



# GlobalHealth

## GlobalHealth 2019 Formulary

(List of  
Covered Drugs)

For Generations  
Generations  
Select (HMO)



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

This formulary was updated  
on 03/01/2019. For more  
recent information or other  
questions, please contact  
GlobalHealth Customer Care at  
1-866-494-3927 or,  
for TTY users, 711  
24 hours a day, seven days a week  
[www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare)

HPMS Approved Formulary File  
Submission ID: 00019291  
Version 8

GlobalHealth is an HMO plan with  
a Medicare contract. Enrollment in  
GlobalHealth depends on contract  
renewal.

**GlobalHealth**  
**2019 Formulary**  
**(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00019291, Version Number 8.

This formulary was updated on 03/01/2019. For more recent information or other questions, please contact us, GlobalHealth Customer Care at 1-866-494-3927 (toll-free) or, for TTY users, 711, 24 hours a day, seven days a week or visit [www.GlobalHealth.com/medicare](http://www.GlobalHealth.com/medicare).

GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth is dependent on contract renewal.

The formulary may change at any time, you will receive notice when necessary.

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**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 GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means Generations Select (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 03/01/2019. 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, 2019, and from time to time during the year.

## **What is the Generations Select (HMO) Formulary?**

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or 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.

The enclosed formulary is current as of 03/01/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 74. 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?**

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GlobalHealth before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Generations Select (HMO) formulary?" on page 5 for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered. For more information, 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 learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask GlobalHealth 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 Generations Select (HMO) Formulary?

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

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with 31-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

## **For more information**

For more detailed information about your Generations Select (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

## **Generations Select (HMO) Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

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

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

- LA – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Provider & Pharmacy Directory or call Customer Care, at 1-866-494-3927 (toll-free) 24 hours a day, seven days a week. TTY users should call 711.
- PA - Prior Authorization drugs are designated with the abbreviation PA;
- QL - Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug;
- ST - Step Therapy drugs are designated with the abbreviation ST;
- NM – Drugs that are not available by mail-order are designated with the abbreviation NM;
- B/D – Drugs that require coverage determination for Medicare Part B or Part D are designated with the abbreviation B/D;
- GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**ANALGESICS**

***GOUT***

<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST

***NSAIDS***

<i>celecoxib CAPS 50mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diclofenac w/ misoprostol</i>	4	
<i>diflunisal</i>	3	
<i>etodolac</i>	3	
<i>etodolac er</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibu tab 600mg</i>	1	GC
<i>ibu tab 800mg</i>	1	GC
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	GC
<i>meloxicam TABS</i>	1	GC
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	GC
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<i>oxaprozin</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	

***OPIOID ANALGESICS***

<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)

**OPIOID ANALGESICS, CII**

<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	3	QL (90 tabs / 30 days), PA

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS 15mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate TABS 30mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	4	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	4	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
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**ANTI-INFECTIVES**

**ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate SOLN</i>	4	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	3	
<i>neomycin sulfate TABS</i>	3	
<i>paromomycin sulfate CAPS</i>	4	
<i>streptomycin sulfate SOLR</i>	5	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	3	
<i>tobramycin inj 40mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	

**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole TABS</i>	5	
ALBENZA	5	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 300mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
DAPTOMYCIN 350mg	5	
<i>daptomycin 500mg</i>	5	
EMVERM	5	
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ivermectin</i> TABS	3	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole</i> TABS	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>praziquantel</i> TABS	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	GC
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim</i> TABS	2	
<i>vancomycin hcl</i> CAPS 125mg	4	
<i>vancomycin hcl</i> CAPS 250mg	5	
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NAACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	3	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize SUSP</i>	3	
<i>griseofulvin microsize TABS</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole CAPS</i>	4	PA
<i>ketoconazole TABS</i>	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	3	
<i>terbinafine hcl TABS</i>	2	QL (90 tabs / year)
<i>voriconazole SOLR</i>	4	
<i>voriconazole SUSR; TABS</i>	5	

#### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate TABS</i>	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate CAPS</i>	4	PA

#### **ANTI-RETROVIRAL AGENTS**

<i>abacavir sulfate SOLN</i>	4	
<i>abacavir sulfate TABS</i>	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz CAPS 50mg</i>	4	
<i>efavirenz CAPS 200mg</i>	5	
<i>efavirenz TABS</i>	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 100mg er</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tab 400mg er</i>	4	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	

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<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DELSTRIGO	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	4	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	GC
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRECATOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i>	3	
<i>ganciclovir sodium</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	
MAVYRET	5	NM, PA
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
RIBASPHERE TABS 400mg	5	NM
<i>ribasphere</i> TABS 600mg	5	NM
<i>ribavirin 200mg</i> CAPS	3	NM
<i>ribavirin 200mg</i> TABS	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR MONOHYDRATE ER	4	
<i>cefadroxil</i> CAPS	2	

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<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	3	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	3	
TEFLARO	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	GC
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	

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<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	GC
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	GC
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj</i> 25mg/ml	4	
<i>levofloxacin oral soln</i> 25 mg/ml	4	
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl</i> TABS	4	
<i>moxifloxacin hcl in sodium chloride</i>	4	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	GC
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin &amp; pot clavulanate</i> CHEW; TB12	4	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	2	
<i>ampicillin &amp; sulbactam sodium</i>	4	
<i>ampicillin cap</i> 500mg	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
AUGMENTIN SUS 125/5ML	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm, 2gm	4	
<i>nafcillin sodium</i> 10gm	5	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	GC
<i>penicillin gk inj</i> 5mu	4	
<i>penicillin gk inj</i> 20mu	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	3	
<i>minocycline hcl CAPS</i>	3	
<i>mondoxyne nl cap 100mg</i>	2	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl CAPS</i>	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	B/D, NM
<i>cyclophosphamide CAPS</i>	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine 100mg</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	4	B/D
LEUKERAN	5	
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	4	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	3	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mitomycin SOLR</i>	5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	4	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM
TABLOID	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA

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KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole TABS</i>	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	3	
<i>letrozole TABS</i>	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA

### **IMMUNOMODULATORS**

POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA

### **KINASE INHIBITORS**

AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA

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ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	3	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane 500mg</i>	5	B/D
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
MESNEX TABS	5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide SOLN</i>	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide</i>	1	GC
<i>captopril &amp; hydrochlorothiazide</i>	1	GC
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	GC
<i>lisinopril &amp; hydrochlorothiazide</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
<b>ACE INHIBITORS</b>		
<i>benazepril hcl TABS</i>	1	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril TABS</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	3	
<i>spironolactone TABS</i>	1	GC
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate TABS</i>	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-12.5mg	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-320-25mg	1	GC
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	GC
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>telmisartan-amlodipine</i>	1	GC
<i>telmisartan-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	1	GC

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil</i>	1	GC
EDARBI	4	
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil</i> TABS	1	GC
<i>telmisartan</i>	1	GC
<i>valsartan</i>	1	GC

### **ANTIARRHYTHMICS**

<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	1	GC
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV	5	ST
<i>atorvastatin calcium</i> TABS	1	GC
<i>fluvastatin sodium</i>	1	GC
LIVALO	4	ST
<i>lovastatin</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>simvastatin</i> TABS 80mg	1	GC, QL (30 tabs / 30 days)
ZYPITAMAG	4	ST
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
ANTARA	4	
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate</i>	4	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	
<i>ezetimibe-simvastatin</i>	1	GC
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	

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PRALUENT	5	PA
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL PAK	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	GC
<i>metoprolol &amp; hctz tab 50-25mg</i>	3	
<i>metoprolol &amp; hctz tab 100-25mg</i>	3	
<i>metoprolol &amp; hctz tab 100-50mg</i>	3	
<i>propranolol &amp; hydrochlorothiazide</i>	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	GC
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	GC
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	3	
<i>metoprolol tartrate SOLN</i>	3	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS</i>	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl TABS</i>	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium</i>	1	GC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate TABS</i>	1	GC
<i>cartia xt cap 120/24hr</i>	3	
<i>cartia xt cap 180/24hr</i>	3	
<i>cartia xt cap 240/24hr</i>	3	
<i>cartia xt cap 300/24hr</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	3	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
<i>nisoldipine</i>	4	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	3	
<i>verapamil cap er 360mg</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl tab er</i>	2	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek .25mg</i>	3	PA; PA if 70 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol 50mcg/ml</i>	4	PA; PA if 70 years and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b>		
TEKTURNA	4	
TEKTURNA HCT	4	
<b><i>DIURETICS</i></b>		
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	3	
<i>bumetanide</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	GC
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone &amp; hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	GC
<b><i>MISCELLANEOUS</i></b>		
BIDIL	3	
<i>clonidine hcl</i> TABS	1	GC
<i>clonidine hcl ptwk</i>	4	
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
<b><i>NITRATES</i></b>		
ISORDIL TITRADOSE 40mg	5	
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin SUBL</i>	3	
<i>nitroglycerin td patch</i>	3	

### **PULMONARY ARTERIAL HYPERTENSION**

ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

### **CENTRAL NERVOUS SYSTEM**

#### **ANTI-ANXIETY**

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg</i>	2	
<i>buspirone hcl TABS 30mg</i>	4	
<i>fluvoxamine maleate TABS</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

#### **ANTICONVULSANTS**

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)

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BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clobazam</i>	3	PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	3	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	

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EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24; TBDP	4	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj 50mg/ml</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
<i>roweepra xr</i>	3	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	2	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	3	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS	4	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	4	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate</i> 1.5mg, 3mg	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	4	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr	4	QL (30 patches / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine tab</i> 25mg	3	
<i>amoxapine tab</i> 50mg	3	
<i>amoxapine tab</i> 100mg	3	
<i>amoxapine tab</i> 150mg	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS	1	GC
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> TABS	1	GC
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap</i> 10mg	1	GC
<i>fluoxetine cap</i> 20mg	1	GC
<i>fluoxetine cap</i> 40mg	1	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS	2	
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine er tab</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS	1	GC
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	2	
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate CAPS; TABS</i>	4	
<i>carbidopa TABS</i>	5	
<i>carbidopa-levodopa TABS</i>	2	
<i>carbidopa-levodopa TBCR</i>	3	
<i>carbidopa-levodopa TBDP</i>	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate TABS</i>	4	
<i>ropinirole hydrochloride</i>	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS; TABS</i>	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older

### **ANTIPSYCHOTICS**

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	4	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorpromazine hcl</i> TABS	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	4	PA
<i>clozapine odt</i> 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab</i> 25mg	3	
<i>clozapine tab</i> 50mg	3	
<i>clozapine tab</i> 100mg	4	QL (270 tabs / 30 days)
<i>clozapine tab</i> 200mg	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol conc</i> 2mg/ml	2	
<i>haloperidol decanoate</i> SOLN	4	
<i>haloperidol lactate inj</i> 5mg/ml	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TABS 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab</i> 20mg	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> CHEW	4	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> CP24 10mg	4	
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	4	QL (900 mL / 30 days)
<i>methylphenidate tab</i> 10mg er	4	QL (90 tabs / 30 days)
<i>methylphenidate tab</i> 20mg er	4	QL (90 tabs / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)

### **HYPNOTICS**

HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

<i>dihydroergotamine mesylate inj</i> 1 mg/ml	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)

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<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i> TABS	4	
<i>frovatriptan succinate</i>	4	QL (18 tabs / 30 days)
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
GRALISE 300mg	4	QL (180 tabs / 30 days), PA
GRALISE 600mg	4	QL (90 tabs / 30 days), PA
GRALISE STARTER	4	PA
<i>lithium carbonate</i> CAPS	1	GC
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS**

AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil</i> 50mg	4	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> 100mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	4	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i>	4	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl</i> SUBL	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	3	PA
<i>oxandrolone</i> TABS 10mg	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

### **ANTIDIABETICS, INJECTABLE**

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	GC, QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	GC, QL (240 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glip/metform tab 2.5-500mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide TB24 5mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl 2.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide xl 5mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide xl 10mg</i>	1	GC, QL (60 tabs / 30 days)
JANUMET	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	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	GC, QL (75 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	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 10-1000MG	3	QL (30 tabs / 30 days)

### **BISPHOSPHONATES**

<i>alendronate sodium</i> SOLN	4	
<i>alendronate sodium</i> TABS	1	GC
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium</i> SOLN	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj</i> 30mg	3	B/D
<i>pamidronate inj</i> 90mg	3	B/D
<i>risedronate sodium</i>	4	
<i>zoledronic acid inj</i> 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM

### **CALCIUM RECEPTOR AGONISTS**

<i>cinacalcet hcl</i> 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl</i> 60mg	5	B/D, QL (60 tabs / 30 days), NM
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM

### **CHELATING AGENTS**

CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp 15gm/60ml</i>	3	
<i>trientine hcl</i>	5	PA

### **CONTRACEPTIVES**

<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel &amp; ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet &amp; eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi</i>	3	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</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 tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	3	
<i>nora-be tab</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet &amp; eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>NUVARING</i>	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	
<i>reclipsen</i>	2	

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<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>xulane</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	

**ENDOMETRIOSIS**

<i>danazol CAPS</i>	4	
SYNAREL	5	

**ENZYME REPLACEMENTS**

ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA

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CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA

### **ESTROGENS**

DELESTROGEN 10mg/ml	4	
<i>estradiol PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	4	
<i>estradiol vaginal tab</i>	3	
<i>estradiol valerate OIL</i>	3	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvafem vaginal tablet 10mcg</i>	3	

### **GLUCOCORTICOIDS**

<i>cortisone acetate TABS</i>	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	3	
<i>dexamethasone TABS</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	3	
<i>methylpr ss inj</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	4	B/D

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PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	4	B/D
<i>prednisone tab 1mg</i>	1	GC, B/D
<i>prednisone tab 2.5mg</i>	1	GC, B/D
<i>prednisone tab 5mg</i>	1	GC, B/D
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA

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SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA

### **PHOSPHATE BINDER AGENTS**

AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) CAPS</i>	4	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS</i>	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate PACK 2.4gm</i>	5	QL (180 packets / 30 days)
<i>sevelamer carbonate PACK .8gm</i>	5	QL (540 packets / 30 days)
<i>sevelamer carbonate TABS</i>	4	QL (540 tabs / 30 days)

### **PROGESTINS**

<i>medroxyprogesterone acetate tab</i>	1	GC
<i>norethindrone acetate TABS</i>	3	

### **THYROID AGENTS**

<i>levo-t</i>	2	
<i>levothyroxine sodium TABS</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium TABS</i>	3	
<i>methimazole TABS</i>	2	
<i>propylthiouracil TABS</i>	3	
SYNTHROID	4	
<i>unithroid</i>	2	

### **VASOPRESSINS**

<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
STIMATE	5	NM

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	4	B/D
<i>compro</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	GC
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS</i>	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
SANCUSO	5	QL (4 patches / 28 days)
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 70 years and older

### **ANTISPASMODICS**

<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	3	
<i>glycopyrrolate tab 2mg</i>	3	

### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine SUSR</i>	4	
<i>famotidine TABS 20mg, 40mg</i>	1	GC
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	GC
<i>ranitidine hcl inj</i>	3	
<i>ranitidine inj</i>	3	
<i>ranitidine syrup</i>	3	

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<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort enema 100mg</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine SUPP</i>	4	
<i>mesalamine TBEC 800mg</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	2	
<i>sulfasalazine ec</i>	3	
<b>LAXATIVES</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
KRISTALOSE	4	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	4	
<i>cromolyn sodium (mastocytosis)</i>	5	

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<i>diphenoxylate w/ atropine</i> LIQD	4	
<i>diphenoxylate w/ atropine</i> TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	3	
SYMPROIC	3	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	PA

### **PANCREATIC ENZYMES**

CREON	3	
ZENPEP	4	

### **PROTON PUMP INHIBITORS**

DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>lansoprazole</i> CPDR	3	QL (30 caps / 30 days)
<i>lansoprazole</i> TBDP	4	QL (30 tabs / 30 days)
<i>omeprazole cap 10mg</i>	1	GC
<i>omeprazole cap 20mg</i>	1	GC
<i>omeprazole cap 40mg</i>	1	GC
<i>pantoprazole sodium</i> SOLR	4	
<i>pantoprazole sodium tbec</i>	2	
PRILOSEC	3	
<i>rabeprazole sodium</i>	3	QL (30 tabs / 30 days)

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
RAPAFLO	4	ST
<i>silodosin</i>	4	
<i>tamsulosin hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide</i>	4	
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	3	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
OXYTROL	4	
<i>tolterodine tartrate cap er</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	3	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D

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<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	

### **HEMATOPOIETIC GROWTH FACTORS**

GRANIX	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

### **MISCELLANEOUS**

<i>anagrelide hcl</i>	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline TBCR</i>	2	
PROMACTA TABS 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TABS 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TABS 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid SOLN; TABS</i>	3	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
<i>prasugrel hcl</i>	4	

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ZONTIVITY	4	

## **IMMUNOLOGIC AGENTS**

### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
TREXALL	4	B/D
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

### **IMMUNOGLOBULINS**

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium tbec</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
ZORTRESS TAB 1MG	5	B/D
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	

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HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES***

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	

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MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	2	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
<i>tpn electrolytes</i>	4	B/D

#### **IV NUTRITION**

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D

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INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol sol 6%</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **IV REPLACEMENT SOLUTIONS**

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	

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<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	

### **VITAMINS**

<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>doxercalciferol CAPS</i>	4	B/D
M-NATAL PLUS	3	
NIVA-PLUS	3	
O-CAL FA	3	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PNV PRENATAL PLUS	3	
PNV PRENATAL TAB PLUS	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
PREPLUS	3	
RAYALDEE	5	
TRICARE	3	
VOL-PLUS	3	

### **OPHTHALMIC**

#### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	

### **ANTI-INFECTIVES**

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine</i>	3	
ZIRGAN	4	

### **ANTI-INFLAMMATORIES**

ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	

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<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACAFT	4	
<i>olopatadine hcl 0.1%</i>	3	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TRAVATAN Z	3	
<b>MISCELLANEOUS</b>		
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**RESPIRATORY**

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)

**ANTICHOLINERGICS**

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	

**ANTI-HISTAMINES**

<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
CLARINEX SYRP	4	
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>desloratadine TABS</i>	3	
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	
<i>olopatadine hcl (nasal)</i>	4	

**BETA AGONISTS**

<i>albuterol sulfate AERS</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
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<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS; TB12	4	
BROVANA	5	B/D
<i>levalbuterol hcl</i> NEBU	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
PERFOROMIST	5	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium nebu</i>	3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
THEO-24	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

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<b><i>NASAL STEROIDS</i></b>		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
<b><i>STEROID INHALANTS</i></b>		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) .25mg/2ml, .5mg/2ml</i>	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
<b><i>STEROID/BETA-AGONIST COMBINATIONS</i></b>		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
<b><u>TOPICAL</u></b>		
<b><i>DERMATOLOGY, ACNE</i></b>		
<i>amnestem</i>	4	PA
<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	
<i>clindamycin phosphate (topical) GEL; LOTN</i>	4	
<i>clindamycin phosphate (topical) SOLN; SWAB</i>	3	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid) GEL</i>	4	
<i>erythromycin (acne aid) SOLN</i>	3	
<i>isotretinoin CAPS</i>	4	PA
<i>myorisan</i>	4	PA

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<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
<i>tretinoin</i> GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone</i> CREA	3	
<i>ketconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystatin pow 100000</i>	3	
<i>nystop</i>	3	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA	3	PA
TAZORAC CREA .05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort 1%</i>	1	GC
<i>ala-cort 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
CORDRAN TAPE	4	
ENSTILAR	4	PA
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	
<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
TACLONEX SUSP	5	PA
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> AERS	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl SOLN 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	3	QL (30 grams / 30 days), PA

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>ammonium lactate CREA; LOTN</i>	3	
<i>azelaic acid GEL</i>	4	
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
FINACEA	4	
<i>fluorouracil (topical) CREA 5%</i>	4	
<i>fluorouracil (topical) SOLN</i>	3	
<i>imiquimod CREA 3.75%</i>	5	
<i>imiquimod CREA 5%</i>	4	
<i>metronidazole (topical) CREA; LOTN</i>	4	
<i>metronidazole gel 0.75%</i>	4	
NORITATE	5	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podofilox SOLN</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
ZYCLARA	5	
ZYCLARA PUMP	5	

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	

### **DERMATOLOGY, WOUND CARE AGENTS**

<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	

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<i>water for irrigation, sterile</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
<i>clotrimazole LOZG</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	GC
<i>periogard</i>	1	GC
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	3	
CIPRO HC	4	
CIPRODEX	3	
<i>flac</i>	4	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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<i>320 mg</i> .....	24	<i>sr 24hr 25 mg</i> .....	39
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>160 mg</i> .....	24	<i>sr 24hr 30 mg</i> .....	39
<i>amlodipine besylate-valsartan tab 5-</i>		<i>amphetamine-dextroamphetamine cap</i>	
<i>320 mg</i> .....	24	<i>sr 24hr 5 mg</i> .....	39
<i>amlodipine--benazepril hcl cap 10-20</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>mg</i> .....	23	<i>10 mg</i> .....	39
<i>amlodipine-benazepril hcl cap 10-40mg</i>		<i>amphetamine-dextroamphetamine tab</i>	
.....	23	<i>12.5 mg</i> .....	39
<i>amlodipine-benazepril hcl cap 2.5-10</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>mg</i> .....	23	<i>15 mg</i> .....	39
<i>amlodipine-benazepril hcl cap 5-10 mg</i>		<i>amphetamine-dextroamphetamine tab</i>	
.....	23	<i>20 mg</i> .....	39
<i>amlodipine-benazepril hcl cap 5-20 mg</i>		<i>amphetamine-dextroamphetamine tab</i>	
.....	23	<i>30 mg</i> .....	39
<i>amlodipine-benazepril hcl cap 5-40 mg</i>		<i>amphetamine-dextroamphetamine tab</i>	
.....	23	<i>5 mg</i> .....	39
<i>amlodipine-valsartan-</i>		<i>amphetamine-dextroamphetamine tab</i>	
<i>hydrochlorothiazide 10-160-12.5mg</i> ..	25	<i>7.5 mg</i> .....	39
<i>amlodipine-valsartan-</i>		<i>amphotericin b</i> .....	11
<i>hydrochlorothiazide 10-160-25mg</i> .....	25	<i>ampicillin &amp; sulbactam sodium</i> .....	17
<i>amlodipine-valsartan-</i>		<i>ampicillin cap 500mg</i> .....	17
<i>hydrochlorothiazide 10-320-25mg</i> .....	25	<i>ampicillin inj</i> .....	17
<i>amlodipine-valsartan-</i>		<i>ampicillin sodium</i> .....	17
<i>hydrochlorothiazide 5-160-12.5mg</i> ....	24	<i>AMPYRA</i> .....	42
<i>amlodipine-valsartan-</i>		<i>ANADROL-50</i> .....	43
<i>hydrochlorothiazide 5-160-25mg</i> .....	24	<i>anagrelide hcl</i> .....	58
<i>ammonium lactate</i> .....	72	<i>anastrozole</i> .....	20
<i>amnesteem</i> .....	69	<i>ANDRODERM</i> .....	43
<i>amoxapine tab 100mg</i> .....	34	<i>ANORO ELLIPTA</i> .....	67
<i>amoxapine tab 150mg</i> .....	34	<i>ANTARA</i> .....	26
<i>amoxapine tab 25mg</i> .....	34	<i>APOKYN</i> .....	35
<i>amoxapine tab 50mg</i> .....	34	<i>aprepitant</i> .....	53
<i>amoxicillin</i> .....	17	<i>aprepitant pak 80mg &amp; 125mg</i> .....	53
<i>amoxicillin &amp; pot clavulanate</i> .....	17	<i>apri</i> .....	47
<i>amoxicillin-clarithromycin w/</i>		<i>APRISO</i> .....	55
<i>lansoprazole</i> .....	55	<i>APTIOM</i> .....	30

APTIVUS .....	12	<i>balsalazide disodium</i> .....	55
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<i>aranelle</i> .....	47	BANZEL SUS 40MG/ML .....	31
ARCALYST .....	60	BANZEL TAB 200MG .....	31
<i>aripiprazole odt</i> .....	36	BANZEL TAB 400MG .....	31
<i>aripiprazole oral solution 1 mg/ml</i> .....	36	BARACLUDE .....	15
<i>aripiprazole tab</i> .....	36	BASAGLAR KWIKPEN .....	43
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<i>aspirin-dipyridamole</i> .....	58	<i>benazepril &amp; hydrochlorothiazide</i> .....	24
<i>atazanavir sulfate</i> .....	12	<i>benazepril hcl</i> .....	24
<i>atenolol</i> .....	27	BENDEKA.....	18
<i>atenolol &amp; chlorthalidone</i> .....	27	BENLYSTA .....	60
<i>atomoxetine hcl</i> .....	39, 40	<i>benzoyl peroxide-erythromycin</i> .....	69
<i>atorvastatin calcium</i> .....	26	<i>benztropine mesylate inj</i> .....	35
<i>atovaquone</i> .....	10	<i>benztropine mesylate tab 0.5mg</i> .....	35
<i>atovaquone-proguanil hcl</i> .....	12	<i>benztropine mesylate tab 1mg</i> .....	35
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AVASTIN .....	19	<i>betamethasone dipropionate</i>	
<i>aviane</i> .....	47	<i>augmented</i> .....	71
<i>avita</i> .....	69	<i>betamethasone valerate</i> .....	71
<i>azacitidine</i> .....	19	BETASERON .....	42
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AZACTAM/DEX INJ .....	10	<i>bethanechol chloride</i> .....	57
AZASITE .....	65	BETOPTIC-S .....	66
<i>azathioprine</i> .....	60	BEVESPI AEROSPHERE.....	67
<i>azelaic acid</i> .....	72	<i>bexarotene</i> .....	23
<i>azelastine drop 0.05%</i> .....	66	BEXSERO .....	60
<i>azelastine spr 0.1%</i> .....	67	<i>bicalutamide</i> .....	20
<i>azelastine spr 0.15%</i> .....	67	BICILLIN L-A .....	17
<i>azithromycin</i> .....	16	BIDIL.....	29
AZOPT .....	66	BIKTARVY .....	14
<i>aztreonam</i> .....	10	BILTRICIDE .....	10
<i>bacitracin (ophthalmic)</i> .....	65	<i>bisoprolol &amp; hydrochlorothiazide</i> .....	27
<i>bacitracin-polymyxin b (ophth)</i> .....	65	<i>bisoprolol fumarate</i> .....	27
<i>bacitracin-poly-neomycin-hc</i> .....	64	BIVIGAM .....	59
<i>baclofen</i> .....	42	<i>bleomycin sulfate</i> .....	18

BLEPHAMIDE .....	64	<i>calcitriol oral soln 1 mcg/ml</i> .....	64
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<i>blisovi fe 1/20</i> .....	47	CALQUENCE .....	21
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BORTEZOMIB.....	19	CANASA .....	55
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BRAFTOVI .....	21	<i>candesartan cilexetil-</i>	
BREO ELLIPTA .....	69	<i>hydrochlorothiazide</i> .....	25
<i>briellyn</i> .....	47	CAPRELSA .....	21
BRILINTA .....	58	<i>captopril</i> .....	24
<i>brimonidine sol 0.15%</i> .....	66	<i>captopril &amp; hydrochlorothiazide</i> .....	24
<i>brimonidine sol 0.2%</i> .....	66	CARBAGLU .....	50
BRIVIACT INJ 50MG/5ML .....	31	<i>carbamazepine</i> .....	31
BRIVIACT SOL 10MG/ML .....	31	<i>carbidopa</i> .....	36
BRIVIACT TAB 100MG.....	31	<i>carbidopa/levodopa/entacapone</i> .....	36
BRIVIACT TAB 10MG .....	31	<i>carbidopa-levodopa</i> .....	36
BRIVIACT TAB 25MG .....	31	<i>carboplatin</i> .....	23
BRIVIACT TAB 50MG .....	31	CARIMUNE NANOFILTERED.....	59
BRIVIACT TAB 75MG .....	31	<i>carteolol hcl (ophth)</i> .....	66
<i>bromfenac sodium (ophth)</i> .....	65	<i>cartia xt cap 120/24hr</i> .....	27
<i>bromocriptine mesylate</i> .....	36	<i>cartia xt cap 180/24hr</i> .....	27
BROMSITE.....	65	<i>cartia xt cap 240/24hr</i> .....	27
BROVANA.....	68	<i>cartia xt cap 300/24hr</i> .....	27
<i>budesonide (inhalation)</i> .....	69	<i>carvedilol</i> .....	27
<i>budesonide ec</i> .....	55	<i>caspofungin acetate</i> .....	11
<i>bumetanide</i> .....	29	CAYSTON .....	10
<i>buprenorphine hcl</i> .....	43	<i>caziant pak</i> .....	47
<i>buprenorphine hcl-naloxone hcl sl</i> .....	43	<i>cefaclor</i> .....	15
<i>bupropion hcl</i> .....	34	CEFACTOR MONOHYDRATE ER .....	15
<i>bupropion hcl (smoking deterrent)</i> .....	43	<i>cefadroxil</i> .....	15, 16
<i>buspiron hcl</i> .....	30	CEFAZOLIN IN DEXTROSE 2GM/100ML-	
<i>butorphanol tartrate</i> .....	7	4% .....	16
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BYDUREON INJ .....	43	<i>cefazolin sodium</i> .....	16
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<i>cabergoline</i> .....	52	<i>cefixime</i> .....	16
CABOMETYX .....	21	<i>cefotaxime sodium</i> .....	16
<i>calcipotriene</i> .....	70	<i>cefoxitin sodium</i> .....	16
<i>calcitonin (salmon)</i> .....	52	<i>cefpodoxime proxetil</i> .....	16
<i>calcitrene</i> .....	70	<i>cefprozil</i> .....	16
<i>calcitriol</i> .....	64	<i>ceftazidime</i> .....	16
<i>calcitriol inj</i> .....	64	CEFTAZIDIME/DEXTROSE.....	16

<i>ceftriaxone sodium</i> .....	16	<i>clindamycin cap 300mg</i> .....	10
<i>cefuroxime axetil</i> .....	16	<i>clindamycin cap 75mg</i> .....	10
<i>cefuroxime sodium</i> .....	16	<i>clindamycin hcl cap 150 mg</i> .....	10
<i>celecoxib</i> .....	7	<i>clindamycin phosphate (topical)</i> .....	69
CELONTIN .....	31	<i>clindamycin phosphate in d5w</i> .....	10
<i>cephalexin</i> .....	16	CLINDAMYCIN PHOSPHATE IN NAACL ..	10
CERDELGA .....	50	<i>clindamycin phosphate inj</i> .....	10
CEREZYME .....	50	<i>clindamycin phosphate vaginal</i> .....	57
<i>cetirizine syrup</i> .....	67	<i>clindamycin soln 75mg/5ml</i> .....	10
<i>cevimeline hcl</i> .....	73	CLINIMIX 4.25%/DEXTROSE 25% .....	62
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CHANTIX STARTER PACK .....	43	CLINIMIX 5%/DEXTROSE 20% .....	62
CHEMET .....	47	CLINIMIX 5%/DEXTROSE 25% .....	62
<i>chlorhexidine gluconate (mouth-throat)</i> .....	73	CLINIMIX INJ 4.25/D10 .....	62
<i>chloroquine phosphate</i> .....	12	<i>clobazam</i> .....	31
<i>chlorothiazide tabs</i> .....	29	<i>clomipramine hcl</i> .....	34
<i>chlorpromazine hcl</i> .....	37	<i>clonazepam</i> .....	31
CHLORPROMAZINE INJ .....	37	<i>clonidine hcl</i> .....	29
<i>chlorthalidone</i> .....	29	<i>clonidine hcl ptwk</i> .....	29
<i>cholestyramine</i> .....	26	<i>clopidogrel tab 75mg</i> .....	58
<i>cholestyramine light</i> .....	26	<i>clorazepate dipotassium</i> .....	31
<i>choline fenofibrate</i> .....	26	<i>clotrimazole</i> .....	73
<i>ciclopirox</i> .....	70	<i>clotrimazole (topical)</i> .....	70
<i>ciclopirox shampoo 1%</i> .....	70	<i>clotrimazole w/ betamethasone</i> .....	70
<i>cilostazol</i> .....	58	<i>clozapine odt</i> .....	37
CILOXAN .....	65	<i>clozapine tab 100mg</i> .....	37
CIMDUO .....	14	<i>clozapine tab 200mg</i> .....	37
<i>cinacalcet hcl</i> .....	46, 47	<i>clozapine tab 25mg</i> .....	37
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<i>ciprofloxacin hcl (ophth)</i> .....	65	COLCRYS .....	7
<i>ciprofloxacin hcl tab</i> .....	17	<i>colesevelam hcl</i> .....	26
<i>ciprofloxacin in d5w</i> .....	17	<i>colestipol hcl gran</i> .....	26
<i>cisplatin</i> .....	23	<i>colestipol hcl pack</i> .....	26
<i>citalopram hydrobromide</i> .....	34	<i>colestipol hcl tabs</i> .....	26
<i>claravis</i> .....	69	<i>colistimethate sodium</i> .....	10
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<i>cromolyn sodium (ophth)</i> .....	66	<i>desogestrel &amp; ethinyl estradiol</i> .....	47
<i>cromolyn sodium nebu</i> .....	68	<i>desogestrel-ethinyl estradiol (biphasic)</i> .....	47
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<i>cyproheptadine hcl</i> .....	67	<i>dextrose 10% flex contain</i> .....	63
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<i>cytarabine</i> .....	19	DEXTROSE 5% /ELECTROLYTE.....	63
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<i>dalfampridine</i> .....	42	<i>dextrose 5%/nacl 0.225%</i> .....	63
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<i>diclofenac sodium (topical) 1% gel</i> ....	72	<i>donepezil hydrochloride</i> .....	33
<i>diclofenac w/ misoprostol</i> .....	7	<i>dorzolamide hcl</i> .....	66
<i>dicloxacin sodium</i> .....	17	<i>dorzolamide hcl-timolol maleate</i> .....	66
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<i>dicyclomine hcl soln 10mg/5ml</i> .....	54	<i>doxepin hcl</i> .....	34
<i>dicyclomine hcl tab 20mg</i> .....	54	<i>doxercalciferol</i> .....	64
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<i>glydo</i> .....	71	<i>hydroco/apap tab 5-325mg</i> .....	8
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GRALISE STARTER .....	41	<i>mg/15ml</i> .....	8
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<i>heparin sod inj 20000/ml</i> .....	58	<i>ibu tab 600mg</i> .....	7
<i>heparin sod inj 5000/ml</i> .....	57	<i>ibu tab 800mg</i> .....	7
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HETLIOZ .....	40	IFEX INJ 3GM .....	18
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HUMIRA .....	59	IFOSFAMIDE INJ 3GM .....	18
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INTRON-A INJ 18MU.....	60	JANUMET XR TAB 50-1000 .....	45
INTRON-A INJ 25MU.....	60	JANUMET XR TAB 50-500MG.....	45
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<i>introvale</i> .....	48	JARDIANCE .....	45
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INVEGA SUST INJ 234 MG/1.5 ML .....	37	<i>jinteli</i> .....	51
INVEGA SUST INJ 39 MG/0.25 ML .....	37	<i>jolessa tab 0.15-0.03 mg</i> .....	48
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<i>isoniazid</i> .....	14	KCL 0.3%/D5W/NACL 0.9% .....	63
<i>isoniazid syp 50mg/5ml</i> .....	14	<i>kcl/d5w inj 0.3%</i> .....	63
ISORDIL TITRADOSE .....	29	<i>kcl/d5w/nacl inj .15/.33%</i> .....	63
<i>isosorb mononitrate tab</i> .....	29	<i>kcl/d5w/nacl inj .15/.45%</i> .....	63
<i>isosorbide dinitrate</i> .....	29	<i>kcl/d5w/nacl inj 0.22%/0.45%</i> .....	63
<i>isosorbide dinitrate er</i> .....	30	<i>kcl/nacl inj 0.15%-0.9%</i> .....	64

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<i>kelnor 1/50</i> .....	48	LENVIMA 10 MG DAILY DOSE .....	22
<i>ketoconazole</i> .....	12	LENVIMA 12MG DAILY DOSE .....	22
<i>ketoconazole cream</i> .....	70	LENVIMA 14 MG DAILY DOSE .....	22
<i>ketoconazole shampoo</i> .....	70	LENVIMA 18 MG DAILY DOSE .....	22
<i>ketorolac tromethamine (ophth)</i> .....	65	LENVIMA 20 MG DAILY DOSE .....	22
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<i>klor-con 8</i> .....	61	<i>leuprolide inj 1mg/0.2</i> .....	20
<i>klor-con m10</i> .....	61	<i>levabuterol hcl</i> .....	68
<i>klor-con m15</i> .....	61	<i>levabuterol hcl soln nebu conc 1.25</i>	
<i>klor-con m20</i> .....	61	<i>mg/0.5ml</i> .....	68
<i>klor-con pak 20meq</i> .....	61	<i>levabuterol tartrate hfa</i> .....	68
<i>klor-con spr cap 10meq</i> .....	61	LEVEMIR .....	44
<i>klor-con spr cap 8meq</i> .....	61	LEVEMIR FLEXTOUCH .....	44
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<i>kurvelo</i> .....	48	<i>levetiracetam oral soln 100 mg/ml</i> ....	32
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<i>labetalol hcl</i> .....	27	<i>levocetirizine dihydrochloride</i> .....	67
<i>lactated ringer's</i> .....	64	<i>levofloxacin</i> .....	17
<i>lactulose</i> .....	55	<i>levofloxacin in d5w</i> .....	17
<i>lactulose (encephalopathy)</i> .....	55	<i>levofloxacin inj 25mg/ml</i> .....	17
<i>lamivudine</i> .....	13	<i>levofloxacin oral soln 25 mg/ml</i> .....	17
<i>lamivudine (hbv)</i> .....	15	<i>levonest</i> .....	48
<i>lamivudine-zidovudine</i> .....	14	<i>levonor/ethi tab</i> .....	48
<i>lamotrigine</i> .....	32	<i>levonorgestrel &amp; eth estradiol</i> .....	48
<i>lansoprazole</i> .....	56	<i>levonorgestrel-ethinyl estradiol (91-</i>	
<i>larin 1.5/30</i> .....	48	<i>day)</i> .....	48
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<i>larin fe 1.5/30</i> .....	48	<i>levo-t</i> .....	53
<i>larin fe 1/20</i> .....	48	<i>levothyroxine sodium</i> .....	53
<i>larissia tab</i> .....	48	<i>levoxyl</i> .....	53
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<i>lidocaine hcl (mouth-throat)</i> .....	73	LUPRON DEP-PED INJ 7.5MG .....	52
<i>lidocaine inj 0.5%</i> .....	9	<i>lutea</i> .....	49
<i>lidocaine inj 1%</i> .....	9	LYNPARZA .....	20
<i>lidocaine inj 1.5% preservative free (pf)</i>		LYRICA .....	32
.....	9	LYRICA CR .....	41
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<i>linezolid inj</i> .....	11	MAGNESIUM SULFATE .....	62
<i>linezolid susp</i> .....	11	MAGNESIUM SULFATE IN D5W.....	62
<i>linezolid tab 600mg</i> .....	11	<i>magnesium sulfate in dextrose</i> .....	62
LINZESS .....	56	<i>magnesium sulfate inj 50%</i> .....	62
<i>liothyronine sodium</i> .....	53	<i>malathion</i> .....	72
<i>lisinopril</i> .....	24	<i>maprotiline hcl</i> .....	35
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<i>loperamide hcl</i> .....	56	<i>medroxyprogesterone acetate</i>	
<i>lopinavir-ritonavir</i> .....	14	(contraceptive) .....	49
<i>lorazepam</i> .....	30	<i>medroxyprogesterone acetate tab</i> ....	53
<i>lorazepam intensol</i> .....	30	<i>mefloquine hcl</i> .....	12
LORBRENA .....	22	<i>megestrol ac sus 40mg/ml</i> .....	20
<i>lorcet hd tab 10-325mg</i> .....	8	<i>megestrol ac tab 20mg</i> .....	20
<i>lorcet plus tab 7.5-325</i> .....	8	<i>megestrol ac tab 40mg</i> .....	20
<i>lorcet tab 5-325mg</i> .....	8	<i>megestrol sus 625mg/5ml</i> .....	20
<i>loryna</i> .....	48	MEKINIST .....	22
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<i>lovastatin</i> .....	26	<i>memantine soln</i> .....	33
<i>low-ogestrel</i> .....	49	<i>memantine tabs</i> .....	33
<i>loxapine succinate</i> .....	37	MENACTRA .....	61
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MONTH).....	20	<i>mesalamine w/ cleanser</i> .....	55
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<i>metformin er</i> .....	45	<i>minitran</i> .....	30
<i>metformin hcl</i> .....	45	<i>minocycline hcl</i> .....	18
<i>methadone hcl</i> .....	8	<i>minoxidil</i> .....	29
<i>methadone hcl 10mg</i> .....	9	<i>mirtazapine</i> .....	35
<i>methadone hcl 5mg</i> .....	8	<i>misoprostol</i> .....	56
<i>methadone hcl intensol</i> .....	9	MITIGARE .....	7
<i>methazolamide</i> .....	29	<i>mitomycin</i> .....	19
<i>methenamine hippurate</i> .....	11	M-M-R II .....	61
<i>methimazole</i> .....	53	M-NATAL PLUS .....	64
<i>methotrexate sodium inj</i> .....	19	<i>modafinil</i> .....	42
<i>methotrexate sodium tabs</i> .....	59	<i>moderiba tab 200mg</i> .....	15
<i>methyclothiazide</i> .....	29	<i>moexipril hcl</i> .....	24
<i>methylphenidate hcl</i> .....	40	<i>moexipril-hydrochlorothiazide</i> .....	24
<i>methylphenidate hcl oral soln</i> .....	40	<i>molindone hcl</i> .....	37
<i>methylphenidate tab 10mg er</i> .....	40	<i>mometasone furoate</i> .....	71
<i>methylphenidate tab 20mg er</i> .....	40	<i>mondoxyne nl cap 100mg</i> .....	18
<i>methylpr ss inj</i> .....	51	<i>mono-linyah tab 0.25-35</i> .....	49
<i>methylpred pak 4mg</i> .....	51	<i>mononessa</i> .....	49
<i>methylpred tab 16mg</i> .....	51	<i>montelukast sodium</i> .....	68
<i>methylpred tab 32mg</i> .....	51	<i>morgidox cap 1x50mg</i> .....	18
<i>methylpred tab 4mg</i> .....	51	<i>morphine ext-rel tab</i> .....	9
<i>methylpred tab 8mg</i> .....	51	<i>morphine sul inj 10mg/ml</i> .....	9
<i>methylprednisolone acetate</i> .....	51	<i>morphine sul inj 1mg/ml</i> .....	9
<i>metoclopramide hcl</i> .....	54	MORPHINE SUL INJ 4MG/ML .....	9
<i>metoclopramide hcl inj</i> .....	54	<i>morphine sulfate</i> .....	9
<i>metolazone</i> .....	29	MORPHINE SULFATE .....	9
<i>metoprolol &amp; hctz tab 100-25mg</i> .....	27	<i>morphine sulfate oral soln 100mg/5ml</i> .....	9
<i>metoprolol &amp; hctz tab 100-50mg</i> .....	27	<i>morphine sulfate oral soln 10mg/5ml..</i> .....	9
<i>metoprolol &amp; hctz tab 50-25mg</i> .....	27	<i>morphine sulfate oral soln 20mg/5ml..</i> .....	9
<i>metoprolol succinate</i> .....	27	MOVANTIK .....	56
<i>metoprolol tartrate</i> .....	27	MOVIPREP .....	55
<i>metronidazole</i> .....	11	MOXEZA .....	65
<i>metronidazole (topical)</i> .....	72	<i>moxifloxacin hcl</i> .....	17
<i>metronidazole gel 0.75%</i> .....	72	MOXIFLOXACIN HCL .....	17
<i>metronidazole in nacl</i> .....	11	<i>moxifloxacin hcl (ophth)</i> .....	65
<i>metronidazole vaginal</i> .....	57	<i>moxifloxacin hcl in sodium chloride</i> .....	17
<i>mexiletine hcl</i> .....	25	MULTAQ .....	25
<i>microgestin 1.5/30</i> .....	49	<i>mupirocin</i> .....	70
<i>microgestin 1/20</i> .....	49	MYCAMINE .....	12
<i>microgestin fe 1.5/30</i> .....	49	<i>mycophenolate mofetil</i> .....	60
<i>microgestin fe 1/20</i> .....	49	<i>mycophenolate sodium tbec</i> .....	60
<i>midodrine hcl</i> .....	29	MYLOTARG .....	20
<i>miglustat</i> .....	51	<i>myorisan</i> .....	69
<i>mili</i> .....	49	MYRBETRIQ .....	57



<i>myzilra</i> .....	49	<i>nifedipine er</i> .....	28
<i>nabumetone</i> .....	7	<i>nikki</i> .....	49
<i>nadolol</i> .....	27	<i>nilutamide</i> .....	20
<i>nafcillin sodium</i> .....	17	<i>nimodipine</i> .....	28
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<i>nalbuphine hcl</i> .....	7	<i>nisoldipine</i> .....	28
<i>naloxone inj 0.4mg/ml</i> .....	43	NITRO-BID .....	30
<i>naloxone inj 1mg/ml</i> .....	43	NITRO-DUR DIS 0.3MG/HR.....	30
<i>naltrexone hcl</i> .....	43	NITRO-DUR DIS 0.8MG/HR.....	30
NAMZARIC .....	33	<i>nitrofurantoin macrocrystal</i> .....	11
<i>naproxen</i> .....	7	<i>nitrofurantoin monohyd macro</i> .....	11
<i>naproxen dr</i> .....	7	<i>nitroglycerin</i> .....	30
<i>naproxen sodium</i> .....	7	<i>nitroglycerin td patch</i> .....	30
<i>naratriptan hcl</i> .....	41	NIVA-PLUS .....	64
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<i>nateglinide</i> .....	46	<i>norethindrone acet &amp; eth estra</i> .....	49
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<i>necon 0.5/35-28</i> .....	49	<i>norgest/ethi tab 0.25/35</i> .....	49
<i>necon 1/50-28</i> .....	49	<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg .....	49
<i>necon 7/7/7</i> .....	49	<i>norgestimate-ethinyl estradiol</i> (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg .....	49
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<i>neomycin-polymyxin-gramicidin</i> .....	65	NORMOSOL-R IN D5W .....	64
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<i>neomycin-polymyxin-hc (otic)</i> .....	73	NORTHERA .....	29
NEPHRAMINE .....	63	<i>nortrel 0.5/35 (28)</i> .....	49
NERLYNX.....	22	<i>nortrel 1/35</i> .....	49
NEUPOGEN .....	58	<i>nortrel 7/7/7</i> .....	49
NEUPRO .....	36	<i>nortriptyline hcl</i> .....	35
<i>nevirapine susp 50 mg/5ml</i> .....	13	NORVIR PACK .....	13
<i>nevirapine tab 100mg er</i> .....	13	NORVIR SOLN.....	13
<i>nevirapine tab 200mg</i> .....	13	NOVOLIN 70/30 .....	44
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<i>niacor</i> .....	26		
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NUPLAZID TABS 10MG.....	38	<i>oxaliplatin inj 100mg</i> .....	23
NUPLAZID TABS 17MG.....	38	<i>oxaliplatin inj 100mg/20ml</i> .....	23
<i>nutrilipid inj 20%</i> .....	63	<i>oxaliplatin inj 50mg</i> .....	23
NUVARING .....	49	<i>oxaliplatin inj 50mg/10ml</i> .....	23
<i>nyamyc</i> .....	70	<i>oxandrolone</i> .....	43
NYMALIZE .....	28	<i>oxaprozin</i> .....	7
<i>nystatin</i> .....	12	<i>oxcarbazepine</i> .....	32
<i>nystatin (mouth-throat)</i> .....	73	<i>oxybutynin chloride</i> .....	57
<i>nystatin (topical)</i> .....	70	<i>oxycodone hcl</i> .....	9
<i>nystatin pow 100000</i> .....	70	<i>oxycodone w/ acetaminophen 10-</i> <i>325mg</i> .....	9
<i>nystop</i> .....	70	<i>oxycodone w/ acetaminophen 2.5-</i> <i>325mg</i> .....	9
O-CAL FA .....	64	<i>oxycodone w/ acetaminophen 5-325mg</i> .....	9
<i>ocella tab 3-0.03mg</i> .....	49	<i>oxycodone w/ acetaminophen 7.5-</i> <i>325mg</i> .....	9
OCTAGAM .....	60	OXYTROL .....	57
<i>octreotide acetate</i> .....	52	OZEMPIC INJ 0.25 OR 0.5MG/DOSE ..	44
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OFEV .....	68	<i>paclitaxel</i> .....	19
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<i>ofloxacin (otic)</i> .....	73	<i>pamidronate disodium</i> .....	46
<i>olanzapine</i> .....	38	PAMIDRONATE DISODIUM.....	46
<i>olmesartan medoxomil</i> .....	25	<i>pamidronate inj 30mg</i> .....	46
<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i> .....	25	<i>pamidronate inj 90mg</i> .....	46
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i> .....	25	PANRETIN .....	72
<i>olopatadine hcl (nasal)</i> .....	67	<i>pantoprazole sodium</i> .....	56
<i>olopatadine hcl 0.1%</i> .....	66	<i>pantoprazole sodium tbec</i> .....	56
<i>olopatadine hcl 0.2%</i> .....	66	PANZYGA .....	60
<i>omeprazole cap 10mg</i> .....	56	<i>paricalcitol</i> .....	64
<i>omeprazole cap 20mg</i> .....	56	<i>paroex sol 0.12%</i> .....	73
<i>omeprazole cap 40mg</i> .....	56		
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<i>paromomycin sulfate</i> .....	10	PHOSPHOLINE IODIDE.....	66
<i>paroxetine er tab</i> .....	35	PICATO .....	72
<i>paroxetine hcl tabs</i> .....	35	PIFELTRO .....	13
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<i>peg 3350/electrolytes</i> .....	55	<i>pioglitazone hcl</i> .....	46
<i>peg 3350-kcl-sod bicarb-sod chloride-</i> <i>sod sulfate</i> .....	55	PIPER/TAZOBA INJ 12-1.5GM .....	18
<i>peg 3350-potassium chloride-sod</i> <i>bicarbonate-sod chloride</i> .....	55	<i>piper/tazoba inj 2-0.25gm</i> .....	18
PEGANONE .....	32	<i>piper/tazoba inj 3-0.375gm</i> .....	18
PEGASYS.....	15	<i>piper/tazoba inj 36-4.5gm</i> .....	18
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<i>penicillin gk inj 20mu</i> .....	17	PNV PRENATAL PLUS .....	64
<i>penicillin gk inj 5mu</i> .....	17	PNV PRENATAL TAB PLUS.....	64
PENTACEL .....	61	<i>podofilox</i> .....	72
PENTAM 300.....	11	<i>polymyxin b-trimethoprim</i> .....	65
<i>pentoxifylline</i> .....	58	POMALYST CAP 1MG.....	21
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<i>permethrin cre 5%</i> .....	72	<i>portia-28</i> .....	49
<i>perphenazine</i> .....	38	<i>pot chloride inj 2meq/ml</i> .....	64
<i>pfizerpen-g inj 20mu</i> .....	18	<i>potassium chloride</i> .....	62, 64
<i>pfizerpen-g inj 5mu</i> .....	18	<i>potassium chloride in nacl</i> .....	64
<i>phenelzine sulfate</i> .....	35	<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	62
<i>phenobarbital</i> .....	32	<i>potassium chloride tab cr 10 meq</i> .....	62
<i>phenobarbital sodium</i> .....	33	<i>potassium citrate (alkalinizer) er tabs</i>	57
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<i>phenytoin sodium extended</i> .....	33	<i>pramipexole tab 0.125mg</i> .....	36
<i>phenytoin sodium inj 50mg/ml</i> .....	33	<i>pramipexole tab 0.25mg</i> .....	36
<i>philith</i> .....	49	<i>pramipexole tab 0.5mg</i> .....	36
		<i>pramipexole tab 0.75mg</i> .....	36
		<i>pramipexole tab 1.5mg</i> .....	36
		<i>pramipexole tab 1mg</i> .....	36

<i>prasugrel hcl</i> .....	58	<i>proctosol hc cre 2.5%</i> .....	72
<i>pravastatin sodium</i> .....	26	<i>proctozone-hc</i> .....	72
<i>praziquantel</i> .....	11	PROGLYCEM SUS 50MG/ML .....	52
<i>prazosin hcl</i> .....	24	PROLASTIN-C .....	68
<i>pred sod pho sol 5mg/5ml</i> .....	51	PROLENSA .....	66
<i>prednisolone acetate (ophth)</i> .....	66	PROLIA .....	52
<i>prednisolone sodium phosphate</i> .....	51	PROMACTA .....	58
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<i>prednisolone sol 15mg/5ml</i> .....	51	<i>promethazine hcl inj</i> .....	54
<i>prednisolone sol 25mg/5ml</i> .....	51	<i>propafenone hcl</i> .....	25
PREDNISON CON 5MG/ML .....	52	<i>propafenone hcl 12hr</i> .....	25
<i>prednisone pak 10mg</i> .....	52	<i>proparacaine hcl</i> .....	66
<i>prednisone pak 5mg</i> .....	52	<i>propranolol &amp; hydrochlorothiazide</i> .....	27
<i>prednisone sol 5mg/5ml</i> .....	52	<i>propranolol cap er</i> .....	27
<i>prednisone tab 10mg</i> .....	52	<i>propranolol hcl</i> .....	27
<i>prednisone tab 1mg</i> .....	52	<i>propranolol oral sol</i> .....	27
<i>prednisone tab 2.5mg</i> .....	52	<i>propylthiouracil</i> .....	53
<i>prednisone tab 20mg</i> .....	52	PROQUAD .....	61
<i>prednisone tab 50mg</i> .....	52	PROSOL .....	63
<i>prednisone tab 5mg</i> .....	52	<i>protriptyline hcl</i> .....	35
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<i>premasol sol 6%</i> .....	63	PULMOZYME .....	68
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<i>previfem</i> .....	49	<i>quetiapine fumarate</i> .....	38
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PREZISTA .....	13	<i>quinapril-hydrochlorothiazide</i> .....	24
PRIFTIN .....	14	<i>quinidine gluconate</i> .....	25
PRILOSEC .....	56	<i>quinidine sulfate</i> .....	26
PRIMAQUINE PHOSPHATE .....	12	<i>quinine sulfate</i> .....	12
<i>primidone</i> .....	33	RABAVERT .....	61
PRIVIGEN .....	60	<i>rabeprazole sodium</i> .....	56
<i>probenecid</i> .....	7	<i>raloxifene hcl</i> .....	52
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<i>prochlorperazine maleate</i> .....	54	<i>ranitidine hcl</i> .....	54
<i>prochlorperazine supp</i> .....	54	<i>ranitidine hcl inj</i> .....	54
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<i>procto-med hc</i> .....	72	<i>ranitidine syrup</i> .....	54
<i>procto-pak</i> .....	72	RAPAFLO .....	56
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RAYALDEE .....	64	<i>ropinirole tab 0.5mg</i> .....	36
REBETOL SOLN .....	15	<i>ropinirole tab 1mg</i> .....	36
<i>reclipsen</i> .....	49	<i>ropinirole tab 2mg</i> .....	36
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REGRANEX .....	72	<i>ropinirole tab 4mg</i> .....	36
RELENZA DISKHALER .....	15	<i>ropinirole tab 5mg</i> .....	36
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<i>rimantadine hydrochloride</i> .....	15	<i>selenium sulfide</i> .....	70
<i>risedronate sodium</i> .....	46	SELZENTRY .....	13
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RISPERDAL INJ 25MG .....	38	SEREVENT DISKUS.....	68
RISPERDAL INJ 37.5MG .....	38	<i>sertraline hcl</i> .....	35
RISPERDAL INJ 50MG .....	38	<i>setlakin tab</i> .....	50
<i>risperidone</i> .....	38	<i>sevelamer carbonate</i> .....	53
<i>ritonavir</i> .....	13	<i>sharobel</i> .....	50
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<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	34	SILENOR.....	40
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	34	<i>silodosin</i> .....	56
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	34	<i>silver sulfadiazine</i> .....	70
<i>rizatriptan benzoate</i> .....	41	SIMBRINZA .....	66
<i>rizatriptan benzoate odt</i> .....	41	<i>simvastatin</i> .....	26
<i>ropinirole hydrochloride</i> .....	36	<i>sirolimus</i> .....	60
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<i>sodium chloride</i> .....	62, 64	SULFAMYLON .....	70
<i>sodium chloride 0.45%</i> .....	64	<i>sulfasalazine</i> .....	55
<i>sodium chloride inj 0.9%</i> .....	64	<i>sulfasalazine ec</i> .....	55
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i> .....	62	<i>sulindac</i> .....	7
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<i>sodium polystyrene sulfonate powder</i>	47	<i>sumatriptan inj 4mg/0.5ml</i> .....	41
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