINLOCK.....	21	<i>rizatriptan benzoate</i> .....	38	<i>sodium fluoride chew; tab; 1.1</i>	
QUADRACEL INJ.....	57	ROCKLATAN DRO .....	60	<i>(0.5 f) mg/ml soln</i> .....	59
QUADRACEL INJ 0.5ML. 57		<i>roflumilast</i> .....	63	SODIUM OXYBATE .....	40
<i>quetiapine fumarate</i> .....	36	<i>ropinirole hydrochloride</i> ... 35		<i>sodium phenylbutyrate</i> .....	49
<i>quinapril hcl</i> .....	23	<i>rosuvastatin calcium</i> .....	26	<i>sodium polystyrene sulfonate</i>	
<i>quinapril-hydrochlorothiazide</i>		ROTARIX SUS.....	57	<i>powder</i> .....	45
<i>tab 10-12.5 mg</i> .....	23	ROTATEQ SOL.....	57	<i>solifenacin succinate</i> .....	52
<i>quinapril-hydrochlorothiazide</i>		<i>roweepra</i> .....	31	SOLQUA INJ 100/33.....	44
<i>tab 20-12.5 mg</i> .....	23	ROZLYTREK.....	21	SOLTAMOX .....	18
<i>quinapril-hydrochlorothiazide</i>		RUBRACA.....	21	SOLU-CORTEF .....	48
<i>tab 20-25 mg</i> .....	23	<i>rufinamide</i> .....	31	SOMATULINE DEPOT....	49
<i>quinidine sulfate</i> .....	25	RUKOBIA.....	12	SOMAVERT.....	49
<i>quinine sulfate</i> .....	11	RYBELSUS.....	42	<i>sorafenib tosylate</i> .....	21
RABAVERT INJ .....	57	RYDAPT.....	21	<i>sorine</i> .....	25
<i>raloxifene hcl</i> .....	49	<i>sajazir</i> .....	54	<i>sotalol hcl</i> .....	25
<i>ramipril</i> .....	23	SANDIMMUNE .....	57	<i>sotalol hcl (afib/afl)</i> .....	25
<i>ranolazine</i> .....	28	SANTYL.....	67	<i>spironolactone</i> .....	23
<i>rasagiline mesylate</i> .....	35	<i>sapropterin dihydrochloride</i> 49			
RAYALDEE .....	50	SCEMBLIX .....	21		

<i>spironolactone &amp;</i>	SYNAREL .....	47	<i>terconazole vaginal</i> .....	53
<i>hydrochlorothiazide tab 25-</i>	SYNJARDY TAB 12.5-		TERIPARATIDE.....	45
25 mg .....	1000MG .....	42	<i>testosterone</i> .....	41
<i>sprintec 28</i> .....	SYNJARDY TAB 12.5-500	42	<i>testosterone cypionate</i> .....	41
SPRITAM .....	SYNJARDY TAB 5-1000MG		<i>testosterone enanthate</i> .....	41
SPRYCEL.....	.....	42	<i>tetrabenazine</i> .....	39
<i>sps</i> .....	SYNJARDY TAB 5-500MG		<i>tetracycline hcl</i> .....	16
<i>sronyx</i> .....	.....	42	THALOMID .....	18
<i>ssd</i> .....	SYNJARDY XR TAB 10-		THEO-24 .....	63
STELARA.....	1000 .....	42	<i>theophylline</i> .....	63
STIVARGA.....	SYNJARDY XR TAB 12.5-		<i>thioridazine hcl</i> .....	37
<i>streptomycin sulfate</i> .....	1000MG .....	42	<i>thiothixene</i> .....	37
STRIBILD TAB.....	SYNJARDY XR TAB 25-		<i>tiadylt er</i> .....	27
<i>subvenite</i> .....	1000 .....	42	<i>tiagabine hcl</i> .....	31
<i>sucrafate</i> .....	SYNJARDY XR TAB 5-		TIBSOVO .....	21
<i>sulfacetamide sodium (acne)</i>	1000MG .....	42	TICOVAC .....	57
.....	SYNRIBO .....	18	<i>tigecycline</i> .....	16
<i>sulfacetamide sodium (ophth)</i>	SYNTHROID .....	50	TIGECYCLINE.....	16
.....	TABLOID .....	17	<i>tilia fe</i> .....	47
<i>sulfacetamide sodium-</i>	TABRECTA.....	21	<i>timolol maleate</i> .....	27
<i>prednisolone ophth soln 10-</i>	<i>tacrolimus</i> .....	57	<i>timolol maleate (ophth)</i> .....	60
0.23(0.25)% .....	<i>tacrolimus (topical)</i> .....	67	TIVICAY .....	12
<i>sulfadiazine</i> .....	TAFINLAR .....	21	TIVICAY PD .....	12
<i>sulfamethoxazole-trimethoprim</i>	TAGRISSO .....	21	<i>tizanidine hcl</i> .....	40
<i>iv soln 400-80 mg/5ml</i> ....	TALTZ.....	55	TOBRADEX OIN 0.3-0.1% 59	
<i>sulfamethoxazole-trimethoprim</i>	TALZENNA.....	21	TOBRADEX ST SUS 0.3-0.05	
<i>susp 200-40 mg/5ml</i> .....	<i>tamoxifen citrate</i> .....	18	.....	59
<i>sulfamethoxazole-trimethoprim</i>	<i>tamsulosin hcl</i> .....	52	<i>tobramycin</i> .....	10
<i>tab 400-80 mg</i> .....	<i>tarina fe 1/20 eq</i> .....	47	<i>tobramycin (ophth)</i> .....	60
<i>sulfamethoxazole-trimethoprim</i>	TASIGNA .....	21	<i>tobramycin sulfate</i> .....	11
<i>tab 800-160 mg</i> .....	<i>tasimelteon</i> .....	38	<i>tobramycin-dexamethasone</i>	
SULFAMYLON .....	<i>tazarotene</i> .....	65	<i>ophth susp 0.3-0.1%</i> .....	59
<i>sulfasalazine</i> .....	<i>tazicef</i> .....	15	<i>tolterodine tartrate</i> .....	53
<i>sulindac</i> .....	TAZORAC .....	65	<i>topiramate</i> .....	32
<i>sumatriptan</i> .....	<i>taztia xt</i> .....	27	<i>toremifene citrate</i> .....	18
<i>sumatriptan succinate</i> .....	TAZVERIK .....	21	<i>torse mide</i> .....	28
<i>sunitinib malate</i> .....	TDVAX INJ 2-2 LF.....	57	TOUJEO MAX SOLOSTAR	
SUNLENCA.....	TECENTRIQ .....	21	.....	44
SUPREP BOWEL SOL PREP	TEFLARO .....	15	TOUJEO SOLOSTAR .....	44
KIT .....	<i>telmisartan</i> .....	25	TPN ELECTROL INJ .....	58
<i>syeda</i> .....	<i>temazepam</i> .....	38	TRADJENTA.....	42
SYMBICORT AER 160-4.564	TENIVAC INJ 5-2LF .....	57	<i>tramadol hcl</i> .....	9
SYMBICORT AER 80-4.5. 64	<i>tenofovir disoproxil fumarate</i>		<i>tramadol-acetaminophen tab</i>	
SYMDEKO TAB 100-150. 63	.....	12	37.5-325 mg.....	9
SYMDEKO TAB 50-75MG63	TEPMETKO .....	21	<i>trandolapril</i> .....	23
SYMJEPI .....	<i>terazosin hcl</i> .....	24	<i>tranexamic acid</i> .....	54
SYMPAZAN .....	<i>terbinafine hcl</i> .....	11	<i>tranylcypromine sulfate</i> .....	34
SYMTUZA TAB .....	<i>terbutaline sulfate</i> .....	62	TRAVASOL INJ 10% .....	59

TRAZIMERA.....	21	<i>tri-lo-mili</i> .....	47	<i>valsartan-hydrochlorothiazide</i>	
<i>trazodone hcl</i> .....	34	<i>tri-lo-sprintec</i> .....	47	<i>tab 320-25 mg</i> .....	25
TRECTOR.....	13	<i>trimethoprim</i> .....	11	<i>valsartan-hydrochlorothiazide</i>	
TRELEGY AER ELLIPTA		<i>tri-mili</i> .....	47	<i>tab 80-12.5 mg</i> .....	25
100-62.5-25 MCG.....	61	<i>trimipramine maleate</i> .....	34	VALTOCO 10 MG DOSE..	32
TRELEGY AER ELLIPTA		TRINTELLIX.....	34	VALTOCO 15 MG DOSE..	32
200-62.5-25 MCG.....	61	<i>tri-nymyo</i> .....	47	VALTOCO 20 MG DOSE..	32
<i>treprostinil</i> .....	29	<i>tri-sprintec</i> .....	47	VALTOCO 5 MG DOSE....	32
TRESIBA.....	44	TRIUMEQ PD TAB.....	13	<i>vancomycin hcl</i> .....	11
TRESIBA FLEXTOUCH...	44	TRIUMEQ TAB.....	13	VANCOMYCIN INJ 1 GM	11
<i>tretinoin</i> .....	64	<i>trivora-28</i> .....	47	VANCOMYCIN INJ 500MG	
<i>tretinoin (chemotherapy)</i> ....	18	<i>tri-vylibra</i> .....	47	.....	11
<i>triamcinolone acetamide</i>		<i>tri-vylibra lo</i> .....	47	VANCOMYCIN INJ 750MG	
(mouth).....	67	TRIZIVIR TAB.....	13	.....	11
<i>triamcinolone acetamide</i>		TROGARZO.....	12	VANFLYTA.....	21
(topical).....	66	TROPHAMINE INJ 10% ...	59	VAQTA.....	57
<i>triamterene &amp;</i>		<i>trospium chloride</i> .....	53	<i>varenicline tartrate</i> .....	40
<i>hydrochlorothiazide cap</i>		TRULICITY.....	43	<i>varenicline tartrate tab 11 x</i>	
<i>37.5-25 mg</i> .....	28	TRUMENBA INJ.....	57	<i>0.5 mg &amp; 42 x 1 mg start</i>	
<i>triamterene &amp;</i>		TRUSELTIQ 100MG DAILY		<i>pack</i> .....	40
<i>hydrochlorothiazide tab</i>		DOSE.....	21	VARIVAX.....	57
<i>37.5-25 mg</i> .....	28	TRUSELTIQ 125MG DAILY		VASCEPA.....	26
<i>triamterene &amp;</i>		DOSE.....	21	<i>velivet</i> .....	47
<i>hydrochlorothiazide tab 75-</i>		TRUSELTIQ 50MG DAILY		VELPHORO.....	49
<i>50 mg</i> .....	28	DOSE.....	21	VELTASSA.....	45
<i>trientine hcl</i> .....	45	TRUSELTIQ 75MG DAILY		VEMLIDY.....	14
<i>tri-estarylla</i> .....	47	DOSE.....	21	VENCLEXTA.....	22
<i>trifluoperazine hcl</i> .....	37	TRUXIMA.....	21	VENCLEXTA TAB START	
<i>trifluridine</i> .....	60	TUKYSA.....	21	PK.....	22
<i>trihexyphenidyl hcl</i> .....	35	TURALIO.....	21	<i>venlafaxine hcl</i> .....	34
TRIJARDY XR TAB ER		TWINRIX INJ.....	57	VENTAVIS.....	29
24HR 10-5-1000MG.....	42	TYBOST.....	12	VENTOLIN HFA.....	62
TRIJARDY XR TAB ER		TYPHIM VI.....	57	VENTOLIN HFA	
24HR 12.5-2.5-1000MG.	42	TYRVAYA.....	61	(INSTITUTIONAL PACK)	
TRIJARDY XR TAB ER		<i>unithroid</i> .....	50	.....	62
24HR 25-5-1000MG.....	43	<i>ursodiol</i> .....	52	<i>verapamil hcl</i> .....	27
TRIJARDY XR TAB ER		<i>valacyclovir hcl</i> .....	14	VERQUVO.....	28
24HR 5-2.5-1000MG.....	42	VALCHLOR.....	67	VERSACLOZ.....	37
TRIKAFTA PAK 59.5MG.	63	<i>valganciclovir hcl</i> .....	14	VERZENIO.....	22
TRIKAFTA PAK 75MG....	63	<i>valproate sodium</i> .....	32	<i>vestura</i> .....	47
TRIKAFTA TAB 100-50-		<i>valproic acid</i> .....	32	V-GO 20 KIT.....	44
75MG & 150MG.....	63	<i>valsartan</i> .....	25	V-GO 30 KIT.....	44
TRIKAFTA TAB 50-25-		<i>valsartan-hydrochlorothiazide</i>		V-GO 40 KIT.....	44
37.5MG & 75MG.....	63	<i>tab 160-12.5 mg</i> .....	25	VICTOZA.....	43
<i>tri-legest fe</i> .....	47	<i>valsartan-hydrochlorothiazide</i>		<i>vienna</i> .....	47
<i>tri-linyah</i> .....	47	<i>tab 160-25 mg</i> .....	25	<i>vigabatrin</i> .....	32
<i>tri-lo-estarylla</i> .....	47	<i>valsartan-hydrochlorothiazide</i>		<i>vigadrone</i> .....	32
<i>tri-lo-marzia</i> .....	47	<i>tab 320-12.5 mg</i> .....	25	VIIBRYD KIT STARTER..	34

<i>vilazodone hcl</i> .....	34	XELJANZ .....	55	<i>yuvafem</i> .....	48
VIMPAT .....	32	XELJANZ XR .....	55	<i>zafemy</i> .....	47
<i>vincristine sulfate</i> .....	18	XERMELO.....	52	<i>zafirlukast</i> .....	62
<i>vinorelbine tartrate</i> .....	18	XGEVA .....	45	ZARXIO.....	53
<i>viorele</i> .....	47	XHANCE .....	63	ZEJULA .....	22
VIRACEPT .....	12	XIFAXAN.....	52	ZELBORAF.....	22
VIREAD .....	12	XIGDUO XR TAB 10-100043		ZEMAIRA .....	63
VITRAKVI .....	22	XIGDUO XR TAB 10-500MG		<i>zenatane</i> .....	64
VIVITROL.....	40	.....	43	ZENPEP CAP 10000UNT ..	52
VIZIMPRO .....	22	XIGDUO XR TAB 2.5-1000		ZENPEP CAP 15000UNT ..	52
VONJO .....	22	.....	43	ZENPEP CAP 20000UNT ..	52
<i>voriconazole</i> .....	11	XIGDUO XR TAB 5-1000MG		ZENPEP CAP 25000UNT ..	52
VOSEVI TAB.....	14	.....	43	ZENPEP CAP 3000UNIT ...	52
VOTRIENT.....	22	XIGDUO XR TAB 5-500MG		ZENPEP CAP 40000UNT ..	52
VRAYLAR .....	37	.....	43	ZENPEP CAP 5000UNIT ...	52
VRAYLAR CAP 1.5-3MG	37	XIIDRA .....	61	ZERVIATE.....	60
<i>vyfemla</i> .....	47	XOLAIR .....	63	<i>zidovudine</i> .....	12
<i>vylibra</i> .....	47	XOSPATA .....	22	ZIEXTENZO .....	54
VYZULTA.....	60	XPOVIO 100 MG ONCE		<i>ziprasidone hcl</i> .....	37
<i>warfarin sodium</i> .....	53	WEEKLY .....	22	<i>ziprasidone mesylate</i> .....	37
<i>water for irrigation, sterile</i>		XPOVIO 40 MG ONCE		ZIRABEV .....	22
<i>irrigation soln</i> .....	67	WEEKLY .....	22	ZIRGAN.....	60
WELIREG.....	18	XPOVIO 40 MG TWICE		<i>zoledronic acid</i> .....	45
<i>wera</i> .....	47	WEEKLY .....	22	ZOLINZA.....	22
XALKORI.....	22	XPOVIO 60 MG ONCE		<i>zolmitriptan</i> .....	39
XARELTO .....	53	WEEKLY .....	22	<i>zolpidem tartrate</i> .....	38
XARELTO STAR TAB		XPOVIO 60 MG TWICE		ZONISADE .....	32
15/20MG .....	53	WEEKLY .....	22	<i>zonisamide</i> .....	32
XATMEP .....	56	XPOVIO 80 MG ONCE		<i>zovia 1/35</i> .....	47
XCOPRI.....	32	WEEKLY .....	22	ZTALMY .....	32
XCOPRI PAK 100-150.....	32	XPOVIO 80 MG TWICE		<i>zumandimine</i> .....	47
XCOPRI PAK 12.5-25.....	32	WEEKLY .....	22	ZYDELIG.....	22
XCOPRI PAK 150-200MG		XTANDI .....	18	ZYKADIA.....	22
(MAINTENANCE).....	32	<i>xulane</i> .....	47	ZYLET SUS 0.5-0.3% .....	59
XCOPRI PAK 150-200MG		XULTOPHY INJ 100/3.6 ...	45	ZYPREXA RELPREVV ....	37
(TITRATION).....	32	XYREM .....	40		
XCOPRI PAK 50-100MG..	32	YF-VAX INJ .....	57		

## **Notice of Nondiscrimination and Language Assistance Services**

MyTruAdvantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. MyTruAdvantage does not exclude people or treat them you with this Notice of Nondiscrimination and Language assistance services.

### **Free aids and services**

MyTruAdvantage provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

MyTruAdvantage provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact MyTruAdvantage Member Services by calling (844) 283-2788 (TTY users call 711), 8 am to 8 pm, 7 days a week.

### **To file a civil rights grievance**

If you believe that MyTruAdvantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

MyTruAdvantage  
Attention: Civil Rights Coordinator  
P.O. Box 428  
Columbus, IN 47202-0482

Toll free: (844) 283-2788 (TTY users call 711) Fax: (855) 633-7673  
*compliance@mytruadvantage.com*

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MyTruAdvantage Member Services and the Civil Rights Coordinator are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at *hhs.gov/ocr/office/file/index.html*.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844.283.2788 (TTY 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.844.283.2788 (رقم هاتف الصم والبكم). 711.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.844.283.2788 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.844.283.2788 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.844.283.2788 (TTY: 711)번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.844.283.2788 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.844.283.2788 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.844.283.2788 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.844.283.2788 (TTY: 711).

Wann du Deitsch (Pennsylvania German/Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.844.283.2788 (TTY: 711).

သတိပူရန် - အကယုၣ်ၣ် သဠညူၣ်မန္တကား ကိုၣ်ပျၣ်ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့ၣ်အတြကု စီစဉ်ဆွဲၣ်ကုပေးပါမညူ။ ဖုန်းနံပါတ် 1.844.283.2788 (TTY: 711) သုၣ်မၤခေ့ဆုၣ်ပါ။

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez 1.844.283.2788 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1.844.283.2788 (TTY: 711).

ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1.844.283.2788 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1.844.283.2788 (TTY: 711) पर कॉल कर।



**MyTruAdvantage**  
**2023 Formulary**  
**List of Covered Drugs**

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**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Y0150\_PBM055\_C

ID 00023163, Version 16

This formulary was updated on 12/4/2023.

For more recent information or other questions, please contact MyTruAdvantage's Pharmacy Member Services at (844) 283-2788 or for TTY users 711, 24 hours a day, 7 days a week, or visit [www.MyTruAdvantage.com](http://www.MyTruAdvantage.com).

The MyTruAdvantage pharmacy network includes limited lower-cost, preferred pharmacies in Indiana. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Member Services at (844) 425-4280 (TTY: 711) or consult the online pharmacy directory at [www.MyTruAdvantage.com](http://www.MyTruAdvantage.com).