



# 2024 Formulary

LIST OF COVERED DRUGS



## VIVA MEDICARE



VIVA MEDICARE *Plus*  
(HMO)



VIVA MEDICARE *Prime*  
(HMO)



VIVA MEDICARE *Premier*  
(HMO)



 VIVA MEDICARE  
**CLASSIC** (HMO)



 VIVA MEDICARE  
INFIRMARY HEALTH ADVANTAGE (HMO)

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

This formulary was updated on 01/01/2024. For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542 (TTY users should call 711), Monday – Friday, from 8 a.m. – 8 p.m. (From October 1 – March 31, seven days a week, 8 a.m. – 8 p.m.), or visit [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare).

**IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES:**

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

**IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN:**

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

# Introduction

## 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 VIVA MEDICARE. When it refers to “plan” or “our plan,” it means VIVA MEDICARE *Plus*, VIVA MEDICARE *Prime*, VIVA MEDICARE *Premier*, VIVA MEDICARE *Classic*, or VIVA MEDICARE *Infirmity Health Advantage*.

**This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2024.** 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, 2025, and from time to time during the year.

## What is the VIVA MEDICARE Formulary?

A formulary is a list of covered drugs selected by VIVA MEDICARE 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. VIVA MEDICARE will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a VIVA MEDICARE 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 VIVA MEDICARE 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 Medicare rules in making these changes.

## Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

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

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 01/01/2024.** To get updated information about the drugs covered by VIVA MEDICARE, please contact us. Our contact information appears on the front and back cover pages.

VIVA MEDICARE will notify you in writing in the event of a mid-year change to the formulary if you have been identified as being treated for select drug therapies. VIVA MEDICARE maintains monthly updates to the formulary via the Member Resources page located at [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare).

## How do I use the Formulary?

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

- **Medical Condition.** The formulary begins on page 1. 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 page 1. 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 79**. 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?

VIVA MEDICARE 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:** VIVA MEDICARE requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VIVA MEDICARE before you fill your prescriptions. If you don't get approval, VIVA MEDICARE may not cover the drug.
- **Quantity Limits:** For certain drugs, VIVA MEDICARE limits the amount of the drug that we will cover. For example, VIVA MEDICARE provides 60 tablets per prescription for MITIGARE. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VIVA MEDICARE 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, VIVA MEDICARE may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VIVA MEDICARE 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 1. You can also get more information

about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask VIVA MEDICARE to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the VIVA MEDICARE 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 VIVA MEDICARE does not cover your drug, you have two options:

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

## How do I request an exception to the VIVA MEDICARE Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide

the drug at a lower cost-sharing level.

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

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

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

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

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

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

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

If you are a current member and have a level of care change (for example, you are going home from a long-term care facility, a hospital admission, etc.), notify your pharmacist of your level of care change. For each of your drugs that are not on our formulary or if your ability to get your drugs is limited, we may cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. Before your temporary 31-day supply runs out, 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. After your temporary 31-day supply, we will not pay for drugs that are not on the formulary or have additional requirements or limits on coverage.

## For more information:

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

If you have questions about VIVA MEDICARE, 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>.

## VIVA MEDICARE's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by VIVA MEDICARE. **If you have trouble finding your drug in the list, turn to the Index that begins on page 79.**

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., omeprazole).

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

**"PA"** means the drug requires Prior Authorization.

**"QL"** means there is a quantity limit on the drug.

**"NM"** means the drug is not available at mail order.

**"ST"** means the drug requires step therapy.

**"LA"** means the drug has limited access and can only be dispensed by designated pharmacies.

**"B/D"** means a determination must be made as to whether the drug is covered under the Medicare Part B benefit or Medicare Part D benefit.

## Table of Contents

For information on the amounts you pay for your covered prescription drugs, please find your plan and the applicable page below:

VIVA MEDICARE <i>Plus</i> .....	page VI
VIVA MEDICARE <i>Prime</i> .....	page VII
VIVA MEDICARE <i>Premier</i> .....	page VIII
VIVA MEDICARE <i>Classic</i> .....	page IX
VIVA MEDICARE <i>Infirmity Health Advantage</i> .....	page X
<b>Formulary</b> .....	<b>page 1</b>
<b>Index</b> .....	<b>page 79</b>

## 2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

**Note:** Please see Chapter 6 of your VIVA MEDICARE Plus Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

### VIVA MEDICARE Plus Drug Benefits Summary

**I. Deductible: \$0** The amount you pay before the coverage starts.

**II. Copayments/Coinsurance:** The amounts you pay before the Coverage Gap.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

**III. Coverage Gap:** The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

**IV. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

			(Preferred & Standard Cost Sharing)
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available

## 2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

**Note:** Please see Chapter 6 of your VIVA MEDICARE Prime Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

### VIVA MEDICARE Prime Drug Benefits Summary

**I. Deductible: \$0** The amount you pay before the coverage starts.

**II. Copayments/Coinsurance:** The amounts you pay before the Coverage Gap.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

**III. Coverage Gap:** The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

**IV. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

			(Preferred & Standard Cost Sharing)
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available



## 2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

**Note:** Please see Chapter 6 of your VIVA MEDICARE Premier Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

### VIVA MEDICARE Premier Drug Benefits Summary

**I. Deductible: \$0** The amount you pay before the coverage starts.

**II. Copayments/Coinsurance:** The amounts you pay before the Coverage Gap.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$8	\$20	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

**III. Coverage Gap:** The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

**IV. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

			(Preferred & Standard Cost Sharing)
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available



## 2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

**Note:** Please see Chapter 6 of your VIVA MEDICARE Classic Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

### VIVA MEDICARE Classic Drug Benefits Summary

**I. Deductible: \$0** The amount you pay before the coverage starts.

**II. Copayments/Coinsurance:** The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	Preferred Cost Sharing	Standard Cost Sharing
			90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

**III. Coverage Gap:** The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	Preferred Cost Sharing	Standard Cost Sharing
			90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

**IV. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	(Preferred & Standard Cost Sharing)
			90-DAY MAIL ORDER SUPPLY
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available

## 2024 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

**Note:** Please see Chapter 6 of your VIVA MEDICARE *Infirmary Health Advantage* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

### VIVA MEDICARE *Infirmary Health Advantage* Drug Benefits Summary

**I. Deductible: \$0** The amount you pay before the coverage starts.

**II. Copayments/Coinsurance:** The amounts you pay before the Coverage Gap.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	\$0	\$0	\$0	\$12
Tier 2 (Generics)	\$12	\$30	\$24	\$36
Tier 3 (Preferred Brands)	\$47	\$117.50	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$250	\$200	\$300
Tier 5 (Specialty Drugs)	33%	Not Available	Not Available	Not Available

**III. Coverage Gap:** The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$5,030.

			Preferred Cost Sharing	Standard Cost Sharing
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY	
Tier 1 (Preferred Generics)	25%	25%	25%	25%
Tier 2 (Generics)	25%	25%	25%	25%
Tier 3 (Preferred Brands)	25%	25%	25%	25%
Tier 4 (Non-Preferred Drugs)	25%	25%	25%	25%
Tier 5 (Specialty Drugs)	25%	Not Available	Not Available	Not Available

**IV. Catastrophic Coverage:** The amounts you pay after your total yearly out-of-pocket drug costs reach \$8,000.

			(Preferred & Standard Cost Sharing)
	30-DAY RETAIL SUPPLY	90-DAY RETAIL SUPPLY	90-DAY MAIL ORDER SUPPLY
Tier 1 (Preferred Generics)	\$0	\$0	\$0
Tier 2 (Generics)	\$0	\$0	\$0
Tier 3 (Preferred Brands)	\$0	\$0	\$0
Tier 4 (Non-Preferred Drugs)	\$0	\$0	\$0
Tier 5 (Specialty Drugs)	\$0	Not Available	Not Available

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# 2024 Formulary LIST OF COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
<b>NSAIDS</b>		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA

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

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

**ANESTHETICS****LOCAL ANESTHETICS**

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

<i>albendazole</i> TABS 200mg	5	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
<i>atovaquone</i> SUSP 750mg/5ml	2	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin SOLR 350mg, 500mg</i>	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin TABS 3mg</i>	2	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	2	
<i>meropenem SOLR 1gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>paromomycin sulfate CAPS 250mg</i>	2	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>praziquantel TABS 600mg</i>	2	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate SOLR 1gm</i>	5	
<i>sulfadiazine TABS 500mg</i>	5	



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole</i> SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days), PA

**ANTIMALARIALS**

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

**ANTIRETROVIRAL AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	2	NM
SUNLENCA TBPk 300mg	5	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg</i>	5	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	
<b>ANTIVIRALS</b>		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	
<i>acyclovir SUSP 200mg/5ml</i>	2	
<i>acyclovir sodium SOLN 50mg/ml</i>	2	B/D
<i>adefovir dipivoxil TABS 10mg</i>	2	NM
BARACLUDE SOLN .05mg/ml	5	NM
<i>entecavir TABS .5mg, 1mg</i>	2	NM
EPCLUSA PAK 150-37.5	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPCLUSA PAK 200-50MG	5	NM, PA
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	NM
VOSEVI TAB	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	2	
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefcoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<b>FLUOROQUINOLONES</b>		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl TABS 400mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<b>PENICILLINS</b>		
<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin CHEW 125mg, 250mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
<b>TETRACYCLINES</b>		
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	PA
<i>tigecycline</i> SOLR 50mg	5	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
<b>ANTIBIOTICS</b>		
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLEENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM, LA
TABLOID TABS 40mg	4	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, LA, PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	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	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBPk 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	5	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	5	NM, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (14 tabs / 21 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	5	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	5	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI CAPS 200mg, 250mg	5	QL (120 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, LA, PA

**PROTECTIVE AGENTS**

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

**CARDIOVASCULAR****ACE INHIBITOR COMBINATIONS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	2	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate CPDR 45mg, 135mg</i>	2	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS 600mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	2	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadyt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride &amp; hydrochlorothiazide tab</i> 5-50 <i>mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone &amp; hydrochlorothiazide tab</i> 25-25 mg	2	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene &amp; hydrochlorothiazide tab</i> 75- 50 mg	1	
<b>MISCELLANEOUS</b>		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 2.5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 5-80 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-10 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-20 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-40 mg	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab</i> 10-80 mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
<b>NITRATES</b>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS</b>		
<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	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	PA; PA if 70 years and older
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	



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

**ANTISEIZURE AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days)
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA

**HYPNOTICS**

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

**MIGRAINE**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 tabs / 30 days), PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	QL (2 packs / year), 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
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)



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

**ENDOCRINE AND METABOLIC****ANDROGENS**

<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>methyltestosterone CAPS 10mg</i>	5	QL (600 caps / 30 days), PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	2	QL (300 gm / 30 days), PA
<i>testosterone GEL 1.62%</i>	2	QL (150 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	2	PA

**ANTIDIABETICS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (30 devices / 30 days), PA
V-GO 30 KIT	4	QL (30 devices / 30 days), PA
V-GO 40 KIT	4	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> SOLN 70mg/75ml	2	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	B/D, NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	5	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	NM, PA
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
<i>desogest-eth estrad &amp; eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>hailey 1.5/30</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	

**ENDOMETRIOSIS**

<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
SYNAREL SOLN 2mg/ml	5	PA

**ESTROGENS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	3	
<i>yuvafem</i> TABS 10mcg	2	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	2	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	2	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
<b>THYROID AGENTS</b>		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
<i>famotidine</i> SUSR 40mg/5ml	2	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i> TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	2	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	2	QL (30 tabs / 30 days)
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>silodosin CAPS 4mg, 8mg</i>	2	QL (30 caps / 30 days)
<i>tamsulosin hcl CAPS .4mg</i>	1	QL (60 caps / 30 days)
<b>MISCELLANEOUS</b>		
<i>acetic acid SOLN .25%</i>	2	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	2	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	2	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide TB24 7.5mg, 15mg</i>	2	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate TB24 4mg, 8mg</i>	2	QL (30 tabs / 30 days)
<i>GEMTESA TABS 75mg</i>	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ SRER 8mg/ml</i>	4	QL (300 mL / 28 days)
<i>MYRBETRIQ TB24 25mg, 50mg</i>	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP 5mg/5ml</i>	2	QL (600 mL / 30 days)
<i>oxybutynin chloride TABS 5mg</i>	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride TB24 5mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	2	QL (60 tabs / 30 days)
<i>solifenacin succinate TABS 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate CP24 2mg, 4mg</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate TABS 1mg, 2mg</i>	2	QL (60 tabs / 30 days)
<i>tropium chloride CP24 60mg</i>	2	QL (30 caps / 30 days)
<i>tropium chloride TABS 20mg</i>	2	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal CREA 2%</i>	2	
<i>metronidazole vaginal GEL .75%</i>	2	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	2	QL (60 caps / 30 days)
<i>ELIQUIS TABS 2.5mg</i>	3	QL (60 tabs / 30 days)
<i>ELIQUIS TABS 5mg</i>	3	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NAACL INJ 12500UNT	3	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
<b><i>IMMUNOGLOBULINS</i></b>		
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 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
<b><i>IMMUNOMODULATORS</i></b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
<b><i>IMMUNOSUPPRESSANTS</i></b>		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM

**VACCINES**

ACTHIB INJ	1	
ADACEL INJ	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

**NUTRITIONAL/SUPPLEMENTS*****ELECTROLYTES/MINERALS, INJECTABLE***

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>		
<i>klor-con</i> PACK 20meq	2	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TRICARE TAB PRENATAL	3	
<b><i>IV NUTRITION</i></b>		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%, 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neo-polycin hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
ZIRGAN GEL .15%	4	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth)</i> SOLN .09%	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
<i>difluprednate</i> EMUL .05%	2	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>olopatadine hcl</i> SOLN .1%	2	
ZERVIAE SOLN .24%	4	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYZULTA SOLN .024%	4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	2	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	2	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA

**NASAL STEROIDS**

<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	QL (2 inhalers / 30 days), ST
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

**STEROID INHALANTS**

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D

**STEROID/BETA-AGONIST COMBINATIONS**

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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DULERA AER 50-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	4	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	4	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

**TOPICAL****DERMATOLOGY, ACNE**

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

**DERMATOLOGY, ANTIBIOTICS**

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

**DERMATOLOGY, ANTIFUNGALS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	2	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	2	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	2	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	2	QL (120 gm / 30 days), PA
<i>tazarotene CREA .1%</i>	2	QL (60 gm / 30 days), PA
<i>TAZORAC CREA .05%</i>	4	QL (60 gm / 30 days), PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort CREA 1%, 2.5%</i>	1	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical) LOTN .05%</i>	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%</i>	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented LOTN .05%</i>	2	QL (120 mL / 30 days)
<i>betamethasone valerate CREA .1%; OINT .1%</i>	2	QL (120 gm / 30 days)
<i>betamethasone valerate LOTN .1%</i>	2	QL (120 mL / 30 days)
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i>	2	QL (60 gm / 30 days)
<i>clobetasol propionate SOLN .05%</i>	2	QL (50 mL / 30 days)
<i>clobetasol propionate e CREA .05%</i>	2	QL (60 gm / 30 days)
<i>ENSTILAR AER</i>	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide CREA .01%</i>	2	QL (60 gm / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>azelaic acid</i> GEL 15%	2	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	QL (1000 gm / 30 days)
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 gm / 28 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i> CAPS 30mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	7
ABELCET .....	5
ABILIFY MAINTENA .....	35
<i>abiraterone acetate</i> .....	13
<i>acamprosate calcium</i> .....	44
<i>acarbose</i> .....	45
<i>accutane</i> .....	75
<i>acebutolol hcl</i> .....	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	2
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	2
<i>acetazolamide</i> .....	29
<i>acetic acid</i> .....	60
<i>acetic acid (otic)</i> .....	71
<i>acetylcysteine</i> .....	73
<i>acitretin</i> .....	76
ACTHIB INJ .....	65
ACTIMMUNE .....	64
<i>acyclovir</i> .....	8
<i>acyclovir sodium</i> .....	8
ADACEL INJ .....	65
<i>adefovir dipivoxil</i> .....	8
ADEMPAS .....	31
ADMELOG .....	47
ADMELOG SOLOSTAR .....	47
ADVAIR HFA AER 115/21 .....	74
ADVAIR HFA AER 230/21 .....	74
ADVAIR HFA AER 45/21 .....	74
<i>afirmelle</i> .....	49
AIMOVIG .....	42
<i>ala-cort</i> .....	76
<i>albendazole</i> .....	3
<i>albuterol sulfate</i> .....	72
<i>alclometasone dipropionate</i> .....	76
ALDURAZYME .....	54
ALECENSA .....	16
<i>alendronate sodium</i> .....	48
<i>alfuzosin hcl</i> .....	59
<i>aliskiren fumarate</i> .....	30
<i>allopurinol</i> .....	1
<i>alosetron hcl</i> .....	58
<i>alprazolam</i> .....	31
ALREX .....	70
<i>altavera</i> .....	49
ALTOPREV .....	27
ALUNBRIG .....	16
ALUNBRIG PAK .....	16
<i>alyacen 1/35</i> .....	49
<i>alyacen 7/7/7</i> .....	49
<i>amabelz</i> .....	53
<i>amantadine hcl</i> .....	33
<i>ambrisentan</i> .....	31
<i>amikacin sulfate</i> .....	3
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	29
<i>amiloride hcl</i> .....	29
<i>amiodarone hcl</i> .....	26
<i>amitriptyline hcl</i> .....	32
<i>amlodipine besylate</i> .....	28
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	30
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	30
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	23

<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg .....	23	<i>amoxicillin &amp; k clavulanate tab er 12hr</i> 1000-62.5 mg.....	11
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg .....	22	<i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg .....	41
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg .....	22	<i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg .....	41
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg .....	22	<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg .....	41
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg .....	23	<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg .....	41
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg .....</i>	24	<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg .....	41
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg .....</i>	24	<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg .....	41
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg .....</i>	24	<i>amphetamine-dextroamphetamine tab</i> 10 mg .....	41
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg .....</i>	24	<i>amphetamine-dextroamphetamine tab</i> 12.5 mg.....	41
<i>amlodipine besylate-valsartan tab 10-</i> 160 mg .....	24	<i>amphetamine-dextroamphetamine tab</i> 15 mg .....	41
<i>amlodipine besylate-valsartan tab 10-</i> 320 mg .....	24	<i>amphetamine-dextroamphetamine tab</i> 20 mg .....	41
<i>amlodipine besylate-valsartan tab 5-</i> 160 mg .....	24	<i>amphetamine-dextroamphetamine tab</i> 30 mg .....	41
<i>amlodipine besylate-valsartan tab 5-</i> 320 mg .....	24	<i>amphetamine-dextroamphetamine tab</i> 5 mg .....	41
<i>amnestem .....</i>	75	<i>amphetamine-dextroamphetamine tab</i> 7.5 mg .....	41
<i>amoxapine .....</i>	32	<i>amphotericin b .....</i>	5
<i>amoxicillin .....</i>	11	<i>amphotericin b liposome.....</i>	5
<i>amoxicillin &amp; k clavulanate chew tab</i> 200-28.5 mg .....	11	<i>ampicillin .....</i>	11
<i>amoxicillin &amp; k clavulanate chew tab</i> 400-57 mg.....	11	<i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1-0.5) gm.....	11
<i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml.....	11	<i>ampicillin &amp; sulbactam sodium for inj 3</i> (2-1) gm.....	11
<i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml.....	11	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 1.5 (1-0.5) gm .....	11
<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml .....	11	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 15 (10-5) gm .....	11
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml.....	11	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 3 (2-1) gm.....	11
<i>amoxicillin &amp; k clavulanate tab 250-125</i> mg .....	11	<i>ampicillin sodium .....</i>	11
<i>amoxicillin &amp; k clavulanate tab 500-125</i> mg .....	11	<i>anagrelide hcl.....</i>	61
<i>amoxicillin &amp; k clavulanate tab 875-125</i> mg .....	11	<i>anastrozole .....</i>	14
		<i>ANORO ELLIPT AER 62.5-25.....</i>	71
		<i>aprepitant.....</i>	57

<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	57	<i>azelastine hcl (ophth)</i> .....	70
<i>apri</i> .....	49	<i>azithromycin</i> .....	10
<i>APTIOM</i> .....	37	<i>aztreonam</i> .....	3
<i>APTIVUS</i> .....	6	<i>azurette</i> .....	50
<i>ARALAST NP</i> .....	73	<b>B</b>	
<i>aranelle</i> .....	49	<i>bacitracin (ophthalmic)</i> .....	69
<i>ARCALYST</i> .....	64	<i>bacitracin-polymyxin b ophth oint</i> ....	69
<i>arformoterol tartrate</i> .....	72	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	69
<i>aripiprazole</i> .....	35	<i>baclofen</i> .....	44
<i>ARISTADA</i> .....	35	<i>BAFIERTAM</i> .....	43
<i>ARISTADA INITIO</i> .....	35	<i>balsalazide disodium</i> .....	58
<i>armodafinil</i> .....	44	<i>BALVERSA</i> .....	16
<i>ARNUITY ELLIPTA</i> .....	74	<i>balziva</i> .....	50
<i>asenapine maleate</i> .....	35	<i>BARACLUDE</i> .....	8
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	62	<i>BASAGLAR KWIKPEN</i> .....	47
<i>ASTAGRAF XL</i> .....	64	<i>BCG VACCINE</i> .....	65
<i>atazanavir sulfate</i> .....	6	<i>BD ALCOHOL SWABS</i> .....	47
<i>atenolol</i> .....	28	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	23
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	28	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	23
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	28	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	23
<i>atomoxetine hcl</i> .....	41	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i> .....	23
<i>atorvastatin calcium</i> .....	27	<i>benazepril hcl</i> .....	23
<i>atovaquone</i> .....	3	<i>BENDEKA</i> .....	12
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	6	<i>BENLYSTA</i> .....	64
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	6	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	75
<i>ATROPINE SULFATE</i> .....	71	<i>benztropine mesylate</i> .....	33, 34
<i>atropine sulfate (ophthalmic)</i> .....	71	<i>BERINERT</i> .....	61
<i>ATROVENT HFA</i> .....	71	<i>BESIVANCE</i> .....	69
<i>aubra eq</i> .....	49	<i>BESREMI</i> .....	15
<i>aurovela 1/20</i> .....	49	<i>betaine powder for oral solution</i> .....	54
<i>aurovela fe 1.5/30</i> .....	49	<i>betamethasone dipropionate (topical)</i> .....	76
<i>aurovela fe 1/20</i> .....	49	<i>betamethasone dipropionate augmented</i> .....	76
<i>AUSTEDO</i> .....	43	<i>betamethasone valerate</i> .....	76
<i>AUSTEDO XR</i> .....	43	<i>BETASERON</i> .....	43
<i>aviane</i> .....	49	<i>betaxolol hcl (ophth)</i> .....	70
<i>ayuna</i> .....	49	<i>bethanechol chloride</i> .....	60
<i>AYVAKIT</i> .....	16	<i>BETOPTIC-S</i> .....	70
<i>azacitidine</i> .....	13	<i>BEVESPI AER 9-4.8MCG</i> .....	71
<i>azathioprine</i> .....	64	<i>bexarotene</i> .....	15
<i>azelaic acid</i> .....	77		
<i>azelastine hcl</i> .....	72		

<i>bexarotene (topical)</i> .....	77	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BEXSERO INJ .....	65	8-2 mg (base equiv) .....	44
<i>bicalutamide</i> .....	14	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BICILLIN L-A.....	11	2-0.5 mg (base equiv).....	45
BIKTARVY TAB 30-120-15 MG.....	7	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BIKTARVY TAB 50-200-25 MG.....	7	8-2 mg (base equiv) .....	45
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>bupropion hcl</i> .....	32
10-6.25 mg.....	28	<i>bupropion hcl (smoking deterrent)</i> ...	45
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>buspironone hcl</i> .....	31
2.5-6.25 mg.....	28	<i>butorphanol tartrate</i> .....	2
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		BYDUREON BCISE .....	45
6.25 mg .....	28	BYETTA .....	45
<i>bisoprolol fumarate</i> .....	28	<b>C</b>	
BIVIGAM .....	64	<i>cabergoline</i> .....	54
<i>blisovi fe 1.5/30</i> .....	50	CABOMETYX.....	16
BOOSTRIX INJ.....	65	<i>calcipotriene</i> .....	76
<i>bortezomib</i> .....	16	<i>calcitonin (salmon) spray</i> .....	49
BORTEZOMIB.....	16	<i>calcitrene</i> .....	76
<i>bosentan</i> .....	31	<i>calcitriol</i> .....	57
BOSULIF .....	16	<i>calcitriol (oral)</i> .....	57
BRAFTOVI .....	16	<i>calcium acetate (phosphate binder)</i> ..	56
BREO ELLIPTA INH 100-25 .....	74	CALQUENCE .....	16
BREO ELLIPTA INH 200-25 .....	74	<i>camila</i> .....	50
BREZTRI AERO AER SPHERE .....	71	<i>candesartan cilexetil</i> .....	26
BREZTRI AERO AER SPHERE		<i>candesartan cilexetil-</i>	
(INSTITUTIONAL PACK) .....	71	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>briellyn</i> .....	50	.....	24
BRILINTA .....	62	<i>candesartan cilexetil-</i>	
<i>brimonidine tartrate</i> .....	70	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>brinzolamide</i> .....	70	.....	24
BRIVIACT .....	37	<i>candesartan cilexetil-</i>	
<i>bromfenac sodium (ophth)</i> .....	70	<i>hydrochlorothiazide tab 32-25 mg</i> .	24
<i>bromocriptine mesylate</i> .....	34	CAPLYTA.....	35
BROMSITE.....	70	CAPRELSA.....	16
BRONCHITOL .....	73	<i>captopril</i> .....	23
BRUKINSA.....	16	<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
<i>budesonide</i> .....	58	15 mg .....	23
<i>budesonide (inhalation)</i> .....	74	<i>captopril &amp; hydrochlorothiazide tab 25-</i>	
<i>bumetanide</i> .....	29	25 mg .....	23
<i>buprenorphine hcl</i> .....	44	<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		15 mg .....	23
12-3 mg (base equiv) .....	44	<i>captopril &amp; hydrochlorothiazide tab 50-</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		25 mg .....	23
2-0.5 mg (base equiv) .....	44	<i>carb/levo orally disintegrating tab 10-</i>	
<i>buprenorphine hcl-naloxone hcl sl film</i>		100mg.....	34
4-1 mg (base equiv).....	44	<i>carb/levo orally disintegrating tab 25-</i>	
		100mg.....	34

<i>carb/levo orally disintegrating tab 25-250mg</i> .....	34	<i>cefuroxime axetil</i> .....	10
<i>carbamazepine</i> .....	37	<i>cefuroxime sodium</i> .....	10
<i>carbidopa</i> .....	34	<i>celecoxib</i> .....	1
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	34	<i>cephalexin</i> .....	10
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	34	CERDELGA .....	54
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	34	CEREZYME .....	54
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	34	<i>cetirizine hcl</i> .....	72
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	34	<i>cevimeline hcl</i> .....	78
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	34	<i>chateal</i> .....	50
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	34	CHEMET .....	49
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	34	<i>chlorhexidine gluconate (mouth-throat)</i> .....	78
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	34	<i>chloroquine phosphate</i> .....	6
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	34	<i>chlorpromazine hcl</i> .....	35
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	34	<i>chlorthalidone</i> .....	29
<i>carboplatin</i> .....	12	<i>cholestyramine</i> .....	27
<i>carglumic acid</i> .....	54	<i>cholestyramine light</i> .....	27
<i>carteolol hcl (ophth)</i> .....	70	<i>choline fenofibrate</i> .....	26
<i>cartia xt</i> .....	28	<i>ciclopirox olamine</i> .....	75
<i>carvedilol</i> .....	28	<i>cilostazol</i> .....	61
<i>casprofungin acetate</i> .....	5	CILOXAN .....	69
CAYSTON .....	3	CIMDUO TAB 300-300.....	7
<i>cefaclor</i> .....	9	<i>cinacalcet hcl</i> .....	55
CEFACLOR ER .....	9	CIPRO .....	10
<i>cefdroxil</i> .....	9	CIPRO HC SUS OTIC .....	71
CEFAZOLIN.....	9	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
CEFAZOLIN INJ 1GM/50ML .....	9	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
<i>cefazolin sodium</i> .....	9	<i>ciprofloxacin hcl</i> .....	10
CEFAZOLIN SOLN 2GM/100ML-4%.....	9	<i>ciprofloxacin hcl (ophth)</i> .....	69
<i>cefdinir</i> .....	9	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	71
<i>cefepime hcl</i> .....	9	<i>cisplatin</i> .....	12
<i>cefixime</i> .....	9	<i>citalopram hydrobromide</i> .....	32
<i>cefoxitin sodium</i> .....	10	<i>claravis</i> .....	75
<i>cefpodoxime proxetil</i> .....	10	<i>clarithromycin</i> .....	10
<i>cefprozil</i> .....	10	<i>clindamycin hcl</i> .....	3
<i>ceftazidime</i> .....	10	<i>clindamycin palmitate hydrochloride</i> ..	3
CEFTAZIDIME/ SOL D5W 1GM.....	10	<i>clindamycin phosphate</i> .....	3
CEFTAZIDIME/ SOL D5W 2GM.....	10	<i>clindamycin phosphate (topical)</i> .....	75
<i>ceftriaxone sodium</i> .....	10	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	3
		<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	3
		<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	4
		<i>clindamycin phosphate vaginal</i> .....	60
		CLINDMYC/NAC INJ 300/50ML.....	4

CLINDMYC/NAC INJ 600/50ML .....	4	CREON CAP 6000UNIT .....	59
CLINDMYC/NAC INJ 900/50ML .....	4	<i>cromolyn sodium</i> .....	73
CLINIMIX INJ 4.25/D10 .....	68	<i>cromolyn sodium (mastocytosis)</i> .....	58
CLINIMIX INJ 4.25/D5W .....	68	<i>cromolyn sodium (ophth)</i> .....	70
CLINIMIX INJ 5%/D15W .....	68	<i>cryselle-28</i> .....	50
CLINIMIX INJ 5%/D20W .....	68	<i>cyclobenzaprine hcl</i> .....	44
CLINIMIX INJ 6/5 .....	68	<i>cyclophosphamide</i> .....	12, 13
CLINIMIX INJ 8/10.....	68	CYCLOPHOSPHAMIDE.....	13
CLINIMIX INJ 8/14.....	68	CYCLOPHOSPHAMIDE MONOHYDR....	13
<i>clinisol sf 15%</i> .....	68	<i>cycloserine</i> .....	8
CLINOLIPID EMU 20% .....	68	<i>cyclosporine</i> .....	65
<i>clobazam</i> .....	37	<i>cyclosporine modified (for</i>	
<i>clobetasol propionate</i> .....	76	<i>microemulsion)</i> .....	65
<i>clobetasol propionate e</i> .....	76	<i>cyproheptadine hcl</i> .....	72
<i>clomipramine hcl</i> .....	32	<i>cyred eq</i> .....	50
<i>clonazepam</i> .....	37	CYSTADROPS .....	71
<i>clonidine</i> .....	30	CYSTAGON.....	55
<i>clonidine hcl</i> .....	30	CYSTARAN .....	71
<i>clopidogrel bisulfate</i> .....	62	<i>cytarabine</i> .....	13
<i>clorazepate dipotassium</i> .....	37	<b>D</b>	
<i>clotrimazole</i> .....	78	D10W/NAACL INJ 0.2%.....	66
<i>clotrimazole (topical)</i> .....	75	D2.5W/NAACL INJ 0.45%.....	66
<i>clotrimazole w/ betamethasone cream</i>		D5W/LYTES INJ #48.....	66
<i>1-0.05%</i> .....	76	<i>dabigatran etexilate mesylate</i> .....	60
<i>clozapine</i> .....	35	<i>dalfampridine</i> .....	43
COARTEM TAB 20-120MG.....	6	<i>danazol</i> .....	53
<i>colchicine</i> .....	1	<i>dantrolene sodium</i> .....	44
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dapsone</i> .....	4
<i>mg</i> .....	1	DAPTACEL INJ .....	65
<i>colesevelam hcl</i> .....	27	<i>daptomycin</i> .....	4
<i>colestipol hcl</i> .....	27	DAPTOMYCIN .....	4
<i>colistimethate sodium</i> .....	4	<i>darifenacin hydrobromide</i> .....	60
COMBIGAN SOL 0.2/0.5% .....	70	<i>darunavir</i> .....	6
COMBIVENT AER 20-100.....	71	<i>dasetta 1/35</i> .....	50
COMETRIQ (60MG DOSE).....	16	<i>dasetta 7/7/7</i> .....	50
COMETRIQ KIT 100MG.....	16	DAURISMO.....	17
COMETRIQ KIT 140MG.....	16	DAYVIGO .....	42
COMPLERA TAB .....	7	<i>deblitane</i> .....	50
<i>compro</i> .....	57	<i>deferasirox</i> .....	49
<i>constulose</i> .....	58	DELSTRIGO TAB .....	7
COPIKTRA .....	16	DENGVAXIA SUS.....	65
CORLANOR.....	30	DEPO-SUBQ PROVERA 104 .....	50
COTELLIC .....	17	<i>depo-testosterone</i> .....	45
CREON CAP 12000UNT .....	59	DESCOVY TAB 120-15MG .....	7
CREON CAP 24000UNT .....	59	DESCOVY TAB 200/25MG .....	7
CREON CAP 3000UNIT.....	59	<i>desipramine hcl</i> .....	32
CREON CAP 36000UNT .....	59	<i>desloratadine</i> .....	72



<i>desmopressin acetate</i> .....	55	DIFICID.....	10
<i>desmopressin acetate spray</i> .....	55	<i>diflunisal</i> .....	1
<i>desmopressin acetate spray</i> <i>refrigerated</i> .....	55	<i>difluprednate</i> .....	70
<i>desogest-eth estrad &amp; eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i> .....	50	<i>digoxin</i> .....	30
<i>desogestrel &amp; ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i> .....	50	<i>dihydroergotamine mesylate</i> .....	42
<i>desvenlafaxine succinate</i> .....	32	DILANTIN .....	38
<i>dexamethasone</i> .....	54	DILANTIN INFATABS.....	38
DEXAMETHASONE INTENSOL.....	54	DILANTIN-125 .....	38
<i>dexamethasone sodium phosphate</i> ..	54	<i>diltiazem hcl</i> .....	29
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i> .....	70	<i>diltiazem hcl coated beads</i> .....	29
<i>dexmethylphenidate hcl</i> .....	41	<i>diltiazem hcl extended release beads</i>	29
<i>dextrose</i> .....	68	<i>dilt-xr</i> .....	28
<i>dextrose 10% w/ sodium chloride</i> <i>0.45%</i> .....	66	DIP/TET PED INJ 25-5LFU .....	65
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i> .....	66	<i>diphenhydramine hcl</i> .....	72
<i>dextrose 5% in lactated ringers</i> .....	66	<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i> .....	59
<i>dextrose 5% w/ sodium chloride 0.2%</i> .....	66	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i> .....	59
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i> .....	66	<i>dipyridamole</i> .....	62
<i>dextrose 5% w/ sodium chloride 0.3%</i> .....	66	<i>disopyramide phosphate</i> .....	26
<i>dextrose 5% w/ sodium chloride 0.45%</i> .....	66	<i>disulfiram</i> .....	45
<i>dextrose 5% w/ sodium chloride 0.9%</i> .....	66	<i>divalproex sodium</i> .....	38
DIACOMIT .....	38	<i>docetaxel</i> .....	15
<i>diazepam</i> .....	38	DOCETAXEL .....	15
<i>diazepam (anticonvulsant)</i> .....	38	<i>dofetilide</i> .....	26
<i>diazepam inj</i> .....	38	<i>donepezil hydrochloride</i> .....	32
<i>diazepam intensol</i> .....	38	DOPTELET.....	61
<i>diazoxide</i> .....	54	<i>dorzolamide hcl</i> .....	70
<i>diclofenac potassium</i> .....	1	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i> .....	70
<i>diclofenac sodium</i> .....	1	<i>dotti</i> .....	53
<i>diclofenac sodium (ophth)</i> .....	70	DOVATO TAB 50-300MG.....	7
<i>diclofenac sodium (topical)</i> .....	77	<i>doxazosin mesylate</i> .....	24
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i> .....	1	<i>doxepin hcl</i> .....	32
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i> .....	1	<i>doxepin hcl (sleep)</i> .....	42
<i>dicloxacillin sodium</i> .....	11	<i>doxercalciferol</i> .....	57
<i>dicyclomine hcl</i> .....	57	<i>doxorubicin hcl</i> .....	13
		<i>doxorubicin hcl liposomal</i> .....	13
		<i>doxy 100</i> .....	12
		<i>doxycycline (monohydrate)</i> .....	12
		<i>doxycycline hyclate</i> .....	12
		<i>dronabinol</i> .....	57
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i> .....	50
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i> .....	50
		DROXIA.....	61

<i>droxidopa</i> .....	30	ENBREL .....	62
DULERA AER 100-5MCG .....	75	ENBREL MINI.....	62
DULERA AER 200-5MCG .....	75	ENBREL SURECLICK.....	62
DULERA AER 50-5MCG.....	75	ENDARI .....	61
<i>duloxetine hcl</i> .....	32	<i>endocet tab 10-325mg</i> .....	2
DUPIXENT .....	62	<i>endocet tab 2.5-325mg</i> .....	2
<i>dutasteride</i> .....	59	<i>endocet tab 5-325mg</i> .....	2
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i> .....	60	<i>endocet tab 7.5-325mg</i> .....	2
<b>E</b>		ENGERIX-B .....	65
<i>e.e.s. 400</i> .....	10	<i>enoxaparin sodium</i> .....	60
<i>ec-naproxen</i> .....	1	<i>enpresse-28</i> .....	50
EDARBI.....	26	<i>enskyce</i> .....	50
EDARBYCLOR TAB 40-12.5 .....	24	ENSTILAR AER.....	76
EDARBYCLOR TAB 40-25MG .....	24	<i>entacapone</i> .....	34
EDURANT .....	6	<i>entecavir</i> .....	8
<i>efavirenz</i> .....	6	ENTRESTO TAB 24-26MG.....	24
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i> .....	7	ENTRESTO TAB 49-51MG.....	24
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i> .....	7	ENTRESTO TAB 97-103MG.....	25
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i> .....	7	<i>enulose</i> .....	58
ELIGARD .....	14	EPCLUSA PAK 150-37.5.....	8
<i>elinest</i> .....	50	EPCLUSA PAK 200-50MG .....	9
ELIQUIS.....	60	EPCLUSA TAB 200-50MG .....	9
ELIQUIS STARTER PACK .....	60	EPCLUSA TAB 400-100 .....	9
ELLENCÉ .....	13	EPIDIOLEX.....	38
<i>eluryng</i> .....	50	<i>epinephrine (anaphylaxis)</i> .....	31, 73
EMCYT .....	14	<i>epitol</i> .....	38
EMSAM .....	32	<i>eplerenone</i> .....	24
<i>emtricitabine</i> .....	6	EPRONTIA.....	38
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i> .....	8	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	42
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i> .....	8	ERIVEDGE.....	17
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i> .....	8	ERLEADA .....	14
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i> .....	8	<i>erlotinib hcl</i> .....	17
EMTRIVA.....	6	<i>errin</i> .....	50
EMVERM.....	4	<i>ertapenem sodium</i> .....	4
<i>enalapril maleate</i> .....	23	<i>ery</i> .....	75
<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 10-25 mg</i> .....	23	<i>ery-tab</i> .....	10
<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 5-12.5 mg</i> .....	23	ERYTHROCIN LACTOBIONATE.....	10
		<i>erythrocin stearate</i> .....	10
		<i>erythromycin (acne aid)</i> .....	75
		<i>erythromycin (ophth)</i> .....	69
		<i>erythromycin base</i> .....	10
		<i>erythromycin ethylsuccinate</i> .....	10
		<i>erythromycin lactobionate</i> .....	10
		<i>escitalopram oxalate</i> .....	33
		<i>esomeprazole magnesium</i> .....	59
		<i>estarylla</i> .....	50

<i>estradiol</i> .....	53	<i>fenofibrate</i> .....	26
<i>estradiol &amp; norethindrone acetate tab</i>		<i>fenofibrate micronized</i> .....	26
<i>0.5-0.1 mg</i> .....	53	<i>fentanyl</i> .....	1
<i>estradiol &amp; norethindrone acetate tab</i>		<i>fentanyl citrate</i> .....	2
<i>1-0.5 mg</i> .....	53	<i>fesoterodine fumarate</i> .....	60
<i>estradiol vaginal</i> .....	53	FETZIMA.....	33
<i>estradiol valerate</i> .....	53	FETZIMA CAP TITRATIO.....	33
<i>ethambutol hcl</i> .....	8	FIASP FLEX INJ TOUCH .....	47
<i>ethosuximide</i> .....	38	FIASP INJ 100/ML .....	47
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		FIASP PENFIL INJ U-100.....	47
<i>tab 1 mg-35 mcg</i> .....	50	FINACEA.....	77
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		<i>finasteride</i> .....	60
<i>tab 1 mg-50 mcg</i> .....	50	<i> fingolimod hcl</i> .....	44
<i>etodolac</i> .....	1	FINTEPLA.....	38
<i>etonogestrel-ethinyl estradiol va ring</i>		FIRMAGON.....	14
<i>0.120-0.015 mg/24hr</i> .....	50	<i>flac</i> .....	71
<i>etoposide</i> .....	15	FLAREX .....	70
<i>etravirine</i> .....	6	FLEBOGAMMA DIF .....	64
EULEXIN .....	14	<i>flecainide acetate</i> .....	26
<i>euthyrox</i> .....	56	<i>fluconazole</i> .....	5
<i>everolimus</i> .....	17	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>everolimus (immunosuppressant)</i> ....	65	<i>mg/100ml</i> .....	5
EVOTAZ TAB 300-150.....	8	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>exemestane</i> .....	14	<i>mg/200ml</i> .....	5
EXKIVITY .....	17	<i>flucytosine</i> .....	5
EYSUVIS .....	70	<i>fludrocortisone acetate</i> .....	54
EZALLOR SPRINKLE .....	27	<i>flunisolide (nasal)</i> .....	74
<i>ezetimibe</i> .....	27	<i>fluocinolone acetonide</i> .....	76, 77
<i>ezetimibe-simvastatin tab 10-10 mg</i>	27	<i>fluocinolone acetonide (otic)</i> .....	71
<i>ezetimibe-simvastatin tab 10-20 mg</i>	27	<i>fluocinonide</i> .....	77
<i>ezetimibe-simvastatin tab 10-40 mg</i>	27	<i>fluocinonide emulsified base</i> .....	77
<i>ezetimibe-simvastatin tab 10-80 mg</i>	27	<i>fluorometholone (ophth)</i> .....	70
<b>F</b>		<i>fluorouracil</i> .....	13
FABRAZYME.....	55	<i>fluorouracil (topical)</i> .....	77
<i>falmina</i> .....	50	<i>fluoxetine hcl</i> .....	33
<i>famciclovir</i> .....	9	<i>fluphenazine decanoate</i> .....	35
<i>famotidine</i> .....	58	<i>fluphenazine hcl</i> .....	35
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>flurbiprofen</i> .....	1
<i>mg/50ml</i> .....	58	<i>flurbiprofen sodium</i> .....	70
FANAPT.....	35	<i>fluticasone propionate</i> .....	77
FANAPT PAK .....	35	<i>fluticasone propionate (nasal)</i> .....	74
FARXIGA .....	45	<i>fluticasone-salmeterol aer powder ba</i>	
FASENRA.....	73	<i>100-50 mcg/act</i> .....	75
FASENRA PEN .....	73	<i>fluticasone-salmeterol aer powder ba</i>	
<i>febuxostat</i> .....	1	<i>250-50 mcg/act</i> .....	75
<i>felbamate</i> .....	38	<i>fluticasone-salmeterol aer powder ba</i>	
<i>felodipine</i> .....	29	<i>500-50 mcg/act</i> .....	75

<i>fluvastatin sodium</i> .....	27	<i>gentamicin in saline inj 1.2 mg/ml</i> ....	4
<i>fluvoxamine maleate</i> .....	31	<i>gentamicin in saline inj 1.6 mg/ml</i> ....	4
<i>fondaparinux sodium</i> .....	60, 61	<i>gentamicin in saline inj 2 mg/ml</i> .....	4
<i>formoterol fumarate</i> .....	72	<i>gentamicin sulfate</i> .....	4
FOSAMAX + D TAB 70-2800 .....	49	<i>gentamicin sulfate (ophth)</i> .....	69
FOSAMAX + D TAB 70-5600 .....	49	<i>gentamicin sulfate (topical)</i> .....	75
<i>fosamprenavir calcium</i> .....	6	GENVOYA TAB .....	8
<i>fosinopril sodium</i> .....	23	GILOTRIF .....	17
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	23	<i>glatiramer acetate</i> .....	44
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	23	<i>glatopa</i> .....	44
FOTIVDA .....	17	GLEOSTINE .....	13
<i>fulvestrant</i> .....	14	<i>glimepiride</i> .....	45
<i>furosemide</i> .....	29	<i>glipizide</i> .....	45
<i>furosemide inj</i> .....	29	<i>glipizide xl</i> .....	45
FUZEON .....	6	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	46
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	53	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	46
<i>fyavolv tab 1mg-5mcg</i> .....	53	<i>glipizide-metformin hcl tab 5-500 mg</i>	46
FYCOMPA .....	38, 39	<i>glycopyrrolate</i> .....	57
<b>G</b>		<i>glydo</i> .....	77
<i>gabapentin</i> .....	39	GLYXAMBI TAB 10-5 MG .....	46
<i>galantamine hydrobromide</i> .....	32	GLYXAMBI TAB 25-5 MG .....	46
GAMASTAN INJ .....	64	GRALISE .....	43
GAMMAGARD LIQUID .....	64	<i>granisetron hcl</i> .....	57
GAMMAGARD S/D IGA LESS TH .....	64	<i>griseofulvin microsize</i> .....	5
GAMMAKED .....	64	<i>griseofulvin ultramicrosize</i> .....	5
GAMMAPLEX .....	64	<i>guanfacine hcl</i> .....	31
GAMUNEX-C .....	64	<i>guanfacine hcl (adhd)</i> .....	41
<i>ganciclovir sodium</i> .....	9	GVOKE HYPOPEN 2-PACK .....	54
GARDASIL 9 INJ .....	65	GVOKE KIT .....	54
<i>gatifloxacin (ophth)</i> .....	69	GVOKE PFS .....	54
GATTEX .....	59	<b>H</b>	
GAUZE PADS 2 .....	47	HAEGARDA .....	61
<i>gavilyte-c</i> .....	58	<i>hailey 1.5/30</i> .....	50
<i>gavilyte-g</i> .....	58	<i>halobetasol propionate</i> .....	77
GAVRETO .....	17	<i>haloperidol</i> .....	35
<i>gefitinib</i> .....	17	<i>haloperidol decanoate</i> .....	35
<i>gemcitabine hcl</i> .....	13	<i>haloperidol lactate</i> .....	35
<i>gemfibrozil</i> .....	26	HARVONI PAK 33.75-150MG .....	9
GEMTESA .....	60	HARVONI PAK 45-200MG .....	9
<i>generlac</i> .....	58	HARVONI TAB 45-200MG .....	9
<i>gengraf</i> .....	65	HARVONI TAB 90-400MG .....	9
GENOTROPIN .....	55	HAVRIX .....	65
GENOTROPIN MINIQUICK .....	55	<i>heather</i> .....	50
<i>gentamicin in saline inj 0.8 mg/ml</i> ....	4	HEP SOD/D5W INJ 20000UNT .....	61
<i>gentamicin in saline inj 1 mg/ml</i> .....	4	HEP SOD/D5W INJ 25000UNT .....	61

HEP SOD/NACL INJ 12500UNT .....	61	<i>icatibant acetate</i> .....	61
HEP SOD/NACL INJ 25000UNT .....	61	<i>iclevia</i> .....	50
<i>heparin sodium (porcine)</i> .....	61	ICLUSIG .....	17
HEPARIN/NACL INJ 25000UNT .....	61	IDHIFA .....	17
HEPLISAV-B.....	65	<i>imatinib mesylate</i> .....	17
HERCEP HYLEC SOL 60-10000 .....	17	IMBRUVICA .....	18
HERCEPTIN.....	17	<i>imipenem-cilastatin intravenous for</i>	
HERZUMA.....	17	<i>soln 250 mg</i> .....	4
HIBERIX.....	65	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA .....	62	<i>soln 500 mg</i> .....	4
HUMIRA PEDIA INJ CROHNS .....	62	<i>imipramine hcl</i> .....	33
HUMIRA PEDIATRIC CROHNS D.....	62	<i>imiquimod</i> .....	77
HUMIRA PEN .....	62	IMOVAX RABIES (H.D.C.V.).....	65
HUMIRA PEN KIT PS/UV .....	63	INBRIJA.....	34
HUMIRA PEN-CD/UC/HS START .....	63	<i>incassia</i> .....	50
HUMIRA PEN-PEDIATRIC UC S .....	63	INCRELEX .....	55
HUMIRA PEN-PS/UV STARTER .....	63	INCRUSE ELLIPTA .....	71
HUMULIN R U-500 (CONCENTR .....	47	<i>indapamide</i> .....	29
HUMULIN R U-500 KWIKPEN.....	47	INFANRIX INJ .....	65
<i>hydralazine hcl</i> .....	31	INFLIXIMAB .....	63
<i>hydrochlorothiazide</i> .....	29	INLYTA.....	18
<i>hydrocodone bitartrate</i> .....	2	INQOVI TAB 35-100MG .....	13
<i>hydrocodone-acetaminophen soln 7.5-</i>		INREBIC .....	18
<i>325 mg/15ml</i> .....	2	INSULIN PEN NEEDLES: BD/NOVO ...	47
<i>hydrocodone-acetaminophen tab 10-</i>		INSULIN SAFETY NEEDLES.....	47
<i>325 mg</i> .....	2	INSULIN SYRINGES: BD .....	47
<i>hydrocodone-acetaminophen tab 5-325</i>		INTELENCE .....	6
<i>mg</i> .....	2	INTRALIPID.....	68
<i>hydrocodone-acetaminophen tab 7.5-</i>		<i>introvale</i> .....	50
<i>325 mg</i> .....	2	INVEGA HAFYERA.....	36
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INVEGA SUSTENNA .....	36
.....	2	INVEGA TRINZA.....	36
<i>hydrocortisone</i> .....	54	IPOL INJ INACTIVE.....	65
<i>hydrocortisone (intrarectal)</i> .....	58	<i>ipratropium bromide</i> .....	72
<i>hydrocortisone (rectal)</i> .....	77	<i>ipratropium bromide (nasal)</i> .....	72
<i>hydrocortisone (topical)</i> .....	77	<i>ipratropium-albuterol nebu soln 0.5-</i>	
<i>hydromorphone hcl</i> .....	2	<i>2.5(3) mg/3ml</i> .....	71
<i>hydroxychloroquine sulfate</i> .....	64	<i>irbesartan</i> .....	26
<i>hydroxyurea</i> .....	15	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>hydroxyzine hcl</i> .....	72	<i>150-12.5 mg</i> .....	25
<i>hydroxyzine pamoate</i> .....	72	<i>irbesartan-hydrochlorothiazide tab</i>	
HYSINGLA ER.....	2	<i>300-12.5 mg</i> .....	25
<b>I</b>		<i>irinotecan hcl</i> .....	15
<i>ibandronate sodium</i> .....	49	ISENTRESS .....	6
IBRANCE .....	17	ISENTRESS HD .....	6
<i>ibu</i> .....	1	<i>isibloom</i> .....	50
<i>ibuprofen</i> .....	1	ISOLYTE-P INJ /D5W .....	66

ISOLYTE-S INJ .....	66	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	67
ISOLYTE-S INJ PH 7.4 .....	67	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	67
<i>isoniazid</i> .....	8	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	67
<i>isosorbide dinitrate</i> .....	31	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	67
<i>isosorbide mononitrate</i> .....	31	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	67
<i>isotretinoin</i> .....	75	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	67
<i>isradipine</i> .....	29	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	67
<i>itraconazole</i> .....	5	KCL/D5W/NACL INJ 0.3/0.9% .....	67
<i>ivermectin</i> .....	4	<i>kelnor 1/35</i> .....	51
IXIARO INJ .....	65	<i>kelnor 1/50</i> .....	51
<b>J</b>		KERENDIA .....	24
JAKAFI.....	18	KESIMPTA.....	44
<i>jantoven</i> .....	61	<i>ketoconazole</i> .....	5
JANUMET TAB 50-1000 .....	46	<i>ketoconazole (topical)</i> .....	76
JANUMET TAB 50-500MG .....	46	<i>ketorolac tromethamine (ophth)</i> .....	70
JANUMET XR TAB 100-1000.....	46	KEVZARA .....	63
JANUMET XR TAB 50-1000 .....	46	KEYTRUDA .....	18
JANUMET XR TAB 50-500MG.....	46	KINRIX INJ .....	65
JANUVIA .....	46	KISQALI 200 DOSE.....	18
JARDIANCE.....	46	KISQALI 200 PAK FEMARA .....	15
<i>jasmiel</i> .....	50	KISQALI 400 DOSE.....	18
<i>javygtor</i> .....	55	KISQALI 400 PAK FEMARA .....	15
JAYPIRCA .....	18	KISQALI 600 DOSE.....	18
JENTADUETO TAB 2.5-1000.....	46	KISQALI 600 PAK FEMARA .....	15
JENTADUETO TAB 2.5-500 .....	46	<i>klor-con</i> .....	68
JENTADUETO TAB XR 2.5-1000MG...	46	<i>klor-con 10</i> .....	68
JENTADUETO TAB XR 5-1000MG .....	46	<i>klor-con 8</i> .....	68
<i>jinteli</i> .....	53	<i>klor-con m10</i> .....	68
<i>jolessa</i> .....	50	<i>klor-con m15</i> .....	68
<i>juleber</i> .....	50	<i>klor-con m20</i> .....	68
JULUCA TAB 50-25MG .....	8	KORLYM .....	55
<i>junel 1.5/30</i> .....	50	KOSELUGO .....	18
<i>junel 1/20</i> .....	50	KRAZATI.....	18
<i>junel fe 1.5/30</i> .....	51	<i>kurvelo</i> .....	51
<i>junel fe 1/20</i> .....	51	<b>L</b>	
JYNNEOS.....	65	<i>labetalol hcl</i> .....	28
<b>K</b>		<i>lacosamide</i> .....	39
KADCYLA.....	18	<i>lacosamide oral</i> .....	39
KALYDECO.....	73	<i>lactated ringer's solution</i> .....	67
KANJINTI .....	18	<i>lactic acid (ammonium lactate)</i> .....	78
<i>kariva</i> .....	51	<i>lactulose</i> .....	58
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	67		
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	67		
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	67		

<i>lactulose (encephalopathy)</i> .....	58	<i>levofloxacin in d5w iv soln 500</i>	
<i>lamivudine</i> .....	6	<i>mg/100ml</i> .....	11
<i>lamivudine (hbv)</i> .....	9	<i>levofloxacin in d5w iv soln 750</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>mg/150ml</i> .....	11
.....	8	<i>levonest</i> .....	51
<i>lamotrigine</i> .....	39	<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
<i>lansoprazole</i> .....	59	<i>day) tab 0.15-0.03 mg</i> .....	51
LANTUS .....	47	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
LANTUS SOLOSTAR.....	47	<i>0.1 mg-20 mcg</i> .....	51
<i>lapatinib ditosylate</i> .....	18	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>larin 1.5/30</i> .....	51	<i>0.15 mg-30 mcg</i> .....	51
<i>larin 1/20</i> .....	51	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>larin fe 1.5/30</i> .....	51	<i>30/0.075-40/0.125-30mg-mcg</i> .....	51
<i>larin fe 1/20</i> .....	51	<i>levora 0.15/30-28</i> .....	51
<i>latanoprost</i> .....	70	<i>levothyroxine sodium</i> .....	56
<i>leena</i> .....	51	<i>levoxyl</i> .....	56
<i>leflunomide</i> .....	64	LEXIVA.....	6
<i>lenalidomide</i> .....	14	<i>lidocaine</i> .....	77
LENVIMA 10 MG DAILY DOSE.....	18	<i>lidocaine hcl</i> .....	77
LENVIMA 12MG DAILY DOSE.....	18	<i>lidocaine hcl (local anesth.)</i> .....	3
LENVIMA 20 MG DAILY DOSE.....	19	<i>lidocaine hcl (mouth-throat)</i> .....	78
LENVIMA 4 MG DAILY DOSE .....	18	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	77
LENVIMA 8 MG DAILY DOSE .....	18	<i>linezolid</i> .....	4
LENVIMA CAP 14 MG .....	19	LINEZOLID INJ 2MG/ML .....	4
LENVIMA CAP 18 MG .....	19	LINZESS.....	59
LENVIMA CAP 24 MG .....	19	<i>liothyronine sodium</i> .....	56
<i>lessina</i> .....	51	<i>lisinopril</i> .....	24
<i>letrozole</i> .....	14	<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>	
<i>leucovorin calcium</i> .....	22	<i>12.5 mg</i> .....	23
LEUKERAN .....	13	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>leuprolide acetate</i> .....	14	<i>12.5 mg</i> .....	23
<i>levabuterol hcl</i> .....	72	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>levabuterol tartrate</i> .....	72	<i>25 mg</i> .....	23
<i>levetiracetam</i> .....	39	<i>lithium carbonate</i> .....	43
<i>levetiracetam in sodium chloride iv soln</i>		LIVALO.....	27
<i>1000 mg/100ml</i> .....	39	<i>loestrin 1.5/30-21</i> .....	51
<i>levetiracetam in sodium chloride iv soln</i>		<i>loestrin 1/20-21</i> .....	51
<i>1500 mg/100ml</i> .....	39	<i>loestrin fe 1.5/30</i> .....	51
<i>levetiracetam in sodium chloride iv soln</i>		<i>loestrin fe 1/20</i> .....	51
<i>500 mg/100ml</i> .....	39	LONSURF TAB 15-6.14 .....	13
<i>levobunolol hcl</i> .....	70	LONSURF TAB 20-8.19 .....	13
<i>levocarnitine (metabolic modifiers)</i> ..	55	<i>loperamide hcl</i> .....	59
<i>levocetirizine dihydrochloride</i> .....	72	<i>lopinavir-ritonavir soln 400-100</i>	
<i>levofloxacin</i> .....	10	<i>mg/5ml (80-20 mg/ml)</i> .....	8
<i>levofloxacin in d5w iv soln 250</i>		<i>lopinavir-ritonavir tab 100-25 mg</i> .....	8
<i>mg/50ml</i> .....	10	<i>lopinavir-ritonavir tab 200-50 mg</i> .....	8
		<i>lorazepam</i> .....	31

<i>lorazepam intensol</i> .....	31	<i>meclizine hcl</i> .....	57
LORBRENA .....	19	<i>medroxyprogesterone acetate</i> .....	56
<i>loryna</i> .....	51	<i>medroxyprogesterone acetate</i> (contraceptive) .....	51
<i>losartan potassium</i> .....	26	<i>mefloquine hcl</i> .....	6
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-12.5 mg</i> .....	25	<i>megestrol acetate</i> .....	14, 56
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-25 mg</i>	25	<i>megestrol acetate (appetite)</i> .....	56
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 50-12.5 mg</i> .....	25	MEKINIST .....	19
LOTEMAX .....	70	MEKTOVI .....	19
<i>lovastatin</i> .....	27	<i>meloxicam</i> .....	1
<i>low-ogestrel</i> .....	51	<i>memantine hcl</i> .....	32
<i>loxapine succinate</i> .....	36	MENACTRA INJ .....	65
LUMAKRAS .....	19	MENQUADFI INJ.....	66
LUMIGAN .....	70	MENVEO INJ.....	66
LUMIZYME.....	55	MENVEO SOL.....	66
LUPRON DEPOT (1-MONTH).....	14	<i>mercaptopurine</i> .....	13
LUPRON DEPOT (3-MONTH).....	14	<i>meropenem</i> .....	4
LUPRON DEPOT-PED (1-MONTH .....	55	<i>mesalamine</i> .....	58
LUPRON DEPOT-PED (3-MONTH .....	55	<i>mesalamine w/ cleanser</i> .....	58
LUPRON DEPOT-PED (6-MONTH .....	55	MESNEX .....	22
<i>lurasidone hcl</i> .....	36	<i>metformin hcl</i> .....	46
<i>lutera</i> .....	51	<i>methadone hcl</i> .....	2
<i>lyleq</i> .....	51	<i>methadone hydrochloride i</i> .....	2
<i>lyllana</i> .....	53	<i>methazolamide</i> .....	29
LYNPARZA .....	19	<i>methenamine hippurate</i> .....	4
LYSODREN .....	14	<i>methimazole</i> .....	56
LYTGOBI (12 MG DAILY DOSE).....	19	<i>methotrexate sodium</i> .....	13, 64
LYTGOBI (16 MG DAILY DOSE).....	19	<i>methsuximide</i> .....	39
LYTGOBI (20 MG DAILY DOSE).....	19	<i>methylphenidate hcl</i> .....	42
<i>lyza</i> .....	51	<i>methylprednisolone</i> .....	54
<b>M</b>		<i>methylprednisolone acetate</i> .....	54
<i>magnesium sulfate</i> .....	67	<i>methylprednisolone sod succ</i> .....	54
MAGNESIUM SULFATE .....	67	<i>methyltestosterone</i> .....	45
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i> .....	67	<i>metoclopramide hcl</i> .....	57
<i>malathion</i> .....	78	<i>metolazone</i> .....	30
<i>maraviroc</i> .....	6	<i>metoprolol &amp; hydrochlorothiazide tab</i> <i>100-25 mg</i> .....	28
<i>marlissa</i> .....	51	<i>metoprolol &amp; hydrochlorothiazide tab</i> <i>100-50 mg</i> .....	28
MARPLAN .....	33	<i>metoprolol &amp; hydrochlorothiazide tab</i> <i>50-25 mg</i> .....	28
MATULANE .....	15	<i>metoprolol succinate</i> .....	28
<i>matzim la</i> .....	29	<i>metoprolol tartrate</i> .....	28
MAVYRET PAK 50-20MG .....	9	<i>metronidazole</i> .....	4
MAVYRET TAB 100-40MG .....	9	<i>metronidazole (topical)</i> .....	78
		<i>metronidazole vaginal</i> .....	60
		<i>metyrosine</i> .....	31



MG SO4/D5W INJ 10MG/ML.....	67	<i>naltrexone hcl</i> .....	45
<i>micafungin sodium</i> .....	5	NAMZARIC CAP 14-10MG .....	32
<i>microgestin 1.5/30</i> .....	51	NAMZARIC CAP 21-10MG .....	32
<i>microgestin 1/20</i> .....	51	NAMZARIC CAP 28-10MG .....	32
<i>microgestin fe 1.5/30</i> .....	51	NAMZARIC CAP 7-10MG .....	32
<i>microgestin fe 1/20</i> .....	51	NAMZARIC CAP PACK.....	32
<i>midodrine hcl</i> .....	31	<i>naproxen</i> .....	1
<i>miglustat</i> .....	55	<i>naproxen sodium</i> .....	1
<i>mili</i> .....	51	<i>naratriptan hcl</i> .....	42
<i>mimvey</i> .....	53	NATACYN.....	69
<i>minocycline hcl</i> .....	12	<i>nateglinide</i> .....	46
<i>minoxidil</i> .....	31	NATPARA .....	49
<i>mirtazapine</i> .....	33	NAYZILAM.....	39
<i>misoprostol</i> .....	59	<i>nebivolol hcl</i> .....	28
MITIGARE.....	1	<i>necon 0.5/35-28</i> .....	51
M-M-R II INJ .....	65	<i>nefazodone hcl</i> .....	33
M-NATAL PLUS TAB.....	68	<i>neomycin sulfate</i> .....	4
<i>modafinil</i> .....	44	<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	69
<i>moexipril hcl</i> .....	24	<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	69
<i>molindone hcl</i> .....	36	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i> .....	69
<i>mometasone furoate</i> .....	77	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i> .....	69
<i>mometasone furoate (nasal)</i> .....	74	<i>neomycin-polymyxin-hc ophth susp</i> ..	69
MONJUVI.....	19	<i>neomycin-polymyxin-hc otic soln 1%</i>	71
<i>mono-lynyah</i> .....	51	<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i> .....	71
<i>montelukast sodium</i> .....	73	<i>neo-polycin 5(3.5)mg-400unt-</i> <i>10000unt op oin</i> .....	69
<i>morphine sulfate</i> .....	2, 3	<i>neo-polycin hc ophth oint 1%</i> .....	69
MORPHINE SULFATE.....	2	NERLYNX .....	19
MORPHINE SULFATE/SODIUM C .....	3	NEUPRO .....	34
MOVANTIK .....	59	<i>nevirapine</i> .....	6
<i>moxifloxacin hcl</i> .....	11	NEXAVAR.....	19
<i>moxifloxacin hcl (ophth)</i> .....	69	<i>niacin (antihyperlipidemic)</i> .....	27
<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i> .....	11	<i>nicardipine hcl</i> .....	29
MULTAQ.....	26	NICOTROL INHALER .....	45
<i>multiple electrolytes ph 5.5</i> .....	67	NICOTROL NS.....	45
<i>multiple electrolytes ph 7.4</i> .....	67	<i>nifedipine</i> .....	29
<i>mupirocin</i> .....	75	<i>nikki</i> .....	51
<i>mycophenolate mofetil</i> .....	65	<i>nilutamide</i> .....	14
<i>mycophenolate sodium</i> .....	65	<i>nimodipine</i> .....	29
MYRBETRIQ .....	60	NINLARO .....	19
<b>N</b>		<i>nisoldipine</i> .....	29
<i>nabumetone</i> .....	1	<i>nitazoxanide</i> .....	4
<i>nadolol</i> .....	28		
<i>nafcillin sodium</i> .....	11		
NAGLAZYME .....	55		
<i>nalbuphine hcl</i> .....	3		
<i>naloxone hcl</i> .....	45		

<i>nitisinone</i> .....	55	NUPLAZID.....	36
NITRO-BID .....	31	NURTEC.....	42
<i>nitrofurantoin macrocrystal</i> .....	4	NUTRILIPID.....	68
<i>nitrofurantoin monohyd macro</i> .....	4	NUZYRA .....	12
<i>nitroglycerin</i> .....	31	<i>nyamyc</i> .....	76
<i>nizatidine</i> .....	58	<i>nylia 1/35</i> .....	52
<i>nora-be</i> .....	51	<i>nylia 7/7/7</i> .....	52
<i>norethindrone (contraceptive)</i> .....	52	NYMALIZE.....	29
<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i> .....	52	<i>nymyo</i> .....	52
<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i> .....	52	<i>nystatin</i> .....	5
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i> .....	52	<i>nystatin (mouth-throat)</i> .....	78
<i>norethindrone acetate</i> .....	56	<i>nystatin (topical)</i> .....	76
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i> .....	53	<i>nystop</i> .....	76
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i> .....	54	<b>o</b>	
<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i> .....	52	<i>ocella</i> .....	52
<i>norgestimate &amp; ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i> .....	52	OCTAGAM.....	64
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> .....	52	<i>octreotide acetate</i> .....	55
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> .....	52	ODEFSEY TAB.....	8
NORITATE .....	78	ODOMZO .....	19
<i>norlyroc</i> .....	52	OFEV .....	73
NORPACE CR.....	26	<i>ofloxacin (ophth)</i> .....	69
<i>nortrel 0.5/35 (28)</i> .....	52	<i>ofloxacin (otic)</i> .....	71
<i>nortrel 1/35 (21)</i> .....	52	OGIVRI .....	19
<i>nortrel 1/35 (28)</i> .....	52	OGIVRI INJ 420MG.....	19
<i>nortrel 7/7/7</i> .....	52	<i>olanzapine</i> .....	36
<i>nortriptyline hcl</i> .....	33	<i>olmesartan medoxomil</i> .....	26
NORVIR .....	6	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i> .....	25
NOVOLIN INJ 70/30 .....	47	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i> .....	25
NOVOLIN INJ 70/30 FP .....	47	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .25	
NOVOLIN N.....	47	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i> .....	25
NOVOLIN N FLEXPEN .....	47	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i> .....	25
NOVOLIN R.....	47	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i> .....	25
NOVOLIN R FLEXPEN .....	48	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i> .....	25
NOVOLOG MIX INJ 70/30 .....	48		
NOVOLOG MIX INJ FLEXPEN .....	48		
NUBEQA.....	14		
NUDEXTA CAP 20-10MG.....	43		
NULOJIX .....	65		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	25	<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i> .....	3
<i>olopatadine hcl</i> .....	70	OZEMPIC (0.25 OR 0.5 MG/DOSE) ...	46
<i>olopatadine hcl (nasal)</i> .....	72	OZEMPIC (0.25 OR 0.5MG/DOSE) ....	46
<i>omega-3-acid ethyl esters cap 1 gm</i>	27	OZEMPIC (1MG/DOSE).....	46
<i>omeprazole</i> .....	59	OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	46
OMNARIS .....	74	<b>P</b>	
OMNIPOD 5 G6 KIT INTRO .....	48	<i>pacerone</i> .....	26
OMNIPOD 5 G6 MIS PODS .....	48	<i>paclitaxel</i> .....	15
OMNIPOD DASH KIT INTRO .....	48	<i>paclitaxel protein-bound particles for iv susp 100 mg</i> .....	15
OMNIPOD DASH MIS PODS.....	48	<i>paliperidone</i> .....	36
OMNIPOD GO KIT 10UNT/DY .....	48	<i>pamidronate disodium</i> .....	49
OMNIPOD GO KIT 15UNT/DY .....	48	PAMIDRONATE DISODIUM .....	49
OMNIPOD GO KIT 20UNT/DY .....	48	PANRETIN .....	78
OMNIPOD GO KIT 25UNT/DY .....	48	<i>pantoprazole sodium</i> .....	59
OMNIPOD GO KIT 30UNT/DY .....	48	PANZYGA.....	64
OMNIPOD GO KIT 35UNT/DY .....	48	<i>paraplatin</i> .....	13
OMNIPOD GO KIT 40UNT/DY .....	48	<i>paricalcitol</i> .....	57
OMNIPOD MIS CLASSIC .....	48	<i>paromomycin sulfate</i> .....	4
<i>ondansetron</i> .....	57	<i>paroxetine hcl</i> .....	33
<i>ondansetron hcl</i> .....	57	PEDIARIX INJ 0.5ML .....	66
ONTRUZANT .....	19	PEDVAX HIB.....	66
ONUREG .....	13	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	58
OPSUMIT.....	31	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	58
ORGOVYX.....	14	PEGASYS .....	9
ORKAMBI GRA 100-125 .....	73	PEMAZYRE .....	19
ORKAMBI GRA 150-188 .....	73	<i>pemetrexed disodium</i> .....	13
ORKAMBI GRA 75-94MG .....	73	PEN GK/DEXTR INJ 40000/ML .....	12
ORKAMBI TAB 100-125.....	73	PEN GK/DEXTR INJ 60000/ML .....	12
ORKAMBI TAB 200-125.....	73	<i>penicillamine</i> .....	49
ORSERDU .....	14	<i>penicillin g potassium</i> .....	12
<i>oseltamivir phosphate</i> .....	9	PENICILLIN G PROCAINE .....	12
OTEZLA.....	63	<i>penicillin g sodium</i> .....	12
OTEZLA TAB 10/20/30.....	63	<i>penicillin v potassium</i> .....	12
<i>oxacillin sodium</i> .....	11	PENTACEL INJ .....	66
<i>oxaliplatin</i> .....	13	<i>pentamidine isethionate inh</i> .....	4
<i>oxaprozin</i> .....	1	<i>pentamidine isethionate inj</i> .....	4
<i>oxcarbazepine</i> .....	39	<i>pentoxifylline</i> .....	61
<i>oxybutynin chloride</i> .....	60	<i>perindopril erbumine</i> .....	24
<i>oxycodone hcl</i> .....	3	<i>perio gard</i> .....	78
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i> .....	3	<i>permethrin</i> .....	78
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i> .....	3	<i>perphenazine</i> .....	36
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i> .....	3	PERSERIS .....	36

<i>pfizerpen</i> .....	12	POT CHL 20MEQ/L IN NAACL 0.45% INJ	67
<i>phenelzine sulfate</i> .....	33	POT CHL 20MEQ/L IN NAACL 0.9% INJ	67
<i>phenobarbital</i> .....	39	POT CHL 40MEQ/L IN NAACL 0.9% INJ	67
<i>phenobarbital sodium</i> .....	39	<i>potassium chloride</i> .....	67, 68
PHENYTEK .....	39	POTASSIUM CHLORIDE .....	67
<i>phenytoin</i> .....	39	<i>potassium chloride 20 meq/l (0.15%)</i>	67
<i>phenytoin sodium</i> .....	39	<i>in dextrose 5% inj</i> .....	67
<i>phenytoin sodium extended</i> .....	39	<i>potassium chloride microencapsulated</i>	68
PHESGO SOL .....	20	<i>crystals er</i> .....	68
<i>philit</i> .....	52	<i>potassium citrate (alkalinizer)</i> .....	60
PIFELTRO .....	7	PRADAXA.....	61
<i>pilocarpine hcl</i> .....	70	<i>pramipexole dihydrochloride</i> .....	34
<i>pilocarpine hcl (oral)</i> .....	78	<i>prasugrel hcl</i> .....	62
<i>pimozide</i> .....	36	<i>pravastatin sodium</i> .....	27
<i>pimtree</i> .....	52	<i>praziquantel</i> .....	4
<i>pindolol</i> .....	28	<i>prazosin hcl</i> .....	24
<i>pioglitazone hcl</i> .....	46	<i>prednisolone</i> .....	54
<i>pioglitazone hcl-metformin hcl tab 15-</i>	46	<i>prednisolone acetate (ophth)</i> .....	70
<i>500 mg</i> .....	46	PREDNISOLONE SODIUM PHOSP.....	70
<i>pioglitazone hcl-metformin hcl tab 15-</i>	46	<i>prednisolone sodium phosphate</i> .....	54
<i>850 mg</i> .....	46	<i>prednisone</i> .....	54
<i>piperacillin sod-tazobactam na for inj</i>	12	PREDNISONE INTENSOL.....	54
<i>3.375 gm (3-0.375 gm)</i> .....	12	<i>pregabalin</i> .....	39, 40
<i>piperacillin sod-tazobactam sod for inj</i>	12	PREHEVBRIO .....	66
<i>13.5 gm (12-1.5 gm)</i> .....	12	PREMASOL SOL 10% .....	68
<i>piperacillin sod-tazobactam sod for inj</i>	12	PRENATAL TAB 27-1MG.....	68
<i>2.25 gm (2-0.25 gm)</i> .....	12	PRENATAL TAB PLUS.....	68
<i>piperacillin sod-tazobactam sod for inj</i>	12	<i>prevalite</i> .....	27
<i>4.5 gm (4-0.5 gm)</i> .....	12	PREVYMIS.....	9
<i>piperacillin sod-tazobactam sod for inj</i>	12	PREZCOBIX TAB 800-150 .....	8
<i>40.5 gm (36-4.5 gm)</i> .....	12	PREZISTA .....	7
PIQRAY 200MG DAILY DOSE.....	20	PRIFTIN.....	8
PIQRAY 250MG TAB DOSE.....	20	<i>primaquine phosphate</i> .....	6
PIQRAY 300MG DAILY DOSE.....	20	PRIMAQUINE PHOSPHATE .....	6
<i>pirfenidone</i> .....	73	<i>primidone</i> .....	40
<i>piroxicam</i> .....	1	PRIORIX INJ.....	66
PLASMA-LYTE INJ -148 .....	67	PRIVIGEN .....	64
PLASMA-LYTE INJ -A .....	67	<i>probenecid</i> .....	1
<i>plenamine</i> .....	68	<i>prochlorperazine</i> .....	57
PLENVU SOL .....	58	<i>prochlorperazine edisylate</i> .....	57
<i>podofilox</i> .....	78	<i>prochlorperazine maleate</i> .....	57
<i>polycin ophth oint</i> .....	69	PROCRIT .....	61
<i>polymyxin b-trimethoprim ophth soln</i>	69	<i>procto-med hc</i> .....	78
<i>10000 unit/ml-0.1%</i> .....	69	<i>proctosol hc</i> .....	78
POMALYST.....	14		
<i>portia-28</i> .....	52		
<i>posaconazole</i> .....	5		

<i>proctozone-hc</i> .....	78	RESTASIS .....	71
<i>progesterone</i> .....	56	RESTASIS MULTIDOSE .....	71
PROGRAF .....	65	RETEVMO .....	20
PROLASTIN-C.....	73	REVLIMID .....	15
PROLENSA.....	70	REXULTI .....	36
PROLIA .....	49	REYATAZ .....	7
PROMACTA .....	61, 62	REZLIDHIA.....	20
<i>promethazine hcl</i> .....	57	REZUROCK.....	65
<i>propafenone hcl</i> .....	26	RHOPRESSA .....	70
<i>proparacaine hcl</i> .....	71	<i>ribavirin (hepatitis c)</i> .....	9
<i>propranolol hcl</i> .....	28	<i>rifabutin</i> .....	8
<i>propylthiouracil</i> .....	56	<i>rifampin</i> .....	8
PROQUAD INJ .....	66	<i>riluzole</i> .....	43
PROSOL INJ 20%.....	68	<i>rimantadine hydrochloride</i> .....	9
<i>protriptyline hcl</i> .....	33	RINVOQ.....	63
PULMOZYME .....	73	<i>risedronate sodium</i> .....	49
PURIXAN .....	13	RISPERDAL CONSTA .....	36
<i>pyrazinamide</i> .....	8	<i>risperidone</i> .....	36, 37
<i>pyridostigmine bromide</i> .....	43	<i>ritonavir</i> .....	7
<b>Q</b>		<i>rivastigmine</i> .....	32
QINLOCK.....	20	<i>rivastigmine tartrate</i> .....	32
QUADRACEL INJ .....	66	<i>rizatriptan benzoate</i> .....	42
QUADRACEL INJ 0.5ML .....	66	ROCKLATAN DRO .....	70
<i>quetiapine fumarate</i> .....	36	<i>roflumilast</i> .....	73, 74
<i>quinapril hcl</i> .....	24	<i>ropinirole hydrochloride</i> .....	34
<i>quinidine sulfate</i> .....	26	<i>rosuvastatin calcium</i> .....	27
<i>quinine sulfate</i> .....	6	ROTARIX SUS.....	66
<b>R</b>		ROTATEQ SOL .....	66
RABAVERT INJ .....	66	<i>roweepa</i> .....	40
<i>rabeprazole sodium</i> .....	59	ROZLYTREK.....	20
<i>raloxifene hcl</i> .....	55	RUBRACA.....	20
<i>ramipril</i> .....	24	<i>rufinamide</i> .....	40
<i>ranolazine</i> .....	31	RUKOBIA .....	7
<i>rasagiline mesylate</i> .....	34	RYBELSUS .....	46
RAYALDEE .....	57	RYDAPT .....	20
<i>reclipsen</i> .....	52	<b>S</b>	
RECOMBIVAX HB .....	66	<i>sajazir</i> .....	62
RECTIV .....	78	SANDIMMUNE.....	65
REGRANEX .....	78	SANTYL .....	78
RELENZA DISKHALER .....	9	<i>sapropterin dihydrochloride</i> .....	55
RELISTOR.....	59	SAVELLA.....	43
REMICADE.....	63	SAVELLA MIS TITR PAK .....	43
RENFLEXIS .....	63	SCSEMBLIX.....	20
<i>repaglinide</i> .....	46	<i>scopolamine</i> .....	57
REPATHA.....	27	SECUADO .....	37
REPATHA PUSHTRONEX SYSTEM .....	27	<i>selegiline hcl</i> .....	34
REPATHA SURECLICK .....	27	<i>selenium sulfide</i> .....	76

SELZENTRY .....	7	<i>sronyx</i> .....	52
SEREVENT DISKUS .....	72	<i>ssd</i> .....	75
<i>sertraline hcl</i> .....	33	<i>stavudine</i> .....	7
<i>setlakin</i> .....	52	STELARA .....	63
<i>sevelamer carbonate</i> .....	56	STIVARGA.....	20
<i>sharobel</i> .....	52	<i>streptomycin sulfate</i> .....	4
SHINGRIX .....	66	STRIBILD TAB .....	8
SIGNIFOR .....	55	<i>subvenite</i> .....	40
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i> .....	31	<i>sucralfate</i> .....	59
<i>silodosin</i> .....	60	<i>sulfacetamide sodium (acne)</i> .....	75
<i>silver sulfadiazine</i> .....	75	<i>sulfacetamide sodium (ophth)</i> .....	69
SIMBRINZA SUS 1-0.2%.....	70	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i> .....	69
<i>simliya</i> .....	52	<i>sulfadiazine</i> .....	4
<i>simvastatin</i> .....	27	<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i> .....	5
<i>sirolimus</i> .....	65	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i> .....	5
SIRTURO.....	8	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i> .....	5
SIVEXTRO .....	4	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i> .....	5
SKYRIZI.....	63	SULFAMYLON .....	75
SKYRIZI PEN.....	63	<i>sulfasalazine</i> .....	58
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i> .....	58	<i>sulindac</i> .....	1
<i>sodium chloride</i> .....	67	<i>sumatriptan</i> .....	43
<i>sodium chloride (gu irrigant)</i> .....	78	<i>sumatriptan succinate</i> .....	43
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i> .....	68	<i>sunitinib malate</i> .....	20
SODIUM OXYBATE .....	44	SUNLENCA.....	7
<i>sodium phenylbutyrate</i> .....	55	<i>syeda</i> .....	52
<i>sodium polystyrene sulfonate powder</i> .....	49	SYMDEKO TAB 100-150.....	74
<i>solifenacin succinate</i> .....	60	SYMDEKO TAB 50-75MG.....	74
SOLQUA INJ 100/33 .....	48	SYMJEPI .....	74
SOLTAMOX .....	14	SYMPAZAN.....	40
SOLU-CORTEF .....	54	SYM TUZA TAB .....	8
SOMATULINE DEPOT .....	55	SYNAREL .....	53
SOMAVERT .....	56	SYNJARDY TAB 12.5-1000MG .....	46
<i>sorafenib tosylate</i> .....	20	SYNJARDY TAB 12.5-500 .....	46
<i>sorine</i> .....	26	SYNJARDY TAB 5-1000MG .....	46
<i>sotalol hcl</i> .....	26	SYNJARDY TAB 5-500MG .....	46
<i>sotalol hcl (afib/afl)</i> .....	26	SYNJARDY XR TAB 10-1000 .....	47
<i>spironolactone</i> .....	24	SYNJARDY XR TAB 12.5-1000MG .....	47
<i>spironolactone &amp; hydrochlorothiazide</i> <i>tab 25-25 mg</i> .....	30	SYNJARDY XR TAB 25-1000 .....	47
<i>sprintec 28</i> .....	52	SYNJARDY XR TAB 5-1000MG.....	47
SPRITAM .....	40	SYNRIBO .....	15
SPRYCEL .....	20	SYNTHROID .....	56
<i>sps</i> .....	49		

<b>T</b>	
TABLOID .....	13
TABRECTA .....	20
<i>tacrolimus</i> .....	65
<i>tacrolimus (topical)</i> .....	78
TAFINLAR .....	20
TAGRISSO .....	20
TALTZ .....	63
TALZENNA .....	21
<i>tamoxifen citrate</i> .....	14
<i>tamsulosin hcl</i> .....	60
<i>tarina fe 1/20 eq</i> .....	52
TASIGNA .....	21
<i>tasimelteon</i> .....	42
<i>tazarotene</i> .....	76
<i>tazicef</i> .....	10
TAZORAC .....	76
<i>taztia xt</i> .....	29
TAZVERIK .....	21
TDVAX INJ 2-2 LF .....	66
TECENTRIQ .....	21
TEFLARO .....	10
<i>telmisartan</i> .....	26
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	25
<i>telmisartan-amlodipine tab 40-5 mg</i>	25
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	25
<i>telmisartan-amlodipine tab 80-5 mg</i>	25
<i>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</i> .....	25
<i>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</i> .....	25
<i>telmisartan-hydrochlorothiazide tab 80- 25 mg</i> .....	25
<i>temazepam</i> .....	42
TENIVAC INJ 5-2LF .....	66
<i>tenofovir disoproxil fumarate</i> .....	7
TEPMETKO .....	21
<i>terazosin hcl</i> .....	24
<i>terbinafine hcl</i> .....	5
<i>terbutaline sulfate</i> .....	72
<i>terconazole vaginal</i> .....	60
TERIPARATIDE .....	49
<i>testosterone</i> .....	45
<i>testosterone cypionate</i> .....	45
<i>testosterone enanthate</i> .....	45
<i>tetrabenazine</i> .....	43
<i>tetracycline hcl</i> .....	12
THALOMID .....	15
THEO-24 .....	74
<i>theophylline</i> .....	74
<i>thioridazine hcl</i> .....	37
<i>thiothixene</i> .....	37
<i>tiadylt er</i> .....	29
<i>tiagabine hcl</i> .....	40
TIBSOVO .....	21
TICOVAC .....	66
<i>tigecycline</i> .....	12
<i>tilia fe</i> .....	52
<i>timolol maleate</i> .....	28
<i>timolol maleate (ophth)</i> .....	70
<i>tinidazole</i> .....	5
TIVICAY .....	7
TIVICAY PD .....	7
<i>tizanidine hcl</i> .....	44
TOBRADEX OIN 0.3-0.1% .....	69
TOBRADEX ST SUS 0.3-0.05 .....	69
<i>tobramycin</i> .....	5
<i>tobramycin (ophth)</i> .....	69
<i>tobramycin sulfate</i> .....	5
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	69
<i>tolterodine tartrate</i> .....	60
<i>topiramate</i> .....	40
<i>toremifene citrate</i> .....	14
<i>toremide</i> .....	30
TOUJEO MAX SOLOSTAR .....	48
TOUJEO SOLOSTAR .....	48
TPN ELECTROL INJ .....	67
TRADJENTA .....	47
<i>tramadol hcl</i> .....	3
<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	3
<i>trandolapril</i> .....	24
<i>tranexamic acid</i> .....	62
<i>tranylcypromine sulfate</i> .....	33
TRAVASOL INJ 10% .....	68
<i>travoprost</i> .....	70
TRAZIMERA .....	21
<i>trazodone hcl</i> .....	33
TRECTOR .....	8
TRELEGY AER ELLIPTA 100-62.5-25 MCG .....	71

TRELEGY AER ELLIPTA 200-62.5-25 MCG .....	71	<i>tri-sprintec</i> .....	53
<i>treprostinil</i> .....	31	TRIUMEQ PD TAB .....	8
TRESIBA .....	48	TRIUMEQ TAB.....	8
TRESIBA FLEXTOUCH .....	48	<i>trivora-28</i> .....	53
<i>tretinoin</i> .....	75	<i>tri-vylibra</i> .....	53
<i>tretinoin (chemotherapy)</i> .....	15	<i>tri-vylibra lo</i> .....	53
TREXALL .....	64	TRIZIVIR TAB.....	8
<i>triamcinolone acetonide (mouth)</i> .....	78	TROGARZO .....	7
<i>triamcinolone acetonide (topical)</i> .....	77	TROPHAMINE INJ 10% .....	68
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....	30	<i>tropium chloride</i> .....	60
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>37.5-25 mg</i> .....	30	TRULICITY .....	47
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>75-50 mg</i> .....	30	TRUMENBA INJ .....	66
TRICARE TAB PRENATAL .....	68	TRUXIMA .....	21
<i>trientine hcl</i> .....	49	TUKYSA.....	21
<i>tri-estarylla</i> .....	52	TURALIO.....	21
<i>trifluoperazine hcl</i> .....	37	TWINRIX INJ .....	66
<i>trifluridine</i> .....	69	TYBOST.....	7
<i>trihexyphenidyl hcl</i> .....	35	TYPHIM VI .....	66
TRIJARDY XR TAB ER 24HR 10-5- 1000MG .....	47	TYRVAYA .....	71
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG .....	47	<b>U</b>	
TRIJARDY XR TAB ER 24HR 25-5- 1000MG .....	47	<i>unithroid</i> .....	56
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG .....	47	<i>ursodiol</i> .....	59
TRIKAFTA PAK 59.5MG .....	74	<b>V</b>	
TRIKAFTA PAK 75MG .....	74	<i>valacyclovir hcl</i> .....	9
TRIKAFTA TAB 100-50-75MG & 150MG .....	74	VALCHLOR.....	78
TRIKAFTA TAB 50-25-37.5MG & 75MG .....	74	<i>valganciclovir hcl</i> .....	9
<i>tri-legest fe</i> .....	52	<i>valproate sodium</i> .....	40
<i>tri-linyah</i> .....	52	<i>valproic acid</i> .....	40
<i>tri-lo-estarylla</i> .....	52	<i>valsartan</i> .....	26
<i>tri-lo-marzia</i> .....	52	<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i> .....	25
<i>tri-lo-mili</i> .....	52	<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i> .....	25
<i>tri-lo-sprintec</i> .....	52	<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i> .....	25
<i>trimethoprim</i> .....	5	<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i> .....	26
<i>tri-mili</i> .....	52	<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i> .....	25
<i>trimipramine maleate</i> .....	33	VALTOCO 10 MG DOSE.....	40
TRINTELLIX .....	33	VALTOCO 15 MG DOSE.....	40
<i>tri-nymyo</i> .....	53	VALTOCO 20 MG DOSE.....	40
		VALTOCO 5 MG DOSE .....	40
		<i>vancomycin hcl</i> .....	5
		VANCOMYCIN INJ 1 GM.....	5
		VANCOMYCIN INJ 500MG .....	5
		VANCOMYCIN INJ 750MG .....	5



VAQTA .....	66
<i>varenicline tartrate</i> .....	45
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	45
VARIVAX .....	66
VASCEPA.....	27
<i>velivet</i> .....	53
VELPHORO .....	56
VELTASSA .....	49
VEMLIDY .....	9
VENCLEXTA .....	21
VENCLEXTA TAB START PK.....	21
<i>venlafaxine hcl</i> .....	33
VENTAVIS .....	31
VENTOLIN HFA .....	72
VENTOLIN HFA (INSTITUTIONAL PACK) .....	73
<i>verapamil hcl</i> .....	29
VERQUVO .....	31
VERSACLOZ.....	37
VERZENIO .....	21
<i>vestura</i> .....	53
V-GO 20 KIT .....	48
V-GO 30 KIT .....	48
V-GO 40 KIT .....	48
<i>vienna</i> .....	53
<i>vigabatrin</i> .....	40
<i>vigadrone</i> .....	40
<i>vilazodone hcl</i> .....	33
<i>vincristine sulfate</i> .....	15
<i>vinorelbine tartrate</i> .....	15
<i>viorele</i> .....	53
VIRACEPT.....	7
VIREAD.....	7
VITRAKVI .....	21
VIVITROL .....	45
VIZIMPRO .....	21
VONJO .....	21
<i>voriconazole</i> .....	5, 6
VOSEVI TAB .....	9
VOTRIENT .....	21
VRAYLAR.....	37
VRAYLAR CAP 1.5-3MG .....	37
<i>vyfemla</i> .....	53
<i>vylibra</i> .....	53
VYVANSE .....	42
VYZULTA.....	71

## W

<i>warfarin sodium</i> .....	61
<i>water for irrigation, sterile irrigation soln</i> .....	78
WELIREG .....	15
<i>wera</i> .....	53
<i>wixela inhub</i> .....	75

## X

XALKORI .....	22
XARELTO .....	61
XARELTO STAR TAB 15/20MG.....	61
XATMEP.....	64
XCOPRI .....	40
XCOPRI PAK 100-150.....	40
XCOPRI PAK 12.5-25 .....	40
XCOPRI PAK 150-200MG (MAINTENANCE).....	40
XCOPRI PAK 150-200MG (TITRATION) .....	40
XCOPRI PAK 50-100MG .....	40
XELJANZ.....	63
XELJANZ XR .....	63
XERMELO.....	59
XGEVA .....	49
XHANCE .....	74
XIFAXAN.....	59
XIGDUO XR TAB 10-1000 .....	47
XIGDUO XR TAB 10-500MG.....	47
XIGDUO XR TAB 2.5-1000 .....	47
XIGDUO XR TAB 5-1000MG.....	47
XIGDUO XR TAB 5-500MG .....	47
XIIDRA.....	71
XOLAIR .....	74
XOSPATA.....	22
XPOVIO 100 MG ONCE WEEKLY .....	22
XPOVIO 40 MG ONCE WEEKLY.....	22
XPOVIO 40 MG TWICE WEEKLY.....	22
XPOVIO 60 MG ONCE WEEKLY.....	22
XPOVIO 60 MG TWICE WEEKLY.....	22
XPOVIO 80 MG ONCE WEEKLY.....	22
XPOVIO 80 MG TWICE WEEKLY.....	22
XTANDI .....	14
<i>xulane</i> .....	53
XULTOPHY INJ 100/3.6 .....	48

## Y

YF-VAX INJ .....	66
<i>yuvafem</i> .....	54

<b>Z</b>	
<i>zafemy</i> .....	53
<i>zafirlukast</i> .....	73
ZARXIO.....	61
ZEJULA .....	22
ZELBORAF .....	22
ZEMAIRA.....	74
<i>zenatane</i> .....	75
ZENPEP CAP 10000UNT .....	59
ZENPEP CAP 15000UNT .....	59
ZENPEP CAP 20000UNT .....	59
ZENPEP CAP 25000UNT .....	59
ZENPEP CAP 3000UNIT .....	59
ZENPEP CAP 40000UNT .....	59
ZENPEP CAP 5000UNIT .....	59
ZERVIAE.....	70
<i>zidovudine</i> .....	7
ZIEXTENZO .....	61
<i>ziprasidone hcl</i> .....	37
<i>ziprasidone mesylate</i> .....	37
ZIRABEV.....	22
ZIRGAN.....	69
<i>zoledronic acid</i> .....	49
ZOLINZA .....	22
<i>zolpidem tartrate</i> .....	42
ZONISADE .....	41
<i>zonisamide</i> .....	41
<i>zovia 1/35</i> .....	53
ZTALMY.....	41
<i>zumandimine</i> .....	53
ZYCLARA PUMP .....	78
ZYDELIG.....	22
ZYKADIA .....	22
ZYLET SUS 0.5-0.3% .....	69
ZYPITAMAG.....	27
ZYPREXA RELPREVV.....	37



## Multi-Language Interpreter Services

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**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-633-1542 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-633-1542 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-633-1542 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-633-1542 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-633-1542 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-633-1542 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-633-1542 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-633-1542 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول

على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-633-1542 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-633-1542 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-633-1542 (TTY: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-633-1542 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-633-1542 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-633-1542 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-633-1542 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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[www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare)

**This formulary was updated on 01/01/2024.** For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542 (TTY users should call 711), Monday – Friday, 8 a.m. – 8 p.m. (Oct. 1 – Mar. 31, 7 days a week, 8 a.m. – 8 p.m.), or visit [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare).

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VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務. 請致電 1-800-633-1542 (TTY: 711).

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