



GlobalHealth

2020 Formulary

(List of
Covered Drugs)

For State of
Oklahoma Group
Retirees (HMO)



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

This formulary was updated
on 03/01/2020. 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

HPMS Formulary File Submission ID: 00020327
Version 9

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

Generations State of Oklahoma Group Retirees (HMO)

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(List of Covered Drugs)

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ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00020327, Version Number 9.

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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 Classic (HMO) or Generations Select (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 03/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Generations State of Oklahoma Group Retirees (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?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations State of Oklahoma Group Retirees (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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Generations State of Oklahoma Group Retirees (HMO) Formulary?”

Changes that will not affect you if you are currently taking the drug. 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 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 03/01/2020. 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. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

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 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 69. 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 our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted 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 State of Oklahoma Group Retirees (HMO) formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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 our plan 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 State of Oklahoma Group Retirees (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 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a current member 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 State of Oklahoma Group Retirees (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 State of Oklahoma Group Retirees (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 69.

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.

You can find information on what the symbols and abbreviations on this table mean here:

- LA – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-494-3927, 24 hours a day, seven days a week. TTY users should call 711.
- 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.
- QL – Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug.
- PA – Prior Authorization drugs are designated with the abbreviation PA.
- 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.

Copayments and coinsurance amounts are shown in the Evidence of Coverage booklet in Chapter 6, Sections 5.2 and 5.4.

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

GOUT

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

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</i>	3	
<i>diclofenac sodium TBEC</i>	2	GC
<i>diflunisal TABS</i>	3	
<i>etodolac</i>	3	
<i>flurbiprofen TABS</i>	2	GC
<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	GC
<i>naproxen TABS 250mg, 375mg, 500mg</i>	1	GC
<i>naproxen dr</i>	2	GC
<i>naproxen sodium TABS 275mg, 550mg</i>	3	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	GC

OPIOID ANALGESICS

<i>acetaminophen w/ codeine 300-15mg</i>	2	GC, QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	GC, QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	GC, QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	GC, 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.

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab 50 mg</i>	2	GC, 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 LPOP</i>	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
<i>hydroco/apap tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	3	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 LIQD</i>	4	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>HYSINGLA ER</i>	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 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.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine ext-rel tab</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	3	QL (180 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 (900 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER	3	QL (60 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	GC, B/D
<i>lidocaine inj 0.5%</i>	2	GC, B/D
<i>lidocaine inj 1%</i>	2	GC, B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	GC, B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	4	
<i>gentamicin in saline</i>	2	GC
<i>gentamicin sulfate SOLN</i>	2	GC
<i>neomycin sulfate TABS</i>	2	GC
<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 80mg/2ml</i>	3	
<i>tobramycin sulfate SOLN</i>	3	

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.

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
<i>aztreonam</i>	4	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	GC
<i>clindamycin cap 300 mg</i>	1	GC
<i>clindamycin hcl cap 150 mg</i>	1	GC
<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</i> SOLR	4	
<i>dapsone</i> TABS	3	
<i>daptomycin</i>	5	
EMVERM	5	QL (12 tabs / 365 days)
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
<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>	4	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole</i> TABS	2	GC
<i>metronidazole in nacl</i>	2	GC
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
PENTAM 300	4	
<i>pentamidine isethionate inh</i>	4	B/D
<i>pentamidine isethionate inj</i>	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>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	GC
SYNERCID	5	
<i>tigecycline</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i> TABS	2	GC
<i>vancomycin hcl</i> CAPS 125mg	4	QL (120 caps / 30 days)
<i>vancomycin hcl</i> CAPS 250mg	5	QL (240 caps / 30 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	4	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	1	GC
<i>fluconazole inj nacl</i> 200	3	
<i>fluconazole inj nacl</i> 400	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>posaconazole</i>	5	QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS	1	GC, QL (90 tabs / year)
<i>voriconazole</i> SOLR	5	PA
<i>voriconazole</i> SUSR	5	PA
<i>voriconazole</i> TABS 50mg	4	
<i>voriconazole</i> TABS 200mg	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
<i>primaquine phosphate</i> 26.3mg	3	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN	4	
<i>abacavir sulfate</i> TABS	3	
APTIVUS	5	

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.

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate</i>	4	
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	
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	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
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>	3	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA

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Drug Name	Drug Tier	Requirements/Limits
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
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	
ANTIRETROVIRAL COMBINATION AGENTS		
<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	
DOVATO	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	
TEMIXYS	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS</i>	5	
<i>ethambutol hcl TABS</i>	3	
<i>isoniazid TABS</i>	1	GC
<i>isoniazid syp 50mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
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
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	2	GC
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>entecavir</i>	4	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i>	3	
<i>ganciclovir sodium</i>	4	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	
MAVYRET	5	NM, PA
<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
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACTOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	GC
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	

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Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	2	GC
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i> SUSR	4	
<i>cefoxitin for inj</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>	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	3	
<i>tazicef</i> SOLR	3	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<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	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<i>erythromycin tab ec</i>	4	
FLUOROQUINOLONES		
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
PENICILLINS		
<i>amoxicillin CAPS; SUSR; TABS</i>	1	GC
<i>amoxicillin CHEW</i>	2	GC
<i>amoxicillin & pot clavulanate 200-28.5 chw tabs</i>	4	
<i>amoxicillin & pot clavulanate 200/5ml susr</i>	3	
<i>amoxicillin & pot clavulanate 250-125 tabs</i>	4	
<i>amoxicillin & pot clavulanate 250/5ml susr</i>	4	
<i>amoxicillin & pot clavulanate 400-57 chw tabs</i>	4	
<i>amoxicillin & pot clavulanate 400/5ml susr</i>	3	
<i>amoxicillin & pot clavulanate 500-125 tabs</i>	2	GC
<i>amoxicillin & pot clavulanate 600/5ml susr</i>	3	
<i>amoxicillin & pot clavulanate 875-125 tabs</i>	2	GC
<i>amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs</i>	4	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 500mg</i>	2	GC
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>BICILLIN L-A</i>	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium for inj 1gm, 2gm</i>	4	
<i>nafcillin sodium for inj 10gm</i>	5	
<i>NAFCILLIN SODIUM FOR INJ 10GM</i>	4	
<i>oxacillin sodium SOLR 1gm, 2gm</i>	4	
<i>oxacillin sodium SOLR 10gm</i>	5	
<i>PENICILLIN G POT IN DEXTROSE 2MU</i>	4	
<i>PENICILLIN G POT IN DEXTROSE 3MU</i>	4	
<i>PENICILLIN G PROCAINE</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium SOLR</i>	2	GC
<i>penicillin v potassium TABS</i>	1	GC
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>piper/tazoba inj 12-1.5gm</i>	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	GC
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate 20 mg</i>	3	
<i>doxycycline hyclate 100 mg</i>	3	
<i>minocycline hcl CAPS</i>	2	GC
<i>mondoxylene nl cap 100mg</i>	2	GC
<i>tetracycline hcl CAPS</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
<i>cyclophosphamide CAPS</i>	3	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
EMCYT	4	
GLEOSTINE 10mg	4	
GLEOSTINE 40mg, 100mg	5	
LEUKERAN	5	
ANTHRACYCLINES		
<i>adriamycin SOLN</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
ANTIMETABOLITES		
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D
<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>	3	
<i>methotrexate sodium inj soln</i>	2	GC, B/D
<i>methotrexate sodium inj solr</i>	2	GC, B/D
PURIXAN	5	NM
TABLOID	5	

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Drug Name	Drug Tier	Requirements/Limits
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	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
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate</i>	2	GC, B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	LA, PA
BORTEZOMIB	5	PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	QL (21 caps / 28 days), NM, LA, PA
IDHIFA	5	QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	5	B/D
KANJINTI	5	NM, PA
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
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
MVASI	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
OGIVRI	5	NM, PA
RITUXAN	5	LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 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</i> TABS	1	GC
<i>bicalutamide</i>	2	GC
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	4	
<i>flutamide</i>	3	
<i>fulvestrant</i>	5	B/D
<i>letrozole</i> TABS	1	GC
<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>	3	
<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	
NUBEQA	5	NM, LA, PA
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	GC
<i>toremifene citrate</i>	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA 500mg	5	NM, LA, PA

IMMUNOMODULATORS

POMALYST 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
THALOMID 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	QL (56 caps / 28 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
BALVERSA	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
BRUKINSA	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
<i>erlotinib hcl</i> 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i>	5	QL (30 tabs / 30 days), NM, 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
<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

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Drug Name	Drug Tier	Requirements/Limits
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC	5	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
PIQRAY 200MG DAILY DOSE	5	NM, PA
PIQRAY 250MG DAILY DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE	5	NM, PA
ROZLYTREK	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	QL (30 caps / 30 days), NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TURALIO	5	NM, LA, 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
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	GC
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON	5	PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
XPOVIO 60 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	5	NM, LA, PA
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	3	B/D
<i>cisplatin</i> SOLN	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
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml	4	B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg	3	
<i>leucovorin calcium</i> TABS 15mg, 25mg	4	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide</i>	1	GC
<i>captopril & hydrochlorothiazide</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	1	GC
<i>lisinopril & hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
ACE INHIBITORS		
<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
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	
<i>spironolactone TABS</i>	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS</i>	2	GC
<i>prazosin hcl</i>	3	
<i>terazosin hcl 1mg, 2mg, 5mg</i>	1	GC
<i>terazosin hcl 10mg</i>	2	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab</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>valsartan-hydrochlorothiazide</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil TABS</i>	1	GC
<i>telmisartan</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	2	GC
<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	
<i>flecainide acetate</i>	3	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	2	GC
<i>propafenone hcl 12hr</i>	4	
<i>quinidine sulfate</i>	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hcl (afib/afl)</i>	2	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS</i>	1	GC
<i>lovastatin</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>simvastatin TABS 80mg</i>	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	3	
<i>cholestyramine light pack</i>	4	
<i>cholestyramine light powd</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	3	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	3	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	3	
<i>gemfibrozil TABS</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
JUXTAPID	5	NM, LA, PA
<i>niacin (antihyperlipidemic)</i>	4	
<i>niacin er (antihyperlipidemic) 500mg</i>	4	QL (60 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	4	
<i>niacor</i>	4	
PRALUENT	3	NM, PA
<i>prevalite PACK</i>	4	
<i>prevalite POWD</i>	3	
VASCEPA	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	GC
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	GC
<i>atenolol TABS</i>	1	GC
<i>bisoprolol fumarate</i>	2	GC
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	GC
<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>	3	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl TABS</i>	2	GC
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS</i>	1	GC
<i>cartia xt</i>	2	GC
<i>dilt-xr cap</i>	2	GC
<i>diltiazem cap 240mg cd</i>	2	GC
<i>diltiazem cap 360mg cd</i>	4	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	GC
<i>diltiazem hcl coated beads CP24</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	GC
<i>diltiazem hcl extended release beads cap sr</i>	2	GC
<i>diltiazem inj</i>	2	GC
<i>felodipine</i>	2	GC
<i>isradipine</i>	3	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedipine TB24</i>	2	GC
<i>nifedipine er</i>	2	GC
<i>nimodipine CAPS</i>	5	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	2	GC
<i>tiadylt er</i>	2	GC
<i>verapamil cap er 100mg, 200mg, 300mg, 360mg</i>	4	
<i>verapamil cap er 120mg, 180mg, 240mg</i>	3	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl TBCR</i>	2	GC
<i>verapamil tab er</i>	2	GC

DIGITALIS GLYCOSIDES

<i>digitek .25mg</i>	2	GC, PA; PA if 70 years and older
<i>digitek .125mg</i>	2	GC, QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	GC, QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	GC, PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	2	GC, QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	GC, 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

DIURETICS

<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride & hydrochlorothiazide</i>	2	GC
<i>amiloride hcl TABS</i>	2	GC
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone</i>	2	GC
<i>furosemide</i> SOLN	2	GC
<i>furosemide</i> TABS	1	GC
<i>furosemide inj</i>	2	GC
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide</i> TABS	4	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torseamide tabs</i>	2	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tabs</i>	1	GC
MISCELLANEOUS		
<i>aliskiren fumarate</i>	4	
<i>clonidine hcl</i> TABS	1	GC
<i>clonidine hcl ptwk</i>	4	
CORLANOR	4	
DEMSE	5	PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	GC
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	GC
NORTHERA 100mg	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine</i>	4	
NITRATES		
<i>isosorb mononitrate tab</i>	2	GC
<i>isosorbide dinitrate</i> 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate er</i>	1	GC
<i>minitran</i>	2	GC
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	2	GC
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i>	5	NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTI-CONVULSANTS

APTiom	5	QL (60 tabs / 30 days)
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i>	4	PA
<i>clonazepam</i> TABS 2mg	2	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	GC, 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	GC, 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	4	
<i>divalproex sodium</i> TB24; TBEC	3	
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

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 100mg	2	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	GC, 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	1	GC
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS	2	GC
<i>levetiracetam</i> TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
NAYZILAM	4	
<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
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>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS	2	GC
<i>roweepra</i>	2	GC
<i>roweepra xr</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM	4	
<i>subvenite tab</i>	1	GC
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	4	
<i>topiramate CPSP</i>	3	
<i>topiramate TABS</i>	2	GC
<i>valproate sodium SOLN</i>	3	
<i>valproate sodium oral soln</i>	3	
<i>valproic acid CAPS</i>	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</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 CAPS</i>	2	GC

ANTIDEMENTIA

<i>donepezil hydrochloride TABS 5mg</i>	2	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride TABS 10mg</i>	2	GC
<i>donepezil hydrochloride TBDP 5mg</i>	2	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride TBDP 10mg</i>	2	GC
<i>galantamine hydrobromide SOLN</i>	4	
<i>galantamine hydrobromide TABS</i>	3	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	3	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	
<i>rivastigmine tartrate 1.5mg, 3mg</i>	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate 4.5mg, 6mg</i>	4	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	GC
<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	
DRIZALMA SPRINKLE 20mg, 30mg, 60mg	4	QL (60 caps / 30 days), PA
DRIZALMA SPRINKLE 40mg	4	QL (90 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 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, 40mg	4	QL (60 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	2	GC
<i>fluoxetine hcl</i> SOLN	2	GC
<i>imipramine hcl</i> TABS	2	GC
<i>maprotiline hcl</i>	3	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	GC
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	GC
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i>	2	GC
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
<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; TABS	2	GC
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	GC
<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
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	GC
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	1	GC
<i>pramipexole tab 0.25mg</i>	1	GC
<i>pramipexole tab 0.75mg</i>	1	GC
<i>pramipexole tab 0.125mg</i>	1	GC
<i>pramipexole tab 1.5mg</i>	1	GC
<i>pramipexole tab 1mg</i>	1	GC
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab 0.5mg</i>	2	GC
<i>ropinirole tab 0.25mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole tab 1mg</i>	2	GC
<i>ropinirole tab 2mg</i>	2	GC
<i>ropinirole tab 3mg</i>	2	GC
<i>ropinirole tab 4mg</i>	2	GC
<i>ropinirole tab 5mg</i>	2	GC
<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	
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	4	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol conc 2mg/ml</i>	2	GC
<i>haloperidol decanoate SOLN</i>	3	
<i>haloperidol lactate inj 5mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg, 5mg, 10mg</i>	2	GC, QL (60 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	2	GC, QL (30 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	4	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	3	
PERSERIS	5	QL (1 injection / 30 days)
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	2	GC
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate TB24 150mg, 200mg</i>	4	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	QL (60 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)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS	2	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
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</i> <i>24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (90 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)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate hcl tbc 10 mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl tbc 20mg</i>	4	QL (90 tabs / 30 days)

HYPNOTICS

<i>doxepin hcl (sleep)</i>	3	QL (30 tabs / 30 days)
HETLIOZ	5	NM, LA, PA
SILENOR	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	4	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 TABS</i>	2	GC, QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i>	5	QL (8 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine</i> TABS	4	
<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	GC, 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)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
<i>lithium carbonate</i> CAPS	1	GC
<i>lithium carbonate</i> TABS	2	GC
<i>lithium carbonate er</i>	2	GC
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
<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		
BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

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

NARCOLEPSY/CATAPLEXY

<i>armodafinil 50mg</i>	3	QL (90 tabs / 30 days), PA
<i>armodafinil 150mg, 200mg, 250mg</i>	3	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl SUBL</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	2	GC, 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 TABS</i>	3	
<i>naloxone inj 0.4mg/ml</i>	2	GC
<i>naloxone inj 1mg/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
VIVITROL	5	

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS, INJECTABLE

BASAGLAR KWIKPEN	3	GC
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	GC
BD ULTRAFINE/NANO PEN NEEDLES	3	GC
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	GC
FIASP FLEXTOUCH	3	GC
FIASP PENFILL	3	GC
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	GC
INSULIN SAFETY NEEDLES	3	GC
INSULIN SYRINGE	3	GC
LEVEMIR	3	GC
LEVEMIR FLEXTOUCH	3	GC
NOVOLIN 70/30	3	GC; (brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	GC; (brand RELION not covered)
NOVOLIN N	3	GC; (brand RELION not covered)
NOVOLIN N FLEXPEN	3	GC (brand RELION not covered)

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NOVOLIN R	3	GC; (brand RELION not covered)
NOVOLIN R FLEXPEN	3	GC (brand RELION not covered)
NOVOLOG	3	GC
NOVOLOG 70/30 FLEXPEN	3	GC
NOVOLOG FLEXPEN	3	GC
NOVOLOG MIX 70/30	3	GC
NOVOLOG PENFILL	3	GC
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	GC
TRESIBA INJ	3	GC
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i> TABS	3	GC
FARXIGA	3	GC, QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg, 2mg	2	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> 4mg	2	GC, QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	GC, QL (240 tabs / 30 days)
<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</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	GC, QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	GC, QL (30 tabs / 30 days)
JANUVIA	3	GC, QL (30 tabs / 30 days)
JARDIANCE 10mg	3	GC, QL (60 tabs / 30 days)
JARDIANCE 25mg	3	GC, QL (30 tabs / 30 days)
JENTADUETO	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	GC, QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	GC, QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>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	GC, QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	GC, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	GC, QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	GC, QL (30 tabs / 30 days)
TRADJENTA	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	GC, QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	GC, QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	GC, QL (30 tabs / 30 days)

BISPHOSPHONATES

<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 70mg	1	GC
<i>alendronate sodium</i> TABS 40mg	3	
<i>ibandronate sodium tabs</i>	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>zoledronic acid inj</i> 4mg/100ml	4	B/D, NM
<i>zoledronic acid inj</i> 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM

CHELATING AGENTS

CHEMET	4	
<i>deferasirox</i> TABS	5	NM, PA
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus</i> 15gm/60ml	3	
LOKELMA	3	
<i>penicillamine</i> TABS	5	

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Drug Name	Drug Tier	Requirements/Limits
<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	GC
<i>alyacen 1/35</i>	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	3	
<i>aubra</i>	2	GC
<i>aviane</i>	2	GC
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	GC
<i>briellyn</i>	3	
<i>camila</i>	2	GC
<i>caziant pak</i>	2	GC
<i>cryselle-28</i>	2	GC
<i>cyclafem 1/35</i>	2	GC
<i>cyclafem 7/7/7</i>	2	GC
<i>cyred tab</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>deblitane</i>	2	GC
<i>desogestrel & ethinyl estradiol</i>	2	GC
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>ELLA</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin</i>	2	GC
<i>estarylla tab 0.25-35</i>	2	GC
<i>ethynodiol diacet & eth estrad</i>	2	GC
<i>ethynodiol tab 1-50</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>falmina</i>	2	GC
<i>femynor</i>	2	GC
<i>gianvi tab 3-0.02mg</i>	3	
<i>heather</i>	2	GC
<i>incassia</i>	2	GC
<i>introvale</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>isibloom</i>	2	GC
<i>jasmiel</i>	3	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	GC
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	GC
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia tab</i>	2	GC
<i>leena tab</i>	3	
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonor/ethi tab</i>	2	GC
<i>levonorgestrel & eth estradiol</i>	2	GC
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	GC
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	GC
<i>lutra</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive)</i>	2	GC
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>microgestin fe 1/20</i>	2	GC
<i>mili</i>	2	GC
<i>mono-lynyah tab 0.25-35</i>	2	GC
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	GC
<i>norethindrone (contraceptive)</i>	2	GC
<i>norethindrone acet & eth estra</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>norgest/ethi tab 0.25/35</i>	2	GC
<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	GC
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
<i>NUVARING</i>	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	GC
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	GC
<i>portia-28</i>	2	GC
<i>previfem</i>	2	GC
<i>reclipsen</i>	2	GC
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	GC
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	GC
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	GC
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	GC
<i>tulana</i>	2	GC
<i>velivet</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	GC
<i>xulane dis 150-35</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>zarah</i>	3	
<i>zovia 1/35e</i>	2	GC
ENDOMETRIOSIS		
<i>danazol</i> CAPS	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
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
<i>nitisinone</i>	5	NM, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estradiol</i> PTWK	3	
<i>estradiol</i> TABS	2	GC
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tab</i>	4	
<i>estradiol valerate inj</i>	4	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvaferm vaginal tablet 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	GC
<i>dexamethasone sodium phosphate</i>	2	GC
<i>fludrocortisone acetate</i> TABS	2	GC
<i>hydrocortisone</i> TABS	3	
<i>methylpr ss inj</i>	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>methylpred pak 4mg</i>	2	GC
<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	GC, B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	GC, B/D
<i>prednisolone sol 15mg/5ml</i>	2	GC, B/D
<i>prednisolone sol 25mg/5ml</i>	4	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	3	
<i>prednisone pak 10mg</i>	3	
<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	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	3	
<i>calcitonin (salmon)</i>	3	B/D
<i>cinacalcet hcl 30mg, 90mg</i>	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl 60mg</i>	5	B/D, QL (60 tabs / 30 days), NM
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

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH	5	NM, PA
LUPRON DEPOT-PED (3-MONTH	5	NM, PA
NATPARA	5	NM, PA
octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
octreotide acetate 500mcg/ml, 1000mcg/ml	5	NM, PA
OSPHENA	3	PA
PROLIA	4	QL (1 injection / 180 days), NM
raloxifene tab 60mg	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) CAPS	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	QL (540 packets / 30 days)
sevelamer carbonate TABS	4	QL (540 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate tab	1	GC
norethindrone acetate TABS	3	
THYROID AGENTS		
levo-t	2	GC
levothyroxine sodium TABS	2	GC
levoxyl	2	GC
liothyronine sodium TABS	3	
methimazole TABS	1	GC
propylthiouracil TABS	3	
SYNTHROID	4	
unithroid	2	GC
VASOPRESSINS		
desmopressin acetate spray	4	
desmopressin acetate spray refrigerated	4	
desmopressin acetate tabs	3	
desmopressin inj 4mcg/ml	4	

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Drug Name	Drug Tier	Requirements/Limits
STIMATE	5	NM
<u>GASTROINTESTINAL</u>		
<u>ANTIEMETICS</u>		
<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	GC
<i>metoclopramide hcl SOLN</i>	2	GC
<i>metoclopramide hcl TABS</i>	1	GC
<i>metoclopramide hcl inj</i>	2	GC
<i>ondansetron hcl TABS</i>	3	B/D
<i>ondansetron hcl inj</i>	2	GC
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	GC, B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	GC
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SYRP; TABS</i>	2	GC, PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<u>ANTISPASMODICS</u>		
<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	
<u>H2-RECEPTOR ANTAGONISTS</u>		
<i>famotidine SUSR</i>	4	
<i>famotidine TABS 20mg, 40mg</i>	1	GC
<i>famotidine in nacl</i>	2	GC
<i>famotidine inj</i>	2	GC
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	GC
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	3	
<i>budesonide ec</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine</i> CPDR	4	
<i>mesalamine</i> ENEM	4	
<i>mesalamine</i> SUPP	5	
<i>mesalamine</i> TBEC 1.2gm	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine</i> TABS	2	GC
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	3	
<i>enulose</i>	3	
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>gavilyte-n/ flavor pack</i>	2	GC
<i>generlac</i>	3	
GOLYTELY	3	
<i>lactulose</i> SOLN	3	
<i>lactulose (encephalopathy)</i>	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	GC
<i>peg 3350/electrolytes</i>	2	GC
PLENVU	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	GC
MISCELLANEOUS		
<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>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i> LIQD	4	
<i>diphenoxylate w/ atropine</i> TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	3	
<i>misoprostol</i> TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucrafate</i> TABS	2	GC
<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), ST
<i>lansoprazole</i> CPDR	3	QL (30 caps / 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>	1	GC

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	GC, 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	1	GC
<i>tamsulosin hcl</i>	2	GC

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	

URINARY ANTISPASMODICS

MYRBETRIQ	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)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	3	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	3	QL (74 tabs / 30 days)
<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	
<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
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	QL (60 caps / 30 days)
<i>warfarin sodium</i>	1	GC
XARELTO 2.5mg	3	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STARTER PACK	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	GC
DROXIA	3	
ENDARI	5	NM, LA, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i>	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR	2	GC
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	4	
<i>tranexamic acid</i> TABS	3	

PLATELET AGGREGATION INHIBITORS

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

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</i> TABS	3	QL (30 tabs / 30 days)
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
RENFLEXIS	5	NM, LA, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	QL (1 syringe / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR 11mg	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	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
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D
INTRON-A INJ 18MU	5	B/D
INTRON-A INJ 25MU	5	B/D
INTRON-A INJ 50MU	5	B/D

IMMUNOSUPPRESSANTS

<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>engraf</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
PROGRAF PACK	4	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN	5	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

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 1MG	5	B/D

VACCINES

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGRIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
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	GC
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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i>	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
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	GC
<i>potassium chloride microencapsulated crystals er</i>	2	GC
<i>sodium chloride</i> SOLN 2.5meq/ml	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
TPN ELECTROLYTES	4	B/D

IV NUTRITION

AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>plenamine</i>	4	B/D
PREMASOL 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	GC
<i>dextrose 5%</i>	2	GC
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	GC
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	GC
<i>dextrose 5%/nacl 0.45%</i>	2	GC
<i>dextrose 5%/nacl 0.225%</i>	2	GC
<i>dextrose 5%/potassium chl</i>	2	GC
<i>dextrose 10% flex contain</i>	2	GC
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	GC
<i>dextrose 50%</i>	2	GC
<i>dextrose in lactated ringers</i>	2	GC
<i>dextrose inj 70%</i>	2	GC
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	3	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	3	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	3	
<i>kcl/d5w inj 0.3%</i>	2	GC
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	3	
<i>kcl/d5w/nacl inj .15/.45%</i>	3	
<i>kcl/nacl inj 0.3-0.9</i>	2	GC
<i>kcl/nacl inj 0.15%-0.9%</i>	2	GC
<i>lactated ringer's</i>	2	GC
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pot chloride inj 2meq/ml</i>	2	GC
<i>potassium chloride SOLN 2meq/ml</i>	2	GC
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	GC
<i>potassium chloride in nacl</i>	2	GC
<i>sodium chloride SOLN 3%, 5%</i>	3	
<i>sodium chloride 0.45%</i>	3	
<i>sodium chloride inj 0.9%</i>	3	

VITAMINS

<i>calcitriol CAPS</i>	2	GC, B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
M-NATAL PLUS	3	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	
TRICARE	3	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	GC
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	GC
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	GC
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	GC
<i>erythromycin (ophth)</i>	2	GC
<i>gatifloxacin (ophth)</i>	3	
<i>gentak</i>	2	GC
<i>gentamicin sulfate soln (ophth)</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<i>polymyxin b-trimethoprim</i>	2	GC
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	GC
<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>	3	
ILEVRO	3	
<i>ketorolac tromethamine (ophth) .4%</i>	3	
<i>ketorolac tromethamine (ophth) .5%</i>	2	GC
LOTEMAX GEL; OINT	3	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACAFT	4	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	GC
<i>brimonidine sol 0.15%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	GC
<i>dorzolamide hcl-timolol maleate</i>	2	GC
<i>latanoprost SOLN</i>	2	GC
<i>levobunolol hcl</i>	2	GC
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
RHOPRESSA	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	4	
<i>travoprost</i>	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
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)

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	GC, B/D
<i>ipratropium bromide (nasal)</i>	3	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine spr 0.15%</i>	3	
<i>cetirizine syrup</i>	2	GC
<i>cyproheptadine hcl</i> SYRP; TABS	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	3	
<i>hydroxyzine hcl</i> SYRP	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS	2	GC, PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	GC, PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN	4	
<i>levocetirizine dihydrochloride</i> TABS	2	GC
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	GC, B/D
<i>albuterol sulfate</i> SYRP	2	GC
<i>albuterol sulfate</i> TABS	4	
<i>albuterol sulfate</i> TB12	3	
<i>levalbuterol hcl</i> NEBU 1.25mg/3ml	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)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW	2	GC
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	1	GC
<i>zafirlukast</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml</i>	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml</i>	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
SYMJEPI	4	
THEO-24	4	
<i>theophylline</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab sr 24hr</i>	3	
TRIKAFTA	5	NM, LA, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	GC, QL (1 bottle / 30 days)
STEROID INHALANTS		
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)

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
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)
<u>TOPICAL</u>		
<i>DERMATOLOGY, ACNE</i>		
<i>amnestem</i>	4	PA
<i>avita</i>	4	QL (45 grams / 30 days), PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate (topical) GEL</i>	4	QL (75 grams / 30 days)
<i>clindamycin phosphate (topical) LOTN</i>	3	
<i>clindamycin phosphate (topical) SOLN</i>	4	QL (60 mL / 30 days)
<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
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin CREA</i>	4	QL (45 grams / 30 days), PA
<i>tretinoin GEL .01%, .025%</i>	4	QL (45 grams / 30 days), PA
<i>zenatane</i>	4	PA
<i>DERMATOLOGY, ANTIBIOTICS</i>		
<i>gentamicin sulfate (topical) CREA</i>	4	
<i>gentamicin sulfate (topical) OINT</i>	3	
<i>mupirocin OINT</i>	2	GC, QL (220 grams / 30 days)
<i>silver sulfadiazine CREA</i>	2	GC
<i>ssd</i>	2	GC
<i>SULFAMYLON CREA</i>	4	
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>ciclopirox CREA</i>	3	QL (90 grams / 30 days)
<i>ciclopirox SUSP</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA</i>	3	
<i>clotrimazole (topical) SOLN</i>	3	QL (30 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone</i> CREA	3	
<i>ketconazole cream</i>	3	QL (60 grams / 30 days)
<i>nyamyc</i>	3	QL (60 grams / 30 days)
<i>nystatin (topical)</i> CREA; OINT	3	
<i>nystatin (topical)</i> POWD	3	QL (60 grams / 30 days)
<i>nystop</i>	3	QL (60 grams / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	4	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 grams / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 grams / 30 days), PA
<i>tazarotene</i> CREA	3	QL (60 grams / 30 days), PA
TAZORAC CREA .05%	4	QL (60 grams / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketconazole shampoo</i>	2	GC
<i>selenium sulfide</i> LOTN	2	GC

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> 1%	1	GC
<i>ala-cort</i> 2.5%	2	GC
<i>alclometasone dipropionate</i> CREA	4	
<i>alclometasone dipropionate</i> OINT	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<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	
ENSTILAR	4	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide</i> CREA; OINT	3	
<i>fluocinolone acetonide</i> OIL	4	
<i>fluocinolone acetonide</i> SOLN	4	QL (90 mL / 30 days)
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	QL (120 grams / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> GEL	4	QL (60 grams / 30 days)
<i>fluocinonide</i> OINT	4	QL (60 grams / 30 days)
<i>fluocinonide</i> SOLN	4	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i>	4	QL (120 grams / 30 days)
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	QL (50 grams / 30 days)
<i>hydrocortisone (topical) cream 1%</i>	1	GC
<i>hydrocortisone (topical) cream 2.5%</i>	2	GC
<i>hydrocortisone (topical) lotion 2.5%</i>	3	
<i>hydrocortisone (topical) oint 2.5%</i>	2	GC
<i>hydrocortisone butyrate cream 0.1%</i>	4	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	4	QL (45 grams / 30 days)
<i>mometasone furoate</i> CREA; OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	GC, QL (454 grams / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	GC

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	3	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</i> CREA	2	GC
<i>ammonium lactate</i> LOTN	3	
<i>diclofenac sodium (topical) 1% gel</i>	3	QL (1000 grams / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 grams / 30 days)
<i>fluorouracil (topical)</i> SOLN	3	QL (10 mL / 30 days)
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)

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<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	QL (60 grams / 30 days)
PICATO .05%	4	QL (2 tubes / 30 days)
PICATO .015%	4	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	
RECTIV	4	QL (30 grams / 30 days)
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	QL (100 grams / 30 days)
TARGRETIN GEL	5	QL (60 grams / 30 days), NM, PA
VALCHLOR	5	QL (60 grams / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid .25%</i>	2	GC
REGRANEX	5	QL (30 grams / 30 days), PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	GC
<i>water for irrigation, sterile</i>	2	GC

MOUTH/THROAT/DENTAL AGENTS

<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	GC
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	GC
<i>perio gard</i>	1	GC
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetoneide (mouth)</i>	3	

OTIC

<i>acetic acid (otic)</i>	3	
CIPRODEX	3	
<i>flac</i>	4	
<i>fluocinolone acetoneide (otic)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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<i>carbidopa/levodopa/entacapone</i>	33	<i>cholestyramine light powd</i>	24
<i>carbidopa-levodopa</i>	33	<i>ciclopirox</i>	64
<i>carboplatin</i>	22	<i>cilostazol</i>	53
<i>carteolol hcl (ophth)</i>	61	CILOXAN	59
<i>cartia xt</i>	25	CIMDUO	13
<i>carvedilol</i>	25	<i>cinacalcet hcl</i>	48
<i>caspofungin acetate</i>	11	CIPRODEX	67
CAYSTON	10	<i>ciprofloxacin hcl (ophth)</i>	59
<i>caziant pak</i>	44	<i>ciprofloxacin hcl tab</i>	15
<i>cefaclor</i>	14	<i>ciprofloxacin in d5w</i>	15
CEFACLOR ER TAB 500MG	14	<i>cisplatin</i>	22
<i>cefadroxil</i>	14	<i>citalopram hydrobromide</i>	32
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%	15	<i>claravis</i>	64
<i>cefazolin inj</i>	15	<i>clarithromycin</i>	15
<i>cefazolin sodium</i>	15	<i>clarithromycin er</i>	15
CEFAZOLIN SODIUM 1 GM/50ML.....	15	<i>clarithromycin for susp</i>	15
<i>cefdinir</i>	15	<i>clindamycin cap 300 mg</i>	10
<i>cefepime for inj</i>	15	<i>clindamycin cap 75mg</i>	10
<i>cefixime</i>	15	<i>clindamycin hcl cap 150 mg</i>	10
<i>cefoxitin for inj</i>	15	<i>clindamycin phosphate (topical)</i>	64
<i>cefpodoxime proxetil</i>	15	<i>clindamycin phosphate in d5w</i>	10

CLINDAMYCIN PHOSPHATE IN NACL..	10	cromolyn sod neb 20mg/2ml	63
clindamycin phosphate inj.....	10	cromolyn sodium (mastocytosis).....	51
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clindamycin soln 75mg/5ml.....	10	cryselle-28	44
CLINIMIX 4.25%/DEXTROSE 5%	57	cyclafem 1/35	44
CLINIMIX 5%/DEXTROSE 15%	57	cyclafem 7/7/7	44
CLINIMIX 5%/DEXTROSE 20%	57	cyclobenzaprine hcl.....	39
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clomipramine hcl	32	microemulsion)	55
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clonidine hcl ptwk	27	CYSTADANE.....	47
clopidogrel tab 75mg.....	54	CYSTAGON	47
clorazepate dipotassium	29	CYSTARAN.....	61
clotrimazole	67	cytarabine	17
clotrimazole (topical).....	64	dalfampridine.....	38
clotrimazole w/ betamethasone	65	DALIRESP.....	63
clozapine odt	34	danazol	47
clozapine tab 100mg	34	dantrolene sodium	39
clozapine tab 200mg	34	dapsone	10
clozapine tab 25mg.....	34	DAPTACEL	56
clozapine tab 50mg.....	34	daptomycin.....	10
COARTEM	11	dasetta 1/35	44
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COLCRYS.....	7	DAURISMO	18
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colestipol hcl gran.....	24	deferasirox	43
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colestipol hcl tabs	24	DELSTRIGO	13
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compro supp	50	desmopressin acetate spray refrigerated	
constulose	51		49
COPIKTRA	20	desmopressin acetate tabs.....	49
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cortisone acetate	47	desogestrel & ethinyl estradiol.....	44
COTELLIC	20	desogestrel-ethinyl estradiol (biphasic)	
COUMADIN	53		44
CREON.....	52	desvenlafaxine succinate	32
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DEXAMETHASONE.....	47	<i>dihydroergotamine mesylate nasal spr</i>	4
<i>dexamethasone sodium phosphate</i>	47	<i>mg/ml</i>	37
<i>dexamethasone sodium phosphate</i> (<i>ophth</i>)	60	DILANTIN CAP 100MG	29
DEXILANT.....	52	DILANTIN CAP 30MG.....	29
<i>dexmethylphenidate hcl</i>	37	DILANTIN CHEW TAB 50MG	29
<i>dextrose 10% flex contain</i>	58	DILANTIN-125 SUSP	29
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	58	<i>diltiazem cap 240mg cd</i>	25
<i>dextrose 10%/nacl 0.45%</i>	58	<i>diltiazem cap 360mg cd</i>	25
<i>dextrose 2.5%/nacl 0.45%</i>	58	<i>diltiazem cap er/12hr</i>	25
<i>dextrose 5%</i>	58	<i>diltiazem hcl</i>	25
DEXTROSE 5% /ELECTROLYTE	58	<i>diltiazem hcl coated beads</i>	25
<i>dextrose 5%/nacl 0.2%</i>	58	<i>diltiazem hcl coated beads cap sr 24hr</i>	26
<i>dextrose 5%/nacl 0.225%</i>	58	<i>diltiazem hcl extended release beads</i> <i>cap sr</i>	26
DEXTROSE 5%/NACL 0.3%	58	<i>diltiazem inj</i>	26
<i>dextrose 5%/nacl 0.45%</i>	58	<i>dilt-xr cap</i>	25
<i>dextrose 5%/nacl 0.9%</i>	58	<i>diphenhydramine hcl inj 50mg/ml</i>	62
<i>dextrose 5%/potassium chl</i>	58	<i>diphenoxylate w/ atropine</i>	51
<i>dextrose 50%</i>	58	DIPHTHERIA/TETANUS TOXOID	56
<i>dextrose in lactated ringers</i>	58	<i>disopyramide phosphate</i>	24
<i>dextrose inj 70%</i>	58	<i>disulfiram</i>	39
DIASSTAT ACUDIAL	29	<i>divalproex sodium</i>	29
DIASSTAT PEDIATRIC	29	<i>docetaxel</i>	18
<i>diazepam</i>	29	DOCETAXEL.....	18
<i>diazepam gel</i>	29	<i>dofetilide</i>	24
<i>diazepam inj</i>	29	<i>donepezil hydrochloride</i>	31
<i>diazepam intensol</i>	29	<i>dorzolamide hcl</i>	61
<i>diazepam oral soln 1 mg/ml</i>	29	<i>dorzolamide hcl-timolol maleate</i>	61
<i>diclofenac potassium</i>	7	DOVATO.....	13
<i>diclofenac sodium</i>	7	<i>doxazosin mesylate</i>	23
<i>diclofenac sodium (ophth)</i>	60	<i>doxepin hcl</i>	32
<i>diclofenac sodium (topical) 1% gel</i>	66	<i>doxepin hcl (sleep)</i>	37
<i>dicloxacillin sodium</i>	16	<i>doxorubicin hcl</i>	17
<i>dicyclomine hcl cap 10mg</i>	50	<i>doxorubicin hcl liposomal</i>	17
<i>dicyclomine hcl soln 10mg/5ml</i>	50	<i>doxy 100</i>	17
<i>dicyclomine hcl tab 20mg</i>	50	<i>doxycycline (monohydrate)</i>	17
<i>didanosine</i>	12	<i>doxycycline hyclate</i>	17
DIFICID	15	<i>doxycycline hyclate 100 mg</i>	17
<i>diflunisal</i>	7	<i>doxycycline hyclate 20 mg</i>	17
<i>digitek</i>	26	DRIZALMA SPRINKLE	32
<i>digox</i>	26	<i>dronabinol</i>	50
<i>digoxin</i>	26	<i>drospirenone-ethinyl estradiol</i>	44
<i>digoxin inj</i>	26	DROXIA	53
<i>digoxin sol 50mcg/ml</i>	26	<i>duloxetine hcl</i>	32
<i>dihydroergotamine mesylate inj 1</i> <i>mg/ml</i>	37	DUREZOL	60
		<i>dutasteride</i>	52

<i>dutasteride-tamsulosin hcl</i>	52	<i>ery-tab</i>	15
<i>e.e.s. 400</i>	15	ERYTHROCIN LACTOBIONATE.....	15
EDURANT	12	<i>erythrocin stearate</i>	15
<i>efavirenz</i>	12	<i>erythromycin (acne aid)</i>	64
<i>eletriptan hydrobromide</i>	38	<i>erythromycin (ophth)</i>	59
ELIQUIS	53	<i>erythromycin base</i>	15
ELIQUIS STARTER PACK	53	<i>erythromycin cap 250mg ec</i>	15
ELLA	44	<i>erythromycin ethylsuccinate</i>	15
<i>eluryng</i>	44	<i>erythromycin tab ec</i>	15
EMCYT	17	ESBRIET.....	63
EMEND.....	50	<i>escitalopram oxalate</i>	32
EMGALITY.....	38	<i>esomeprazole magnesium</i>	52
<i>emoquette</i>	44	<i>estarylla tab 0.25-35</i>	44
EMSAM.....	32	<i>estradiol</i>	47
EMTRIVA	12	<i>estradiol vaginal cream</i>	47
EMVERM.....	10	<i>estradiol vaginal tab</i>	47
<i>enalapril maleate</i>	23	<i>estradiol valerate inj</i>	47
<i>enalapril maleate & hydrochlorothiazide</i>	23	<i>ethambutol hcl</i>	13
ENDARI.....	53	<i>ethosuximide</i>	29
<i>endocet 10-325mg</i>	8	<i>ethynodiol diacet & eth estrad</i>	44
<i>endocet 2.5-325mg</i>	8	<i>ethynodiol tab 1-50</i>	44
<i>endocet 5-325mg</i>	8	<i>etodolac</i>	7
<i>endocet 7.5-325mg</i>	8	<i>etonogestrel-ethinyl estradiol</i>	44
ENGERIX-B	56	<i>etoposide</i>	22
<i>enoxaparin sodium</i>	53	<i>everolimus</i>	20
<i>enpresse-28</i>	44	EVOTAZ	13
<i>enskyce</i>	44	<i>exemestane</i>	19
ENSTILAR.....	65	<i>ezetimibe</i>	24
<i>entacapone</i>	33	FABRAZYME.....	47
<i>entecavir</i>	14	<i>falmina</i>	44
ENTRESTO	23	<i>famciclovir</i>	14
<i>enulose</i>	51	<i>famotidine</i>	50
EPCLUSA	14	<i>famotidine in nacl</i>	50
EPIDIOLEX.....	29	<i>famotidine inj</i>	50
<i>epinephrine (anaphylaxis)</i>	63	FANAPT.....	34
<i>epirubicin hcl</i>	17	FANAPT TITRATION PACK	34
<i>epitol</i>	29	FARXIGA	41
EPIVIR HBV	14	FARYDAK.....	18
<i>eplerenone</i>	23	<i>felbamate</i>	29
<i>ergotamine w/ caffeine</i>	38	<i>felodipine</i>	26
ERIVEDGE	18	<i>femynor</i>	44
ERLEADA	19	<i>fenofibrate</i>	24
<i>erlotinib hcl</i>	20	<i>fenofibrate micronized</i>	24
<i>errin</i>	44	<i>fentanyl citrate</i>	8
<i>ertapenem sodium</i>	10	<i>fentanyl patch 100 mcg/hr</i>	8
<i>ery pad 2%</i>	64	<i>fentanyl patch 12 mcg/hr</i>	8
		<i>fentanyl patch 25 mcg/hr</i>	8

<i>fentanyl patch 50 mcg/hr</i>	8	<i>furosemide</i>	27
<i>fentanyl patch 75 mcg/hr</i>	8	<i>furosemide inj</i>	27
FETZIMA	32	FUZEON	12
FETZIMA TITRATION PACK.....	32	<i>fyavolv</i>	47
FIASP.....	40	FYCOMPA	29
FIASP FLEXTOUCH	40	<i>gabapentin</i>	30
FIASP PENFILL	40	<i>galantamine hydrobromide</i>	31
<i>finasteride</i>	52	<i>galantamine hydrobromide er</i>	31
<i>flac</i>	67	GAMASTAN S/D.....	55
<i>flecainide acetate</i>	24	GAMMAGARD LIQUID	55
FLOVENT DISKUS	63	GAMMAGARD S/D	55
FLOVENT HFA.....	63	GAMMAKED	55
<i>fluconazole</i>	11	GAMMAPLEX	55
<i>fluconazole inj nacl 200</i>	11	GAMMAPLEX 10GM/100ML	55
<i>fluconazole inj nacl 400</i>	11	GAMUNEX-C	55
<i>flucytosine</i>	11	<i>ganciclovir sodium</i>	14
<i>fludrocortisone acetate</i>	47	GARDASIL 9	56
<i>flunisolide (nasal)</i>	63	<i>gatifloxacin (ophth)</i>	59
<i>fluocinolone acetonide</i>	65	GATTEX.....	51
<i>fluocinolone acetonide (otic)</i>	67	GAUZE PADS 2.....	40
<i>fluocinolone acetonide oil body</i>	65	<i>gavilyte-c</i>	51
<i>fluocinonide</i>	65, 66	<i>gavilyte-g</i>	51
<i>fluocinonide emulsified base</i>	66	<i>gavilyte-n/flavor pack</i>	51
<i>fluorometholone</i>	60	<i>gemcitabine inj soln</i>	17
<i>fluorouracil</i>	17	<i>gemcitabine inj solr</i>	17
<i>fluorouracil (topical)</i>	66	<i>gemfibrozil</i>	24
<i>fluoxetine cap 10mg</i>	32	<i>generlac</i>	51
<i>fluoxetine cap 20mg</i>	32	<i>gengraf</i>	55
<i>fluoxetine cap 40mg</i>	32	GENOTROPIN	48
<i>fluoxetine hcl</i>	32	GENOTROPIN MINIQUICK	48
<i>fluphenazine decanoate</i>	34	<i>gentak</i>	59
<i>fluphenazine hcl</i>	34	<i>gentamicin in saline</i>	9
<i>flurbiprofen</i>	7	<i>gentamicin sulfate</i>	9
<i>flurbiprofen sodium</i>	60	<i>gentamicin sulfate (topical)</i>	64
<i>flutamide</i>	19	<i>gentamicin sulfate soln (ophth)</i>	59
<i>fluticasone propionate</i>	66	GENVOYA	13
<i>fluticasone propionate (nasal)</i>	63	GEODON	34
<i>fluvoxamine maleate</i>	28	<i>gianvi tab 3-0.02mg</i>	44
<i>fondaparinux sodium</i>	53	GILENYA	39
FORTEO	48	GILOTRIF TAB 20MG	20
<i>fosamprenavir tab 700 mg</i>	12	GILOTRIF TAB 30MG	20
<i>fosinopril sodium</i>	23	GILOTRIF TAB 40MG	20
<i>fosinopril sodium & hydrochlorothiazide</i>	23	<i>glatiramer acetate 20mg/ml</i>	39
FREAMINE HBC 6.9%	57	<i>glatiramer acetate 40mg/ml</i>	39
FREAMINE III.....	57	<i>glatopa</i>	39
<i>fulvestrant</i>	19	GLEOSTINE.....	17
		<i>glimepiride</i>	41

<i>glip/metform tab 2.5-250mg</i>	41	HUMULIN R U-500 KWIKPEN	40
<i>glip/metform tab 2.5-500mg</i>	41	<i>hydralazine hcl</i>	27
<i>glip/metform tab 5-500mg</i>	41	<i>hydrochlorothiazide</i>	27
<i>glipizide</i>	41	<i>hydroco/apap tab 10-325mg</i>	8
<i>glipizide xl</i>	41	<i>hydroco/apap tab 5-325mg</i>	8
GLUCAGEN HYPOKIT	48	<i>hydroco/apap tab 7.5-325</i>	8
GLUCAGON EMERGENCY KIT	48	<i>hydrocodone-acetaminophen 7.5-325</i>	
<i>glycopyrrolate tab 1mg</i>	50	<i>mg/15ml</i>	8
<i>glycopyrrolate tab 2mg</i>	50	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
<i>glydo</i>	66		8
GOLYTELY	51	<i>hydrocortisone</i>	47
<i>granisetron hcl</i>	50	<i>hydrocortisone (enema)</i>	51
<i>griseofulvin microsize</i>	11	<i>hydrocortisone (topical) cream 1%</i> ...	66
<i>griseofulvin ultramicrosize</i>	11	<i>hydrocortisone (topical) cream 2.5%</i> ..	66
<i>guanfacine er (adhd)</i>	37	<i>hydrocortisone (topical) lotion 2.5%</i> ..	66
HAEGARDA	53	<i>hydrocortisone (topical) oint 2.5%</i>	66
<i>halobetasol propionate</i>	66	<i>hydrocortisone butyrate cream 0.1%</i> ..	66
<i>haloperidol</i>	34	<i>hydrocortisone butyrate oint 0.1%</i>	66
<i>haloperidol conc 2mg/ml</i>	34	<i>hydromorphone hcl</i>	8
<i>haloperidol decanoate</i>	34	<i>hydroxychloroquine sulfate</i>	54
<i>haloperidol lactate inj 5mg/ml</i>	34	<i>hydroxyurea</i>	22
HARVONI	14	<i>hydroxyzine hcl</i>	62
HAVRIX	56	<i>hydroxyzine hcl inj</i>	62
<i>heather</i>	44	<i>hydroxyzine pamoate</i>	62
<i>heparin sod (porcine) in d5w</i>	53	HYSINGLA ER	8
<i>heparin sod inj 1000/ml</i>	53	<i>ibandronate sodium tabs</i>	43
<i>heparin sod inj 10000/ml</i>	53	IBRANCE	18
<i>heparin sod inj 20000/ml</i>	53	<i>ibu tab 600mg</i>	7
<i>heparin sod inj 5000/ml</i>	53	<i>ibu tab 800mg</i>	7
HEPARIN SODIUM/NACL 0.45%	53	<i>ibuprofen</i>	7
<i>hepatamine</i>	57	<i>icatibant acetate</i>	54
HERCEPTIN	18	ICLUSIG	20
HERCEPTIN HYLECTA	18	IDHIFA	18
HETLIOZ	37	ILEVRO	60
HIBERIX	56	<i>imatinib mesylate</i>	20
HUMIRA	54	IMBRUVICA	20
HUMIRA INJ 10MG/0.2ML	54	<i>imipenem-cilastatin</i>	10
HUMIRA KIT 20MG/0.4ML	54	<i>imipramine hcl</i>	32
HUMIRA KIT 40MG/0.8ML	54	<i>imiquimod</i>	66
HUMIRA PEDIATRIC CROHNS DISEASE		IMOVAX RABIES (H.D.C.V.)	56
.....	54	<i>incassia</i>	44
HUMIRA PEN	54	INCRELEX	48
HUMIRA PEN CD/UC/HS STARTER	54	INCRUSE ELLIPTA	61
HUMIRA PEN INJ CD/UC/HS STARTER	54	<i>indapamide</i>	27
HUMIRA PEN INJ PS/UV STARTER	54	INFANRIX	56
HUMIRA PEN-PS/UV STARTER	54	INLYTA	20, 21
HUMULIN R INJ U-500	40	INREBIC	21

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INSULIN SAFETY NEEDLES.....	40	JANUMET XR TAB 50-1000.....	42
INSULIN SYRINGE	40	JANUMET XR TAB 50-500MG	42
INTELENCE	12	JANUVIA	42
INTRALIPID 30%	57	JARDIANCE.....	42
INTRALIPID INJ 20%.....	57	<i>jasmiel</i>	45
INTRON-A INJ 10MU	55	JENTADUETO	42
INTRON-A INJ 18MU	55	JENTADUETO TAB XR 2.5-1000 MG ...	42
INTRON-A INJ 25MU	55	JENTADUETO TAB XR 5-1000 MG.....	42
INTRON-A INJ 50MU	55	<i>jinteli</i>	47
<i>introvale</i>	44	<i>jolessa tab 0.15-0.03 mg</i>	45
INVEGA SUST INJ 117 MG/0.75 ML ...	35	<i>jolivette</i>	45
INVEGA SUST INJ 156MG/ML	35	<i>juleber</i>	45
INVEGA SUST INJ 234 MG/1.5 ML.....	35	JULUCA.....	13
INVEGA SUST INJ 39 MG/0.25 ML.....	34	<i>junel 1.5/30</i>	45
INVEGA SUST INJ 78 MG/0.5 ML.....	35	<i>junel 1/20</i>	45
INVEGA TRINZA	35	<i>junel fe 1.5/30</i>	45
INVIRASE	12	<i>junel fe 1/20</i>	45
IONOSOL-MB/DEXTROSE 5%	58	JUXTAPID	25
IPOL INACTIVATED IPV	56	KADCYLA.....	18
<i>ipratropium bromide</i>	61	KALETRA TAB 100-25MG	13
<i>ipratropium bromide (nasal)</i>	61	KALETRA TAB 200-50MG	13
<i>ipratropium-albuterol nebu</i>	61	KALYDECO.....	63
<i>irbesartan</i>	23	KANJINTI	18
<i>irbesartan-hydrochlorothiazide</i>	23	<i>kariva</i>	45
IRESSA	21	<i>kcl 0.075%/d5w/nacl 0.45%</i>	58
<i>irinotecan hcl</i>	22	KCL 0.15%/D5W/NACL 0.225%.....	58
ISENTRESS.....	12	<i>kcl 0.15%/d5w/nacl 0.9%</i>	58
ISENTRESS HD.....	12	<i>kcl 0.3%/d5w/nacl 0.45%</i>	58
<i>isibloom</i>	45	KCL 0.3%/D5W/NACL 0.9%	58
ISOLYTE P	58	<i>kcl/d5w inj 0.3%</i>	58
ISOLYTE S	58	<i>kcl/d5w/nacl inj .15/.45%</i>	58
<i>isoniazid</i>	13	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	58
<i>isoniazid syp 50mg/5ml</i>	13	<i>kcl/nacl inj 0.15%-0.9%</i>	58
<i>isosorb mononitrate tab</i>	27	<i>kcl/nacl inj 0.3-0.9</i>	58
<i>isosorbide dinitrate</i>	27	<i>kcl0.15%/d5w/nacl0.2%</i>	58
<i>isosorbide mononitrate er</i>	27	<i>kelnor 1/35</i>	45
<i>isotretinoin</i>	64	<i>kelnor 1/50</i>	45
<i>isradipine</i>	26	<i>ketoconazole</i>	11
<i>itraconazole</i>	11	<i>ketoconazole cream</i>	65
<i>ivermectin</i>	10	<i>ketoconazole shampoo</i>	65
IXIARO.....	56	<i>ketorolac tromethamine (ophth)</i>	60
JADENU.....	43	KEYTRUDA.....	18
JADENU SPRINKLE	43	KINRIX	56
JAKAFI	21	<i>kionex sus 15gm/60ml</i>	43
<i>jantoven</i>	53	KISQALI	18
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KISQALI FEMARA 400 DOSE.....	18	<i>mg/0.5ml</i>	62
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<i>klor-con 8</i>	56	LEVEMIR FLEXTOUCH	40
<i>klor-con m10</i>	57	<i>levetiracetam</i>	30
<i>klor-con m15</i>	57	<i>levetiracetam in sodium chloride</i>	30
<i>klor-con m20</i>	57	<i>levetiracetam oral soln 100 mg/ml</i>	30
<i>klor-con pak 20meq</i>	57	<i>levobunolol hcl</i>	61
<i>klor-con spr cap 10meq</i>	57	<i>levocarnitine (metabolic modifiers)</i> ...	47
<i>klor-con spr cap 8meq</i>	57	<i>levocetirizine dihydrochloride</i>	62
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<i>kurvelo</i>	45	<i>levofloxacin in d5w</i>	16
KUVAN	47	<i>levofloxacin inj 25mg/ml</i>	16
<i>labetalol hcl</i>	25	<i>levofloxacin oral soln 25 mg/ml</i>	16
<i>lactated ringer's</i>	58	<i>levonest</i>	45
<i>lactulose</i>	51	<i>levonor/ethi tab</i>	45
<i>lactulose (encephalopathy)</i>	51	<i>levonorgestrel & eth estradiol</i>	45
<i>lamivudine</i>	12	<i>levonorgestrel-ethinyl estradiol (91-</i>	
<i>lamivudine (hbv)</i>	14	<i>day)</i>	45
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<i>lansoprazole</i>	52	<i>levothyroxine sodium</i>	49
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<i>larin fe 1/20</i>	45	<i>lidocaine hcl</i>	66
<i>larissia tab</i>	45	<i>lidocaine hcl (local anesth.)</i>	9
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<i>latanoprost</i>	61	<i>lidocaine inj 0.5%</i>	9
LATUDA.....	35	<i>lidocaine inj 1%</i>	9
<i>leena tab</i>	45	<i>lidocaine inj 1.5% preservative free (pf)</i>	
<i>leflunomide</i>	54		9
LENVIMA 10 MG DAILY DOSE	21	<i>lidocaine oint 5%</i>	66
LENVIMA 12MG DAILY DOSE	21	<i>lidocaine-prilocaine</i>	66
LENVIMA 14 MG DAILY DOSE	21	<i>linezolid in sodium chloride</i>	10
LENVIMA 18 MG DAILY DOSE	21	<i>linezolid inj</i>	10
LENVIMA 20 MG DAILY DOSE	21	<i>linezolid susp</i>	10
LENVIMA 24 MG DAILY DOSE	21	<i>linezolid tab 600mg</i>	10
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<i>lessina</i>	45	<i>lisinopril</i>	23
<i>letrozole</i>	19	<i>lisinopril & hydrochlorothiazide</i>	23
<i>leucovorin calcium</i>	22	<i>lithium carbonate</i>	38
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<i>loperamide hcl</i>	51	<i>megestrol ac sus 40mg/ml</i>	19
<i>lopinavir-ritonavir</i>	13	<i>megestrol ac tab 20mg</i>	19
<i>lorazepam</i>	28	<i>megestrol ac tab 40mg</i>	19
<i>lorazepam intensol</i>	28	<i>megestrol sus 625mg/5ml</i>	19
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<i>lorcet hd tab 10-325mg</i>	8	MEKTOVI	21
<i>lorcet plus tab 7.5-325</i>	8	<i>meloxicam</i>	7
<i>lorcet tab 5-325mg</i>	8	<i>memantine hcl cp24</i>	31
<i>loryna</i>	45	<i>memantine soln</i>	31
<i>losartan potassium</i>	23	<i>memantine tabs</i>	31
<i>losartan-hydrochlorothiazide</i>	23	MENACTRA	56
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<i>lovastatin</i>	24	<i>meropenem</i>	10
<i>low-ogestrel</i>	45	<i>mesalamine</i>	51
<i>loxapine succinate</i>	35	<i>mesalamine w/ cleanser</i>	51
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LUPRON DEPOT INJ 11.25MG (3-MONTH)	19	<i>metformin hcl</i>	42
LUPRON DEPOT-PED (1-MONTH)	49	<i>methadone hcl</i>	8
LUPRON DEPOT-PED (3-MONTH)	49	<i>methadone hcl 10mg</i>	8
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	48	<i>methadone hcl 5mg</i>	8
LUPRON DEP-PED INJ 7.5MG	48	<i>methadone hcl intensol</i>	8
<i>luteal</i>	45	<i>methazolamide</i>	27
LYNPARZA	18	<i>methenamine hippurate</i>	10
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<i>lyza</i>	45	<i>methotrexate sodium inj solr</i>	17
<i>magnesium sulfate</i>	57	<i>methotrexate sodium tabs</i>	54
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MAGNESIUM SULFATE IN D5W	57	<i>methylphenidate hcl oral soln</i>	37
<i>magnesium sulfate in dextrose</i>	57	<i>methylphenidate hcl tbc 10 mg</i>	37
<i>magnesium sulfate inj 50%</i>	57	<i>methylphenidate hcl tbc 20mg</i>	37
<i>malathion</i>	67	<i>methylpr ss inj</i>	47
<i>maprotiline hcl</i>	32	<i>methylpred pak 4mg</i>	48
<i>marlissa</i>	45	<i>methylpred tab 16mg</i>	48
MARPLAN TAB 10MG	32	<i>methylpred tab 32mg</i>	48
MATULANE	22	<i>methylpred tab 4mg</i>	48
MAVYRET	14	<i>methylpred tab 8mg</i>	48
<i>meclizine hcl</i>	50	<i>methylprednisolone acetate</i>	48
<i>medroxyprogesterone acetate (contraceptive)</i>	45	<i>metoclopramide hcl</i>	50
<i>medroxyprogesterone acetate tab</i>	49	<i>metoclopramide hcl inj</i>	50
<i>mefloquine hcl</i>	11	<i>metolazone</i>	27
		<i>metoprolol & hydrochlorothiazide</i>	25
		<i>metoprolol succinate</i>	25
		<i>metoprolol tartrate</i>	25

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<i>metronidazole in nacl</i>	10	<i>naloxone inj 0.4mg/ml</i>	39
<i>metronidazole vaginal</i>	53	<i>naloxone inj 1mg/ml</i>	39
<i>microgestin 1.5/30</i>	45	<i>naltrexone hcl</i>	40
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<i>microgestin fe 1/20</i>	45	<i>naproxen dr</i>	7
<i>midodrine hcl</i>	27	<i>naproxen sodium</i>	7
<i>miglustat</i>	47	<i>naratriptan hcl</i>	38
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<i>mometasone furoate</i>	66	<i>neomycin-polymyxin-gramicidin</i>	60
<i>mondoxyne nl cap 100mg</i>	17	<i>neomycin-polymyxin-hc (ophth)</i>	59
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<i>norethindrone acet & eth estra</i>	45	<i>nystatin (mouth-throat)</i>	67
<i>norethindrone acetate</i>	49	<i>nystatin (topical)</i>	65
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NORVIR PACK	12	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	23
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		<i>oxaliplatin inj 50mg</i>	22
		<i>oxaliplatin inj 50mg/10ml</i>	22
		<i>oxandrolone tab 10mg</i>	40

<i>oxandrolone tab 2.5mg</i>	40
<i>oxcarbazepine</i>	30
<i>oxybutynin chloride</i>	52
<i>oxycodone hcl</i>	9
<i>oxycodone w/ acetaminophen 10-325mg</i>	9
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	9
<i>oxycodone w/ acetaminophen 5-325mg</i>	9
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9
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<i>pindolol</i>	25
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<i>prednisolone sodium phosphate</i>	48	<i>promethazine hcl inj</i>	50
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<i>prednisone pak 5mg</i>	48	<i>propranolol hcl</i>	25
<i>prednisone sol 5mg/5ml</i>	48	<i>propranolol oral sol</i>	25
<i>prednisone tab 10mg</i>	48	<i>propylthiouracil</i>	49
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<i>prednisone tab 50mg</i>	48	PULMICORT FLEXHALER	64
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