

2021

Comprehensive Formulary

List of Covered Drugs

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

Formulary ID 00021223, Version 6

This formulary was updated on 08/06/2020. For more recent information or other questions, please contact KelseyCare Advantage Member Services at 1-888-970-0914 or, for TTY users, 711, 24 hours a day, 7 days per week, or visit www.kelseycareadvantage.com.



2021 COMPREHENSIVE FORMULARY

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 KelseyCare Advantage. When it refers to “plan” or “our plan,” it means KelseyCare Advantage Rx, Rx+Choice or Rx Select.

This document includes a list of the drugs (formulary) for our plan which is current as 08/06/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the KelseyCare Advantage Formulary?

A formulary is a list of covered drugs selected by KelseyCare Advantage 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. KelseyCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a KelseyCare Advantage 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 also find information in the section below entitled “How do I request an exception to the KelseyCare Advantage’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the KelseyCare Advantage’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 08/06/2020. To get updated information about the drugs covered by KelseyCare Advantage, please contact us. Our contact information appears on the front and back cover pages. To review and/or print formulary changes during the year, please visit our website at www.kelseycareadvantage.com, and refer to Plan Documents section on the “Already a Member” page. You may also ask us to send you a copy.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 82. 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?

KelseyCare Advantage 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:** KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from KelseyCare Advantage before you fill your prescriptions. If you do not get approval, KelseyCare Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, KelseyCare Advantage limits the amount of the drug that KelseyCare Advantage will cover. For example, KelseyCare Advantage provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, KelseyCare Advantage 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, KelseyCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KelseyCare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 and back cover pages.

You can ask KelseyCare Advantage 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 KelseyCare Advantage’s formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by KelseyCare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by KelseyCare Advantage.
- You can ask KelseyCare Advantage 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 KelseyCare Advantage’s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not 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, KelseyCare Advantage 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, KelseyCare Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new 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.

Unexpected medication changes due to level-of-care changes

When you transfer from one treatment setting to another, such as moving from an inpatient hospital setting to home, it is called a level-of-care change. These types of changes often do not leave you enough time to determine if a new prescription contains a drug that is on the plan formulary. In these unexpected situations, KelseyCare Advantage will cover a temporary 30-day transition supply (unless you have a prescription written for fewer days). If your level-of-care change involves moving to a long-term care facility and a new drug is prescribed, the plan covers a temporary 31-day supply (unless you have a prescription written for fewer days).

For more information

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

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

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

KelseyCare Advantage's Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

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

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

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 do not get approval, we may not cover the drug.

B/D = Covered Under Medicare Part B or D. Drugs with “B/D” may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ST = Step Therapy. We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

QL = Quantity Limit. We limit the amount of the drug that we will cover.

LA = Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-888-970-0914, 24 hours a day, 7 days a week. TTY users should call 711.

NM = Not Available at Mail-Order. This prescription is not available for order through CVS Caremark Mail Service Pharmacy. For more information consult your Pharmacy Directory or call Member Services at 1-888-970-0914, 24 hours a day, 7 days a week. TTY users should call 711.

GC = GAP Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

SI = Select Insulins. We provide additional coverage for select insulins in the deductible, initial coverage, and coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Next to the “Drug Name” column is a column labeled “**Tier**”. This identifies the tier to which the drug is assigned and will determine the amount you pay for your prescription. The amount you pay for your prescription drugs depends on the medication's tier. Every drug on the plan's Drug List is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-sharing Tier	Drugs Included in Tier
Tier 1 (lowest)	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5 (highest)	Specialty Tier

Tier 1 – Preferred Generic

Lowest cost tier – Generic drugs have the same active ingredient as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs. Not all generic drugs on the drug list (formulary) are included in this tier.

Tier 2 – Generic

Middle cost tier – Includes generics drugs that are higher in cost and/or generic drugs only available from one manufacturer.

Tier 3 – Preferred Brand

Middle cost tier – Includes preferred brand drugs.

Tier 4 – Non-Preferred Drug

Higher cost tier – Includes non-preferred drugs.

Tier 5 – Specialty Tier

Highest cost tier – Contains very high cost brand and generic drugs that may require special handling and/or close monitoring. Specialty tier drugs may be brand or generic.

Rx, Rx+Choice and Rx Select

Preferred Cost-Sharing		
Tier	30-day Supply	90-day Supply
1	\$0	\$0
2	\$5	\$12.50
3	\$40	\$100
4	\$80	\$200
5	31%	NA*

Standard Cost-Sharing		
Tier	30-day Supply	90-day Supply
1	\$3	\$9
2	\$10	\$30
3	\$45	\$135
4	\$90	\$270
5	31%	NA*

*A long-term supply is not available for drugs in Tier 5.

KelseyCare Advantage's pharmacy network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg	2	GC, QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	GC
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	GC
NSAIDS		
<i>celecoxib</i> CAPS 50mg	2	GC, QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	2	GC, QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	2	GC, QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	GC, QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	GC, QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	GC
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	GC
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	GC
<i>diflunisal</i> TABS 500mg	2	GC
<i>ec-naproxen</i> TBEC 375mg, 500mg	2	GC
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	GC
<i>flurbiprofen</i> TABS 100mg	2	GC
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	2	GC
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	1	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen dr</i> TBEC 375mg, 500mg	2	GC
<i>naproxen sodium</i> TABS 275mg, 550mg	2	GC
<i>oxaprozin</i> TABS 600mg	2	GC
<i>piroxicam</i> CAPS 10mg, 20mg	2	GC
<i>sulindac</i> TABS 150mg, 200mg	2	GC

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	GC, QL (10 patches / 30 days), PA
<i>HYSINGLA ER</i> 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	GC, QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	GC, QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i> CONC 10mg/ml	2	GC, QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	GC, QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	GC, QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	GC, QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	GC, QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	GC, QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	GC, QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	GC, QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	GC, QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	GC, QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg	2	GC, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	GC, QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	GC, QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	GC, QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	GC, QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	GC, QL (180 tabs / 30 days)
<i>lorcet</i>	2	GC, QL (240 tabs / 30 days)
<i>lorcet hd</i>	2	GC, QL (180 tabs / 30 days)
<i>lorcet plus</i>	2	GC, 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	2	GC, QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/5ml	2	GC, QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	GC, QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	GC, QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	2	GC, QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	GC, QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	GC, QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	GC, QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	GC, QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	GC, QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	5	
ALINIA SUSR 100mg/5ml	5	QL (180 mL / 30 days)
ALINIA TABS 500mg	5	QL (6 tabs / 30 days)
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	GC
<i>atovaquone</i> SUSP 750mg/5ml	5	
<i>aztreonam</i> SOLR 1gm, 2gm	2	GC
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	GC
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	GC
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	GC
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	2	GC
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	2	GC
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	2	GC
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	GC
<i>dapsone</i> TABS 25mg, 100mg	2	GC
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / 365 days)
<i>ertapenem sodium</i> SOLR 1gm	2	GC
<i>gentamicin in saline inj</i> 0.8 mg/ml	2	GC
<i>gentamicin in saline inj</i> 1 mg/ml	2	GC
<i>gentamicin in saline inj</i> 1.2 mg/ml	2	GC
<i>gentamicin in saline inj</i> 1.6 mg/ml	2	GC
<i>gentamicin in saline inj</i> 2 mg/ml	2	GC
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	GC
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	2	GC
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	2	GC
<i>ivermectin</i> TABS 3mg	2	GC
<i>linezolid</i> SOLN 600mg/300ml	2	GC
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid</i> TABS 600mg	2	GC, QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	2	GC
<i>meropenem</i> SOLR 1gm, 500mg	2	GC
<i>methenamine hippurate</i> TABS 1gm	2	GC
<i>metronidazole</i> TABS 250mg, 500mg	1	GC
<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml	2	GC
<i>neomycin sulfate</i> TABS 500mg	2	GC
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	2	GC
<i>pentamidine isethionate inh</i> SOLR 300mg	2	GC, B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	GC
<i>praziquantel</i> TABS 600mg	2	GC
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	5	
SULFADIAZINE TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	GC
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	2	GC
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	GC
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	GC
SYNERCID INJ 500MG	5	
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	GC
<i>trimethoprim</i> TABS 100mg	1	GC
<i>vancomycin hcl</i> CAPS 125mg	2	GC, QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	GC, QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	GC
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

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b</i> SOLR 50mg	2	GC, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	5	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	GC
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	GC
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	GC
<i>flucytosine</i> CAPS 250mg, 500mg	5	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	GC
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	GC
<i>itraconazole</i> CAPS 100mg	2	GC, PA
<i>ketoconazole</i> TABS 200mg	2	GC, PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days)
<i>nystatin</i> TABS 500000unit	2	GC
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS 250mg	1	GC, QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	2	GC, QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	2	GC, QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	GC
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	GC
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	GC
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	GC
<i>primaquine phosphate</i> TABS 26.3mg	2	GC
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	GC, PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	GC
APTIVUS CAPS 250mg; SOLN 100mg/ml	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	GC
CRIXIVAN CAPS 200mg, 400mg	4	
<i>didanosine</i> CPDR 200mg, 250mg, 400mg	2	GC
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	GC
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	NM
INTELENCE TABS 25mg	4	
INTELENCE TABS 100mg, 200mg	5	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	GC
LEXIVA SUSP 50mg/ml	4	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	2	GC
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	2	GC
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	2	GC
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	GC
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	4	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	GC
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	2	GC
<i>abacavir sulfate-lamivudine-zidovudine tab</i> 300-150-300 mg	5	
ATRIPLA TAB	5	
BIKTARVY TAB	5	
CIMDUO TAB 300-300	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 200/25	5	
DOVATO TAB 50-300MG	5	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	GC
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	GC
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMFI LO TAB	5	
SYMFI TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ TAB	5	
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	
<i>ethambutol hcl</i> TABS 100mg, 400mg	2	GC
<i>isoniazid</i> SYRP 50mg/5ml	2	GC
<i>isoniazid</i> TABS 100mg, 300mg	1	GC
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	2	GC
<i>rifabutin</i> CAPS 150mg	2	GC
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	GC
SIRTURO TABS 100mg	5	LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	GC
<i>acyclovir</i> SUSP 200mg/5ml	2	GC
<i>acyclovir sodium</i> SOLN 50mg/ml	2	GC, B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir</i> TABS .5mg, 1mg	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	GC
<i>ganciclovir sodium</i> SOLR 500mg	2	GC, 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	GC
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	GC, QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	GC, QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	GC, QL (1080 mL / year)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	5	NM, PA
PEGASYS PROCLICK SOLN 180mcg/0.5ml	5	NM, PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	GC, NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	GC
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	GC
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	2	GC
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	GC
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	GC
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	GC
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	2	GC
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	GC
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	GC
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	GC
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	GC
DIFICID TABS 200mg	5	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	GC
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	GC
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	GC
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	GC
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	GC
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	GC
<i>ciprofloxacin hcl</i> TABS 100mg	2	GC
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	2	GC
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	2	GC
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	2	GC
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	2	GC
<i>moxifloxacin hcl</i> TABS 400mg	2	GC
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	2	GC
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	GC
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	GC
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	2	GC
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	2	GC
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	2	GC
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	2	GC
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	2	GC
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	2	GC
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	2	GC
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	GC
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	GC
<i>mondoxyne nl</i> CAPS 100mg	2	GC
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	GC, PA
<i>tigecycline</i> SOLR 50mg	5	
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	GC, B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	GC, B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	GC, B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
GLEOSTINE CAPS 10mg	4	
GLEOSTINE CAPS 40mg, 100mg	5	
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml	2	GC, B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	2	GC, B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	GC, B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	2	GC, B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
azacitidine SUSR 100mg	5	B/D
cytarabine SOLN 20mg/ml	2	GC, B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	GC, B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	GC, B/D
mercaptopurine TABS 50mg	2	GC
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	GC, B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	5	NM, PA
anastrozole TABS 1mg	1	GC
bicalutamide TABS 50mg	2	GC
DEPO-PROVERA SUSP 400mg/ml	4	B/D
EMCYT CAPS 140mg	4	
ERLEADA TABS 60mg	5	NM, LA, PA
exemestane TABS 25mg	2	GC
flutamide CAPS 125mg	2	GC
fulvestrant SOLN 250mg/5ml	5	B/D
letrozole TABS 2.5mg	1	GC
leuprolide acetate KIT 1mg/0.2ml	2	GC, 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	
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	GC
toremifene citrate TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg	5	NM, LA, PA
ZYTIGA TABS 500mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
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, 20mg, 25mg	5	QL (28 caps / 28 days), NM, LA, PA
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		
<i>bexarotene</i> CAPS 75mg	5	NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	GC
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	GC, B/D
KISQALI 200 PAK FEMARA	5	NM, PA
KISQALI 400 PAK FEMARA	5	NM, PA
KISQALI 600 PAK FEMARA	5	NM, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
MATULANE CAPS 50mg	5	LA
SYLATRON KIT 200mcg, 300mcg	5	PA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D
<i>docetaxel</i> CONC 20mg/ml	2	GC, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	2	GC, B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	GC, B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	2	GC, B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC, B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	GC, 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

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
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	LA, PA
AYVAKIT TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 3.5mg	5	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	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	5	QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 20mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	PA
HERCEPTIN SOLR 150mg	5	PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 15mg	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 45mg	5	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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 (56 caps / 28 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg	5	QL (112 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 280mg	5	QL (56 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 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
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI TBPK 200mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NM, LA, PA
LENVIMA CAP 14 MG	5	NM, LA, PA
LENVIMA CAP 18 MG	5	NM, LA, PA
LENVIMA CAP 24 MG	5	NM, LA, PA
LORBRENA TABS 25mg, 100mg	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
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
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
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
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
SUTENT 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
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .25mg, 1mg	5	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
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 420mg	5	NM, 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
TYKERB TABS 250mg	5	NM, LA, PA
VELCADE SOLR 3.5mg	5	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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	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	5	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 20mg	5	NM, LA, PA
ZEJULA CAPS 100mg	5	NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	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	GC, B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	GC
MESNEX TABS 400mg	5	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	GC
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	GC
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	GC
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	GC
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	GC
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	GC
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	2	GC
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	GC
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	GC
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	GC
<i>terazosin hcl</i> CAPS 10mg	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	GC, 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	GC, QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC, QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	GC, 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	GC, QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg</i>	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	GC, QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	GC, QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	GC
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	GC
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	GC
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	GC
<i>pacerone TABS 200mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	GC
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	GC
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	GC
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	GC
ANTILIPEMICS, FIBRATES		
<i>ANTARA</i> CAPS 30mg, 90mg	4	
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	GC
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	GC
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	GC
<i>gemfibrozil</i> TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>ALTOPREV</i> TB24 20mg	5	QL (60 tabs / 30 days), ST
<i>ALTOPREV</i> TB24 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>EZALLOR SPRINKLE</i> CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	GC, QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	GC, QL (30 tabs / 30 days)
<i>LIVALO</i> TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	GC, QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>ZYPITAMAG</i> TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	GC
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	GC
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	GC
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	2	GC
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	2	GC

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	GC
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	GC
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	GC
BYSTOLIC TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	GC
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	GC
<i>metoprolol tartrate</i> SOCT 5mg/5ml; SOLN 5mg/5ml	2	GC
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	GC
<i>pindolol</i> TABS 5mg, 10mg	2	GC
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	GC
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	GC
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	GC
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	GC
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	GC
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg; TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	GC
<i>isradipine</i> CAPS 2.5mg, 5mg	2	GC
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	GC
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	GC
<i>nimodipine</i> CAPS 30mg	2	GC
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	GC
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	GC
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	GC
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	GC
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	GC
<i>amiloride hcl</i> TABS 5mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	GC
<i>chlorthalidone</i> TABS 25mg, 50mg	2	GC
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	2	GC
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>methazolamide</i> TABS 25mg, 50mg	2	GC
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	GC
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	GC
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	GC
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	GC
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	1	GC
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	1	GC
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	1	GC
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	1	GC
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	1	GC
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	GC
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	GC
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	GC
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	GC
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	4	
<i>DEMSER CAPS 250mg</i>	5	PA
<i>digitek TABS .125mg, .25mg</i>	2	GC, QL (30 tabs / 30 days)
<i>digox TABS 125mcg, 250mcg</i>	2	GC, QL (30 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	2	GC
<i>digoxin TABS 125mcg, 250mcg</i>	2	GC, QL (30 tabs / 30 days)
<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	GC
<i>methyldopa TABS 250mg, 500mg</i>	2	GC, PA; PA if 70 years and older
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	GC
<i>minoxidil TABS 2.5mg, 10mg</i>	2	GC
<i>NORTHERA CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, LA, PA
<i>NORTHERA CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine TB12 500mg, 1000mg</i>	2	GC
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	GC
<i>isosorbide dinitrate TABS 40mg</i>	5	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	GC
<i>minitran PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	2	GC
<i>NITRO-BID OINT 2%</i>	3	
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	GC
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<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	GC, 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		
ANTIANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	GC, QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	GC
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	GC
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	GC
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	GC
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	GC, QL (150 mL / 30 days)
ANTICONSULSANTS		
APTOM TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	5	PA
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	GC
CELONTIN CAPS 300mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i> SUSP 2.5mg/ml	2	GC, QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	GC, QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	GC, QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	GC, QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam</i> CONC 5mg/ml	2	GC, QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	GC, QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	GC
<i>diazepam inj</i> SOLN 5mg/ml	2	GC
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	GC
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	GC
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	GC
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	GC
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	GC, QL (1080 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 300mg	1	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	2	GC, QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	GC, QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	GC, QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	GC
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	GC
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	GC
PEGANONE TABS 250mg	4	
<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	GC
<i>phenytoin sodium</i> SOLN 50mg/ml	2	GC
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	GC
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	GC, QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	GC, QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	GC, QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> SOLN 20mg/ml	2	GC, QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	GC
<i>roweepra</i> TABS 500mg, 750mg, 1000mg	2	GC
<i>roweepra xr</i> TB24 500mg, 750mg	2	GC
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
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	GC
<i>topiramate</i> CPSP 15mg, 25mg	2	GC
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	GC
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	GC
<i>valproic acid</i> CAPS 250mg	2	GC
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	
VIMPAT TABS 50mg	4	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
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 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
XCOPRI TAB 50-200MG	5	QL (56 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	GC
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	GC, QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	GC
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	GC, QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	GC, 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	GC, QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	2	GC, QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	2	GC, 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; TB24 150mg, 300mg	2	GC
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	1	GC
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	GC
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<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	GC, QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	GC, 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	GC

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	GC
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
<i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg	2	GC
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	GC
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	GC
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
<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)
<i>phenelzine sulfate</i> TABS 15mg	2	GC
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	GC
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	2	GC
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<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	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	GC
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	2	GC, QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> SYRP 50mg/5ml	1	GC
<i>amantadine hcl</i> TABS 100mg	2	GC
APOKYN SOCT 30mg/3ml	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate</i> SOLN 1mg/ml	2	GC
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	GC
<i>carbidopa</i> TABS 25mg	2	GC
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	GC
<i>entacapone</i> TABS 200mg	2	GC
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	GC
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	GC
<i>rasagiline mesylate</i> TABS 1mg	2	GC, QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	2	GC, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	GC
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	GC
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	GC
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	5	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	GC, QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days)
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	4	
<i>chlorpromazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	GC
<i>clozapine</i> TABS 25mg, 50mg	2	GC
<i>clozapine</i> TABS 100mg	2	GC, QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	GC, QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	GC, PA
<i>clozapine</i> TBDP 100mg	2	GC, QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	5	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	GC
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	GC
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	GC
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	GC
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	5	QL (1 injection / 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	GC
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	GC
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	GC, QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	GC, QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	GC, QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	GC, QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	GC, QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	GC
PERSERIS PRSY 90mg, 120mg	5	QL (1 injection / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	GC
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	2	GC
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	GC, QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	GC, 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	GC, QL (240 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	QL (60 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	GC
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	GC
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	GC
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	GC, QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	GC, QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	GC, QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	GC, QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	GC, QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	GC, QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	GC, QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	2	GC, QL (90 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	2	GC, QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	GC, QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	GC, QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	GC, 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) TABS 3mg, 6mg</i>	2	GC, QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	NM, LA, PA

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

MIGRAINE

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

Drug Name	Drug Tier	Requirements/Limits
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
GRALISE STAR MIS 300/600	4	PA
INGREZZA CAPS 40mg, 80mg	5	QL (30 caps / 30 days), NM, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	GC
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	GC
LYRICA CR TB24 82.5mg, 165mg, 330mg	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	GC
<i>riluzole</i> TABS 50mg	2	GC
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	GC, 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

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

Drug Name	Drug Tier	Requirements/Limits
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TABS 50mg	5	PA
ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	2	GC, QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	2	GC, QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	GC, QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	GC, PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	GC, PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	GC
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYDUREON PEN PEN 2mg	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</i> TABS 1mg, 2mg	1	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, 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)

Drug Name	Drug Tier	Requirements/Limits
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	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	GC, 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)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	GC, 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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD KIT STARTER	4	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	4	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days); SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	2	GC
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	GC
<i>calcitonin (salmon)</i> SOLN 200unit/act	2	GC, 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	GC, B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	GC, B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	2	GC, B/D
PROLIA SOSY 60mg/ml	4	QL (1 injection / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	GC
TYMLOS SOPN 3120mcg/1.56ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	GC, B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	4	
<i>clovique</i> CAPS 250mg	5	PA
<i>deferasirox</i> TABS 90mg, 180mg, 360mg	5	NM, PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	5	NM, LA, PA
<i>kionex</i> SUSP 15gm/60ml	2	GC

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	
sodium polystyrene sulfonate SUSP 15gm/60ml	2	GC
sodium polystyrene sulfonate powder	2	GC
sps SUSP 15gm/60ml	2	GC
trientine hcl CAPS 250mg	5	PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	4	LA, PA
CONTRACEPTIVES		
afirmelle	2	GC
altavera	2	GC
alyacen 1/35	2	GC
alyacen 7/7/7	2	GC
apri	2	GC
aranelle	2	GC
aubra eq	2	GC
aurovela 1/20	2	GC
aurovela fe 1.5/30	2	GC
aurovela fe 1/20	2	GC
aviane	2	GC
ayuna	2	GC
azurette	2	GC
balziva	2	GC
bekyree	2	GC
blisovi fe 1.5/30	2	GC
briellyn	2	GC
camila TABS .35mg	2	GC
caziant	2	GC
chateal	2	GC
cryselle-28	2	GC
cyclafem 1/35	2	GC
cyclafem 7/7/7	2	GC
cyred eq	2	GC
dasetta 1/35	2	GC
dasetta 7/7/7	2	GC
deblitane TABS .35mg	2	GC
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	GC
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	GC
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	GC
elinest	2	GC
ELLA TABS 30mg	3	
eluryng	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin TABS .35mg</i>	2	GC
<i>estarylla</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	GC
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	GC
<i>falmina</i>	2	GC
<i>femynor</i>	2	GC
<i>gianvi</i>	2	GC
<i>hailey 1.5/30</i>	2	GC
<i>heather TABS .35mg</i>	2	GC
<i>incassia TABS .35mg</i>	2	GC
<i>introvale</i>	2	GC
<i>isibloom</i>	2	GC
<i>jasmiel</i>	2	GC
<i>jolessa</i>	2	GC
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	GC
<i>kelnor 1/50</i>	2	GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia</i>	2	GC
<i>leena</i>	2	GC
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>levora 0.15/30-28</i>	2	GC
<i>lillow</i>	2	GC
<i>loryna</i>	2	GC
<i>low-ogestrel</i>	2	GC
<i>luteru</i>	2	GC
<i>lyza TABS .35mg</i>	2	GC
<i>marlissa</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	GC
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin fe</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>mili</i>	2	GC
<i>mono-lynyah</i>	2	GC
<i>necon 0.5/35-28</i>	2	GC
<i>nikki</i>	2	GC
<i>nora-be TABS .35mg</i>	2	GC
<i>norethindrone (contraceptive) TABS .35mg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	GC
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	2	GC
<i>norlyroc TABS .35mg</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	GC
<i>nortrel 1/35 (21)</i>	2	GC
<i>nortrel 1/35 (28)</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
<i>ocella</i>	2	GC
<i>orsythia</i>	2	GC
<i>philith</i>	2	GC
<i>pimtrea</i>	2	GC
<i>pirmella 1/35</i>	2	GC
<i>portia-28</i>	2	GC
<i>previfem</i>	2	GC
<i>reclipsen</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin</i>	2	GC
<i>sharobel</i> TABS .35mg	2	GC
<i>simliya</i>	2	GC
<i>sprintec</i> 28	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	2	GC
<i>tarina fe</i> 1/20 eq	2	GC
<i>tilia fe</i>	2	GC
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-mili</i>	2	GC
<i>tri-lo-sprintec</i>	2	GC
<i>tri-mili</i>	2	GC
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	2	GC
<i>trivora-28</i>	2	GC
<i>tulana</i> TABS .35mg	2	GC
<i>velivet</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	GC
<i>vyfemla</i>	2	GC
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>xulane</i>	2	GC
<i>zarah</i>	2	GC
<i>zovia</i> 1/35e	2	GC
<i>zumandimine</i>	2	GC

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	GC
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	

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

Drug Name	Drug Tier	Requirements/Limits
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 PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>cabergoline</i> TABS .5mg	2	GC
CARBAGLU TABS 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	GC, 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	GC
<i>desmopressin acetate spray</i> SOLN .01%	2	GC
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	GC
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK SOLR .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
KUVAN PACK 100mg, 500mg; TBSO 100mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	GC, 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>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	2	GC, NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	NM, PA
OSPHENA TABS 60mg	3	PA
<i>raloxifene hcl</i> TABS 60mg	2	GC
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
STIMATE SOLN 1.5mg/ml	5	NM
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	GC, QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	GC, QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	GC, QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	GC
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>levoxy/</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	GC
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	2	GC
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	GC

VITAMIN D ANALOGS

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

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	GC, B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	GC, B/D
<i>compro</i> SUPP 25mg	2	GC
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	GC, B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg	4	B/D
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	GC
<i>granisetron hcl</i> TABS 1mg	2	GC, B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	GC
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBDP 4mg, 8mg	2	GC, B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	2	GC
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	2	GC, B/D
<i>prochlorperazine</i> SUPP 25mg	2	GC
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC
<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	GC, PA; PA if 70 years and older
SANCUSO PTCH 3.1mg/24hr	5	QL (4 patches / 28 days)
<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	GC
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	GC
<i>famotidine</i> SUSR 40mg/5ml	2	GC, QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	GC
<i>nizatidine</i> CAPS 150mg, 300mg	2	GC
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	GC
<i>budesonide</i> CPEP 3mg	2	GC
<i>budesonide</i> TB24 9mg	5	
<i>colocort</i> ENEM 100mg/60ml	2	GC
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	GC
<i>mesalamine</i> CP24 .375gm	2	GC, QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	GC, QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	GC
<i>mesalamine</i> TBEC 1.2gm	2	GC, QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	GC
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	GC
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	GC
<i>enulose</i> SOLN 10gm/15ml	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC
<i>gavilyte-n/flavor pack</i>	1	GC
<i>generlac</i> SOLN 10gm/15ml	2	GC
GOLYTELY SOL	3	
KRISTALOSE PACK 10gm, 20gm	4	
<i>lactulose</i> SOLN 10gm/15ml	2	GC
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	GC
NULYTELY SOL FLAV PKS	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	GC
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	GC
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte</i>	1	GC
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	2	GC, QL (60 tabs / 30 days), PA
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	2	GC
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	GC
<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	GC
<i>misoprostol</i> TABS 100mcg, 200mcg	2	GC
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>sucrafate</i> TABS 1gm	2	GC
TRULANCE TABS 3mg	4	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	GC
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
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 25000	4	
ZENPEP CAP 40000	4	

PROTON PUMP INHIBITORS

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

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

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

URINARY ANTISPASMODICS

darifenacin hydrobromide TB24 7.5mg, 15mg	2	GC, QL (30 tabs / 30 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	2	GC
<i>oxybutynin chloride</i> TB24 5mg	2	GC, QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	GC, QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	4	
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	GC, QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	GC, QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	GC, QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	2	GC, QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	3	
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TABS 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	2	GC
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	GC
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
FRAGMIN SOLN 2500unit/0.2ml	4	
FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	GC, B/D

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	2	GC
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	2	GC
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	2	GC
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	GC
PRADAXA CAPS 75mg, 110mg, 150mg	4	QL (60 caps / 30 days)
<i>warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	GC
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl CAPS .5mg, 1mg</i>	2	GC
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol TABS 50mg, 100mg</i>	1	GC
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 SOLN 30mg/3ml</i>	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline TBCR 400mg</i>	1	GC
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>tranexamic acid SOLN 1000mg/10ml; TABS 650mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	GC
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	GC
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.2ml, 20mg/0.4ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 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 KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / year), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, 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
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	GC
<i>leflunomide</i> TABS 10mg, 20mg	2	GC, QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	GC
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml	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
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	5	B/D

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	2	GC, B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	5	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	GC, B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	GC, B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg	5	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	2	GC, B/D
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	GC, B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	GC, B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	GC, B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN 1mg/ml; TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	2	GC, B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	GC, B/D
ZORTRESS TABS 1mg	5	B/D
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 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.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOLE INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
MENACTRA INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/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
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
ZOSTAVAX SUSR 19400unt/0.65ml	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D5W/LYTES INJ #48	4	
D5W/NACL INJ 0.3%	3	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 5% in lactated ringers</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	GC
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	GC
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	GC
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	GC
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
<i>lactated ringer's solution</i>	2	GC
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	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml</i>	2	GC
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	GC
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	GC
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	2	GC
<i>klor-con 8 TBCR 8meq</i>	1	GC
<i>klor-con 10 TBCR 10meq</i>	1	GC
<i>klor-con m10 TBCR 10meq</i>	1	GC
<i>klor-con m15 TBCR 15meq</i>	1	GC
<i>klor-con m20 TBCR 20meq</i>	1	GC
<i>klor-con sprinkle CPCR 8meq, 10meq</i>	2	GC
M-NATAL PLUS TAB	3	
ONE VITE TAB 1MG PLUS	3	
PNV FOLIC AC TAB + IRON	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	GC
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	GC
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	GC
TRICARE TAB PRENATAL	3	

IV NUTRITION

AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
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
<i>clinisol sf</i> 15%	2	GC, B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	GC
<i>dextrose</i> SOLN 50%, 70%	2	GC, B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	GC, 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</i> 1%	2	GC
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	1	GC
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1%	2	GC
<i>neomycin-polymyxin-hc ophth susp</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	GC
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	GC
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	GC
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	GC
<i>gatifloxacin (ophth) SOLN .5%</i>	2	GC
<i>gentak OINT .3%</i>	2	GC
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	GC
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	GC
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	GC
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	GC
<i>ofloxacin (ophth) SOLN .3%</i>	2	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	GC
<i>tobramycin (ophth) SOLN .3%</i>	1	GC
trifluridine SOLN 1%	2	GC
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	2	GC
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	GC
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	GC
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	GC
<i>flurbiprofen sodium SOLN .03%</i>	2	GC
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	2	GC

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

ANTIALLERGICS

<i>azelastine hcl (ophth)</i> SOLN .05%	2	GC
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	GC
LASTACFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%, .2%	2	GC
PAZEO SOLN .7%	3	
ZERVIAE SOLN .24%	4	

ANTIGLAUCOMA

ALPHAGAN P SOLN .1%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	GC
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> SOLN .15%	2	GC
<i>carteolol hcl (ophth)</i> SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	GC
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	GC
<i>latanoprost</i> SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	1	GC
LUMIGAN SOLN .01%	3	
PHOSPHOLINE IODIDE SOLR .125%	4	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	GC
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	GC
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	GC

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
CYSTARAN SOLN .44%	5	NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	2	GC
XIIDRA SOLN 5%	3	QL (60 single use vials / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
--------------------------	---	-------------------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 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	GC, B/D
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	GC, B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	GC
ANTI HISTAMINES		
<i>azelastine hcl SOLN .1%, .15%</i>	2	GC
<i>cetirizine hcl SOLN 1mg/ml</i>	1	GC
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA if 70 years and older
<i>desloratadine TABS 5mg</i>	2	GC
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	GC
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS 10mg, 25mg, 50mg</i>	2	GC, PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	GC, PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	2	GC
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	GC
<i>olopatadine hcl (nasal) SOLN .6%</i>	2	GC
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	2	GC, QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	2	GC, QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	GC, B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg</i>	2	GC
BROVANA NEBU 15mcg/2ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	GC, B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	GC, QL (2 inhalers / 30 days)
PERFOROMIST NEBU 20mcg/2ml	5	B/D
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	GC
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

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

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	GC, B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	GC, B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	GC; (generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	GC; (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

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 1mg/ml	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	GC
TRIKAFTA TAB	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	GC, QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	GC, QL (1 bottle / 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 .5mg/2ml	2	GC, B/D, QL (60 respules / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml	2	GC, B/D, QL (90 respules / 30 days)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 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>amnestem</i> CAPS 10mg, 20mg, 40mg	2	GC, PA
<i>avita</i> CREA .025%; GEL .025%	2	GC, QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	GC
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
<i>clindamycin phosphate (topical)</i> GEL 1%	2	GC, QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	GC, QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	GC
<i>erythromycin (acne aid)</i> SOLN 2%	2	GC, QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	GC
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	GC, QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	GC, PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%	2	GC, QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	2	GC
<i>mupirocin</i> OINT 2%	1	GC, QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	GC
<i>ssd</i> CREA 1%	2	GC
SULFAMYLON CREA 85mg/gm	4	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	2	GC, QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	GC, QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	GC, QL (45 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical)</i> SOLN 1%	2	GC, QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	GC, QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	GC, QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	GC, QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	GC, PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	GC, QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	GC, QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	GC, QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	GC
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	2	GC
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; LOTN .05%; OINT .05%	2	GC
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	2	GC
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	5	QL (400 gm / 28 days), PA
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	GC, QL (50 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> e CREA .05%	2	GC, QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%, .025%; OIL .01%; OINT .025%	2	GC
<i>fluocinolone acetonide</i> SOLN .01%	2	GC, QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	GC, QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	GC
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	GC, QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	GC
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	GC
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	GC
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm; LOTN .025%, .1%	2	GC
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	GC, QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	GC, QL (30 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	GC, QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	GC, QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	2	GC, QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	GC, QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	GC, QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	2	GC, QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical)</i> GEL 1%	2	GC, QL (1000 gm / 30 days), PA
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	GC, QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	GC, QL (10 mL / 30 days)
<i>imiquimod</i> CREA 5%	2	GC, QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	GC
<i>metronidazole (topical)</i> CREA .75%; GEL .75%; LOTN .75%	2	GC
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PICATO GEL .05%	4	QL (2 tubes / 30 days)
PICATO GEL .015%	4	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN .5%	2	GC
<i>procto-med hc</i> CREA 2.5%	2	GC
<i>procto-pak</i> CREA 1%	2	GC
<i>proctosol hc</i> CREA 2.5%	2	GC
<i>proctozone-hc</i> CREA 2.5%	2	GC
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	2	GC
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	GC, 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)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	GC
<i>permethrin</i> CREA 5%	2	GC
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	GC
<i>water for irrigation, sterile irrigation soln</i>	2	GC
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	2	GC
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC
<i>clotrimazole</i> TROC 10mg	2	GC, QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (mouth-throat) SUSP</i> 100000unit/ml	2	GC
<i>paroex SOLN .12%</i>	1	GC
<i>periogard SOLN .12%</i>	1	GC
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	2	GC
<i>triamcinolone acetonide (mouth) PSTE</i> .1%	2	GC
OTIC		
<i>acetic acid (otic) SOLN 2%</i>	2	GC
CIPRO HC SUS OTIC	4	
CIPRODEX SUS 0.3-0.1%	3	
<i>flac OIL .01%</i>	2	GC
<i>fluocinolone acetonide (otic) OIL .01%</i>	2	GC
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	GC
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	2	GC
<i>ofloxacin (otic) SOLN .3%</i>	2	GC

Index

A	
<i>abacavir sulfate</i>	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	14
ABELCET	12
ABILIFY MAINTENA	42
<i>abiraterone acetate</i>	20
ABRAXANE INJ 100MG	21
<i>acamprosate calcium</i>	48
<i>acarbose</i>	49
<i>acebutolol hcl</i>	31
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	9
<i>acetaminophen w/ codeine tab 300-15 mg</i>	9
<i>acetaminophen w/ codeine tab 300-30 mg</i>	9
<i>acetaminophen w/ codeine tab 300-60 mg</i>	9
<i>acetazolamide</i>	33
<i>acetic acid</i>	63
<i>acetic acid (otic)</i>	81
<i>acetylcysteine</i>	75
<i>acitretin</i>	78
ACTHIB INJ	68
ACTIMMUNE	67
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
ADACEL INJ	68
<i>adefovir dipivoxil</i>	15
ADEMPAS	35
<i>adriamycin</i>	19
ADVAIR DISKU AER 100/50	76
ADVAIR DISKU AER 250/50	76
ADVAIR DISKU AER 500/50	76
ADVAIR HFA AER 115/21	77
ADVAIR HFA AER 230/21	77
ADVAIR HFA AER 45/21	77
AFINITOR	21
AFINITOR DISPERZ	21, 22
<i>afirmelle</i>	53
AIMOVIG	46
<i>ala-cort</i>	78
<i>albendazole</i>	11
<i>albuterol sulfate</i>	74
<i>alclometasone dipropionate</i>	78
ALDURAZYME	58
ALECENSA	22
<i>alendronate sodium</i>	52
<i>alfuzosin hcl</i>	63
ALIMTA	20
ALINIA	11
<i>aliskiren fumarate</i>	33
<i>allopurinol</i>	8
<i>alosetron hcl</i>	62
ALPHAGAN P	73
<i>alprazolam</i>	35
ALREX	72
<i>altavera</i>	53
ALTOPREV	30
ALUNBRIG	22
ALUNBRIG PAK	22
<i>alyacen 1/35</i>	53
<i>alyacen 7/7/7</i>	53
<i>amabelz</i>	56
<i>amantadine hcl</i>	40, 41
AMBISOME	12
<i>ambrisentan</i>	35
<i>amikacin sulfate</i>	11
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	33
<i>amiloride hcl</i>	33
AMINOSYN II INJ 10%	71
AMINOSYN-PF INJ 7%	71
<i>amiodarone hcl</i>	29
<i>amitriptyline hcl</i>	39
<i>amlodipine besylate</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	33
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	33

<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-40 mg</i>	33
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-10 mg</i>	33
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-20 mg</i>	33
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-40 mg</i>	33
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-40 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>2.5-10 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-10 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-20 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	25
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	27
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	27
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	27
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	27
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	27
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	27
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	27
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	27
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i>	27
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i>	27
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i>	27
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i>	27
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
.....	27
<i>amnestem</i>	77
<i>amoxapine</i>	39
<i>amoxicillin</i>	18
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	18
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	18
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	18
<i>amoxicillin cap-clarithro tab-lansopraz</i>	
<i>cap dr therapy pack</i>	62
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	44
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>12.5 mg</i>	45

<i>amphetamine-dextroamphetamine tab</i>	
15 mg.....	45
<i>amphetamine-dextroamphetamine tab</i>	
20 mg.....	45
<i>amphetamine-dextroamphetamine tab</i>	
30 mg.....	45
<i>amphetamine-dextroamphetamine tab</i>	
5 mg	44
<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg.....	44
<i>amphotericin b</i>	13
<i>ampicillin</i>	18
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm.....	18
<i>ampicillin & sulbactam sodium for inj 3</i>	
(2-1) gm.....	18
<i>ampicillin & sulbactam sodium for iv</i>	
soln 15 (10-5) gm	18
<i>ampicillin sodium</i>	18
ANADROL-50	49
<i>anagrelide hcl</i>	65
<i>anastrozole</i>	20
ANDRODERM	49
ANORO ELLIPT AER 62.5-25	73
ANTARA.....	30
APOKYN.....	41
<i>aprepitant</i>	60
<i>aprepitant capsule therapy pack 80 &</i>	
125 mg	60
<i>apri</i>	53
APTIOM	35
APTIVUS	13
ARALAST NP.....	75
<i>aranelle</i>	53
ARCALYST.....	67
<i>aripiprazole</i>	42
ARISTADA.....	42
ARISTADA INITIO	42
<i>armodafinil</i>	48
ARNUITY ELLIPTA.....	76
<i>aspirin-dipyridamole cap er 12hr 25-</i>	
200 mg	66
<i>atazanavir sulfate</i>	13
<i>atenolol</i>	31
<i>atenolol & chlorthalidone tab 100-25</i>	
mg	31

<i>atenolol & chlorthalidone tab 50-25 mg</i>	
.....	31
<i>atomoxetine hcl</i>	45
<i>atorvastatin calcium</i>	30
<i>atovaquone</i>	11
<i>atovaquone-proguanil hcl tab 250-100</i>	
mg	13
<i>atovaquone-proguanil hcl tab 62.5-25</i>	
mg	13
ATRIPLA TAB	14
ATROPINE SULFATE.....	73
ATROVENT HFA.....	74
<i>aubra eq</i>	53
<i>aurovela 1/20</i>	53
<i>aurovela fe 1/20</i>	53
<i>aurovela fe 1.5/30</i>	53
AURYXIA.....	59
AUSTEDO.....	47
AVASTIN.....	22
<i>aviane</i>	53
<i>avita</i>	77
<i>ayuna</i>	53
AYVAKIT	22
<i>azacitidine</i>	20
<i>azathioprine</i>	68
<i>azelaic acid</i>	79
<i>azelastine hcl</i>	74
<i>azelastine hcl (ophth)</i>	73
<i>azithromycin</i>	17
AZOPT	73
<i>aztreonam</i>	11
<i>azurette</i>	53
B	
<i>bacitracin (ophthalmic)</i>	72
<i>bacitracin-polymyxin b ophth oint</i>	72
<i>bacitracin-polymyxin-neomycin-hc</i>	
ophth oint 1%.....	71
<i>baclofen</i>	48
<i>balsalazide disodium</i>	61
BALVERSA.....	22
<i>balziva</i>	53
BANZEL	35
BARACLUDE	15
BASAGLAR KWIKPEN	51
BCG VACCINE INJ	68
BD ALCOHOL SWABS.....	51
<i>bekyree</i>	53

BELSOMRA.....	45	BRAFTOVI.....	22
<i>benazepril & hydrochlorothiazide tab</i>		BREO ELLIPTA INH 100-25	77
10-12.5 mg	26	BREO ELLIPTA INH 200-25	77
<i>benazepril & hydrochlorothiazide tab</i>		<i>briellyn</i>	53
20-12.5 mg	26	BRILINTA.....	66
<i>benazepril & hydrochlorothiazide tab</i>		<i>brimonidine tartrate</i>	73
20-25 mg	26	BRIVIACT.....	35
<i>benazepril & hydrochlorothiazide tab</i>		<i>bromfenac sodium (ophth)</i>	72
5-6.25 mg	26	<i>bromocriptine mesylate</i>	41
<i>benazepril hcl</i>	26	BROMSITE	72
BENDEKA	19	BROVANA	74
BENLYSTA.....	68	BRUKINSA	22
<i>benzoyl peroxide-erythromycin gel</i>		<i>budesonide</i>	61
3%.....	77	<i>budesonide (inhalation)</i>	76
<i>benztropine mesylate</i>	41	<i>bumetanide</i>	33
BEPREVE.....	73	<i>buprenorphine hcl</i>	48
BERINERT	65	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BESIVANCE	72	12-3 mg (base equiv)	48
<i>betamethasone dipropionate (topical)</i>		<i>buprenorphine hcl-naloxone hcl sl film</i>	
.....	78	2-0.5 mg (base equiv)	48
<i>betamethasone dipropionate</i>		<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>augmented</i>	78	4-1 mg (base equiv)	48
<i>betamethasone valerate</i>	78	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BETASERON	47	8-2 mg (base equiv)	48
<i>betaxolol hcl (ophth)</i>	73	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bethanechol chloride</i>	63	2-0.5 mg (base equiv)	48
BETOPTIC-S	73	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BEVESPI AER 9-4.8MCG.....	74	8-2 mg (base equiv)	48
<i>bexarotene</i>	21	<i>bupropion hcl</i>	39
BEXSERO INJ	68	<i>bupropion hcl (smoking deterrent)</i> ..	48
<i>bicalutamide</i>	20	<i>buspirone hcl</i>	35
BICILLIN L-A	18	<i>butorphanol tartrate</i>	9
BIKTARVY TAB.....	14	BYDUREON BCISE	49
<i>bisoprolol & hydrochlorothiazide tab</i>		BYDUREON PEN	49
10-6.25 mg	31	BYETTA.....	49
<i>bisoprolol & hydrochlorothiazide tab</i>		BYSTOLIC	31
2.5-6.25 mg	31	C	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>cabergoline</i>	58
5-6.25 mg	31	CABOMETYX	22
<i>bisoprolol fumarate</i>	31	<i>calcipotriene</i>	78
BIVIGAM.....	67	<i>calcipotriene-betamethasone</i>	
BLEPHAMIDE OIN S.O.P.	71	<i>dipropionate susp 0.005-0.064%</i> ...78	
<i>blisovi fe 1.5/30</i>	53	<i>calcitonin (salmon)</i>	52
BOOSTRIX INJ	68	<i>calcitrene</i>	78
BORTEZOMIB	22	<i>calcitriol</i>	60
<i>bosentan</i>	35	<i>calcium acetate (phosphate binder)</i> ..	59
BOSULIF.....	22	CALQUENCE	22

<i>camila</i>	53
<i>candesartan cilexetil</i>	29
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	28
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	28
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> ..	28
CAPLYTA	42
CAPRELSA	22
<i>captopril</i>	26
<i>captopril & hydrochlorothiazide tab 25-</i> <i>15 mg</i>	26
<i>captopril & hydrochlorothiazide tab 25-</i> <i>25 mg</i>	26
<i>captopril & hydrochlorothiazide tab 50-</i> <i>15 mg</i>	26
<i>captopril & hydrochlorothiazide tab 50-</i> <i>25 mg</i>	26
CARBAGLU	58
<i>carbamazepine</i>	35
<i>carbidopa</i>	41
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i>	41
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i>	41
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i>	41
<i>carbidopa & levodopa tab 10-100 mg</i> ..	41
<i>carbidopa & levodopa tab 25-100 mg</i> ..	41
<i>carbidopa & levodopa tab 25-250 mg</i> ..	41
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	41
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	41
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	41

<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	41
<i>carboplatin</i>	19
<i>carteolol hcl (ophth)</i>	73
<i>cartia xt</i>	32
<i>carvedilol</i>	32
<i>caspofungin acetate</i>	13
CAYSTON	11
<i>caziant</i>	53
<i>cefaclor</i>	16
CEFACLOR ER	16
<i>cefadroxil</i>	16
CEFAZOLIN INJ 1GM/50ML	16
<i>cefazolin sodium</i>	16
CEFAZOLIN SOLN 2GM/100ML-4% ...	16
<i>cefdinir</i>	16
<i>cefepime hcl</i>	16
<i>cefixime</i>	16
<i>cefoxitin sodium</i>	16
<i>cefpodoxime proxetil</i>	16
<i>cefprozil</i>	16
<i>ceftazidime</i>	17
CEFTAZIDIME/ SOL D5W 1GM	17
CEFTAZIDIME/ SOL D5W 2GM	17
<i>ceftriaxone sodium</i>	17
<i>cefuroxime axetil</i>	17
<i>cefuroxime sodium</i>	17
<i>celecoxib</i>	8
CELONTIN	35
<i>cephalexin</i>	17
CERDELGA	58
CEREZYME	58
<i>cetirizine hcl</i>	74
<i>cevimeline hcl</i>	80
CHANTIX	48
CHANTIX CONTINUING MONTH	48
CHANTIX PAK 0.5& 1MG	48
<i>chateal</i>	53
CHEMET	52
<i>chlorhexidine gluconate (mouth-throat)</i>	80
<i>chloroquine phosphate</i>	13
<i>chlorpromazine hcl</i>	42
CHLORPROMAZINE HCL	42
<i>chlorthalidone</i>	33
<i>cholestyramine</i>	30
<i>cholestyramine light</i>	30

<i>choline fenofibrate</i>	30	<i>clotrimazole (topical)</i>	77, 78
<i>ciclopirox olamine</i>	77	<i>clotrimazole w/ betamethasone cream</i>	
<i>cilostazol</i>	65	1-0.05%	78
CILOXAN.....	72	<i>clovique</i>	52
CIMDUO TAB 300-300	14	<i>clozapine</i>	42
<i>cinacalcet hcl</i>	58	COARTEM TAB 20-120MG.....	13
CIPRO	17	<i>colchicine</i>	8
CIPRODEX SUS 0.3-0.1%.....	81	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	17	mg.....	8
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	17	<i>colesevelam hcl</i>	31
<i>ciprofloxacin hcl</i>	17	<i>colestipol hcl</i>	31
<i>ciprofloxacin hcl (ophth)</i>	72	<i>colistimethate sodium</i>	11
CIPRO HC SUS OTIC.....	81	<i>colocort</i>	61
<i>cisplatin</i>	19	COMBIGAN SOL 0.2/0.5%.....	73
<i>citalopram hydrobromide</i>	39	COMBIVENT AER 20-100.....	74
<i>claravis</i>	77	COMETRIQ (60MG DOSE).....	22
<i>clarithromycin</i>	17	COMETRIQ KIT 100MG.....	22
<i>clindamycin hcl</i>	11	COMETRIQ KIT 140MG.....	22
<i>clindamycin palmitate hydrochloride</i> ..	11	COMPLERA TAB.....	15
<i>clindamycin phosphate</i>	11	<i>compro</i>	60
<i>clindamycin phosphate (topical)</i>	77	<i>constulose</i>	61
<i>clindamycin phosphate in d5w iv soln</i>		COPIKTRA.....	22
300 mg/50ml.....	11	CORLANOR.....	34
<i>clindamycin phosphate in d5w iv soln</i>		<i>cortisone acetate</i>	57
600 mg/50ml.....	11	COTELLIC	22
<i>clindamycin phosphate in d5w iv soln</i>		COUMADIN	64
900 mg/50ml.....	11	CREON CAP 12000UNT	62
<i>clindamycin phosphate vaginal</i>	64	CREON CAP 24000UNT	63
CLINDMYC/NAC INJ 300/50ML	11	CREON CAP 3000UNIT	62
CLINDMYC/NAC INJ 600/50ML	11	CREON CAP 36000UNT	63
CLINDMYC/NAC INJ 900/50ML	11	CREON CAP 6000UNIT	62
CLINIMIX INJ 4.25/D10	71	CRIXIVAN	13
CLINIMIX INJ 4.25/D5W	71	<i>cromolyn sodium</i>	75
CLINIMIX INJ 5%/D15W	71	<i>cromolyn sodium (mastocytosis)</i>	62
CLINIMIX INJ 5%/D20W	71	<i>cromolyn sodium (ophth)</i>	73
<i>clinisol sf 15%</i>	71	<i>cryselle-28</i>	53
CLINOLIPID EMU 20%	71	<i>cyclafem 1/35</i>	53
<i>clobazam</i>	36	<i>cyclafem 7/7/7</i>	53
<i>clobetasol propionate</i>	78	<i>cyclobenzaprine hcl</i>	48
<i>clobetasol propionate e</i>	79	<i>cyclophosphamide</i>	19
<i>clomipramine hcl</i>	39	<i>cycloserine</i>	15
<i>clonazepam</i>	36	<i>cyclosporine</i>	68
<i>clonidine</i>	34	<i>cyclosporine modified (for</i>	
<i>clonidine hcl</i>	34	<i>microemulsion)</i>	68
<i>clopidogrel bisulfate</i>	66	<i>cyproheptadine hcl</i>	74
<i>clorazepate dipotassium</i>	36	<i>cyred eq</i>	53
<i>clotrimazole</i>	80	CYSTADANE POW.....	58

CYSTAGON	58
CYSTARAN	73
cytarabine.....	20
D	
D10W/NACL INJ 0.2%	69
D5W/LYTES INJ #48.....	69
D5W/NACL INJ 0.3%	69
dalfampridine	47
DALIRESP	75
danazol	56
dantrolene sodium	48
dapsone.....	11
DAPTACEL INJ	68
daptomycin	11
DAPTOMYCIN	11
darifenacin hydrobromide.....	63
dasetta 1/35	53
dasetta 7/7/7	53
DAURISMO.....	22
deblitane	53
deferasirox.....	52
DELESTROGEN	56
DELSTRIGO TAB	15
DEMSEER	34
DEPO-PROVERA	20
DESCOVY TAB 200/25	15
desipramine hcl	39
desloratadine.....	74
desmopressin acetate	58
desmopressin acetate spray	58
desmopressin acetate spray refrigerated	58
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	53
desvenlafaxine succinate.....	39
dexamethasone	57
DEXAMETHASONE INTENSOL.....	57
dexamethasone sodium phosphate...57	
dexamethasone sodium phosphate (ophth)	72
DEXILANT	63
dexmethyphenidate hcl	45
dextrose	71
dextrose 10% w/ sodium chloride 0.45%	69
dextrose 2.5% w/ sodium chloride 0.45%	69

dextrose 5% in lactated ringers	69
dextrose 5% w/ sodium chloride 0.2%	69
dextrose 5% w/ sodium chloride 0.225%	69
dextrose 5% w/ sodium chloride 0.45%	69
dextrose 5% w/ sodium chloride 0.9%	69
diazepam	36
diazepam (anticonvulsant)	36
diazepam inj	36
diazoxide	58
diclofenac potassium	8
diclofenac sodium	8
diclofenac sodium (ophth)	72
diclofenac sodium (topical)	80
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	8
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	8
dicloxacillin sodium	18
dicyclomine hcl	61
didanosine	13
DIFICID	17
diflunisal.....	8
digitek	34
digox	34
digoxin	34
dihydroergotamine mesylate.....	46
DILANTIN	36
DILANTIN-125	36
DILANTIN INFATABS	36
diltiazem hcl.....	32
diltiazem hcl coated beads	32
diltiazem hcl extended release beads	32
dilt-xr.....	32
DIP/TET PED INJ 25-5LFU	68
diphenhydramine hcl	74
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....	62
diphenoxylate w/ atropine tab 2.5- 0.025 mg	62
dipyridamole	66
disopyramide phosphate	29
disulfiram	48
divalproex sodium	36

<i>docetaxel</i>	21	EMVERM	11
DOCETAXEL	21	<i>enalapril maleate</i>	26
<i>dofetilide</i>	29	<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	26
<i>donepezil hydrochloride</i>	38	<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	26
<i>dorzolamide hcl</i>	73	ENBREL	66
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	73	ENBREL MINI.....	66
<i>dotti</i>	56	ENBREL SURECLICK	66
DOVATO TAB 50-300MG	15	ENDARI	65
<i>doxazosin mesylate</i>	27	<i>endocet tab 10-325mg</i>	9
<i>doxepin hcl</i>	39	<i>endocet tab 2.5-325mg</i>	9
<i>doxepin hcl (sleep)</i>	45	<i>endocet tab 5-325mg</i>	9
<i>doxercalciferol</i>	60	<i>endocet tab 7.5-325mg</i>	9
<i>doxorubicin hcl</i>	20	ENGERIX-B	68
<i>doxorubicin hcl liposomal</i>	20	<i>enoxaparin sodium</i>	64
<i>doxy 100</i>	19	<i>enpresse-28</i>	54
<i>doxycycline (monohydrate)</i>	19	<i>enskyce</i>	54
<i>doxycycline hyclate</i>	19	ENSTILAR AER.....	79
DRIZALMA SPRINKLE.....	39	<i>entacapone</i>	41
<i>dronabinol</i>	60	<i>entecavir</i>	15
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	53	ENTRESTO TAB 24-26MG	28
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	53	ENTRESTO TAB 49-51MG	28
DROXIA	65	ENTRESTO TAB 97-103MG	28
<i>duloxetine hcl</i>	39	<i>enulose</i>	61
DUREZOL.....	72	EPCLUSA TAB 400-100	16
<i>dutasteride</i>	63	EPIDIOLEX	36
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	63	<i>epinephrine (anaphylaxis)</i>	75
E		<i>epirubicin hcl</i>	20
<i>ec-naproxen</i>	8	<i>epitol</i>	36
EDARBI	29	EPIVIR HBV	16
EDARBYCLOR TAB 40-12.5	28	<i>eplerenone</i>	27
EDARBYCLOR TAB 40-25MG	28	<i>ergotamine w/ caffeine tab 1-100 mg</i>	46
EDURANT.....	13	ERIVEDGE.....	22
<i>efavirenz</i>	13	ERLEADA	20
<i>elimest</i>	53	<i>erlotinib hcl</i>	22
ELIQUIS	64	<i>errin</i>	54
ELIQUIS STARTER PACK	64	<i>ertapenem sodium</i>	11
ELLA	53	<i>ery</i>	77
<i>eluryng</i>	53	<i>ery-tab</i>	17
EMCYT.....	20	ERYTHROCIN LACTOBIONATE	17
EMEND	60	<i>erythrocin stearate</i>	17
<i>emoquette</i>	54	<i>erythromycin (acne aid)</i>	77
EMSAM	39	<i>erythromycin (ophth)</i>	72
EMTRIVA.....	13	<i>erythromycin base</i>	17
		<i>erythromycin ethylsuccinate</i>	17

ESBRIET	75
escitalopram oxalate	39, 40
esomeprazole magnesium	63
estarylla	54
estradiol	56, 57
estradiol & norethindrone acetate tab 0.5-0.1 mg	57
estradiol & norethindrone acetate tab 1-0.5 mg	57
estradiol vaginal	57
estradiol valerate	57
ethambutol hcl	15
ethosuximide	36
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	54
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	54
etodolac	8
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	54
etoposide	21
euthyrox	59
everolimus	22
everolimus (immunosuppressant)	68
EVOTAZ TAB 300-150	15
exemestane	20
EZALLOR SPRINKLE	30
ezetimibe	31
ezetimibe-simvastatin tab 10-10 mg	31
ezetimibe-simvastatin tab 10-20 mg	31
ezetimibe-simvastatin tab 10-40 mg	31
ezetimibe-simvastatin tab 10-80 mg	31
F	
FABRAZYME	58
falmina	54
famciclovir	16
famotidine	61
famotidine in nacl 0.9% iv soln 20 mg/50ml	61
FANAPT	42
FANAPT PAK	42
FARXIGA	49
FARYDAK	22
FASENRA	75
FASENRA PEN	75
felbamate	36
felodipine	32

femynor	54
fenofibrate	30
fenofibrate micronized	30
fentanyl	9
fentanyl citrate	9
FETZIMA	40
FETZIMA CAP TITRATIO	40
FIASP FLEX INJ TOUCH	51
FIASP INJ 100/ML	51
FIASP PENFIL INJ U-100	51
FINACEA	80
finasteride	63
flac	81
FLAREX	72
flecainide acetate	29
FLOVENT DISKUS	76
FLOVENT HFA	76
fluconazole	13
fluconazole in nacl 0.9% inj 200 mg/100ml	13
fluconazole in nacl 0.9% inj 400 mg/200ml	13
flucytosine	13
fludrocortisone acetate	57
flunisolide (nasal)	76
fluocinolone acetonide	79
fluocinolone acetonide (otic)	81
fluocinonide	79
fluocinonide emulsified base	79
fluorometholone (ophth)	72
fluorouracil	20
fluorouracil (topical)	80
fluoxetine hcl	40
fluphenazine decanoate	42
fluphenazine hcl	42
flurbiprofen	8
flurbiprofen sodium	72
flutamide	20
fluticasone propionate	79
fluticasone propionate (nasal)	76
fluvastatin sodium	30
fluvoxamine maleate	35
fondaparinux sodium	64
FORTEO	52
FOSAMAX + D TAB 70-2800	52
FOSAMAX + D TAB 70-5600	52
fosamprenavir calcium	14

<i>fosinopril sodium</i>	26
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	26
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	26
FRAGMIN	64
FREAMINE HBC INJ 6.9%	71
FREAMINE III INJ 10%	71
<i>frovatriptan succinate</i>	46
<i>fulvestrant</i>	20
<i>furosemide</i>	33
<i>furosemide inj</i>	33
FUZEON.....	14
<i>fyavolv tab 0.5mg-2.5mcg</i>	57
<i>fyavolv tab 1mg-5mcg</i>	57
FYCOMPA	36
G	
<i>gabapentin</i>	36, 37
<i>galantamine hydrobromide</i>	39
GAMASTAN INJ	67
GAMMAGARD LIQUID	67
GAMMAGARD S/D IGA LESS TH	67
GAMMAKED	67
GAMMAPLEX	67
GAMUNEX-C	67
<i>ganciclovir sodium</i>	16
GARDASIL 9 INJ	68
<i>gatifloxacin (ophth)</i>	72
GATTEX	62
GAUZE PADS 2	51
<i>gavilyte-c</i>	62
<i>gavilyte-g</i>	62
<i>gavilyte-n/flavor pack</i>	62
<i>gemcitabine hcl</i>	20
<i>gemfibrozil</i>	30
<i>generlac</i>	62
<i>engraf</i>	68
GENOTROPIN	58
GENOTROPIN MINISQUICK.....	58
<i>gentak</i>	72
<i>gentamicin in saline inj 0.8 mg/ml</i>	11
<i>gentamicin in saline inj 1.2 mg/ml</i>	11
<i>gentamicin in saline inj 1.6 mg/ml</i>	11
<i>gentamicin in saline inj 1 mg/ml</i>	11
<i>gentamicin in saline inj 2 mg/ml</i>	11
<i>gentamicin sulfate</i>	11
<i>gentamicin sulfate (ophth)</i>	72

<i>gentamicin sulfate (topical)</i>	77
GENVOYA TAB	15
<i>gianvi</i>	54
GILENYA	47
GILOTRIF.....	22
<i>glatiramer acetate</i>	47
<i>glatopa</i>	47
GLEOSTINE	19
<i>glimepiride</i>	49
<i>glipizide</i>	49
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49
<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>glipizide xl</i>	49
<i>glycopyrrolate</i>	61
<i>glydo</i>	79
GLYXAMBI TAB 10-5 MG	49
GLYXAMBI TAB 25-5 MG	49
GOLYTELY SOL	62
GRALISE	47
GRALISE STAR MIS 300/600.....	47
<i>granisetron hcl</i>	60
<i>griseofulvin microsize</i>	13
<i>griseofulvin ultramicrosize</i>	13
<i>guanfacine hcl</i>	34
<i>guanfacine hcl (adhd)</i>	45
GVOKE HYOPEN 2-PACK	58
GVOKE PFS	58
H	
HAEGARDA.....	65
<i>hailey 1.5/30</i>	54
<i>halobetasol propionate</i>	79
<i>haloperidol</i>	42
<i>haloperidol decanoate</i>	42
<i>haloperidol lactate</i>	43
HARVONI PAK 33.75-150MG.....	16
HARVONI PAK 45-200MG	16
HARVONI TAB 45-200MG	16
HARVONI TAB 90-400MG	16
HAVRIX	68
<i>heather</i>	54
HEPARIN/NACL INJ 25000UNT	65
<i>heparin sodium (porcine)</i>	64
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	65

<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	65	ICLUSIG	22
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	65	IDHIFA	23
<i>hepatamine</i>	71	ILEVRO.....	72
HEP SOD/NACL INJ 25000UNT	64	<i>imatinib mesylate</i>	23
HERCEP HYLEC SOL 60-10000	22	IMBRUVICA.....	23
HERCEPTIN	22	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	11
HERZUMA	22	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	11
HETLIOZ	45	<i>imipramine hcl</i>	40
HIBERIX	68	<i>imiquimod</i>	80
HUMIRA.....	66	IMOVAX RABIES (H.D.C.V.)	68
HUMIRA PEDIA INJ CROHNS	66	<i>incassia</i>	54
HUMIRA PEDIATRIC CROHNS D.....	66	INCRELEX	58
HUMIRA PEN	66	INCRUSE ELLIPTA	74
HUMIRA PEN-CD/UC/HS START.....	66	<i>indapamide</i>	33
HUMIRA PEN KIT PS/UV	66	INFANRIX INJ	68
HUMIRA PEN-PS/UV STARTER.....	66	INGREZZA	47
HUMULIN R U-500 (CONCENTR.....	51	INGREZZA CAP 40-80MG	47
HUMULIN R U-500 KWIKPEN.....	51	INLYTA	23
<i>hydralazine hcl</i>	34	INREBIC	23
<i>hydrochlorothiazide</i>	33	INSULIN SAFETY NEEDLES	51
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	9	INSULIN SYRINGES:	
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	9	BD/ULTIMED/ALLISON/TRIVIDIA/MH C	51
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9	INTELENCE	14
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	9	INTRALIPID.....	71
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	9	INTRON A	67
<i>hydrocortisone</i>	57	<i>introvale</i>	54
<i>hydrocortisone (intrarectal)</i>	61	INVEGA SUSTENNA	43
<i>hydrocortisone (topical)</i>	79	INVEGA TRINZA.....	43
<i>hydromorphone hcl</i>	10	INVIRASE	14
<i>hydroxychloroquine sulfate</i>	67	IPOL INJ INACTIVE.....	68
<i>hydroxyurea</i>	21	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	74
<i>hydroxyzine hcl</i>	74	<i>ipratropium bromide</i>	74
<i>hydroxyzine pamoate</i>	74	<i>ipratropium bromide (nasal)</i>	74
HYSINGLA ER.....	9	<i>irbesartan</i>	29
I		<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	28
<i>ibandronate sodium</i>	52	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	28
IBRANCE.....	22	IRESSA.....	23
<i>ibu</i>	8	<i>irinotecan hcl</i>	21
<i>ibuprofen</i>	8	ISENTRESS	14
<i>icatibant acetate</i>	65	ISENTRESS HD	14
		<i>isibloom</i>	54

ISOLYTE-P INJ /D5W	69
ISOLYTE-S INJ	69
<i>isoniazid</i>	15
<i>isosorbide dinitrate</i>	34
<i>isosorbide mononitrate</i>	34
<i>isotretinoin</i>	77
<i>isradipine</i>	32
<i>itraconazole</i>	13
<i>ivermectin</i>	11
IXIARO INJ	68

J

JADENU SPRINKLE	52
JAKAFI	23
<i>jantoven</i>	65
JANUMET TAB 50-1000	50
JANUMET TAB 50-500MG	50
JANUMET XR TAB 100-1000	50
JANUMET XR TAB 50-1000	50
JANUMET XR TAB 50-500MG	50
JANUVIA	50
JARDIANCE	50
<i>jasmiel</i>	54
JENTADUETO TAB 2.5-1000	50
JENTADUETO TAB 2.5-500	50
JENTADUETO TAB 2.5-850	50
JENTADUETO TAB XR 2.5-1000MG	50
JENTADUETO TAB XR 5-1000MG	50
<i>jinteli</i>	57
<i>jolessa</i>	54
<i>juleber</i>	54
JULUCA TAB 50-25MG	15
<i>junel 1/20</i>	54
<i>junel 1.5/30</i>	54
<i>junel fe 1/20</i>	54
<i>junel fe 1.5/30</i>	54
JUXTAPID	31

K

KADCYLA	23
KALETRA TAB 100-25MG	15
KALETRA TAB 200-50MG	15
KALYDECO	75
KANJINTI	23
<i>kariva</i>	54
KCL/D5W/NACL INJ 0.15/0.2	70
KCL/D5W/NACL INJ 0.3/0.9%	70
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	69

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	70
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	69
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	70
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	70
<i>kelnor 1/35</i>	54
<i>kelnor 1/50</i>	54
<i>ketoconazole</i>	13
<i>ketoconazole (topical)</i>	78
<i>ketorolac tromethamine (ophth)</i>	72
KEYTRUDA	23
KINRIX INJ	68
<i>kionex</i>	52
KISQALI	23
KISQALI 200 PAK FEMARA	21
KISQALI 400 PAK FEMARA	21
KISQALI 600 PAK FEMARA	21
<i>klor-con</i>	70
<i>klor-con 10</i>	70
<i>klor-con 8</i>	70
<i>klor-con m10</i>	70
<i>klor-con m15</i>	70
<i>klor-con m20</i>	70
<i>klor-con sprinkle</i>	70
KORLYM	58
KRISTALOSE	62
<i>kurvelo</i>	54
KUVAN	58

L

<i>labetalol hcl</i>	32
<i>lactated ringer's solution</i>	70
<i>lactic acid (ammonium lactate)</i>	80
<i>lactulose</i>	62
<i>lactulose (encephalopathy)</i>	62
<i>lamivudine</i>	14
<i>lamivudine (hbv)</i>	16

<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>levofloxacin in d5w iv soln 750</i>	
.....15		<i>mg/150ml</i>17	
<i>lamotrigine</i>37		<i>levonest</i>54	
<i>lansoprazole</i>63		<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>larin 1/20</i>54		<i>day) tab 0.15-0.03 mg</i>54	
<i>larin 1.5/30</i>54		<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larin fe 1/20</i>54		<i>0.15 mg-30 mcg</i>54	
<i>larin fe 1.5/30</i>54		<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>larissia</i>54		<i>0.1 mg-20 mcg</i>54	
LASTACFT73		<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>latanoprost</i>73		<i>30/0.075-40/0.125-30mg-mcg</i>54	
LATUDA43		<i>levora 0.15/30-28</i>55	
<i>leena</i>54		<i>levo-t</i>59	
<i>leflunomide</i>67		<i>levothyroxine sodium</i>59	
LENVIMA 10 MG DAILY DOSE23		<i>levoxyl</i>60	
LENVIMA 12MG DAILY DOSE23		LEXIVA14	
LENVIMA 20 MG DAILY DOSE23		<i>lidocaine</i>79	
LENVIMA 4 MG DAILY DOSE23		<i>lidocaine hcl</i>79	
LENVIMA 8 MG DAILY DOSE23		<i>lidocaine hcl (local anesth.)</i>10	
LENVIMA CAP 14 MG23		<i>lidocaine hcl (mouth-throat)</i>80	
LENVIMA CAP 18 MG23		<i>lidocaine-prilocaine cream 2.5-2.5%</i> .79	
LENVIMA CAP 24 MG23		<i>lillow</i>55	
<i>lessina</i>54		<i>linezolid</i>11, 12	
<i>letrozole</i>20		<i>linezolid in sodium chloride iv soln 600</i>	
<i>leucovorin calcium</i>25		<i>mg/300ml-0.9%</i>12	
LEUKERAN19		LINZESS62	
<i>leuprolide acetate</i>20		<i>liothyronine sodium</i>60	
<i>levabuterol hcl</i>75		<i>lisinopril</i>27	
<i>levabuterol tartrate</i>75		<i>lisinopril & hydrochlorothiazide tab 10-</i>	
LEVEMIR.....51		<i>12.5 mg</i>26	
LEVEMIR FLEXTOUCH51		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levetiracetam</i>37		<i>12.5 mg</i>26	
<i>levetiracetam in sodium chloride iv soln</i>		<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>1000 mg/100ml</i>37		<i>25 mg</i>26	
<i>levetiracetam in sodium chloride iv soln</i>		LITHIUM47	
<i>1500 mg/100ml</i>37		<i>lithium carbonate</i>47	
<i>levetiracetam in sodium chloride iv soln</i>		LIVALO30	
<i>500 mg/100ml</i>37		LOKELMA53	
<i>levobunolol hcl</i>73		LONSURF TAB 15-6.14.....21	
<i>levocarnitine (metabolic modifiers)</i> ...58		LONSURF TAB 20-8.19.....21	
<i>levocetirizine dihydrochloride</i>74		<i>loperamide hcl</i>62	
<i>levofloxacin</i>17		<i>lopinavir-ritonavir soln 400-100</i>	
<i>levofloxacin in d5w iv soln 250</i>		<i>mg/5ml (80-20 mg/ml)</i>15	
<i>mg/50ml</i>17		<i>lopreeza</i>57	
<i>levofloxacin in d5w iv soln 500</i>		<i>lorazepam</i>35	
<i>mg/100ml</i>17		<i>lorazepam intensol</i>35	
		LORBRENA23	

<i>lorcet</i>	10
<i>lorcet hd</i>	10
<i>lorcet plus</i>	10
<i>loryna</i>	55
<i>losartan potassium</i>	29
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	28
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i>	28
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	28
LOTEMAX	73
<i>lovastatin</i>	30
<i>low-ogestrel</i>	55
<i>loxapine succinate</i>	43
LUMIGAN	73
LUMIZYME	58
LUPRON DEPOT (1-MONTH)	20
LUPRON DEPOT (3-MONTH)	20
LUPRON DEPOT-PED (1-MONTH)	58
LUPRON DEPOT-PED (3-MONTH)	58
<i>lutera</i>	55
LYNPARZA	23
LYRICA CR	47
LYSODREN	20
<i>lyza</i>	55
M	
<i>magnesium sulfate</i>	70
MAGNESIUM SULFATE	70
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	70
<i>malathion</i>	80
<i>maprotiline hcl</i>	40
<i>marlissa</i>	55
MARPLAN	40
MATULANE	21
<i>matzim la</i>	32
MAVYRET TAB 100-40MG	16
<i>meclizine hcl</i>	60
<i>medroxyprogesterone acetate</i>	59
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	55
<i>mefloquine hcl</i>	13
<i>megestrol acetate</i>	20, 59
<i>megestrol acetate (appetite)</i>	59

MEKINIST	23
MEKTOVI	23
<i>meloxicam</i>	8
<i>memantine hcl</i>	39
MENACTRA INJ	69
MENVEO INJ	69
<i>mercaptapurine</i>	20
<i>meropenem</i>	12
<i>mesalamine</i>	61
<i>mesalamine w/ cleanser</i>	61
MESNEX	25
<i>metadate er</i>	45
<i>metformin hcl</i>	50
<i>methadone hcl</i>	9
<i>methadone hcl intensol</i>	9
<i>methazolamide</i>	33
<i>methenamine hippurate</i>	12
<i>methimazole</i>	60
<i>methotrexate sodium</i>	20, 67
<i>methyldopa</i>	34
<i>methylphenidate hcl</i>	45
<i>methylprednisolone</i>	57
<i>methylprednisolone acetate</i>	57
<i>methylprednisolone sod succ</i>	57
<i>metoclopramide hcl</i>	60
<i>metolazone</i>	33
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	31
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	31
<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	31
<i>metoprolol succinate</i>	32
<i>metoprolol tartrate</i>	32
<i>metronidazole</i>	12
<i>metronidazole (topical)</i>	80
<i>metronidazole in nacl 0.79% iv soln</i> <i>500 mg/100ml</i>	12
<i>metronidazole vaginal</i>	64
MG SO4/D5W INJ 10MG/ML	70
<i>micafungin sodium</i>	13
<i>microgestin 1/20</i>	55
<i>microgestin 1.5/30</i>	55
<i>microgestin fe</i>	55
<i>microgestin fe 1.5/30</i>	55
<i>midodrine hcl</i>	34
<i>miglustat</i>	58

<i>mili</i>	55
<i>mimvey</i>	57
<i>minitran</i>	34
<i>minocycline hcl</i>	19
<i>minoxidil</i>	34
<i>mirtazapine</i>	40
<i>misoprostol</i>	62
MITIGARE	8
M-M-R II INJ	68
M-NATAL PLUS TAB	70
<i>modafinil</i>	48
<i>moexipril hcl</i>	27
<i>molindone hcl</i>	43
<i>mometasone furoate</i>	79
<i>mondoxyne nl</i>	19
<i>mono-lynyah</i>	55
<i>montelukast sodium</i>	75
<i>morphine sulfate</i>	9, 10
MORPHINE SULFATE	10
MOVANTIK	62
<i>moxifloxacin hcl</i>	17
<i>moxifloxacin hcl (ophth)</i>	72
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	17
MOXIFLOXACIN HYDROCHLORID	17
MULTAQ	29
<i>mupirocin</i>	77
MVASI	23
<i>mycophenolate mofetil</i>	68
<i>mycophenolate sodium</i>	68
<i>myorisan</i>	77
MYRBETRIQ	63
N	
<i>nabumetone</i>	8
<i>nadolol</i>	32
<i>nafcillin sodium</i>	18
NAFCILLIN SODIUM	18
NAGLAZYME	58
<i>nalbuphine hcl</i>	10
<i>naloxone hcl</i>	48
<i>naltrexone hcl</i>	48
NAMZARIC CAP 14-10MG	39
NAMZARIC CAP 21-10MG	39
NAMZARIC CAP 28-10MG	39
NAMZARIC CAP 7-10MG	39
NAMZARIC CAP PACK	39
<i>naproxen</i>	8

<i>naproxen dr</i>	8
<i>naproxen sodium</i>	8
<i>naratriptan hcl</i>	46
NARCAN	48
NATACYN	72
<i>nateglinide</i>	50
NATPARA	52
NAYZILAM	37
<i>necon 0.5/35-28</i>	55
<i>nefazodone hcl</i>	40
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 72	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..72	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	71
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	71
<i>neomycin-polymyxin-hc ophth susp</i> ..71	
<i>neomycin-polymyxin-hc otic soln 1%</i> 81	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	81
<i>neomycin sulfate</i>	12
NEPHRAMINE INJ 5.4%	71
NERLYNX	23
NEUPRO	41
<i>nevirapine</i>	14
NEXAVAR	23
<i>niacin (antihyperlipidemic)</i>	31
<i>nicardipine hcl</i>	32
NICOTROL INHALER	48
NICOTROL NS	48
<i>nifedipine</i>	32
<i>nikki</i>	55
<i>nilutamide</i>	20
<i>nimodipine</i>	32
NINLARO	23
<i>nisoldipine</i>	32
<i>nitisinone</i>	58
NITRO-BID	34
NITRO-DUR	34
<i>nitrofurantoin macrocrystal</i>	12
<i>nitrofurantoin monohyd macro</i>	12
<i>nitroglycerin</i>	35
<i>nizatidine</i>	61
<i>nora-be</i>	55
<i>norethindrone (contraceptive)</i>	55

<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	55	<i>nyamyc</i>	78
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	55	NYMALIZE	32
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	55	<i>nystatin</i>	13
<i>norethindrone acetate</i>	59	<i>nystatin (mouth-throat)</i>	81
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	57	<i>nystatin (topical)</i>	78
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	57	<i>nystop</i>	78
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	55	o	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	55	<i>ocella</i>	55
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	55	OCTAGAM	67
NORITATE	80	<i>octreotide acetate</i>	59
<i>norlyroc</i>	55	ODEFSEY TAB	15
NORMOSOL -M INJ /D5W	70	ODOMZO	23
NORMOSOL -R INJ	70	OFEV	75
NORPACE CR	29	<i>ofloxacin (ophth)</i>	72
NORTHERA	34	<i>ofloxacin (otic)</i>	81
<i>nortrel 0.5/35 (28)</i>	55	OGIVRI	24
<i>nortrel 1/35 (21)</i>	55	OGIVRI INJ 420MG	24
<i>nortrel 1/35 (28)</i>	55	<i>olanzapine</i>	43
<i>nortrel 7/7/7</i>	55	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	28
<i>nortriptyline hcl</i>	40	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	28
NORVIR	14	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	28
NOVOLIN INJ 70/30	51	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	28
NOVOLIN INJ 70/30 FP	51	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	28
NOVOLIN N	51	<i>olmesartan medoxomil</i>	29
NOVOLIN N FLEXPEN	51	<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	28
NOVOLIN R	51	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	28
NOVOLIN R FLEXPEN	51	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .	28
NOVOLOG	51	<i>olopatadine hcl</i>	73
NOVOLOG FLEXPEN	51	<i>olopatadine hcl (nasal)</i>	74
NOVOLOG MIX INJ 70/30	51	<i>omeprazole</i>	63
NOVOLOG MIX INJ FLEXPEN	51	OMNARIS	76
NOVOLOG PENFILL	51	OMNIPOD KIT STARTER	52
NOXAFIL	13		
NUBEQA	20		
NUEDEXTA CAP 20-10MG	47		
NULOJIX	68		
NULYTELY SOL FLAV PKS	62		
NUPLAZID	43		
NUTRILIPID	71		

OMNIPOD MIS 5 PACK	52
<i>ondansetron</i>	60
<i>ondansetron hcl</i>	60
ONE VITE TAB 1MG PLUS	70
ONTRUZANT	24
OPSUMIT	35
ORKAMBI GRA 100-125	75
ORKAMBI GRA 150-188	75
ORKAMBI TAB 100-125	75
ORKAMBI TAB 200-125	75
<i>orsythia</i>	55
<i>oseltamivir phosphate</i>	16
OSPHENA	59
<i>oxacillin sodium</i>	18
<i>oxaliplatin</i>	19
<i>oxandrolone</i>	49
<i>oxaprozin</i>	8
<i>oxcarbazepine</i>	37
<i>oxybutynin chloride</i>	64
<i>oxycodone hcl</i>	10
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	10
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	10
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	10
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	10
OXYTROL	64
OZEMPIC (0.25 OR 0.5MG/DOSE)	50
OZEMPIC (1MG/DOSE)	50
P	
<i>pacerone</i>	29
<i>paclitaxel</i>	21
<i>paliperidone</i>	43
<i>pamidronate disodium</i>	52
PAMIDRONATE DISODIUM	52
<i>pantoprazole sodium</i>	63
PANZYGA	67
<i>paricalcitol</i>	60
<i>paroex</i>	81
<i>paromomycin sulfate</i>	12
<i>paroxetine hcl</i>	40
PASER	15
PAXIL	40
PAZEO	73
PEDIARIX INJ 0.5ML	69

PEDVAX HIB	69
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	62
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	62
PEGANONE	37
PEGASYS	16
PEGASYS PROCLICK	16
PEMAZYRE	24
PEN GK/DEXTR INJ 40000/ML	18
PEN GK/DEXTR INJ 60000/ML	18
<i>penicillamine</i>	53
<i>penicillin g potassium</i>	18
PENICILLIN G PROCAINE	18
<i>penicillin g sodium</i>	18
<i>penicillin v potassium</i>	19
PEN NEEDLES:	
NOVO/BD/ULTIMED/OWEN/TRIVIDIA	52
PENTACEL INJ	69
<i>pentamidine isethionate inh</i>	12
<i>pentamidine isethionate inj</i>	12
<i>pentoxifylline</i>	65
PERFOROMIST	75
<i>perindopril erbumine</i>	27
<i>periogard</i>	81
<i>permethrin</i>	80
<i>perphenazine</i>	43
PERSERIS	43
<i>pfizerpen</i>	19
<i>phenelzine sulfate</i>	40
<i>phenobarbital</i>	37
<i>phenobarbital sodium</i>	37
PHENYTEK	37
<i>phenytoin</i>	37
<i>phenytoin sodium</i>	37
<i>phenytoin sodium extended</i>	37
<i>philith</i>	55
PHOSPHOLINE IODIDE	73
PICATO	80
PIFELTRO	14
<i>pilocarpine hcl</i>	73
<i>pilocarpine hcl (oral)</i>	81
<i>pimozide</i>	43
<i>pimtrea</i>	55
<i>pindolol</i>	32
<i>pioglitazone hcl</i>	50

<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	19	PREMASOL SOL 10%	71
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	19	PRENATAL TAB 27-1MG	71
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	19	PRENATAL TAB PLUS	71
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	19	PRENATAL VIT TAB LOW IRON	71
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	19	<i>prevalite</i>	31
PIQRAY 200MG DAILY DOSE	24	<i>previfem</i>	55
PIQRAY 250MG TAB DOSE	24	PREZCOBIX TAB 800-150	15
PIQRAY 300MG DAILY DOSE	24	PREZISTA	14
<i>pirmella 1/35</i>	55	PRIFTIN	15
<i>piroxicam</i>	8	PRILOSEC	63
PLASMA-LYTE INJ -148	70	<i>primaquine phosphate</i>	13
PLASMA-LYTE INJ -A	70	PRIMAQUINE PHOSPHATE	13
<i>plenamine</i>	71	<i>primidone</i>	38
PLENVU SOL	62	PRIVIGEN	67
PNV FOLIC AC TAB + IRON	70	<i>probenecid</i>	8
<i>podofilox</i>	80	PROCALAMINE INJ 3%	71
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	72	<i>prochlorperazine</i>	60
POMALYST	21	<i>prochlorperazine edisylate</i>	60
<i>portia-28</i>	55	<i>prochlorperazine maleate</i>	61
<i>posaconazole</i>	13	PROCRIT	65
<i>potassium chloride</i>	70, 71	<i>procto-med hc</i>	80
POTASSIUM CHLORIDE	70	<i>procto-pak</i>	80
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	70	<i>proctosol hc</i>	80
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	71	<i>proctozone-hc</i>	80
<i>potassium citrate (alkalinizer)</i>	63	PROGRAF	68
PRADAXA	65	PROLASTIN-C	76
PRALUENT	31	PROLENSA	73
<i>pramipexole dihydrochloride</i>	41	PROLIA	52
<i>prasugrel hcl</i>	66	PROMACTA	65
<i>pravastatin sodium</i>	30	<i>promethazine hcl</i>	61
<i>praziquantel</i>	12	<i>propafenone hcl</i>	30
<i>prazosin hcl</i>	27	<i>proparacaine hcl</i>	73
<i>prednisolone</i>	57	<i>propranolol & hydrochlorothiazide tab</i> 40-25 mg	31
<i>prednisolone acetate (ophth)</i>	73	<i>propranolol & hydrochlorothiazide tab</i> 80-25 mg	31
PREDNISOLONE SODIUM PHOSP	73	<i>propranolol hcl</i>	32
<i>prednisolone sodium phosphate</i>	57	<i>propylthiouracil</i>	60
<i>prednisone</i>	57	PROQUAD INJ	69
PREDNISONE INTENSOL	57	PROSOL INJ 20%	71
<i>pregabalin</i>	37, 38	<i>protriptyline hcl</i>	40
		PULMICORT FLEXHALER	76
		PULMOZYME	76
		PURIXAN	20
		<i>pyrazinamide</i>	15
		<i>pyridostigmine bromide</i>	47

Q	
QINLOCK	24
QUADRACEL INJ.....	69
quetiapine fumarate	43
quinapril hcl	27
quinapril-hydrochlorothiazide tab 10- 12.5 mg	26
quinapril-hydrochlorothiazide tab 20- 12.5 mg	26
quinapril-hydrochlorothiazide tab 20-25 mg	26
quinidine sulfate	30
quinine sulfate	13
R	
RABAVERT INJ	69
rabeprazole sodium	63
raloxifene hcl.....	59
ramipril	27
ranolazine	34
rasagiline mesylate	41
RAYALDEE.....	60
reclipsen	55
RECOMBIVAX HB	69
RECTIV	80
REGRANEX	80
RELENZA DISKHALER	16
RELISTOR	62
REMICADE	66
RENFLEXIS.....	66
repaglinide	50
RETEVMO	24
REVLIMID	21
REXULTI	43
REYATAZ	14
RHOPRESSA	73
ribavirin (hepatitis c)	16
rifabutin.....	15
rifampin.....	15
riluzole	47
rimantadine hydrochloride	16
RINVOQ.....	66
risedronate sodium	52
RISPERDAL CONSTA.....	43
risperidone	43, 44
ritonavir	14
RITUXAN.....	24
RITUXAN INJ HYCELA	24
rivastigmine	39
rivastigmine tartrate.....	39
rizatriptan benzoate	46
ropinirole hydrochloride	42
rosadan	80
rosuvastatin calcium.....	30
ROTARIX SUS.....	69
ROTATEQ SOL	69
roweepra	38
roweepra xr	38
ROZLYTREK.....	24
RUBRACA.....	24
RUXIENCE.....	24
RYBELSUS.....	50
RYDAPT	24
S	
SANCUSO	61
SANDIMMUNE.....	68
SANTYL	80
SAPHRIS.....	44
SAVELLA.....	47
SAVELLA MIS TITR PAK.....	47
scopolamine	61
SECUADO	44
selegiline hcl	42
selenium sulfide	78
SELZENTRY	14
SEREVENT DISKUS.....	75
sertraline hcl	40
setlakin	56
sevelamer carbonate	59
sharobel	56
SHINGRIX.....	69
SIGNIFOR	59
sildenafil citrate (pulmonary hypertension)	35
silodosin	63
silver sulfadiazine.....	77
SIMBRINZA SUS 1-0.2%.....	73
simliya	56
simvastatin	30
sirolimus.....	68
SIRTURO	15
SIVEXTRO	12
SKYRIZI.....	66
sodium chloride	70
sodium chloride (gu irrigant)	80

sodium fluoride chew; tab; 1.1 (0.5 f)	
mg/ml soln.....	71
sodium phenylbutyrate	59
sodium polystyrene sulfonate	53
sodium polystyrene sulfonate powder	
.....	53
solifenacin succinate.....	64
SOLQUA INJ 100/33	52
SOLTAMOX.....	20
SOLU-CORTEF	58
SOMATULINE DEPOT	59
SOMAVERT.....	59
sorine.....	30
sotalol hcl	30
sotalol hcl (afib/afl)	30
spironolactone	27
spironolactone & hydrochlorothiazide	
tab 25-25 mg	33
sprintec 28.....	56
SPRITAM.....	38
SPRYCEL.....	24
sps.....	53
sronyx	56
ssd.....	77
stavudine	14
STELARA	66, 67
STIMATE.....	59
STIVARGA.....	24
streptomycin sulfate.....	12
STRIBILD TAB	15
subvenite	38
sucrafate.....	62
sulfacetamide sodium (acne)	77
sulfacetamide sodium (ophth).....	72
sulfacetamide sodium-prednisolone	
ophth soln 10-0.23(0.25)%	72
SULFADIAZINE	12
sulfamethoxazole-trimethoprim iv soln	
400-80 mg/5ml.....	12
sulfamethoxazole-trimethoprim susp	
200-40 mg/5ml.....	12
sulfamethoxazole-trimethoprim tab	
400-80 mg	12
sulfamethoxazole-trimethoprim tab	
800-160 mg	12
SULFAMYLON	77
sulfasalazine.....	61

sulindac.....	8
sumatriptan	46
sumatriptan succinate.....	46
SUPREP BOWEL SOL PREP KIT	62
SUTENT	24
syeda	56
SYLATRON	21
SYMBICORT AER 160-4.5	77
SYMBICORT AER 80-4.5.....	77
SYMDEKO TAB 100-150	76
SYMDEKO TAB 50-75MG	76
SYMFI LO TAB	15
SYMFI TAB	15
SYMJEPI	76
SYMPAZAN.....	38
SYMTUZA TAB	15
SYNAREL	56
SYNERCID INJ 500MG.....	12
SYNJARDY TAB 12.5-1000MG	50
SYNJARDY TAB 12.5-500.....	50
SYNJARDY TAB 5-1000MG.....	50
SYNJARDY TAB 5-500MG.....	50
SYNJARDY XR TAB 10-1000.....	50
SYNJARDY XR TAB 12.5-1000MG.....	50
SYNJARDY XR TAB 25-1000.....	50
SYNJARDY XR TAB 5-1000MG	50
SYNRIBO	21
SYNTHROID	60
T	
TABLOID.....	20
TABRECTA.....	24
tacrolimus.....	68
tacrolimus (topical)	80
TAFINLAR	24
TAGRISSO	24
TALTZ	67
TALZENNA	24
tamoxifen citrate.....	20
tamsulosin hcl	63
TARGRETIN.....	80
tarina fe 1/20 eq.....	56
TASIGNA	24
tazarotene	78
tazicef	17
TAZORAC.....	78
taztia xt.....	32
TAZVERIK	24

TDVAX INJ 2-2 LF	69	TOBRADEX ST SUS 0.3-0.05.....	72
TECENTRIQ	24	<i>tobramycin</i>	12
TEFLARO.....	17	<i>tobramycin (ophth)</i>	72
<i>telmisartan</i>	29	<i>tobramycin-dexamethasone ophth susp</i>	
<i>telmisartan-amlodipine tab 40-10 mg</i>		0.3-0.1%	72
.....	28	<i>tobramycin sulfate</i>	12
<i>telmisartan-amlodipine tab 40-5 mg</i> .	28	<i>tolterodine tartrate</i>	64
<i>telmisartan-amlodipine tab 80-10 mg</i>		<i>topiramate</i>	38
.....	28	<i>toposar</i>	21
<i>telmisartan-amlodipine tab 80-5 mg</i> .	28	<i>toremifene citrate</i>	20
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>toremide</i>	33
12.5 mg.....	28	TOVIAZ	64
<i>telmisartan-hydrochlorothiazide tab 80-</i>		TPN ELECTROL INJ	70
12.5 mg.....	29	TRADJENTA.....	50
<i>telmisartan-hydrochlorothiazide tab 80-</i>		<i>tramadol-acetaminophen tab 37.5-325</i>	
25 mg.....	29	mg	10
<i>temazepam</i>	46	<i>tramadol hcl</i>	10
TEMIXYS TAB 300-300.....	15	<i>trandolapril</i>	27
TENIVAC INJ 5-2LF.....	69	<i>tranexamic acid</i>	65
<i>tenofovir disoproxil fumarate</i>	14	<i>tranylcypromine sulfate</i>	40
<i>terazosin hcl</i>	27	TRAVASOL INJ 10%	71
<i>terbinafine hcl</i>	13	TRAZIMERA.....	24
<i>terbutaline sulfate</i>	75	<i>trazodone hcl</i>	40
<i>terconazole vaginal</i>	64	TRECATOR	15
<i>testosterone</i>	49	TRELEGY AER ELLIPTA	74
<i>testosterone cypionate</i>	49	TRELSTAR MIXJECT	20
<i>testosterone enanthate</i>	49	<i>treprostinil</i>	35
<i>tetrabenazine</i>	47	TRESIBA	52
<i>tetracycline hcl</i>	19	TRESIBA FLEXTOUCH	52
THALOMID	21	<i>tretinoin</i>	77
THEO-24.....	76	<i>tretinoin (chemotherapy)</i>	21
<i>theophylline</i>	76	TREXALL	67
<i>thioridazine hcl</i>	44	<i>triamcinolone acetonide (mouth)</i>	81
<i>thiothixene</i>	44	<i>triamcinolone acetonide (topical)</i>	79
<i>tiadylt er</i>	32	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tiagabine hcl</i>	38	37.5-25 mg	33
TIBSOVO	24	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tigecycline</i>	19	37.5-25 mg	33
TIGECYCLINE	19	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tilia fe</i>	56	75-50 mg.....	33
<i>timolol maleate</i>	32	TRICARE TAB PRENATAL	71
<i>timolol maleate (ophth)</i>	73	<i>trientine hcl</i>	53
<i>timolol maleate (ophth) once-daily</i> ..	73	<i>tri-estarylla</i>	56
TIVICAY.....	14	<i>trifluoperazine hcl</i>	44
TIVICAY PD	14	<i>trifluridine</i>	72
<i>tizanidine hcl</i>	48	<i>trihexyphenidyl hcl</i>	42
TOBRADEX OIN 0.3-0.1%	72		

TRIJARDY XR TAB ER 24HR 10-5-1000MG	51
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	51
TRIJARDY XR TAB ER 24HR 25-5-1000MG	51
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	51
TRIKAFTA TAB	76
<i>tri-legest fe</i>	56
<i>tri-linyah</i>	56
<i>tri-lo-estarylla</i>	56
<i>tri-lo-marzia</i>	56
<i>tri-lo-mili</i>	56
<i>tri-lo-sprintec</i>	56
<i>trilyte</i>	62
<i>trimethoprim</i>	12
<i>tri-mili</i>	56
<i>trimipramine maleate</i>	40
TRINTELLIX	40
<i>tri-previfem</i>	56
<i>tri-sprintec</i>	56
TRIUMEQ TAB	15
<i>trivora-28</i>	56
<i>tri-vylibra</i>	56
<i>tri-vylibra lo</i>	56
TROGARZO	14
TROPHAMINE INJ 10%	71
<i>trospium chloride</i>	64
TRULANCE	62
TRULICITY	51
TRUMENBA INJ	69
TRUVADA TAB 100-150	15
TRUVADA TAB 133-200	15
TRUVADA TAB 167-250	15
TRUVADA TAB 200-300	15
TRUXIMA	24
TUKYSA	24
<i>tulana</i>	56
TURALIO	24
TWINRIX INJ	69
TYBOST	14
TYKERB	24
TYMLOS	52
TYPHIM VI	69
U	
<i>unithroid</i>	60

<i>ursodiol</i>	62
V	
<i>valacyclovir hcl</i>	16
VALCHLOR	80
<i>valganciclovir hcl</i>	16
<i>valproate sodium</i>	38
<i>valproic acid</i>	38
<i>valsartan</i>	29
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29
VALTOCO	38
<i>vancomycin hcl</i>	12
VANCOMYCIN INJ 1 GM	12
VANCOMYCIN INJ 500MG	12
VANCOMYCIN INJ 750MG	12
<i>vandazole</i>	64
VAQTA	69
VARIVAX	69
VASCEPA	31
VELCADE	24
<i>velivet</i>	56
VELTASSA	53
VEMLIDY	16
VENCLEXTA	24
VENCLEXTA TAB START PK	25
<i>venlafaxine hcl</i>	40
VENTAVIS	35
VENTOLIN HFA	75
<i>verapamil hcl</i>	33
VERSACLOZ	44
VERZENIO	25
V-GO 20 KIT	52
V-GO 30 KIT	52
V-GO 40 KIT	52
VICTOZA	51
<i>vienva</i>	56
<i>vigabatrin</i>	38
<i>vigadrone</i>	38
VIIBRYD	40

VIIBRYD KIT STARTER	40
VIMPAT.....	38
<i>vincristine sulfate</i>	21
<i>vinorelbine tartrate</i>	21
<i>viorele</i>	56
VIRACEPT	14
VIREAD	14
VITRAKVI.....	25
VIVITROL.....	49
VIZIMPRO	25
<i>voriconazole</i>	13
VOSEVI TAB	16
VOTRIENT	25
VRAYLAR	44
VRAYLAR CAP 1.5-3MG	44
<i>vyfemla</i>	56
<i>vylibra</i>	56
VYVANSE	45
W	
<i>warfarin sodium</i>	65
<i>water for irrigation, sterile irrigation</i> <i>soln</i>	80
<i>wera</i>	56
X	
XALKORI.....	25
XARELTO	65
XARELTO STAR TAB 15/20MG.....	65
XATMEP	67
XCOPRI	38
XCOPRI PAK 12.5-25	38
XCOPRI PAK 150-200MG (MAINTENANCE)	38
XCOPRI PAK 150-200MG (TITRATION)	38
XCOPRI PAK 50-100MG.....	38
XCOPRI TAB 50-200MG.....	38
XELJANZ	67
XELJANZ XR	67
XGEVA.....	52
XIFAXAN	62
XIGDUO XR TAB 10-1000.....	51
XIGDUO XR TAB 10-500MG	51
XIGDUO XR TAB 2.5-1000.....	51
XIGDUO XR TAB 5-1000MG	51
XIGDUO XR TAB 5-500MG.....	51
XIIDRA	73
XOLAIR.....	76

XOSPATA	25
XPOVIO 100 MG ONCE WEEKLY	25
XPOVIO 40 MG ONCE WEEKLY	25
XPOVIO 40 MG TWICE WEEKLY	25
XPOVIO 60 MG ONCE WEEKLY	25
XPOVIO 60 MG TWICE WEEKLY	25
XPOVIO 80 MG ONCE WEEKLY	25
XPOVIO 80 MG TWICE WEEKLY	25
XTANDI	20
<i>xulane</i>	56
XULTOPHY INJ 100/3.6	52
XYREM.....	48
Y	
YF-VAX INJ.....	69
<i>yuvaferm</i>	57
Z	
<i>zafirlukast</i>	75
<i>zarah</i>	56
ZARXIO	65
ZEJULA.....	25
ZELBORAF.....	25
ZEMAIRA	76
<i>zenatane</i>	77
ZENPEP CAP 10000UNT	63
ZENPEP CAP 15000UNT	63
ZENPEP CAP 20000UNT	63
ZENPEP CAP 25000	63
ZENPEP CAP 3000UNIT	63
ZENPEP CAP 40000	63
ZENPEP CAP 5000UNIT	63
ZERVIAE	73
<i>zidovudine</i>	14
<i>ziprasidone hcl</i>	44
<i>ziprasidone mesylate</i>	44
ZIRABEV	25
ZIRGAN	72
<i>zoledronic acid</i>	52
ZOLINZA.....	25
<i>zolmitriptan</i>	46
<i>zolpidem tartrate</i>	46
<i>zonisamide</i>	38
ZORTRESS	68
ZOSTAVAX	69
<i>zovia 1/35e</i>	56
<i>zumandimine</i>	56
ZYCLARA PUMP.....	80
ZYDELIG	25

ZYKADIA.....	25
ZYLET SUS 0.5-0.3%.....	72
ZYPITAMAG.....	30
ZYPREXA RELPREVV	44
ZYTIGA.....	20

KelseyCare Advantage is offered by KS Plan Administrators LLC, a Medicare Advantage plan with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal. This formulary was updated on 08/06/2020. For updated information or other questions, please contact KelseyCare Advantage Member Services at 1-888-970-0914 or, TTY users can call 711, 24 hours a day, 7 days per week, or visit www.kelseycareadvantage.com.

The formulary and the pharmacy network may change at any time. You will receive notice when necessary.

This document is available for free in Spanish. Este documento está disponible de forma gratuita en español.

Please contact our Member Services number at 713-442-CARE (2273) or toll-free at 1-866-535-8343 for additional information. (TTY users can call 711.) Hours are October 1 – March 31, 8:00 a.m. to 8:00 p.m. local time, seven days a week. From April 1-September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekend, after hours and on federal holidays.

