



Updated: November 1, 2022

AdventHealth SunSaver Plan (HMO)

**AdventHealth Advantage Plans
2022 Formulary
List of Covered Drugs**

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

Formulary ID 22464, Version Number 17

This formulary was updated on **11/01/2022**. For more recent information or other questions, please contact your AdventHealth Advantage Plans Care team at 877-535-8278, Monday - Friday 8 a.m. - 8 p.m. Saturday 8 a.m. - 12 p.m. ET between April 1 and September 30, then Monday - Sunday 8 a.m. - 8 p.m. ET between October 1 and March 31. TTY users should call 800-955-8771. You can also visit myHFHP.org.

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 AdventHealth Advantage Plans. When it refers to “plan” or “our plan,” it means Classic Plan (HMO-POS), Value Plan (HMO), or Rewards Plan (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of **11/01/2022**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears above.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022 and from time to time during the year.

What is the AdventHealth Advantage Plans Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 **11/01/2022**. To get updated information about the drugs covered by AdventHealth Advantage Plans and/or to request a hard copy of the formulary, please contact us. Our contact information appears on the front page. We update hard copies of our formulary every month. We also post information about certain changes we have made to our formulary every month at myHFHP.org.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **80**. 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?

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

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

You can ask AdventHealth Advantage Plans 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 AdventHealth Advantage Plans formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that AdventHealth Advantage Plans does not cover your drug, you have two options:

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

How do I request an exception to the AdventHealth Advantage Plans Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72

hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

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

Limitations on Diabetic Supplies

Roche Diabetes Care is our exclusive diabetic supply manufacturer. We only cover monitors, test strips, and lancets manufactured by Roche Diabetes Care. You may use any of the following glucose monitors that are manufactured by Roche Diabetes Care: Accu-Chek Aviva Plus Care Kit; Accu-Chek Guide Care Kit; Accu-Chek Nano SmartView Care Kit.

For more information

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

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

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

AdventHealth Advantage Plans Formulary

The formulary below provides coverage information about the drugs covered by AdventHealth Advantage Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page **80**.

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 our any special requirements for coverage of your drug.

Drug Tiers

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

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty

Requirements/Limits

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

QL: Quantity Limit

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

PA: Prior Authorization

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

ST: Step Therapy

In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA: Limited Access

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

MO: Mail-Order Drug

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

NM: Not Available via Mail Order

This drug is not available through mail order.

B/D: Part B vs. Part D

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

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Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

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

NSAIDS

<i>celecoxib</i> CAPS 50mg	2	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

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

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

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
<i>atovaquone</i> SUSP 750mg/5ml	2	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	
<i>dapsone</i> TABS 25mg, 100mg	2	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)

Drug Name	Drug Tier	Requirements/Limits
<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</i>	2	PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	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</i>	5	QL (6 tabs / 30 days)
<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	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	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>SYNERCID INJ 500MG</i>	5	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TRIMETHOPRIM TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin 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 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	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
<i>ketoconazole</i> TABS 200mg	2	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM
INTELENCE TABS 25mg	4	NM
INVIRASE TABS 500mg	5	NM
ISENTRESS CHEW 25mg; PACK 100mg	3	NM
ISENTRESS CHEW 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	2	NM
NORVIR PACK 100mg; SOLN 80mg/ml	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	NM
SELZENTRY TABS 25mg	3	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	2	NM

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	3	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	NM
ODEFSEY TAB	5	NM

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TEMIXYS TAB 300-300	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	NM
BARACLUDE SOLN .05mg/ml	5	NM
<i>entecavir</i> TABS .5mg, 1mg	2	NM
EPCLUSA PAK 150-37.5	5	NM, PA
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	NM, PA
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
CEFACTOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> 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	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
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Drug Name	Drug Tier	Requirements/Limits
<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	5	
<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	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2- 1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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	2	
TIGECYCLINE SOLR 50mg	5	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

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

ANTIBIOTICS

<i>adriamycin</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	2	B/D

ANTIMETABOLITES

ALIMTA SOLR 100mg, 500mg	5	B/D
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 20-8.19	5	NM, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
<i>flutamide</i> CAPS 125mg	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
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA

IMMUNOMODULATORS

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

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

MISCELLANEOUS

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

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	5	B/D, NM
<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 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	B/D
PACLITAXEL INJ 100MG	5	B/D, NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	2	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

MOLECULAR TARGET AGENTS

AFINITOR TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, 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
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NM, LA, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
VELCADE SOLR 3.5mg	5	NM, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 20mg, 40mg	5	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 20mg, 40mg	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 20mg, 60mg	5	NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 20mg, 40mg	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 20mg, 50mg	5	NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 40 mg</i>	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	2	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg	5	QL (60 tabs / 30 days), ST
ALTOPREV TB24 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
VASCEPA CAPS .5gm, 1gm	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	2	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	2	QL (60 tabs / 30 days)
<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	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	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; TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 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	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	4	
<i>digitek TABS .125mg, .25mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	2	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>metyrosine CAPS 250mg</i>	5	PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	2	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan TABS 5mg, 10mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan TABS 62.5mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i> TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTICONVULSANTS

APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	5	QL (480 tabs / 30 days), PA

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

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	2	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa</i> TABS 25mg	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone</i> TABS 200mg	2	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
<i>rasagiline mesylate</i> TABS 1mg	2	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	2	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg	5	QL (30 caps / 30 days), PA
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i> TBCR 20mg	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	5	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	2	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole</i> TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA

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

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>oxandrolone TABS 2.5mg</i>	2	QL (120 tabs / 30 days), PA
<i>oxandrolone TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	2	PA

ANTIDIABETICS

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

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

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

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	2	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TBSO 125mg	2	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i> TABS .35mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
ELLA TABS 30mg	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</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-linyah</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 ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
<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
<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	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	2	
CARBAGLU TBSO 200mg	5	NM, LA, PA
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	2	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>netisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	2	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite) SUSP</i> 625mg/5ml	4	PA
<i>norethindrone acetate TABS</i> 5mg	2	

THYROID AGENTS

<i>euthyrox TABS</i> 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t TABS</i> 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium TABS</i> 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl TABS</i> 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium TABS</i> 5mcg, 25mcg, 50mcg	2	
<i>methimazole TABS</i> 5mg, 10mg	1	
<i>propylthiouracil TABS</i> 50mg	2	
SYNTHROID <i>TABS</i> 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid TABS</i> 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTIEMETICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

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

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</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	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alose tron hcl</i> TABS .5mg	2	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	3	QL (30 tabs / 30 days)
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	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	

PROTON PUMP INHIBITORS

<i>dexlansoprazole</i> CPDR 30mg, 60mg	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	2	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	4	
<i>rabeprazole sodium</i> TBEC 20mg	2	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>silodosin</i> CAPS 4mg, 8mg	2	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	2	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>trosipium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
VANDAZOLE GEL .75%	2	

HEMATOLOGIC

ANTICOAGULANTS

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

HEMATOPOIETIC GROWTH FACTORS

PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
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Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (112 tabs / year), NM, PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / 365 days), NM, PA
SKYRIZI SOCT 360mg/2.4ml	5	QL (7 cartridges / 365 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (7 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (7 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

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

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml	5	NM, PA
BIVIGAM SOLN 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
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, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, PA
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 50000000unit	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR 1000000unit	3	B/D, NM
INTRON A SOLR 1800000unit	4	B/D, NM

IMMUNOSUPPRESSANTS

<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
ZORTRESS TABS 1mg	5	B/D, NM

VACCINES

ACTHIB INJ	3	
ADACEL INJ	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	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

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

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	

Drug Name	Drug Tier	Requirements/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 er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TRICARE TAB PRENATAL	3	

IV NUTRITION

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentak OINT .3%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	2	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	
ILEVRO SUSP .3%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	

ANTIALLERGICS

<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>bepotastine besilate</i> SOLN 1.5%	2	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%	2	
ZERVIAE SOLN .24%	4	

ANTI GLAUCOMA

ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	
<i>travoprost</i> SOLN .004%	2	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

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
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%, .15%	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg	2	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	

BETA AGONISTS

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

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
DALIRESP TABS 250mcg, 500mcg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	QL (2 inhalers / 30 days)
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnesteam</i> CAPS 10mg, 20mg, 40mg	2	PA
<i>avita</i> CREA .025%; GEL .025%	2	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	2	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>myorisan CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	2	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	2	QL (45 gm / 30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	2	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine CREA .77%</i>	2	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	2	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	2	PA
<i>calcipotriene OINT .005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	2	QL (120 gm / 30 days), PA
<i>tazarotene CREA .1%</i>	2	QL (60 gm / 30 days), PA
<i>TAZORAC CREA .05%</i>	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	2	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	QL (1000 gm / 30 days), PA
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>procto-pak</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	2	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (15 gm / 30 days)

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

Index

A	
<i>abacavir sulfate</i>	12
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	13
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	13
ABELCET	11
ABILIFY MAINTENA	40, 41
<i>abiraterone acetate</i>	19
ABRAXANE INJ 100MG.....	20
<i>acamprosate calcium</i>	46
<i>acarbose</i>	47
<i>accutane</i>	75
<i>acebutolol hcl</i>	30
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	8
<i>acetaminophen w/ codeine tab 300-15 mg</i>	8
<i>acetaminophen w/ codeine tab 300-30 mg</i>	8
<i>acetaminophen w/ codeine tab 300-60 mg</i>	8
<i>acetazolamide</i>	32
<i>acetic acid</i>	61
<i>acetic acid (otic)</i>	72
<i>acetylcysteine</i>	73
<i>acitretin</i>	76
ACTHIB INJ	66
ACTIMMUNE.....	65
<i>acyclovir</i>	14
<i>acyclovir sodium</i>	14
ADACEL INJ	66
<i>adefovir dipivoxil</i>	14
ADEMPAS	33
ADRENALIN.....	32
<i>adriamycin</i>	18
ADVAIR DISKU AER 100/50.....	75
ADVAIR DISKU AER 250/50.....	75
ADVAIR DISKU AER 500/50.....	75
ADVAIR HFA AER 115/21	75
ADVAIR HFA AER 230/21	75
ADVAIR HFA AER 45/21.....	75
AFINITOR	20
AFINITOR DISPERZ	20
<i>afirmelle</i>	51
AIMOVIG	45
<i>ala-cort</i>	77
<i>albendazole</i>	9
<i>albuterol sulfate</i>	73
<i>alclometasone dipropionate</i>	77
ALDURAZYME	56
ALECENSA.....	21
<i>alendronate sodium</i>	50
<i>alfuzosin hcl</i>	61
ALIMTA.....	18
<i>aliskiren fumarate</i>	32
<i>allopurinol</i>	7
<i>alose tron hcl</i>	60
ALPHAGAN P.....	71
<i>alprazolam</i>	34
ALREX	70
<i>altavera</i>	51
ALTOPREV.....	29
ALUNBRIG.....	21
ALUNBRIG PAK	21
<i>alyacen 1/35</i>	51
<i>alyacen 7/7/7</i>	51
<i>amabelz</i>	55
<i>amantadine hcl</i>	39
AMBISOME	11
<i>ambrisentan</i>	33
<i>amikacin sulfate</i>	9
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	32
<i>amiloride hcl</i>	32
<i>amiodarone hcl</i>	29
<i>amitriptyline hcl</i>	38
<i>amlodipine besylate</i>	31
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	32

<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	<i>32</i>	<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-12.5 mg</i>	<i>27</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	<i>32</i>	<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</i>	<i>27</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	<i>33</i>	<i>amnestem</i>	<i>75</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	<i>33</i>	<i>amoxapine</i>	<i>38</i>
<i>amlodipine besylate-benazepril hcl cap 10-20 mg.....</i>	<i>25</i>	<i>amoxicillin</i>	<i>16</i>
<i>amlodipine besylate-benazepril hcl cap 10-40 mg.....</i>	<i>25</i>	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg.....</i>	<i>16</i>
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg.....</i>	<i>25</i>	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	<i>16</i>
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	<i>25</i>	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	<i>16</i>
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	<i>25</i>	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	<i>16</i>
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	<i>25</i>	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml.....</i>	<i>16</i>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	<i>27</i>	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	<i>16</i>
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	<i>27</i>	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	<i>16</i>
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....</i>	<i>27</i>	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	<i>17</i>
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....</i>	<i>27</i>	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	<i>17</i>
<i>amlodipine besylate-valsartan tab 10- 160 mg.....</i>	<i>27</i>	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....</i>	<i>17</i>
<i>amlodipine besylate-valsartan tab 10- 320 mg.....</i>	<i>27</i>	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg.....</i>	<i>43</i>
<i>amlodipine besylate-valsartan tab 5- 160 mg.....</i>	<i>27</i>	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg.....</i>	<i>43</i>
<i>amlodipine besylate-valsartan tab 5- 320 mg.....</i>	<i>27</i>	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg.....</i>	<i>43</i>
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg.....</i>	<i>27</i>	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg.....</i>	<i>43</i>
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg.....</i>	<i>27</i>	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg.....</i>	<i>43</i>
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg.....</i>	<i>27</i>	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	<i>43</i>
		<i>amphetamine-dextroamphetamine tab 10 mg.....</i>	<i>43</i>
		<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	<i>43</i>
		<i>amphetamine-dextroamphetamine tab 15 mg.....</i>	<i>43</i>

<i>amphetamine-dextroamphetamine tab</i>		<i>atenolol & chlorthalidone tab 100-25</i>	
20 mg	43	mg	30
<i>amphetamine-dextroamphetamine tab</i>		<i>atenolol & chlorthalidone tab 50-25 mg</i>	
30 mg	43	.....	30
<i>amphetamine-dextroamphetamine tab</i>		<i>atomoxetine hcl</i>	43
5 mg	43	<i>atorvastatin calcium</i>	29
<i>amphetamine-dextroamphetamine tab</i>		<i>atovaquone</i>	9
7.5 mg	43	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>amphotericin b</i>	11	mg	11
<i>amphotericin b liposome</i>	11	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>ampicillin</i>	17	mg	11
<i>ampicillin & sulbactam sodium for inj</i>		ATROPINE SULFATE	71
1.5 (1-0.5) gm	17	<i>atropine sulfate (ophthalmic)</i>	71
<i>ampicillin & sulbactam sodium for inj 3</i>		ATROVENT HFA.....	72
(2-1) gm.....	17	<i>aubra eq</i>	51
<i>ampicillin & sulbactam sodium for iv</i>		<i>aurovela 1/20</i>	51
soln 1.5 (1-0.5) gm.....	17	<i>aurovela fe 1.5/30.....</i>	51
<i>ampicillin & sulbactam sodium for iv</i>		<i>aurovela fe 1/20</i>	51
soln 15 (10-5) gm.....	17	AUSTEDO	45
<i>ampicillin & sulbactam sodium for iv</i>		AVASTIN	21
soln 3 (2-1) gm	17	<i>aviane</i>	51
<i>ampicillin sodium</i>	17	<i>avita.....</i>	75
<i>anagrelide hcl.....</i>	63	<i>ayuna</i>	51
<i>anastrozole</i>	19	AYVAKIT	21
ANDRODERM.....	47	<i>azacitidine</i>	18
ANORO ELLIPT AER 62.5-25	72	<i>azathioprine</i>	66
<i>aprepitant.....</i>	58	<i>azelaic acid.....</i>	78
<i>aprepitant capsule therapy pack 80 &</i>		<i>azelastine hcl.....</i>	72
125 mg.....	58	<i>azelastine hcl (ophth)</i>	71
<i>apri.....</i>	51	<i>azithromycin.....</i>	15, 16
APTIOM	34	<i>aztreonam.....</i>	9
APTIVUS.....	12	<i>azurette</i>	51
ARALAST NP.....	73	B	
<i>aranelle.....</i>	51	<i>bacitracin (ophthalmic)</i>	70
ARCALYST	65	<i>bacitracin-polymyxin b ophth oint....</i>	70
<i>arformoterol tartrate</i>	73	<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>aripiprazole</i>	41	<i>ophth oint 1%</i>	69
ARISTADA	41	<i>baclofen</i>	46
ARISTADA INITIO	41	<i>balsalazide disodium.....</i>	59
<i>armodafinil</i>	46	BALVERSA.....	21
ARNUITY ELLIPTA	75	<i>balziva.....</i>	51
<i>asenapine maleate.....</i>	41	BARACLUDGE.....	14
<i>aspirin-dipyridamole cap er 12hr 25-</i>		BASAGLAR KWIKPEN	49
200 mg.....	63	BCG VACCINE	66
<i>atazanavir sulfate</i>	12	BD ALCOHOL SWABS	49
<i>atenolol.....</i>	31	BELSOMRA	44

<i>benazepril & hydrochlorothiazide tab</i> 10-12.5 mg.....	26	BOOSTRIX INJ	66
<i>benazepril & hydrochlorothiazide tab</i> 20-12.5 mg.....	26	<i>bortezomib</i>	21
<i>benazepril & hydrochlorothiazide tab</i> 20-25 mg.....	26	BORTEZOMIB.....	21
<i>benazepril & hydrochlorothiazide tab</i> 5- 6.25mg	26	<i>bosentan</i>	33, 34
<i>benazepril hcl</i>	26	BOSULIF	21
BENDEKA.....	18	BRAFTOVI	21
BENLYSTA	66	BREO ELLIPTA INH 100-25	75
<i>benzoyl peroxide-erythromycin gel</i> 5- 3%	75	BREO ELLIPTA INH 200-25	75
<i>benztropine mesylate</i>	39	BREZTRI AERO AER SPHERE	72
<i>bepotastine besilate</i>	71	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	72
BEPREVE	71	<i>briellyn</i>	51
BERINERT.....	63	BRILINTA	63
BESIVANCE.....	70	<i>brimonidine tartrate</i>	71
BESREMI	20	<i>brinzolamide</i>	71
<i>betaine powder for oral solution</i>	56	BRIVIACT	34
<i>betamethasone dipropionate (topical)</i>	77	<i>bromfenac sodium (ophth)</i>	70
<i>betamethasone dipropionate</i> <i>augmented</i>	77	<i>bromocriptine mesylate</i>	40
<i>betamethasone valerate</i>	77	BROMSITE.....	70
BETASERON	46	BROVANA.....	73
<i>betaxolol hcl (ophth)</i>	71	BRUKINSA.....	21
<i>bethanechol chloride</i>	61	<i>budesonide</i>	59
BETOPTIC-S.....	71	<i>budesonide (inhalation)</i>	75
BEVESPI AER 9-4.8MCG.....	72	<i>bumetanide</i>	32
<i>bexarotene</i>	20	<i>buprenorphine hcl</i>	46
<i>bexarotene (topical)</i>	78	<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	47
BEXSERO INJ	66	<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	47
<i>bicalutamide</i>	19	<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	47
BICILLIN L-A.....	17	<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	47
BIKTARVY TAB 30-120-15 MG	13	<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	47
BIKTARVY TAB 50-200-25 MG	13	<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	47
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg.....	30	<i>bupropion hcl</i>	38
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg.....	30	<i>bupropion hcl (smoking deterrent)</i> ...	47
<i>bisoprolol & hydrochlorothiazide tab</i> 5- 6.25 mg.....	30	<i>buspirone hcl</i>	34
<i>bisoprolol fumarate</i>	31	<i>butorphanol tartrate</i>	8
BIVIGAM	65	BYDUREON BCISE	47
BLEPHAMIDE OIN S.O.P.....	69	BYETTA.....	47
<i>blisovi fe 1.5/30</i>	51	C	
		<i>cabergoline</i>	56
		CABOMETYX	21
		<i>calcipotriene</i>	76

<i>calcitonin (salmon) spray</i>	50	<i>carglumic acid</i>	56
<i>calcitrene</i>	76	<i>carteolol hcl (ophth)</i>	71
<i>calcitriol</i>	58	<i>cartia xt</i>	31
<i>calcium acetate (phosphate binder)</i> ..	57	<i>carvedilol</i>	31
CALQUENCE	21	<i>casprofungin acetate</i>	11
<i>camila</i>	51	CAYSTON	9
<i>candesartan cilexetil</i>	28	<i>cefaclor</i>	15
<i>candesartan cilexetil-</i>		CEFACLOR ER	15
<i>hydrochlorothiazide tab 16-12.5 mg</i>		<i>cefadroxil</i>	15
.....	27	CEFAZOLIN INJ 1GM/50ML	15
<i>candesartan cilexetil-</i>		<i>cefazolin sodium</i>	15
<i>hydrochlorothiazide tab 32-12.5 mg</i>		CEFAZOLIN SOLN 2GM/100ML-4% ..	15
.....	27	<i>cefdinir</i>	15
<i>candesartan cilexetil-</i>		<i>cefepime hcl</i>	15
<i>hydrochlorothiazide tab 32-25 mg</i> .	27	<i>cefixime</i>	15
CAPLYTA.....	41	<i>cefoxitin sodium</i>	15
CAPRELSA	21	<i>cefpodoxime proxetil</i>	15
<i>captopril</i>	26	<i>cefprozil</i>	15
<i>carb/levo orally disintegrating tab 10-</i>		<i>ceftazidime</i>	15
<i>100mg</i>	40	CEFTAZIDIME/ SOL D5W 1GM.....	15
<i>carb/levo orally disintegrating tab 25-</i>		CEFTAZIDIME/ SOL D5W 2GM.....	15
<i>100mg</i>	40	<i>ceftriaxone sodium</i>	15
<i>carb/levo orally disintegrating tab 25-</i>		<i>cefuroxime axetil</i>	15
<i>250mg</i>	40	<i>cefuroxime sodium</i>	15
CARBAGLU.....	56	<i>celecoxib</i>	7
<i>carbamazepine</i>	34	CELONTIN	34
<i>carbidopa</i>	40	<i>cephalexin</i>	15
<i>carbidopa & levodopa tab 10-100 mg</i>	40	CERDELGA	56
<i>carbidopa & levodopa tab 25-100 mg</i>	40	CEREZYME	56
<i>carbidopa & levodopa tab 25-250 mg</i>	40	<i>cetirizine hcl</i>	72
<i>carbidopa & levodopa tab er 25-100</i>		<i>cevimeline hcl</i>	79
<i>mg</i>	40	CHANTIX TAB 0.5& 1MG	47
<i>carbidopa & levodopa tab er 50-200</i>		<i>chateal</i>	51
<i>mg</i>	40	CHEMET	51
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>12.5-50-200 mg</i>	40	.....	79
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chloroquine phosphate</i>	11
<i>18.75-75-200 mg</i>	40	<i>chlorpromazine hcl</i>	41
<i>carbidopa-levodopa-entacapone tabs</i>		CHLORPROMAZINE HYDROCHLOR....	41
<i>25-100-200 mg</i>	40	<i>chlorthalidone</i>	32
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cholestyramine</i>	30
<i>31.25-125-200 mg</i>	40	<i>cholestyramine light</i>	30
<i>carbidopa-levodopa-entacapone tabs</i>		<i>choline fenofibrate</i>	29
<i>37.5-150-200 mg</i>	40	<i>ciclopirox olamine</i>	76
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cilostazol</i>	63
<i>50-200-200 mg</i>	40	CILOXAN	70
<i>carboplatin</i>	18	CIMDUO TAB 300-300.....	13

<i>cinacalcet hcl</i>	56	<i>clotrimazole w/ betamethasone cream</i>	
CIPRO	16	1-0.05%	76
CIPRO HC SUS OTIC	72	<i>clozapine</i>	41
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	16	COARTEM TAB 20-120MG	11
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	16	<i>colchicine</i>	7
<i>ciprofloxacin hcl</i>	16	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>ciprofloxacin hcl (ophth)</i>	70	mg	7
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>colesevelam hcl</i>	30
0.3-0.1%	72	<i>colestipol hcl</i>	30
<i>cisplatin</i>	18	<i>colistimethate sodium</i>	9
<i>citalopram hydrobromide</i>	38	COMBIGAN SOL 0.2/0.5%	71
<i>claravis</i>	75	COMBIVENT AER 20-100	72
<i>clarithromycin</i>	16	COMETRIQ (60MG DOSE)	21
<i>clindamycin hcl</i>	9	COMETRIQ KIT 100MG	21
<i>clindamycin palmitate hydrochloride</i> ...9		COMETRIQ KIT 140MG	21
<i>clindamycin phosphate</i>	9	COMPLERA TAB	13
<i>clindamycin phosphate (topical)</i>	76	<i>compro</i>	58
<i>clindamycin phosphate in d5w iv soln</i>		<i>constulose</i>	60
300 mg/50ml	9	COPIKTRA	21
<i>clindamycin phosphate in d5w iv soln</i>		CORLANOR	33
600 mg/50ml	9	COTELLIC.....	21
<i>clindamycin phosphate in d5w iv soln</i>		CREON CAP 12000UNT	61
900 mg/50ml	9	CREON CAP 24000UNT	61
<i>clindamycin phosphate vaginal</i>	62	CREON CAP 3000UNIT	60
CLINDMYC/NAC INJ 300/50ML	9	CREON CAP 36000UNT	61
CLINDMYC/NAC INJ 600/50ML	9	CREON CAP 6000UNIT	60
CLINDMYC/NAC INJ 900/50ML	9	<i>cromolyn sodium</i>	73
CLINIMIX INJ 4.25/D10	69	<i>cromolyn sodium (mastocytosis)</i>	60
CLINIMIX INJ 4.25/D5W	69	<i>cromolyn sodium (ophth)</i>	71
CLINIMIX INJ 5%/D15W	69	<i>cryselle-28</i>	51
CLINIMIX INJ 5%/D20W	69	<i>cyclobenzaprine hcl</i>	46
CLINIMIX INJ 6/5.....	69	<i>cyclophosphamide</i>	18
CLINIMIX INJ 8/10.....	69	CYCLOPHOSPHAMIDE	18
CLINIMIX INJ 8/14.....	69	CYCLOPHOSPHAMIDE MONOHYDR ...	18
<i>clinisol sf 15%</i>	69	<i>cycloserine</i>	14
CLINOLIPID EMU 20%	69	<i>cyclosporine</i>	66
<i>clobazam</i>	34	<i>cyclosporine modified (for</i>	
<i>clobetasol propionate</i>	77	<i>microemulsion)</i>	66
<i>clobetasol propionate e</i>	77	<i>cyproheptadine hcl</i>	72
<i>clomipramine hcl</i>	38	<i>cyred eq</i>	51
<i>clonazepam</i>	34	CYSTADANE POW	56
<i>clonidine</i>	33	CYSTADROPS.....	71
<i>clonidine hcl</i>	33	CYSTAGON	56
<i>clopidogrel bisulfate</i>	63	CYSTARAN	71
<i>clorazepate dipotassium</i>	34	<i>cytarabine</i>	18
<i>clotrimazole</i>	79	D	
<i>clotrimazole (topical)</i>	76	D10W/NACL INJ 0.2%.....	67

D2.5W/NACL INJ 0.45%	67	<i>dextrose 5% w/ sodium chloride 0.2%</i>	
D5W/LYTES INJ #48	67	.....	67
<i>dabigatran etexilate mesylate</i>	62	<i>dextrose 5% w/ sodium chloride</i>	
<i>dalfampridine</i>	46	0.225%.....	67
DALIRESP	73	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>danazol</i>	55	.....	67
<i>dantrolene sodium</i>	46	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>dapsone</i>	9	.....	67
DAPTACEL INJ	66	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>daptomycin</i>	9	.....	67
DAPTOMYCIN	9	DIACOMIT	34, 35
<i>darifenacin hydrobromide</i>	61	<i>diazepam</i>	35
<i>dasetta 1/35</i>	51	<i>diazepam (anticonvulsant)</i>	35
<i>dasetta 7/7/7</i>	51	<i>diazepam inj</i>	35
DAURISMO	21	<i>diazoxide</i>	56
<i>deblitane</i>	51	<i>diclofenac potassium</i>	7
<i>deferasirox</i>	51	<i>diclofenac sodium</i>	7
DELESTROGEN	55	<i>diclofenac sodium (ophth)</i>	70
DELSTRIGO TAB	13	<i>diclofenac sodium (topical)</i>	78
DENGVAXIA SUS	66	<i>diclofenac w/ misoprostol tab delayed</i>	
DESCOVY TAB 120-15MG.....	13	release 50-0.2 mg	7
DESCOVY TAB 200/25MG.....	13	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>desipramine hcl</i>	38	release 75-0.2 mg	7
<i>desloratadine</i>	72	<i>dicloxacillin sodium</i>	17
<i>desmopressin acetate</i>	56	<i>dicyclomine hcl</i>	59
<i>desmopressin acetate spray</i>	56	DIFICID	16
<i>desmopressin acetate spray</i>		<i>diflunisal</i>	7
refrigerated.....	56	<i>difluprednate</i>	70
<i>desogest-eth estrad & eth estrad tab</i>		<i>digitek</i>	33
0.15-0.02/0.01 mg(21/5).....	52	<i>digoxin</i>	33
<i>desogestrel & ethinyl estradiol tab 0.15</i>		<i>dihydroergotamine mesylate</i>	45
mg-30 mcg	52	DILANTIN.....	35
<i>desvenlafaxine succinate</i>	38	DILANTIN INFATABS.....	35
<i>dexamethasone</i>	55	DILANTIN-125	35
DEXAMETHASONE INTENSOL	55	<i>diltiazem hcl</i>	31
<i>dexamethasone sodium phosphate</i> ... 55		<i>diltiazem hcl coated beads</i>	31
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl extended release beads</i> 31	
(ophth).....	70	<i>dilt-xr</i>	31
<i>dexlansoprazole</i>	61	DIP/TET PED INJ 25-5LFU.....	66
<i>dexmethylphenidate hcl</i>	43, 44	<i>diphenhydramine hcl</i>	72
<i>dextrose</i>	69	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>dextrose 10% w/ sodium chloride</i>		mg/5ml.....	60
0.45%	67	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dextrose 2.5% w/ sodium chloride</i>		0.025 mg	60
0.45%	67	<i>dipyridamole</i>	63
<i>dextrose 5% in lactated ringers</i>	67	<i>disopyramide phosphate</i>	29
		<i>disulfiram</i>	47

<i>divalproex sodium</i>	35	ELIQUIS.....	62
<i>docetaxel</i>	20	ELIQUIS STARTER PACK.....	62
DOCETAXEL.....	20	ELLA.....	52
<i>dofetilide</i>	29	<i>eluryng</i>	52
<i>donepezil hydrochloride</i>	37	EMCYT.....	19
DOPTELET.....	63	<i>emoquette</i>	52
<i>dorzolamide hcl</i>	71	EMSAM.....	38
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	71	<i>emtricitabine</i>	12
<i>dotti</i>	55	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	13
DOVATO TAB 50-300MG.....	13	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	13
<i>doxazosin mesylate</i>	27	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	13
<i>doxepin hcl</i>	38	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	13
<i>doxepin hcl (sleep)</i>	44	EMTRIVA.....	12
<i>doxercalciferol</i>	58	EMVERM.....	9
<i>doxorubicin hcl</i>	18	<i>enalapril maleate</i>	26
<i>doxorubicin hcl liposomal</i>	18	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	26
<i>doxy 100</i>	17	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	26
<i>doxycycline (monohydrate)</i>	18	ENBREL.....	63
<i>doxycycline hyclate</i>	18	ENBREL MINI.....	64
DRIZALMA SPRINKLE.....	38	ENBREL SURECLICK.....	64
<i>dronabinol</i>	58	ENDARI.....	63
<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i>	52	<i>endocet tab 10-325mg</i>	8
<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i>	52	<i>endocet tab 2.5-325mg</i>	8
DROXIA.....	63	<i>endocet tab 5-325mg</i>	8
<i>droxidopa</i>	33	<i>endocet tab 7.5-325mg</i>	8
<i>duloxetine hcl</i>	38	ENGERIX-B.....	66
<i>dutasteride</i>	61	<i>enoxaparin sodium</i>	62
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	61	<i>enpresse-28</i>	52
E		<i>enskyce</i>	52
<i>e.e.s. 400</i>	16	ENSTILAR AER.....	77
<i>ec-naproxen</i>	7	<i>entacapone</i>	40
EDARBI.....	28	<i>entecavir</i>	14
EDARBYCLOR TAB 40-12.5.....	27	ENTRESTO TAB 24-26MG.....	27
EDARBYCLOR TAB 40-25MG.....	27	ENTRESTO TAB 49-51MG.....	27
EDURANT.....	12	ENTRESTO TAB 97-103MG.....	27
<i>efavirenz</i>	12	<i>enulose</i>	60
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	13	EPCLUSA PAK 150-37.5.....	14
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	13	EPCLUSA PAK 200-50MG.....	14
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	13	EPCLUSA TAB 200-50MG.....	14
<i>elinest</i>	52	EPCLUSA TAB 400-100.....	14
		EPIDIOLEX.....	35

<i>epinephrine (anaphylaxis)</i>	74	<i>everolimus (immunosuppressant)</i>	66
<i>epirubicin hcl</i>	18	EVOTAZ TAB 300-150	13
<i>epitol</i>	35	<i>exemestane</i>	19
EPIVIR HBV.....	14	EXKIVITY	21
<i>eplerenone</i>	26	EZALLOR SPRINKLE	29
EPRONTIA.....	35	<i>ezetimibe</i>	30
<i>ergotamine w/ caffeine tab 1-100 mg</i>	45	<i>ezetimibe-simvastatin tab 10-10 mg</i>	30
ERIVEDGE	21	<i>ezetimibe-simvastatin tab 10-20 mg</i>	30
ERLEADA	19	<i>ezetimibe-simvastatin tab 10-40 mg</i>	30
<i>erlotinib hcl</i>	21	<i>ezetimibe-simvastatin tab 10-80 mg</i>	30
<i>errin</i>	52	F	
<i>ertapenem sodium</i>	10	FABRAZYME.....	56
<i>ery</i>	76	<i>falmina</i>	52
<i>ery-tab</i>	16	<i>famciclovir</i>	14
ERYTHROCIN LACTOBIONATE.....	16	<i>famotidine</i>	59
<i>erythrocin stearate</i>	16	<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	59
<i>erythromycin (acne aid)</i>	76	FANAPT.....	41
<i>erythromycin (ophth)</i>	70	FANAPT PAK	41
<i>erythromycin base</i>	16	FARXIGA	47
<i>erythromycin ethylsuccinate</i>	16	FASENRA	74
<i>erythromycin lactobionate</i>	16	FASENRA PEN	74
ESBRIET	74	<i>febuxostat</i>	7
<i>escitalopram oxalate</i>	38	<i>felbamate</i>	35
<i>esomeprazole magnesium</i>	61	<i>felodipine</i>	31
<i>estarylla</i>	52	<i>femynor</i>	52
<i>estradiol</i>	55	<i>fenofibrate</i>	29
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	55	<i>fenofibrate micronized</i>	29
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	55	<i>fentanyl</i>	7
<i>estradiol vaginal</i>	55	<i>fentanyl citrate</i>	8
<i>estradiol valerate</i>	55	<i>fesoterodine fumarate</i>	61
<i>ethambutol hcl</i>	14	FETZIMA	38
<i>ethosuximide</i>	35	FETZIMA CAP TITRATIO	38
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	52	FIASP FLEX INJ TOUCH	49
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	52	FIASP INJ 100/ML.....	49
<i>etodolac</i>	7	FIASP PENFIL INJ U-100.....	49
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	52	FINACEA	78
<i>etoposide</i>	20	<i>finasteride</i>	61
<i>etravirine</i>	12	FINTEPLA	35
EULEXIN	19	<i>flac</i>	72
<i>euthyrox</i>	58	FLAREX.....	70
<i>everolimus</i>	21	FLEBOGAMMA DIF	65
		<i>flecainide acetate</i>	29
		FLOVENT DISKUS.....	75
		FLOVENT HFA	75
		<i>fluconazole</i>	11

<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11	GAMASTAN INJ	65
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11	GAMMAGARD LIQUID	65
<i>flucytosine</i>	11	GAMMAGARD S/D IGA LESS TH.....	65
<i>fludrocortisone acetate</i>	55	GAMMAKED	65
<i>flunisolide (nasal)</i>	75	GAMMAPLEX	65
<i>fluocinolone acetonide</i>	77	GAMUNEX-C	65
<i>fluocinolone acetonide (otic)</i>	72	<i>ganciclovir sodium</i>	14
<i>fluocinonide</i>	77	GARDASIL 9 INJ.....	66
<i>fluocinonide emulsified base</i>	77	<i>gatifloxacin (ophth)</i>	70
<i>fluorometholone (ophth)</i>	70	GATTEX	60
<i>fluorouracil</i>	18	GAUZE PADS 2.....	49
<i>fluorouracil (topical)</i>	78	<i>gavilyte-c</i>	60
<i>fluoxetine hcl</i>	39	<i>gavilyte-g</i>	60
<i>fluphenazine decanoate</i>	41	<i>gavilyte-n/ flavor pack</i>	60
<i>fluphenazine hcl</i>	41	GAVRETO	21
<i>flurbiprofen</i>	7	<i>gemcitabine hcl</i>	18
<i>flurbiprofen sodium</i>	70	<i>gemfibrozil</i>	29
<i>flutamide</i>	19	<i>generlac</i>	60
<i>fluticasone propionate</i>	77	<i>gengraf</i>	66
<i>fluticasone propionate (nasal)</i>	75	GENOTROPIN	56
<i>fluvastatin sodium</i>	29	GENOTROPIN MINIQUICK.....	57
<i>fluvoxamine maleate</i>	34	<i>gentak</i>	70
<i>fondaparinux sodium</i>	62	<i>gentamicin in saline inj 0.8 mg/ml</i> ...	10
<i>formoterol fumarate</i>	73	<i>gentamicin in saline inj 1 mg/ml</i>	10
FORTEO.....	50	<i>gentamicin in saline inj 1.2 mg/ml</i> ...	10
FOSAMAX + D TAB 70-2800	50	<i>gentamicin in saline inj 1.6 mg/ml</i> ...	10
FOSAMAX + D TAB 70-5600	50	<i>gentamicin in saline inj 2 mg/ml</i>	10
<i>fosamprenavir calcium</i>	12	<i>gentamicin sulfate</i>	10
<i>fosinopril sodium</i>	26	<i>gentamicin sulfate (ophth)</i>	70
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	26	<i>gentamicin sulfate (topical)</i>	76
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	26	GENVOYA TAB	13
FOTIVDA	21	GILENYA	46
FREAMINE III INJ 10%	69	GILOTRIF	21
<i>fulvestrant</i>	19	<i>glatiramer acetate</i>	46
<i>furosemide</i>	32	<i>glatopa</i>	46
<i>furosemide inj</i>	32	<i>glimepiride</i>	47, 48
FUZEON	12	<i>glipizide</i>	48
<i>fyavolv tab 0.5mg-2.5mcg</i>	55	<i>glipizide xl</i>	48
<i>fyavolv tab 1mg-5mcg</i>	55	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	48
FYCOMPA.....	35	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	48
G		<i>glipizide-metformin hcl tab 5-500 mg</i>	48
<i>gabapentin</i>	35	<i>glycopyrrolate</i>	59
<i>galantamine hydrobromide</i>	37, 38	<i>glydo</i>	78
		GLYXAMBI TAB 10-5 MG.....	48
		GLYXAMBI TAB 25-5 MG.....	48

GOLYTELY SOL	60
GRALISE.....	45
<i>granisetron hcl</i>	58
<i>griseofulvin microsize</i>	11
<i>griseofulvin ultramicrosize</i>	11
<i>guanfacine hcl</i>	33
<i>guanfacine hcl (adhd)</i>	44
GVOKE HYPOPEN 2-PACK.....	56
GVOKE KIT	56
GVOKE PFS	56

H

HAEGARDA	63
<i>hailey 1.5/30</i>	52
<i>halobetasol propionate</i>	77
<i>haloperidol</i>	41
<i>haloperidol decanoate</i>	41
<i>haloperidol lactate</i>	41
HARVONI PAK 33.75-150MG	14
HARVONI PAK 45-200MG	14
HARVONI TAB 45-200MG	14
HARVONI TAB 90-400MG	14
HAVRIX	66
<i>heather</i>	52
HEP SOD/D5W INJ 20000UNT.....	62
HEP SOD/D5W INJ 25000UNT.....	62
HEP SOD/NACL INJ 25000UNT.....	62
<i>heparin sodium (porcine)</i>	62
HEPARIN/NACL INJ 25000UNT	62
<i>hepatamine</i>	69
HERCEP HYLEC SOL 60-10000	21
HERCEPTIN	21
HERZUMA	21
HETLIOZ.....	44
HIBERIX	66
HUMIRA.....	64
HUMIRA PEDIA INJ CROHNS.....	64
HUMIRA PEDIATRIC CROHNS D	64
HUMIRA PEN	64
HUMIRA PEN KIT PS/UV.....	64
HUMIRA PEN-CD/UC/HS START	64
HUMIRA PEN-PEDIATRIC UC S	64
HUMIRA PEN-PS/UV STARTER	64
HUMULIN R U-500 (CONCENTR.....	49
HUMULIN R U-500 KWIKPEN	49
<i>hydralazine hcl</i>	33
<i>hydrochlorothiazide</i>	32
<i>hydrocodone bitartrate</i>	7, 8

<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	8
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	8
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	8
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	8
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
<i>hydrocortisone</i>	55
<i>hydrocortisone (intrarectal)</i>	59
<i>hydrocortisone (rectal)</i>	78
<i>hydrocortisone (topical)</i>	77
<i>hydromorphone hcl</i>	8
<i>hydroxychloroquine sulfate</i>	65
<i>hydroxyurea</i>	20
<i>hydroxyzine hcl</i>	72, 73
<i>hydroxyzine pamoate</i>	73
HYSINGLA ER	8

I

<i>ibandronate sodium</i>	50
IBRANCE.....	22
<i>ibu</i>	7
<i>ibuprofen</i>	7
<i>icatibant acetate</i>	63
<i>iclevia</i>	52
ICLUSIG.....	22
IDHIFA	22
ILEVRO	70
<i>imatinib mesylate</i>	22
IMBRUVICA	22
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	10
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
<i>imipramine hcl</i>	39
<i>imiquimod</i>	78
IMOVAX RABIES (H.D.C.V.)	66
<i>incassia</i>	52
INCRELEX	57
INCRUSE ELLIPTA.....	72
<i>indapamide</i>	32
INFANRIX INJ	66
INFLIXIMAB.....	64
INGREZZA.....	45
INGREZZA CAP 40-80MG.....	45

INLYTA.....	22	JANUMET XR TAB 50-1000.....	48
INQOVI TAB 35-100MG	18	JANUMET XR TAB 50-500MG.....	48
INREBIC	22	JANUVIA	48
INSULIN SAFETY NEEDLES.....	49	JARDIANCE	48
INSULIN SYRINGES:		<i>jasmiel</i>	52
BD/ULTIMED/ALLISON/TRIVIDIA/MH		JENTADUETO TAB 2.5-1000	48
C	49	JENTADUETO TAB 2.5-500.....	48
INTELENCE	12	JENTADUETO TAB 2.5-850.....	48
INTRALIPID.....	69	JENTADUETO TAB XR 2.5-1000MG...	48
INTRON A	65, 66	JENTADUETO TAB XR 5-1000MG	48
<i>introvale</i>	52	<i>jinteli</i>	55
INVEGA SUSTENNA	41	<i>jolessa</i>	52
INVEGA TRINZA	42	<i>juleber</i>	52
INVIRASE	12	JULUCA TAB 50-25MG.....	13
IPOL INJ INACTIVE	66	<i>junel 1.5/30</i>	52
<i>ipratropium bromide</i>	72	<i>junel 1/20</i>	52
<i>ipratropium bromide (nasal)</i>	72	<i>junel fe 1.5/30</i>	52
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>junel fe 1/20</i>	52
<i>2.5(3) mg/3ml</i>	72	K	
<i>irbesartan</i>	28	KADCYLA	22
<i>irbesartan-hydrochlorothiazide tab</i>		KALYDECO	74
<i>150-12.5 mg</i>	27	KANJINTI	22
<i>irbesartan-hydrochlorothiazide tab</i>		<i>kariva</i>	52
<i>300-12.5 mg</i>	27	<i>kcl 10 meq/l (0.075%) in dextrose 5%</i>	
IRESSA	22	<i>& nacl 0.45% inj</i>	68
<i>irinotecan hcl</i>	20	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
ISENTRESS	12	<i>nacl 0.2% inj</i>	68
ISENTRESS HD.....	12	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>isibloom</i>	52	<i>nacl 0.45% inj</i>	68
ISOLYTE-P INJ /D5W	67	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
ISOLYTE-S INJ	68	<i>nacl 0.9% inj</i>	68
ISOLYTE-S INJ PH 7.4	68	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>isoniazid</i>	14	.....	68
ISOPTO ATROPINE.....	71	KCL 20 MEQ/L (0.15%) IN NACL 0.45%	
<i>isosorbide dinitrate</i>	33	INJ	68
<i>isosorbide mononitrate</i>	33	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>isotretinoin</i>	76	.....	68
<i>isradipine</i>	31	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i>	
<i>itraconazole</i>	11	<i>& nacl 0.45% inj</i>	68
<i>ivermectin</i>	10	<i>kcl 40 meq/l (0.3%) in dextrose 5% &</i>	
IXIARO INJ	67	<i>nacl 0.45% inj</i>	68
J		KCL 40 MEQ/L (0.3%) IN NACL 0.9%	
JAKAFI	22	INJ	68
<i>jantoven</i>	62	KCL/D5W/NACL INJ 0.3/0.9%	68
JANUMET TAB 50-1000.....	48	<i>kelnor 1/35</i>	52
JANUMET TAB 50-500MG	48	<i>kelnor 1/50</i>	52
JANUMET XR TAB 100-1000	48	KERENDIA	26

KESIMPTA.....	46	LENVIMA 12MG DAILY DOSE.....	22
<i>ketoconazole</i>	11	LENVIMA 20 MG DAILY DOSE.....	23
<i>ketoconazole (topical)</i>	76	LENVIMA 4 MG DAILY DOSE.....	22
<i>ketorolac tromethamine (ophth)</i>	71	LENVIMA 8 MG DAILY DOSE.....	22
KEYTRUDA.....	22	LENVIMA CAP 14 MG.....	23
KINRIX INJ.....	67	LENVIMA CAP 18 MG.....	23
KISQALI 200 DOSE.....	22	LENVIMA CAP 24 MG.....	23
KISQALI 200 PAK FEMARA.....	20	<i>lessina</i>	53
KISQALI 400 DOSE.....	22	<i>letrozole</i>	19
KISQALI 400 PAK FEMARA.....	20	<i>leucovorin calcium</i>	25
KISQALI 600 DOSE.....	22	LEUKERAN.....	18
KISQALI 600 PAK FEMARA.....	20	<i>leuprolide acetate</i>	19
<i>klor-con</i>	68	<i>levabuterol hcl</i>	73
<i>klor-con 10</i>	68	<i>levabuterol tartrate</i>	73
<i>klor-con 8</i>	68	LEVEMIR.....	49
<i>klor-con m10</i>	68	LEVEMIR FLEXTOUCH.....	49
<i>klor-con m15</i>	68	<i>levetiracetam</i>	36
<i>klor-con m20</i>	69	<i>levetiracetam in sodium chloride iv soln</i>	
KORLYM.....	57	1000 mg/100ml.....	36
<i>kurvelo</i>	52	<i>levetiracetam in sodium chloride iv soln</i>	
KYNMOBI.....	40	1500 mg/100ml.....	36
L		<i>levetiracetam in sodium chloride iv soln</i>	
<i>labetalol hcl</i>	31	500 mg/100ml.....	36
<i>lacosamide</i>	35, 36	<i>levobunolol hcl</i>	71
<i>lactated ringer's solution</i>	68	<i>levocarnitine (metabolic modifiers)</i> ..	57
<i>lactic acid (ammonium lactate)</i>	78	<i>levocetirizine dihydrochloride</i>	73
<i>lactulose</i>	60	<i>levofloxacin</i>	16
<i>lactulose (encephalopathy)</i>	60	<i>levofloxacin in d5w iv soln 250</i>	
<i>lamivudine</i>	12	mg/50ml.....	16
<i>lamivudine (hbv)</i>	14	<i>levofloxacin in d5w iv soln 500</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>		mg/100ml.....	16
.....	13	<i>levofloxacin in d5w iv soln 750</i>	
<i>lamotrigine</i>	36	mg/150ml.....	16
<i>lansoprazole</i>	61	<i>levonest</i>	53
<i>lapatinib ditosylate</i>	22	<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>larin 1.5/30</i>	52	<i>day) tab 0.15-0.03 mg</i>	53
<i>larin 1/20</i>	52	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin fe 1.5/30</i>	52	0.1 mg-20 mcg.....	53
<i>larin fe 1/20</i>	52	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larissia</i>	52	0.15 mg-30 mcg.....	53
LASTACRAFT.....	71	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>latanoprost</i>	71	30/0.075-40/0.125-30mg-mcg.....	53
LATUDA.....	42	<i>levora 0.15/30-28</i>	53
<i>leena</i>	52	<i>levo-t</i>	58
<i>leflunomide</i>	65	<i>levothyroxine sodium</i>	58
<i>lenalidomide</i>	19	<i>levoxyl</i>	58
LENVIMA 10 MG DAILY DOSE.....	22	LEXIVA.....	12

<i>lidocaine</i>	78	<i>lovastatin</i>	30
<i>lidocaine hcl</i>	78	<i>low-ogestrel</i>	53
<i>lidocaine hcl (local anesth.)</i>	9	<i>loxapine succinate</i>	42
<i>lidocaine hcl (mouth-throat)</i>	79	LUMAKRAS.....	23
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	78	LUMIGAN.....	71
<i>lillow</i>	53	LUMIZYME.....	57
<i>linezolid</i>	10	LUPRON DEPOT (1-MONTH).....	19
<i>linezolid in sodium chloride iv soln 600</i> <i>mg/300ml-0.9%</i>	10	LUPRON DEPOT (3-MONTH).....	19
LINZESS.....	60	LUPRON DEPOT-PED (1-MONTH.....	57
<i>liothyronine sodium</i>	58	LUPRON DEPOT-PED (3-MONTH.....	57
<i>lisinopril</i>	26	<i>lutera</i>	53
<i>lisinopril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	26	<i>lyleq</i>	53
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	26	<i>lyllana</i>	55
<i>lisinopril & hydrochlorothiazide tab 20-</i> <i>25 mg</i>	26	LYNPARZA.....	23
LITHIUM.....	45	LYSODREN.....	19
<i>lithium carbonate</i>	45	<i>lyza</i>	53
LIVALO.....	30	M	
<i>loestrin 1.5/30-21</i>	53	<i>magnesium sulfate</i>	68
<i>loestrin 1/20-21</i>	53	MAGNESIUM SULFATE.....	68
<i>loestrin fe 1.5/30</i>	53	<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	68
<i>loestrin fe 1/20</i>	53	<i>malathion</i>	79
LOKELMA.....	51	<i>maraviroc</i>	12
LONSURF TAB 15-6.14.....	18	<i>marlissa</i>	53
LONSURF TAB 20-8.19.....	19	MARPLAN.....	39
<i>loperamide hcl</i>	60	MATULANE.....	20
<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	13	<i>matzim la</i>	31
<i>lopinavir-ritonavir tab 100-25 mg</i>	13	MAVYRET PAK 50-20MG.....	14
<i>lopinavir-ritonavir tab 200-50 mg</i>	13	MAVYRET TAB 100-40MG.....	14
<i>lorazepam</i>	34	<i>meclizine hcl</i>	59
<i>lorazepam intensol</i>	34	<i>medroxyprogesterone acetate</i>	57
LORBRENA.....	23	<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	53
<i>loryna</i>	53	<i>mefloquine hcl</i>	11
<i>losartan potassium</i>	29	<i>megestrol acetate</i>	19, 57
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	28	<i>megestrol acetate (appetite)</i>	58
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 28		MEKINIST.....	23
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	28	MEKTOVI.....	23
LOTEMAX.....	71	<i>meloxicam</i>	7
		<i>memantine hcl</i>	38
		MENACTRA INJ.....	67
		MENQUADFI INJ.....	67
		MENVEO INJ.....	67
		<i>mercaptapurine</i>	19
		<i>meropenem</i>	10
		<i>mesalamine</i>	59
		<i>mesalamine w/ cleanser</i>	59

MESNEX	25	<i>mometasone furoate</i>	77
<i>metadate er</i>	44	<i>mometasone furoate (nasal)</i>	75
<i>metformin hcl</i>	48	MONJUVI.....	23
<i>methadone hcl</i>	8	<i>mono-lynyah</i>	53
<i>methadone hydrochloride i</i>	8	<i>montelukast sodium</i>	73
<i>methazolamide</i>	32	<i>morphine sulfate</i>	8
<i>methenamine hippurate</i>	10	MORPHINE SULFATE	8
<i>methimazole</i>	58	MOVANTIK	60
<i>methotrexate sodium</i>	19, 65	<i>moxifloxacin hcl</i>	16
<i>methylphenidate hcl</i>	44	<i>moxifloxacin hcl (ophth)</i>	70
<i>methylprednisolone</i>	56	MULTAQ	29
<i>methylprednisolone acetate</i>	56	<i>mupirocin</i>	76
<i>methylprednisolone sod succ</i>	56	MVASI	23
<i>metoclopramide hcl</i>	59	<i>mycophenolate mofetil</i>	66
<i>metolazone</i>	32	<i>mycophenolate sodium</i>	66
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	30	<i>myorisan</i>	76
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	30	MYRBETRIQ	61
<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	30	N	
<i>metoprolol succinate</i>	31	<i>nabumetone</i>	7
<i>metoprolol tartrate</i>	31	<i>nadolol</i>	31
<i>metronidazole</i>	10	<i>nafcillin sodium</i>	17
<i>metronidazole (topical)</i>	78	NAGLAZYME	57
<i>metronidazole vaginal</i>	62	<i>nalbuphine hcl</i>	8
<i>metyrosine</i>	33	<i>naloxone hcl</i>	47
MG SO4/D5W INJ 10MG/ML	68	<i>naltrexone hcl</i>	47
<i>micafungin sodium</i>	11	NAMZARIC CAP 14-10MG	38
<i>microgestin 1.5/30</i>	53	NAMZARIC CAP 21-10MG	38
<i>microgestin 1/20</i>	53	NAMZARIC CAP 28-10MG	38
<i>microgestin fe 1.5/30</i>	53	NAMZARIC CAP 7-10MG	38
<i>microgestin fe 1/20</i>	53	NAMZARIC CAP PACK.....	38
<i>midodrine hcl</i>	33	<i>naproxen</i>	7
<i>miglustat</i>	57	<i>naproxen sodium</i>	7
<i>mili</i>	53	<i>naratriptan hcl</i>	45
<i>mimvey</i>	55	NATACYN	70
<i>minocycline hcl</i>	18	<i>nateglinide</i>	48
<i>minoxidil</i>	33	NATPARA	50
<i>mirtazapine</i>	39	NAYZILAM	36
<i>misoprostol</i>	60	<i>nebivolol hcl</i>	31
MITIGARE.....	7	<i>necon 0.5/35-28</i>	53
M-M-R II INJ	67	<i>nefazodone hcl</i>	39
M-NATAL PLUS TAB	69	<i>neomycin sulfate</i>	10
<i>modafinil</i>	46	<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> 70	
<i>moexipril hcl</i>	26	<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml.</i> 70	
<i>molindone hcl</i>	42	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	69

<i>neomycin-polymyxin-dexamethasone</i>	
<i>ophth susp 0.1%</i>	70
<i>neomycin-polymyxin-hc ophth susp.</i>	70
<i>neomycin-polymyxin-hc otic soln 1%</i>	72
<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>mg/ml-10000 unit/ml-1%</i>	72
NERLYNX	23
NEUPRO	40
<i>nevirapine</i>	12
NEXAVAR.....	23
<i>niacin (antihyperlipidemic)</i>	30
<i>nicardipine hcl</i>	31
NICOTROL INHALER	47
NICOTROL NS	47
<i>nifedipine</i>	31
<i>nikki</i>	53
<i>nilutamide</i>	19
<i>nimodipine</i>	31
NINLARO	23
<i>nisoldipine</i>	31
<i>nitazoxanide</i>	10
<i>nitisinone</i>	57
NITRO-BID	33
<i>nitrofurantoin macrocrystal</i>	10
<i>nitrofurantoin monohyd macro</i>	10
<i>nitroglycerin</i>	33
<i>nizatidine</i>	59
<i>nora-be</i>	53
<i>norethindrone (contraceptive)</i>	53
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1 mg-20 mcg</i>	53
<i>norethindrone ace & ethinyl estradiol</i>	
<i>tab 1.5 mg-30 mcg</i>	53
<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>tab 1 mg-20 mcg</i>	53
<i>norethindrone acetate</i>	58
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 0.5 mg-2.5 mcg</i>	55
<i>norethindrone acetate-ethinyl estradiol</i>	
<i>tab 1 mg-5 mcg</i>	55
<i>norgestimate & ethinyl estradiol tab</i>	
<i>0.25 mg-35 mcg</i>	53
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i>	53
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>35/0.215-35/0.25-35 mg-mcg</i>	54
NORITATE.....	78
<i>norlyroc</i>	54
NORPACE CR	29
<i>nortrel 0.5/35 (28)</i>	54
<i>nortrel 1/35 (21)</i>	54
<i>nortrel 1/35 (28)</i>	54
<i>nortrel 7/7/7</i>	54
<i>nortriptyline hcl</i>	39
NORVIR	12
NOVOLIN INJ 70/30	49
NOVOLIN INJ 70/30 FP.....	49
NOVOLIN N	49
NOVOLIN N FLEXPEN	49
NOVOLIN R.....	49
NOVOLIN R FLEXPEN	50
NOVOLOG	50
NOVOLOG FLEXPEN	50
NOVOLOG MIX INJ 70/30	50
NOVOLOG MIX INJ FLEXPEN	50
NOVOLOG PENFILL	50
NOXAFIL	11
NUBEQA.....	19
NUDEXTA CAP 20-10MG	45
NULOJIX	66
NULYTELY SOL LMN/LIME	60
NUPLAZID	42
NURTEC	45
NUTRILIPID	69
NUZYRA	18
<i>nyamyc</i>	76
<i>nylia 1/35</i>	54
<i>nylia 7/7/7</i>	54
NYMALIZE	31
<i>nymyo</i>	54
<i>nystatin</i>	11
<i>nystatin (mouth-throat)</i>	79
<i>nystatin (topical)</i>	76
<i>nystop</i>	76
o	
<i>ocella</i>	54
OCTAGAM	65
<i>octreotide acetate</i>	57
ODEFSEY TAB	13
ODOMZO.....	23
OFEV	74
<i>ofloxacin (ophth)</i>	70
<i>ofloxacin (otic)</i>	72
OGIVRI	23

OGIVRI INJ 420MG	23
olanzapine	42
olmesartan medoxomil	29
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	28
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	28
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg .	28
olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg.....	28
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg.....	28
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg	28
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg.....	28
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg	28
olopatadine hcl	71
olopatadine hcl (nasal)	73
omeprazole	61
OMNARIS	75
OMNIPOD 5 G6 KIT INTRO	50
OMNIPOD 5 G6 MIS PODS.....	50
OMNIPOD DASH KIT INTRO.....	50
OMNIPOD DASH MIS PODS	50
OMNIPOD MIS CLASSIC.....	50
OMNIPOD PDM KIT CLASSIC	50
ondansetron.....	59
ondansetron hcl.....	59
ONTRUZANT	23
ONUREG.....	19
OPSUMIT	34
ORGOVYX	19
ORKAMBI GRA 100-125	74
ORKAMBI GRA 150-188	74
ORKAMBI TAB 100-125.....	74
ORKAMBI TAB 200-125.....	74
orsythia.....	54

oseltamivir phosphate.....	14
OTEZLA.....	64
OTEZLA TAB 10/20/30	64
oxacillin sodium	17
oxaliplatin	18
oxandrolone	47
oxaprozin	7
oxcarbazepine.....	36
oxybutynin chloride	61
oxycodone hcl.....	9
oxycodone w/ acetaminophen tab 10- 325 mg	9
oxycodone w/ acetaminophen tab 2.5- 325 mg	9
oxycodone w/ acetaminophen tab 5- 325 mg	9
oxycodone w/ acetaminophen tab 7.5- 325 mg	9
OZEMPIC (0.25 OR 0.5MG/DOSE)....	48
OZEMPIC (1MG/DOSE).....	48
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	48

P

pacerone.....	29
paclitaxel	20
PACLITAXEL INJ 100MG	20
paclitaxel protein-bound particles for iv susp 100 mg.....	20
paliperidone	42
pamidronate disodium.....	51
PAMIDRONATE DISODIUM	50
PANRETIN	78
pantoprazole sodium.....	61
PANZYGA	65
paraplatin.....	18
paricalcitol.....	58
paromomycin sulfate	10
paroxetine hcl.....	39
PASER	14
PAXIL	39
PEDIARIX INJ 0.5ML	67
PEDVAX HIB	67
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	60
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	60
PEGASYS.....	15

PEMAZYRE	23	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>pemetrexed disodium</i>	19	40.5 gm (36-4.5 gm)	17
PEN GK/DEXTR INJ 40000/ML.....	17	PIQRAY 200MG DAILY DOSE	23
PEN GK/DEXTR INJ 60000/ML.....	17	PIQRAY 250MG TAB DOSE	23
PEN NEEDLES:		PIQRAY 300MG DAILY DOSE	23
NOVO/BD/ULTIMED/OWEN/TRIVIDIA		<i>pirfenidone</i>	74
.....	50	<i>pirmella 1/35</i>	54
<i>penicillamine</i>	51	<i>piroxicam</i>	7
<i>penicillin g potassium</i>	17	PLASMA-LYTE INJ -148	68
PENICILLIN G PROCAINE	17	PLASMA-LYTE INJ -A.....	68
<i>penicillin g sodium</i>	17	<i>plenamine</i>	69
<i>penicillin v potassium</i>	17	PLENVU SOL.....	60
PENTACEL INJ	67	<i>podofilox</i>	78
<i>pentamidine isethionate inh</i>	10	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>pentamidine isethionate inj</i>	10	10000 unit/ml-0.1%	70
<i>pentoxifylline</i>	63	POMALYST.....	19
<i>perindopril erbumine</i>	26	<i>portia-28</i>	54
<i>perio gard</i>	79	<i>posaconazole</i>	11
<i>permethrin</i>	79	<i>potassium chloride</i>	68, 69
<i>perphenazine</i>	42	POTASSIUM CHLORIDE	68
PERSERIS	42	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>pfizerpen</i>	17	<i>in dextrose 5% inj</i>	68
<i>phenelzine sulfate</i>	39	<i>potassium chloride microencapsulated</i>	
<i>phenobarbital</i>	36	<i>crystals er</i>	69
<i>phenobarbital sodium</i>	36	<i>potassium citrate (alkalinizer)</i>	61
PHENYTEK	36	PRADAXA	62
<i>phenytoin</i>	36	PRALUENT	30
<i>phenytoin sodium</i>	36	<i>pramipexole dihydrochloride</i>	40
<i>phenytoin sodium extended</i>	36	<i>prasugrel hcl</i>	63
PHESGO SOL.....	23	<i>pravastatin sodium</i>	30
<i>philith</i>	54	<i>praziquantel</i>	10
PIFELTRO	12	<i>prazosin hcl</i>	27
<i>pilocarpine hcl</i>	71	<i>prednisolone</i>	56
<i>pilocarpine hcl (oral)</i>	79	<i>prednisolone acetate (ophth)</i>	71
<i>pimozide</i>	42	PREDNISOLONE SODIUM PHOSP	71
<i>pimtrea</i>	54	<i>prednisolone sodium phosphate</i>	56
<i>pindolol</i>	31	<i>prednisone</i>	56
<i>pioglitazone hcl</i>	48	PREDNISONE INTENSOL.....	56
<i>piperacillin sod-tazobactam na for inj</i>		<i>pregabalin</i>	36
3.375 gm (3-0.375 gm)	17	<i>pregabalin (once-daily)</i>	45
<i>piperacillin sod-tazobactam sod for inj</i>		PREHEVBRIO	67
13.5 gm (12-1.5 gm)	17	PREMASOL SOL 10%	69
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL TAB 27-1MG.....	69
2.25 gm (2-0.25 gm)	17	PRENATAL TAB PLUS.....	69
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL VIT TAB LOW IRON	69
4.5 gm (4-0.5 gm)	17	<i>prevalite</i>	30
		PREVYMIS	15

PREZCOBIX TAB 800-150.....	14	<i>quinapril-hydrochlorothiazide tab 20-25</i>	
PREZISTA	12	<i>mg</i>	26
PRIFTIN.....	14	<i>quinidine sulfate</i>	29
PRILOSEC.....	61	<i>quinine sulfate</i>	12
<i>primaquine phosphate</i>	11	R	
PRIMAQUINE PHOSPHATE	12	RABAVERT INJ	67
<i>primidone</i>	36	<i>rabeprazole sodium</i>	61
PRIORIX INJ.....	67	<i>raloxifene hcl</i>	57
PRIVIGEN	65	<i>ramipril</i>	26
<i>probenecid</i>	7	<i>ranolazine</i>	33
PROCALAMINE INJ 3%.....	69	<i>rasagiline mesylate</i>	40
<i>prochlorperazine</i>	59	RAYALDEE	58
<i>prochlorperazine edisylate</i>	59	<i>reclipsen</i>	54
<i>prochlorperazine maleate</i>	59	RECOMBIVAX HB.....	67
PROCRIT	62, 63	RECTIV	78
<i>procto-med hc</i>	78	REGRANEX	79
<i>procto-pak</i>	78	RELENZA DISKHALER.....	15
<i>proctosol hc</i>	78	RELISTOR	60
<i>proctozone-hc</i>	78	REMICADE.....	64
PROGRAF.....	66	RENFLEXIS	64
PROLASTIN-C.....	74	<i>repaglinide</i>	48
PROLENSA	71	RESTASIS	71
PROLIA.....	51	RESTASIS MULTIDOSE.....	72
PROMACTA	63	RETEVMO	23
<i>promethazine hcl</i>	59	REVLIMID.....	19
<i>propafenone hcl</i>	29	REXULTI	42
<i>proparacaine hcl</i>	71	REYATAZ.....	12
<i>propranolol hcl</i>	31	REZUROCK	66
<i>propylthiouracil</i>	58	RHOPRESSA	71
PROQUAD INJ.....	67	RIABNI	23
PROSOL INJ 20%.....	69	<i>ribavirin (hepatitis c)</i>	15
<i>protriptyline hcl</i>	39	<i>rifabutin</i>	14
PULMICORT FLEXHALER.....	75	<i>rifampin</i>	14
PULMOZYME.....	74	<i>riluzole</i>	46
PURIXAN	19	<i>rimantadine hydrochloride</i>	15
<i>pyrazinamide</i>	14	RINVOQ	64
<i>pyridostigmine bromide</i>	45	<i>risedronate sodium</i>	51
Q		RISPERDAL CONSTA	42
QINLOCK	23	<i>risperidone</i>	42
QUADRACEL INJ	67	<i>ritonavir</i>	12
QUADRACEL INJ 0.5ML.....	67	RITUXAN	23
<i>quetiapine fumarate</i>	42	RITUXAN INJ HYCELA.....	23
<i>quinapril hcl</i>	26	<i>rivastigmine</i>	38
<i>quinapril-hydrochlorothiazide tab 10-</i>		<i>rivastigmine tartrate</i>	38
<i>12.5 mg</i>	26	<i>rizatriptan benzoate</i>	45
<i>quinapril-hydrochlorothiazide tab 20-</i>		<i>ropinirole hydrochloride</i>	40
<i>12.5 mg</i>	26	<i>rosadan</i>	78

<i>rosuvastatin calcium</i>	30	sodium fluoride chew; tab; 1.1 (0.5 f)	
ROTARIX SUS.....	67	mg/ml soln	69
ROTATEQ SOL	67	<i>sodium phenylbutyrate</i>	57
<i>roweepra</i>	36	<i>sodium polystyrene sulfonate powder</i>	
ROZLYTREK	23	.....	51
RUBRACA	23	<i>solifenacin succinate</i>	62
<i>rufinamide</i>	36, 37	SOLQUA INJ 100/33	50
RUKOBIA	12	SOLTAMOX	19
RUXIENCE	23	SOLU-CORTEF.....	56
RYBELSUS	48	SOMATULINE DEPOT.....	57
RYDAPT	23	SOMAVERT	57
S		<i>sorafenib tosylate</i>	24
<i>sajazir</i>	63	<i>sorine</i>	29
SANDIMMUNE	66	<i>sotalol hcl</i>	29
SANTYL	79	<i>sotalol hcl (afib/afl)</i>	29
<i>sapropterin dihydrochloride</i>	57	<i>spironolactone</i>	27
SAVELLA.....	46	<i>spironolactone & hydrochlorothiazide</i>	
SAVELLA MIS TITR PAK	46	tab 25-25 mg.....	32
SCSEMBLIX.....	23	<i>sprintec 28</i>	54
<i>scopolamine</i>	59	SPRITAM	37
SECUADO	42	SPRYCEL	24
<i>selegiline hcl</i>	40	<i>sps</i>	51
<i>selenium sulfide</i>	77	<i>sronyx</i>	54
SELZENTRY	12	<i>ssd</i>	76
SEREVENT DISKUS	73	<i>stavudine</i>	12
<i>sertraline hcl</i>	39	STELARA	64
<i>setlakin</i>	54	STIVARGA	24
<i>sevelamer carbonate</i>	57	<i>streptomycin sulfate</i>	10
<i>sharobel</i>	54	STRIBILD TAB.....	14
SHINGRIX.....	67	<i>subvenite</i>	37
SIGNIFOR.....	57	<i>sucrafate</i>	60
<i>sildenafil citrate (pulmonary</i>		<i>sulfacetamide sodium (acne)</i>	76
<i>hypertension)</i>	34	<i>sulfacetamide sodium (ophth)</i>	70
<i>silodosin</i>	61	<i>sulfacetamide sodium-prednisolone</i>	
<i>silver sulfadiazine</i>	76	ophth soln 10-0.23(0.25)%	70
SIMBRINZA SUS 1-0.2%.....	71	<i>sulfadiazine</i>	10
<i>simliya</i>	54	<i>sulfamethoxazole-trimethoprim iv soln</i>	
<i>simvastatin</i>	30	400-80 mg/5ml	10
<i>sirolimus</i>	66	<i>sulfamethoxazole-trimethoprim susp</i>	
SIRTURO	14	200-40 mg/5ml	10
SIVEXTRO.....	10	<i>sulfamethoxazole-trimethoprim tab</i>	
SKYRIZI	64	400-80 mg	10
SKYRIZI PEN.....	64	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sod sulfate-pot sulf-mg sulf oral sol</i>		800-160 mg.....	10
17.5-3.13-1.6 gm/177ml	60	SULFAMYLON	76
<i>sodium chloride</i>	68	<i>sulfasalazine</i>	59
<i>sodium chloride (gu irrigant)</i>	79	<i>sulindac</i>	7

<i>sumatriptan</i>	45	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sumatriptan succinate</i>	45	.....	28
<i>sunitinib malate</i>	24	<i>telmisartan-amlodipine tab 40-5 mg</i>	28
SUPREP BOWEL SOL PREP KIT	60	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>syeda</i>	54	.....	28
SYMBICORT AER 160-4.5.....	75	<i>telmisartan-amlodipine tab 80-5 mg</i>	28
SYMBICORT AER 80-4.5.....	75	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
SYMDEKO TAB 100-150.....	74	<i>12.5 mg</i>	28
SYMDEKO TAB 50-75MG	74	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMJEPI	74	<i>12.5 mg</i>	28
SYMPAZAN.....	37	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMTUZA TAB	14	<i>25 mg</i>	28
SYNAREL	55	<i>temazepam</i>	44
SYNERCID INJ 500MG	10	TEMIXYS TAB 300-300	14
SYNJARDY TAB 12.5-1000MG	49	TENIVAC INJ 5-2LF.....	67
SYNJARDY TAB 12.5-500	49	<i>tenofovir disoproxil fumarate</i>	13
SYNJARDY TAB 5-1000MG.....	48	TEPMETKO	24
SYNJARDY TAB 5-500MG	48	<i>terazosin hcl</i>	27
SYNJARDY XR TAB 10-1000	49	<i>terbinafine hcl</i>	11
SYNJARDY XR TAB 12.5-1000MG	49	<i>terbutaline sulfate</i>	73
SYNJARDY XR TAB 25-1000	49	<i>terconazole vaginal</i>	62
SYNJARDY XR TAB 5-1000MG.....	49	<i>testosterone</i>	47
SYNRIBO	20	<i>testosterone cypionate</i>	47
SYNTHROID	58	<i>testosterone enanthate</i>	47
T		<i>tetrabenazine</i>	46
TABLOID	19	<i>tetracycline hcl</i>	18
TABRECTA	24	THALOMID	20
<i>tacrolimus</i>	66	THEO-24	74
<i>tacrolimus (topical)</i>	78	<i>theophylline</i>	74
TAFINLAR	24	<i>thioridazine hcl</i>	42
TAGRISSE	24	<i>thiothixene</i>	42
TALTZ	65	<i>tiadylt er</i>	32
TALZENNA	24	<i>tiagabine hcl</i>	37
<i>tamoxifen citrate</i>	19	TIBSOVO.....	24
<i>tamsulosin hcl</i>	61	TICOVAC.....	67
TARGRETIN.....	78	<i>tigecycline</i>	18
<i>tarina fe 1/20 eq</i>	54	TIGECYCLINE.....	18
TASIGNA	24	<i>tilia fe</i>	54
<i>tazarotene</i>	76	<i>timolol maleate</i>	31
<i>tazicef</i>	15	<i>timolol maleate (ophth)</i>	71
TAZORAC.....	76	<i>timolol maleate (ophth) once-daily</i> ..	71
<i>taztia xt</i>	31	TIVICAY	13
TAZVERIK.....	24	TIVICAY PD	13
TDVAX INJ 2-2 LF	67	<i>tizanidine hcl</i>	46
TECENTRIQ.....	24	TOBRADEX OIN 0.3-0.1%.....	70
TEFLARO	15	TOBRADEX ST SUS 0.3-0.05.....	70
<i>telmisartan</i>	29	<i>tobramycin</i>	10

<i>tobramycin (ophth)</i>	70	<i>trifluridine</i>	70
<i>tobramycin sulfate</i>	10	<i>trihexyphenidyl hcl</i>	40
<i>tobramycin-dexamethasone ophth susp</i>		TRIJARDY XR TAB ER 24HR 10-5-	
<i>0.3-0.1%</i>	70	1000MG	49
<i>tolterodine tartrate</i>	62	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>topiramate</i>	37	1000MG	49
<i>toposar</i>	20	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	19	1000MG	49
<i>torseamide</i>	32	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOVIAZ	62	1000MG	49
TPN ELECTROL INJ	68	TRIKAFTA TAB 100-50-75MG & 150MG	
TRADJENTA	49	.....	74
<i>tramadol hcl</i>	9	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>tramadol-acetaminophen tab 37.5-325</i>		.....	74
<i>mg</i>	9	<i>tri-legest fe</i>	54
<i>trandolapril</i>	26	<i>tri-linyah</i>	54
<i>tranexamic acid</i>	63	<i>tri-lo-estarylla</i>	54
<i>tranylcypramine sulfate</i>	39	<i>tri-lo-marzia</i>	54
TRAVASOL INJ 10%	69	<i>tri-lo-mili</i>	54
<i>travoprost</i>	71	<i>tri-lo-sprintec</i>	54
TRAZIMERA	24	TRIMETHOPRIM	11
<i>trazodone hcl</i>	39	<i>tri-mili</i>	54
TRECATOR	14	<i>trimipramine maleate</i>	39
TRELEGY AER ELLIPTA 100-62.5-25		TRINTELLIX	39
MCG	72	<i>tri-nymyo</i>	54
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-sprintec</i>	54
MCG	72	TRIUMEQ PD TAB	14
TRELSTAR MIXJECT	19	TRIUMEQ TAB	14
<i>treprostinil</i>	34	<i>trivora-28</i>	54
TRESIBA	50	<i>tri-vylibra</i>	54
TRESIBA FLEXTOUCH	50	<i>tri-vylibra lo</i>	54
<i>tretinoin</i>	76	TRIZIVIR TAB	14
<i>tretinoin (chemotherapy)</i>	20	TROGARZO	13
TREXALL	65	TROPHAMINE INJ 10%	69
<i>triamcinolone acetonide (mouth)</i>	79	<i>trosipium chloride</i>	62
<i>triamcinolone acetonide (topical)</i>	77	TRULICITY	49
<i>triamterene & hydrochlorothiazide cap</i>		TRUMENBA INJ	67
<i>37.5-25 mg</i>	32	TRUSELTIQ 100 MG DAILY DOSE	24
<i>triamterene & hydrochlorothiazide tab</i>		TRUSELTIQ 125 MG DAILY DOSE	24
<i>37.5-25 mg</i>	32	TRUSELTIQ 50 MG DAILY DOSE	24
<i>triamterene & hydrochlorothiazide tab</i>		TRUSELTIQ 75 MG DAILY DOSE	24
<i>75-50 mg</i>	32	TRUXIMA	24
TRICARE TAB PRENATAL	69	TUKYSA	24
<i>triderm</i>	77	TURALIO	24
<i>trientine hcl</i>	51	TWINRIX INJ	67
<i>tri-estarylla</i>	54	TYBOST	13
<i>trifluoperazine hcl</i>	42	TYPHIM VI	67

U	
UBRELVY	45
<i>unithroid</i>	58
<i>ursodiol</i>	60
V	
<i>valacyclovir hcl</i>	15
VALCHLOR	78
<i>valganciclovir hcl</i>	15
<i>valproate sodium</i>	37
<i>valproic acid</i>	37
<i>valsartan</i>	29
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	28
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	28
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	28
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	28
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	28
VALTOCO	37
<i>vancomycin hcl</i>	11
VANCOMYCIN INJ 1 GM	11
VANCOMYCIN INJ 500MG	11
VANCOMYCIN INJ 750MG	11
VANDAZOLE	62
VAQTA	67
<i>varenicline tartrate</i>	47
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	47
VARIVAX	67
VASCEPA	30
VELCADE	24
<i>velivet</i>	54
VELPHORO	57
VELTASSA	51
VEMLIDY	15
VENCLEXTA	24
VENCLEXTA TAB START PK	24
<i>venlafaxine hcl</i>	39
VENTAVIS	34
VENTOLIN HFA	73
VENTOLIN HFA (INSTITUTIONAL PACK)	73
<i>verapamil hcl</i>	32
VERQUVO	33
VERSACLOZ	43
VERZENIO	24
<i>vestura</i>	54
V-GO 20 KIT	50
V-GO 30 KIT	50
V-GO 40 KIT	50
VICTOZA	49
<i>vienva</i>	54
<i>vigabatrin</i>	37
<i>vigadrone</i>	37
VIIBRYD	39
VIIBRYD KIT STARTER	39
<i>vilazodone hcl</i>	39
VIMPAT	37
<i>vincristine sulfate</i>	20
<i>vinorelbine tartrate</i>	20
<i>viorele</i>	54
VIRACEPT	13
VIREAD	13
VITRAKVI	24
VIVITROL	47
VIZIMPRO	24
VONJO	25
<i>voriconazole</i>	11
VOSEVI TAB	15
VOTRIENT	25
VRAYLAR	43
VRAYLAR CAP 1.5-3MG	43
<i>vyfemla</i>	54
<i>vylibra</i>	54
VYVANSE	44
VYZULTA	71
W	
<i>warfarin sodium</i>	62
<i>water for irrigation, sterile irrigation soln</i>	79
WELIREG	20
<i>wera</i>	54
X	
XALKORI	25
XARELTO	62
XARELTO STAR TAB 15/20MG	62
XATMEP	65
XCOPRI	37
XCOPRI PAK 100-150	37
XCOPRI PAK 12.5-25	37

XCOPRI PAK 150-200MG (MAINTENANCE)	37	<i>zafirlukast</i>	73
XCOPRI PAK 150-200MG (TITRATION)	37	ZARXIO.....	63
XCOPRI PAK 50-100MG	37	ZEJULA	25
XELJANZ.....	65	ZELBORAF	25
XELJANZ XR.....	65	ZEMAIRA.....	75
XERMELO.....	60	<i>zenatane</i>	76
XGEVA	51	ZENPEP CAP 10000UNT.....	61
XIFAXAN.....	60	ZENPEP CAP 15000UNT.....	61
XIGDUO XR TAB 10-1000	49	ZENPEP CAP 20000UNT.....	61
XIGDUO XR TAB 10-500MG.....	49	ZENPEP CAP 25000UNT.....	61
XIGDUO XR TAB 2.5-1000	49	ZENPEP CAP 3000UNIT	61
XIGDUO XR TAB 5-1000MG.....	49	ZENPEP CAP 40000UNT.....	61
XIGDUO XR TAB 5-500MG.....	49	ZENPEP CAP 5000UNIT	61
XIIDRA.....	72	ZERVIAE.....	71
XOLAIR	74	<i>zidovudine</i>	13
XOSPATA.....	25	<i>ziprasidone hcl</i>	43
XPOVIO 100 MG ONCE WEEKLY	25	<i>ziprasidone mesylate</i>	43
XPOVIO 40 MG ONCE WEEKLY	25	ZIRABEV	25
XPOVIO 40 MG TWICE WEEKLY.....	25	ZIRGAN	70
XPOVIO 60 MG ONCE WEEKLY	25	<i>zoledronic acid</i>	51
XPOVIO 60 MG TWICE WEEKLY.....	25	ZOLINZA.....	25
XPOVIO 80 MG ONCE WEEKLY	25	<i>zolmitriptan</i>	45
XPOVIO 80 MG TWICE WEEKLY.....	25	<i>zolpidem tartrate</i>	44
XTANDI	19	<i>zonisamide</i>	37
<i>xulane</i>	54	ZORTRESS	66
XULTOPHY INJ 100/3.6.....	50	<i>zovia 1/35</i>	55
XYREM	46	ZTALMY	37
Y		<i>zumandimine</i>	55
YF-VAX INJ	67	ZYCLARA PUMP	78
<i>yuvaferm</i>	55	ZYDELIG	25
Z		ZYKADIA	25
<i>zafemy</i>	55	ZYLET SUS 0.5-0.3%	70
		ZYPITAMAG	30
		ZYPREXA RELPREVV.....	43