



MyTruAdvantage
2022 Formulary
List of Covered Drugs

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

Y0150_PBM047_C

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This formulary was updated on 11/28/2022.

For more recent information or other questions, please contact Pharmacy Member Services at (844) 283-2788 or for TTY users 711, 24 hours a day, 7 days a week, or visit www.MyTruAdvantage.com.

Last Updated 11/28/2022

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 MyTruAdvantage. When it refers to “plan” or “our plan,” it means MyTruAdvantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/28/2022. 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 of each year, and from time to time during the year.

What is the MyTruAdvantage Formulary?

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

Can the Formulary (drug list) change?

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the MyTruAdvantage Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/28/2022. To get updated information about the drugs covered by MyTruAdvantage, please contact us. Our contact information appears on the front and back cover pages. The formularies will be updated monthly and posted on our website at www.MyTruAdvantage.com, in the event of any mid-year non-maintenance formulary changes.

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”. If you know what your drug is used for, look for the category name in the list that begins on page 7, then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins immediately following the Medical Condition listing that begins on page 7. 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?

MyTruAdvantage 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:** MyTruAdvantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from MyTruAdvantage before you fill your prescriptions. If you don't get approval, MyTruAdvantage may not cover the drug.
- **Quantity Limits:** For certain drugs, MyTruAdvantage limits the amount of the drug that MyTruAdvantage will cover. For example, MyTruAdvantage provides 30 tablets per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, MyTruAdvantage 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, MyTruAdvantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MyTruAdvantage 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 MyTruAdvantage 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 MyTruAdvantage's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

For more information

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

If you have questions about MyTruAdvantage, 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>.

MyTruAdvantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by MyTruAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins immediately following the Medical Condition listing that begins on page 7.

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

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

The following abbreviations are used in the formulary chart to indicate drugs that may have additional requirements or limits on coverage:

PA – Drug requires Prior Authorization

QL – Drug has Quantity Limits

SI – Select Insulins

ST – Drug requires Step Therapy

NM – Drug not available at our mail-order pharmacies

LA - Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Pharmacy Member Services at (844) 283-2788, 24 hours a day, 7 days a week. TTY users should call 711.

B/D – Drug may be covered under Medicare Part B or D

Medical Condition Drug List

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	2	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>colchicine w/ probenecid tab</i> <i>0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	3	
NSAIDS		
<i>celecoxib</i> CAPS 50mg QL (240 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab</i> <i>delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	QL
<i>ec-naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	QL
<i>naproxen</i> TBEC 500mg QL (90 tabs / 30 days)	4	QL
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	3	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i> QL (2700 mL / 30 days)	3	QL

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 SI - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (400 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	3	QL
<i>butorphanol tartrate SOLN</i> 1mg/ml, 2mg/ml	4	
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	3	QL
<i>endocet tab 5-325mg</i> QL (360 tabs / 30 days)	3	QL
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	3	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	3	QL
<i>fentanyl citrate LPOP</i> 200mcg QL (120 lozenges / 30 days)	4	QL PA
<i>fentanyl citrate LPOP</i> 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	5	QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	4	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	3	QL
<i>hydromorphone hcl LIQD</i> 1mg/ml QL (600 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl TABS</i> 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
<i>morphine sulfate SOLN</i> 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>MORPHINE SULFATE SOLN</i> 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate SOLN</i> 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
<i>morphine sulfate SOLN</i> 20mg/ml QL (180 mL / 30 days)	3	QL
<i>morphine sulfate TABS</i> 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>nalbuphine hcl SOLN</i> 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl CAPS</i> 5mg QL (180 caps / 30 days)	4	QL
<i>oxycodone hcl CONC</i> 100mg/5ml QL (180 mL / 30 days)	4	QL
<i>oxycodone hcl SOLN</i> 5mg/5ml QL (900 mL / 30 days)	4	QL
<i>oxycodone hcl TABS</i> 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	3	QL
<i>tramadol hcl TABS</i> 50mg QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	3	QL

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 **SI** - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM LA PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate</i> <i>hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w</i> <i>iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w</i> <i>iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w</i> <i>iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj 0.8</i> <i>mg/ml</i>	3	
<i>gentamicin in saline inj 1</i> <i>mg/ml</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin in saline inj 1.2</i> <i>mg/ml</i>	3	
<i>gentamicin in saline inj 1.6</i> <i>mg/ml</i>	3	
<i>gentamicin in saline inj 2</i> <i>mg/ml</i>	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin</i> <i>intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin</i> <i>intravenous for soln 500 mg</i>	4	
<i>ivermectin</i> TABS 3mg	3	PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	4	QL
<i>linezolid in sodium chloride iv</i> <i>soln 600 mg/300ml-0.9%</i>	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	5	QL
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	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 SI - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	3	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
SYNERCID INJ 500MG	5	
<i>tobramycin</i> NEBU 300mg/5ml	5	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
TRIMETHOPRIM TABS 100mg	2	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	4	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	4	QL
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
<i>fluconazole</i> TABS 150mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	1	QL
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	4	QL PA
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	4	QL PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	4	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	
TIVICAY TABS 10mg	3	

Drug Name	Drug Requirements/ Tier	Limits
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	
<i>zidovudine</i> TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> QL (30 tabs / 30 days)	5	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> QL (30 tabs / 30 days)	5	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> QL (30 tabs / 30 days)	5	QL
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIXYS TAB 300-300	5	
TRIUMEQ PD TAB	5	
TRIUMEQ TAB	5	
TRIZIVIR TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NM LA PA
TRECTOR TABS 250mg	4	

Drug Name	Drug Requirements/ Tier	Limits
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	5	NM PA
EPCLUSA PAK 200-50MG	5	NM PA
EPCLUSA TAB 200-50MG	5	NM PA
EPCLUSA TAB 400-100	5	NM PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	3	
<i>ganciclovir sodium SOLR 500mg</i>	4	B/D
HARVONI PAK 33.75-150MG	5	NM PA
HARVONI PAK 45-200MG	5	NM PA
HARVONI TAB 45-200MG	5	NM PA
HARVONI TAB 90-400MG	5	NM PA
<i>lamivudine (hbv) TABS 100mg</i>	4	
MAVYRET PAK 50-20MG	5	NM PA
MAVYRET TAB 100-40MG	5	NM PA
<i>oseltamivir phosphate CAPS 30mg</i> QL (168 caps / year)	3	QL
<i>oseltamivir phosphate CAPS 45mg, 75mg</i> QL (84 caps / year)	3	QL
<i>oseltamivir phosphate SUSR 6mg/ml</i> QL (1080 mL / year)	3	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
<i>ribavirin (hepatitis c) CAPS 200mg</i>	3	NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFAZOLIN ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefroxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	

Drug Name	Drug Requirements/ Tier	Limits
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in</i> <i>d5w</i>	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl TABS 100mg</i>	4	
<i>ciprofloxacin hcl TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin SOLN 25mg/ml</i>	4	
<i>levofloxacin TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl TABS 400mg</i>	4	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin CHEW 125mg, 250mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	4	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	4	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	3	
<i>doxycycline hyclate SOLR 100mg</i>	4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	3	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NM LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	4	PA
<i>tigecycline SOLR 50mg</i>	4	
<i>TIGECYCLINE SOLR 50mg</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	3	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	3	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml</i>	5	B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	5	B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	5	B/D
<i>LEUKERAN TABS 2mg</i>	4	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>oxaliplatin SOLR 50mg, 100mg</i>	5	B/D
<i>paraplatin SOLN 1000mg/100ml</i>	3	B/D
ANTIBIOTICS		
<i>adriamycin SOLN 2mg/ml</i>	4	B/D
<i>doxorubicin hcl SOLN 2mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal INJ 2mg/ml</i>	5	B/D
<i>epirubicin hcl SOLN 50mg/25ml, 200mg/100ml</i>	4	B/D
ANTIMETABOLITES		
<i>ALIMTA SOLR 100mg, 500mg</i>	5	B/D
<i>azacitidine SUSR 100mg</i>	5	B/D NM
<i>cytarabine SOLN 20mg/ml</i>	3	B/D
<i>fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	3	B/D
<i>gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg</i>	4	B/D
<i>INQOVI TAB 35-100MG</i>	5	NM LA PA
<i>LONSURF TAB 15-6.14</i>	5	NM PA
<i>LONSURF TAB 20-8.19</i>	5	NM PA
<i>mercaptopurine TABS 50mg</i>	3	
<i>methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm</i>	3	B/D
<i>ONUREG TABS 200mg, 300mg</i>	5	NM LA PA
<i>pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg</i>	5	B/D
<i>PURIXAN SUSP 2000mg/100ml</i>	5	NM
<i>TABLOID TABS 40mg</i>	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate TABS 250mg, 500mg</i>	5	NM PA
<i>anastrozole TABS 1mg</i>	2	
<i>bicalutamide TABS 50mg</i>	2	
<i>EMCYT CAPS 140mg</i>	5	
<i>ERLEADA TABS 60mg</i>	5	NM LA PA
<i>EULEXIN CAPS 125mg</i>	5	
<i>exemestane TABS 25mg</i>	4	

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<i>flutamide</i> CAPS 125mg	3	
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM LA PA
ORGOVYX TABS 120mg	5	NM LA PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM LA PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)	5	QL NM LA PA
POMALYST CAPS 3mg, 4mg QL (21 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM LA PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM LA PA
THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	5	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NM LA PA
<i>bexarotene</i> CAPS 75mg	5	NM PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL NM PA
MATULANE CAPS 50mg	5	NM LA
SYNRIBO SOLR 3.5mg	5	NM PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	NM LA PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D NM
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
PACLITAXEL INJ 100MG	5	B/D NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D NM
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	3	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA
ALECENSA CAPS 150mg	5	NM LA PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM LA PA
ALUNBRIG PAK	5	NM LA PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM LA PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM LA PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg <i>bortezomib</i> SOLR 3.5mg	5	NM PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM PA
BRAFTOVI CAPS 75mg	5	NM LA PA
BRUKINSA CAPS 80mg	5	NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL NM LA PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	QL NM LA PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL NM LA PA
CAPRELSA TABS 100mg, 300mg	5	NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM LA PA
COMETRIQ KIT 100MG	5	NM LA PA
COMETRIQ KIT 140MG	5	NM LA PA
COPIKTRA CAPS 15mg, 25mg	5	NM LA PA
COTELLIC TABS 20mg	5	NM LA PA
DAURISMO TABS 25mg, 100mg	5	NM LA PA
ERIVEDGE CAPS 150mg <i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA
EXKIVITY CAPS 40mg	5	NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL NM LA PA
GAVRETO CAPS 100mg	5	NM LA PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM LA PA
HERCEP HYLEC SOL 60-10000	5	NM PA
HERCEPTIN SOLR 150mg	5	NM PA
HERZUMA SOLR 150mg, 420mg	5	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL NM LA PA
ICLUSIG TABS 10mg QL (60 tabs / 30 days)	5	QL NM LA PA
ICLUSIG TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM LA PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA
<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL NM LA PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL NM LA PA

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IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	QL NM LA PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	5	QL NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL NM LA PA
INREBIC CAPS 100mg	5	NM LA PA
IRESSA TABS 250mg	5	NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL NM LA PA
KADCYLA SOLR 100mg, 160mg	5	B/D NM
KANJINTI SOLR 150mg, 420mg	5	NM PA
KEYTRUDA SOLN 100mg/4ml	5	NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM LA PA
LORBRENA TABS 25mg, 100mg	5	NM LA PA
LUMAKRAS TABS 120mg	5	NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM LA PA
MEKINIST TABS .5mg, 2mg	5	NM LA PA
MEKTOVI TABS 15mg	5	NM LA PA
MONJUVI SOLR 200mg	5	NM LA PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM LA PA
NERLYNX TABS 40mg	5	NM LA PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
ODOMZO CAPS 200mg	5	NM LA PA
OGIVRI SOLR 150mg	5	NM PA
OGIVRI INJ 420MG	5	NM PA
ONTRUZANT SOLR 150mg, 420mg	5	NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM LA PA
PHESGO SOL	5	NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM PA
PIQRAY 250MG TAB DOSE	5	NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM PA
QINLOCK TABS 50mg	5	NM LA PA
RETEVMO CAPS 40mg, 80mg	5	NM LA PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM LA PA
RITUXAN INJ HYCELA	5	NM LA PA
ROZLYTREK CAPS 100mg, 200mg	5	NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Limits
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM PA
RYDAPT CAPS 25mg	5	NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL NM PA
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM PA
STIVARGA TABS 40mg	5	NM LA PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
TABRECTA TABS 150mg, 200mg	5	NM PA
TAFINLAR CAPS 50mg, 75mg	5	NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL NM LA PA
TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM PA
TAZVERIK TABS 200mg	5	NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM LA PA
TEPMETKO TABS 225mg	5	NM LA PA
TIBSOVO TABS 250mg	5	NM LA PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM LA PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
TUKYSA TABS 50mg, 150mg	5	NM LA PA
TURALIO CAPS 200mg	5	NM LA PA
VELCADE SOLR 3.5mg	5	NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	4	QL NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL NM LA PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL NM LA PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL NM LA PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM LA PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM LA PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL NM LA PA
VOTRIENT TABS 200mg	5	NM LA PA
XALKORI CAPS 200mg, 250mg	5	NM LA PA
XOSPATA TABS 40mg	5	NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	5	NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	5	NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	5	NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	5	NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	5	NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	5	QL NM LA PA
ZELBORAF TABS 240mg	5	NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM PA
ZOLINZA CAPS 100mg	5	NM PA
ZYDELIG TABS 100mg, 150mg	5	NM LA PA
ZYKADIA TABS 150mg	5	NM LA PA

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PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg	3	
<i>leucovorin calcium</i> TABS 15mg, 25mg	4	
MESNEX TABS 400mg	5	
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	

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

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ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate- olmesartan medoxomil tab 5- 20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 5- 40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160- 12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160- 25 mg</i> QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine-valsartan- hydrochlorothiazide tab 10- 160-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 10- 160-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 10- 320-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg</i> QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> QL (30 tabs / 30 days)	1	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	4	QL
EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)	4	QL
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50- 12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100- 12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100- 25 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 80-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	QL

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

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<i>valsartan</i> TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
<i>valsartan</i> TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg QL (60 tabs / 30 days)	5	QL ST

Drug Name	Drug Requirements/ Tier	Limits
ALTOPREV TB24 40mg, 60mg QL (30 tabs / 30 days)	5	QL ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL
<i>fluvastatin sodium</i> TB24 80mg QL (30 tabs / 30 days)	1	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab</i> 10- 10 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ezetimibe-simvastatin tab 10-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> QL (30 tabs / 30 days)	1	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	4	QL
<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	4	QL
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem hcl coated beads</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	3	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
<i>NYMALIZE</i> SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	2	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	4	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digitek TABS .125mg, .25mg</i> QL (30 tabs / 30 days)	2	QL
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i> QL (30 tabs / 30 days)	2	QL
<i>droxidopa CAPS 100mg</i> QL (90 caps / 30 days)	5	QL NM PA
<i>droxidopa CAPS 200mg, 300mg</i> QL (180 caps / 30 days)	5	QL NM PA
<i>guanfacine hcl TABS 1mg, 2mg</i> PA if 70 years and older	3	PA
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>metirosine CAPS 250mg</i>	5	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide mononitrate TABS 10mg, 20mg</i>	2	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM LA PA
<i>ambrisentan TABS 5mg, 10mg</i> QL (30 tabs / 30 days)	5	QL NM LA PA
<i>bosentan TABS 62.5mg</i> QL (120 tabs / 30 days)	5	QL NM LA PA
<i>bosentan TABS 125mg</i> QL (60 tabs / 30 days)	5	QL NM LA PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
<i>sildenafil citrate (pulmonary hypertension) TABS 20mg</i> QL (90 tabs / 30 days)	3	QL NM PA
<i>treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	5	NM LA PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam TABS .25mg, .5mg, 1mg, 2mg</i> QL (150 tabs / 30 days)	2	QL
<i>bupirone hcl TABS 5mg, 10mg, 15mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>bupirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	3	QL
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
<i>clonazepam</i> TABS 2mg QL (300 tabs / 30 days)	2	QL
<i>clonazepam</i> TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM LA PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM LA PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM LA PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	

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Drug Name	Drug Requirements/ Tier	Limits
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM LA PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	5	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>gabapentin</i> CAPS 100mg QL (1080 caps / 30 days)	2	QL
<i>gabapentin</i> CAPS 300mg QL (360 caps / 30 days)	2	QL
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	2	QL
<i>gabapentin</i> SOLN 250mg/5ml QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	3	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	3	QL
<i>lacosamide</i> SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	4	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	5	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg QL (60 films / 30 days)	4	QL PA
SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	5	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL NM LA PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM LA PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
VIMPAT SOLN 200mg/20ml	5	
XCOPRI TABS 50mg QL (90 tabs / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM LA PA
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	2	QL
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA if < 30 yrs	4	PA
<i>memantine hcl</i> TABS 5mg, 10mg PA if < 30 yrs	3	PA
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	

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Drug Name	Drug Requirements/ Tier	Limits
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg QL (90 caps / 30 days)	3	QL
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg QL (120 tabs / 30 days)	4	QL
TRINTELLIX TABS 10mg QL (60 tabs / 30 days)	4	QL
TRINTELLIX TABS 20mg QL (30 tabs / 30 days)	4	QL
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	3	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>carb/levo orally disintegrating tab 10-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-100mg</i>	4	
<i>carb/levo orally disintegrating tab 25-250mg</i>	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab 10- 100 mg</i>	2	
<i>carbidopa & levodopa tab 25- 100 mg</i>	2	
<i>carbidopa & levodopa tab 25- 250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg</i>	4	
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i>	4	
<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg</i>	4	
<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone</i> TABS 200mg	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	5	QL NM PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS 1mg	4	QL
QL (30 tabs / 30 days)		
<i>rasagiline mesylate</i> TABS .5mg	4	QL
QL (60 tabs / 30 days)		
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	3	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL
QL (1 syringe / 28 days)		
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL
QL (1 injection / 28 days)		
<i>aripiprazole</i> SOLN 1mg/ml	4	QL
QL (900 mL / 30 days)		
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL
QL (30 tabs / 30 days)		
<i>aripiprazole</i> TBDP 10mg, 15mg	4	QL
QL (60 tabs / 30 days)		
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL
QL (1 syringe / 28 days)		
ARISTADA PRSY 1064mg/3.9ml	5	QL
QL (1 syringe / 56 days)		
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL
QL (60 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL PA
QL (30 caps / 30 days)		
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL
QL (270 tabs / 30 days)		
<i>clozapine</i> TABS 200mg	4	QL
QL (135 tabs / 30 days)		
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL PA
QL (270 tabs / 30 days)		
<i>clozapine</i> TBDP 150mg	4	QL PA
QL (180 tabs / 30 days)		
<i>clozapine</i> TBDP 200mg	5	QL PA
QL (135 tabs / 30 days)		
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL PA
QL (60 tabs / 30 days)		
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL
QL (1 syringe / 28 days)		
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL
QL (1 syringe / 28 days)		

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Drug Name	Drug Requirements/ Tier	Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
LATUDA TABS 80mg QL (60 tabs / 30 days)	4	QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	QL NM LA PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	QL NM LA PA
olanzapine SOLR 10mg QL (3 vials / 1 day)	4	QL
olanzapine TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
olanzapine TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
olanzapine TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
olanzapine TBDP 10mg QL (60 tabs / 30 days)	4	QL
paliperidone TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL
paliperidone TB24 6mg QL (60 tabs / 30 days)	4	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
quetiapine fumarate TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
quetiapine fumarate TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	4	QL
RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
risperidone SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	4	QL
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	4	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	QL
VRAYLAR CAP 1.5-3MG	4	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL

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Drug Name		Drug Requirements/ Tier	Limits
ziprasidone mesylate SOLR 20mg		4	QL
QL (6 injections / 3 days)			
ZYPREXA RELPREVV SUSR 210mg		4	QL NM PA
QL (2 vials / 28 days)			
ZYPREXA RELPREVV SUSR 300mg		5	QL NM PA
QL (2 vials / 28 days)			
ZYPREXA RELPREVV SUSR 405mg		5	QL NM PA
QL (1 vial / 28 days)			
ATTENTION DEFICIT HYPERACTIVITY DISORDER			
amphetamine-dextroamphetamine cap er 24hr 5 mg		4	QL PA
QL (30 caps / 30 days)			
amphetamine-dextroamphetamine cap er 24hr 10 mg		4	QL PA
QL (30 caps / 30 days)			
amphetamine-dextroamphetamine cap er 24hr 15 mg		4	QL PA
QL (30 caps / 30 days)			
amphetamine-dextroamphetamine cap er 24hr 20 mg		4	QL PA
QL (30 caps / 30 days)			
amphetamine-dextroamphetamine cap er 24hr 25 mg		4	QL PA
QL (30 caps / 30 days)			
amphetamine-dextroamphetamine cap er 24hr 30 mg		4	QL PA
QL (30 caps / 30 days)			
amphetamine-dextroamphetamine tab 5 mg		3	QL PA
QL (60 tabs / 30 days)			
amphetamine-dextroamphetamine tab 7.5 mg		3	QL PA
QL (60 tabs / 30 days)			

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

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

Drug Name		Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year		2	QL PA
MIGRAINE			
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)		3	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml		5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)		5	QL PA
<i>ergotamine w/ caffeine tab</i> 1- 100 mg QL (40 tabs / 28 days)		3	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)		3	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)		5	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)		3	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)		4	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)		4	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)		4	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)		4	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)		2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)		5	QL PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)		4	QL

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	4	QL PA
GRALISE TABS 600mg QL (90 tabs / 30 days)	4	QL PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	5	QL NM LA PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	5	QL NM LA PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	4	QL PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	4	QL PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL NM PA
<i>dalfampridine</i> TB12 10mg	3	NM PA
GILENYA CAPS .5mg QL (28 caps / 28 days)	5	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	4	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	2	QL
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	3	
CHANTIX TAB 0.5& 1MG	4	PA
<i>disulfiram TABS 250mg, 500mg</i>	3	
<i>naloxone hcl LIQD 4mg/0.1ml</i>	3	
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	2	
<i>naltrexone hcl TABS 50mg</i>	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate TABS .5mg, 1mg</i> QL (56 tabs / 28 days)	4	QL PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	PA
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC ANDROGENS		
ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	4	QL PA
<i>oxandrolone TABS 2.5mg</i> QL (120 tabs / 30 days)	3	QL PA
<i>oxandrolone TABS 10mg</i> QL (60 tabs / 30 days)	4	QL PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i> QL (300 gm / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	3	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	3	PA
ANTIDIABETICS		
<i>acarbose TABS 25mg, 50mg, 100mg</i>		
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	3	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	4	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>glimepiride TABS 1mg, 2mg</i> QL (90 tabs / 30 days)	1	QL
<i>glimepiride TABS 4mg</i> QL (60 tabs / 30 days)	1	QL
<i>glipizide TABS 5mg</i> QL (240 tabs / 30 days)	1	QL
<i>glipizide TABS 10mg</i> QL (120 tabs / 30 days)	1	QL
<i>glipizide TB24 2.5mg, 5mg</i> QL (90 tabs / 30 days)	1	QL
<i>glipizide TB24 10mg</i> QL (60 tabs / 30 days)	1	QL
<i>glipizide xl TB24 2.5mg, 5mg</i> QL (90 tabs / 30 days)	1	QL
<i>glipizide xl TB24 10mg</i> QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL

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 SI - Select Insulins

Drug Name	Drug Requirements/ Tier	Limits
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE TABS 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	3	QL
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML QL (1 pen / 28 days)	3	QL
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml SI	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH SI	3	
FIASP INJ 100/ML SI	3	
FIASP PENFIL INJ U-100 SI	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	3	
LEVEMIR SOLN 100unit/ml SI	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml SI	3	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN INJ 70/30 SI (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP SI (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG FLEXPEN SOPN 100unit/ml SI (brand RELION not covered)	3	
NOVOLOG MIX INJ 70/30 SI (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN SI (brand RELION not covered)	3	
NOVOLOG PENFILL SOCT 100unit/ml SI (brand RELION not covered)	3	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	4	QL PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	3	
SOLIQUA INJ 100/33 QL (10 pens / 30 days) SI	3	QL
TRESIBA SOLN 100unit/ml SI	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml SI	3	
V-GO 20 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	4	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days) SI	3	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NM PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	4	B/D QL
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
XGEVA SOLN 120mg/1.7ml	5	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM PA
<i>deferasirox</i> TBSO 125mg	3	NM PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate</i> powder	3	
sps SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	2	

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

Drug Name	Drug Requirements/ Tier Limits
<i>junel fe 1.5/30</i>	2
<i>junel fe 1/20</i>	2
<i>kariva</i>	3
<i>kelnor 1/35</i>	2
<i>kelnor 1/50</i>	3
<i>kurvelo</i>	2
<i>larin 1.5/30</i>	2
<i>larin 1/20</i>	2
<i>larin fe 1.5/30</i>	2
<i>larin fe 1/20</i>	2
<i>larissia</i>	2
<i>leena</i>	3
<i>lessina</i>	2
<i>levonest</i>	2
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2
<i>levora 0.15/30-28</i>	2
<i>lillow</i>	2
<i>loestrin 1.5/30-21</i>	2
<i>loestrin 1/20-21</i>	2
<i>loestrin fe 1.5/30</i>	2
<i>loestrin fe 1/20</i>	2
<i>loryna</i>	3
<i>low-ogestrel</i>	2
<i>lutra</i>	2
<i>lyleq</i> TABS .35mg	2
<i>lyza</i> TABS .35mg	2
<i>marlissa</i>	2
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3
<i>microgestin 1.5/30</i>	2
<i>microgestin 1/20</i>	2
<i>microgestin fe 1.5/30</i>	2
<i>microgestin fe 1/20</i>	2
<i>mili</i>	2

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Drug Name	Drug Requirements/ Tier Limits
<i>mono-linyah</i>	2
<i>necon 0.5/35-28</i>	2
<i>nikki</i>	3
<i>nora-be TABS .35mg</i>	2
<i>norethindrone (contraceptive) TABS .35mg</i>	2
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	4
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2
<i>norlyroc TABS .35mg</i>	2
<i>nortrel 0.5/35 (28)</i>	2
<i>nortrel 1/35 (21)</i>	2
<i>nortrel 1/35 (28)</i>	2
<i>nortrel 7/7/7</i>	2
<i>nylia 1/35</i>	2
<i>nylia 7/7/7</i>	2
<i>nymyo</i>	2
<i>ocella</i>	3
<i>orsythia</i>	2
<i>philith</i>	3
<i>pimtrea</i>	3
<i>pirmella 1/35</i>	2
<i>portia-28</i>	2
<i>reclipsen</i>	2
<i>setlakin</i>	3
<i>sharobel TABS .35mg</i>	2
<i>simliya</i>	3
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	3
<i>tarina fe 1/20 eq</i>	2

Drug Name	Drug Requirements/ Tier Limits
<i>tilia fe</i>	4
<i>tri-estarylla</i>	2
<i>tri-legest fe</i>	4
<i>tri-linyah</i>	2
<i>tri-lo-estarylla</i>	3
<i>tri-lo-marzia</i>	3
<i>tri-lo-mili</i>	3
<i>tri-lo-sprintec</i>	3
<i>tri-mili</i>	2
<i>tri-nymyo</i>	2
<i>tri-sprintec</i>	2
<i>tri-vylibra</i>	2
<i>tri-vylibra lo</i>	3
<i>trivora-28</i>	2
<i>velivet</i>	2
<i>vestura</i>	3
<i>vienva</i>	2
<i>viorele</i>	3
<i>vyfemla</i>	3
<i>vylibra</i>	2
<i>wera</i>	2
<i>xulane</i>	4
<i>zafemy</i>	4
<i>zovia 1/35</i>	2
<i>zumandimine</i>	3
ENDOMETRIOSIS	
<i>danazol CAPS 50mg, 100mg, 200mg</i>	4
<i>SYNAREL SOLN 2mg/ml</i>	5
ESTROGENS	
<i>amabelz</i>	3
<i>DELESTROGEN OIL 10mg/ml</i>	4
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	3
<i>estradiol TABS .5mg, 1mg, 2mg</i>	2

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Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal CREA .1mg/gm</i>	3	
<i>estradiol vaginal TABS 10mcg</i>	4	
<i>estradiol valerate OIL 20mg/ml, 40mg/ml</i>	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem TABS 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	3	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	3	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	3	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	3	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	3	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	3	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml</i>	3	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisone SOLN 5mg/5ml</i>	4	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	2	B/D
<i>prednisone TBPK 5mg, 10mg</i>	3	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	4	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	5	
<i>GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml</i>	3	
<i>GVOKE KIT SOLN 1mg/0.2ml</i>	3	
<i>GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml</i>	3	
MISCELLANEOUS		
<i>ALDURAZYME SOLN 2.9mg/5ml</i>	5	NM LA PA
<i>betaine powder for oral solution</i>	5	NM LA
<i>cabergoline TABS .5mg</i>	3	
<i>CARBAGLU TBSO 200mg</i>	5	NM LA PA
<i>carglumic acid TBSO 200mg</i>	5	NM LA PA
<i>CERDELGA CAPS 84mg</i>	5	NM PA
<i>CEREZYME SOLR 400unit</i>	5	NM LA PA
<i>cinacalcet hcl TABS 30mg QL (120 tabs / 30 days)</i>	4	B/D QL NM
<i>cinacalcet hcl TABS 60mg QL (60 tabs / 30 days)</i>	5	B/D QL NM
<i>cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)</i>	5	B/D QL NM
<i>CYSTADANE POW 150mg</i>	5	NM LA
<i>CYSTAGON CAPS 50mg, 150mg</i>	4	NM LA PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	5	
<i>desmopressin acetate TABS .1mg, .2mg</i>	3	

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

Drug Name	Drug Requirements/ Tier	Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM LA PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	3	QL
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	3	QL
<i>sevelamer carbonate</i> PACK 2.4gm QL (180 packets / 30 days)	4	QL
<i>sevelamer carbonate</i> PACK .8gm QL (540 packets / 30 days)	5	QL
<i>sevelamer carbonate</i> TABS 800mg QL (540 tabs / 30 days)	4	QL
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	5	QL
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxy</i> l TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml	3	
<i>granisetron hcl</i> SOLN 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg, 24mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	4	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	4	QL
<i>famotidine</i> TABS 20mg QL (120 tabs / 30 days)	1	QL
<i>famotidine</i> TABS 40mg QL (60 tabs / 30 days)	1	QL
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	PA
<i>budesonide</i> TB24 9mg	5	PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	4	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	4	QL
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg QL (60 tabs / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>alosetron hcl</i> TABS .5mg QL (60 tabs / 30 days)	4	QL PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM LA PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	4	QL
<i>loperamide hcl</i> CAPS 2mg	3	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK TABS 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	3	
<i>ursodiol</i> TABS 250mg, 500mg	4	
XERMELO TABS 250mg QL (90 tabs / 30 days)	5	QL NM LA PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i> CPDR 30mg, 60mg QL (30 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
<i>lansoprazole</i> TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	3	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	4	
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	2	QL
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	3	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	4	QL
<i>finasteride</i> TABS 5mg	1	
<i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
<i>tamsulosin hcl</i> CAPS .4mg	2	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	4	QL ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	3	
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL ST
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	3	QL
<i>trosipium chloride</i> TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal CREA 2% .75%	3	
<i>metronidazole</i> vaginal GEL .4%, .8%; SUPP 80mg	3	
<i>terconazole</i> vaginal CREA .4%, .8%; SUPP 80mg	3	
VANDAZOLE GEL .75%	3	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM LA PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM LA PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM LA PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM LA PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM LA PA
<i>icatibant acetate</i> SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL NM LA PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM LA PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM LA PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM LA PA
<i>sajazir</i> SOLN 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	4	
BRILINTA TABS 60mg, 90mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	3	PA
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HUMIRA PEDIA INJ CROHNS	5	NM PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
HUMIRA PEN KIT PS/UV	5	NM PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM PA
INFLIXIMAB SOLR 100mg	5	NM LA PA
OTEZLA TABS 30mg QL (60 tabs / 30 days)	5	QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL NM PA
REMICADE SOLR 100mg	5	NM PA
RENFLEXIS SOLR 100mg	5	NM LA PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL NM PA
RINVOQ TB24 45mg QL (112 tabs / year)	5	QL NM PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / 365 days)	5	QL NM PA
SKYRIZI SOCT 360mg/2.4ml QL (7 cartridges / 365 days)	5	QL NM PA
SKYRIZI SOLN 600mg/10ml QL (6 vials / year)	5	QL NM PA
SKYRIZI SOSY 150mg/ml QL (7 syringes / 365 days)	5	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (7 pens / 365 days)	5	QL NM PA
STELARA SOLN 45mg/0.5ml QL (2 vials / 28 days)	5	QL NM LA PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM LA PA
XELJANZ SOLN 1mg/ml QL (240 mL / 24 days)	5	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	

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<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>methotrexate sodium</i> TABS 2.5mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	5	NM PA
BIVIGAM SOLN 10%	5	NM LA PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMASTAN INJ	4	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM LA PA
ARCALYST SOLR 220mg	5	NM PA
INTRON A SOLN 6000000unit/ml, 10000000unit/ml; SOLR 50000000unit	5	B/D NM
INTRON A SOLR 10000000unit	3	B/D NM
INTRON A SOLR 18000000unit	4	B/D NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	NM PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus</i> (<i>immunosuppressant</i>) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM LA PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
ZORTRESS TABS 1mg	5	B/D

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Drug Name	Drug Requirements/ Tier	Limits
VACCINES		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENG VAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
I POL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	

Drug Name	Drug Requirements/ Tier	Limits
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	3	QL
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	

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

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	

<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN .05%</i>	3	
<i>bepotastine besilate SOLN 1.5%</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACAFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIATE SOLN .24%	4	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>latanoprost</i> SOLN .005%	2	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once- daily</i> SOLN .5%	4	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 3 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM LA PA
CYSTARAN SOLN .44%	5	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ISOPTO ATROPINE SOLN 3 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml- 1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA if 70 years and older	3	PA
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA if 70 years and older	4	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml PA if 70 years and older	3	PA
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg PA if 70 years and older	2	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA if 70 years and older	2	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM LA PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	5	QL NM PA
FASENRA SOSY 30mg/ml	5	NM LA PA
FASENRA PEN SOAJ 30mg/ml	5	NM LA PA
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	5	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM PA
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	5	QL NM PA
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	5	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM LA PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM PA
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL NM LA PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL NM LA PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	5	QL NM LA PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM LA PA
ZEMAIRA SOLR 1000mg	5	NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	3	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	4	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL
STERIOD INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	3	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	3	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>avita</i> CREA .025%; GEL .025% QL (45 gm / 30 days)	4	QL PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	4	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	4	QL
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% QL (60 mL / 30 days)	3	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	3	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	3	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10% QL (118 mL / 30 days)	4	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1% QL (30 gm / 30 days)	4	QL
<i>gentamicin sulfate (topical)</i> OINT .1% QL (30 gm / 30 days)	3	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	2	QL
<i>silver sulfadiazine</i> CREA 1%	2	

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Drug Name	Drug Requirements/ Tier	Limits
ssd CREA 1%	2	
SULFAMYLLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	3	QL
clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)	3	QL
clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days)	3	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	3	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene OINT .005% QL (120 gm / 30 days)	4	QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	4	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	4	QL PA
tazarotene CREA .1% QL (60 gm / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
TAZORAC CREA .05% QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	2	QL
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
ala-cort CREA 2.5%	2	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	3	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	3	QL
betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	2	QL
betamethasone dipropionate augmented GEL .05%; OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	4	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	3	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	3	QL
clobetasol propionate CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
clobetasol propionate GEL .05% QL (60 gm / 30 days)	4	QL
clobetasol propionate SOLN .05% QL (50 mL / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	3	QL
ENSTILAR AER QL (120 gm / 30 days)	4	QL PA
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> CREA .025% QL (120 gm / 30 days)	4	QL
<i>fluocinolone acetonide</i> OIL .01% QL (118.28 mL / 30 days)	3	QL
<i>fluocinolone acetonide</i> OINT .025% QL (120 gm / 30 days)	3	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (90 mL / 30 days)	4	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	3	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide</i> (topical) CREA .1% QL (454 gm / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide</i> (topical) CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	3	
<i>triderm</i> CREA .5%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	4	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	4	QL PA
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	4	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	3	QL PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15% QL (50 gm / 30 days)	4	QL
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	5	QL NM PA
<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	3	QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	4	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	3	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	

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Drug Name		Drug Requirements/ Tier	Limits
<i>metronidazole (topical)</i> .75%	CREA	4	QL
QL (45 gm / 30 days)			
<i>metronidazole (topical)</i> .75%	GEL	3	QL
QL (45 gm / 30 days)			
<i>metronidazole (topical)</i> .75%	LOTN	4	QL
QL (59 mL / 30 days)			
NORITATE	CREA	1%	5 QL
QL (60 gm / 30 days)			
PANRETIN	GEL	.1%	5 QL PA
QL (60 gm / 30 days)			
<i>podofilox</i>	SOLN	.5%	3 QL
QL (7 mL / 28 days)			
<i>procto-med hc</i>	CREA	2.5%	3
<i>procto-pak</i>	CREA	1%	3
<i>proctosol hc</i>	CREA	2.5%	3
<i>proctozone-hc</i>	CREA	2.5%	3
RECTIV	OINT	.4%	4 QL
QL (30 gm / 30 days)			
<i>rosadan</i>	CREA	.75%	4 QL
QL (45 gm / 30 days)			
<i>tacrolimus (topical)</i> .03%, .1%	OINT		4 QL
QL (100 gm / 30 days)			
TARGRETIN	GEL	1%	5 QL NM PA
QL (60 gm / 30 days)			
VALCHLOR	GEL	.016%	5 QL NM LA PA
QL (60 gm / 30 days)			
ZYCLARA	PUMP	CREA	5 QL
2.5%			
QL (15 gm / 30 days)			

Drug Name		Drug Requirements/ Tier	Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES			
<i>malathion</i>	LOTN	.5%	4 QL
QL (59 mL / 30 days)			
<i>permethrin</i>	CREA	5%	3 QL
QL (60 gm / 30 days)			
DERMATOLOGY, WOUND CARE AGENTS			
REGRANEX	GEL	.01%	5 QL PA
QL (30 gm / 30 days)			
SANTYL	OINT	250unit/gm	4 QL
QL (180 gm / 30 days)			
<i>sodium chloride (gu irrigant)</i>			3
SOLN .9%			
<i>water for irrigation, sterile irrigation soln</i>			2
MOUTH/THROAT/DENTAL AGENTS			
<i>cevimeline hcl</i>	CAPS	30mg	4
<i>chlorhexidine gluconate (mouth-throat)</i>			1
SOLN .12%			
<i>clotrimazole</i>	TROC	10mg	4 QL
QL (150 lozenges / 30 days)			
<i>lidocaine hcl (mouth-throat)</i>			2
SOLN 2%			
<i>nystatin (mouth-throat)</i>	SUSP		3
100000unit/ml			
<i>periogard</i>	SOLN	.12%	1
<i>pilocarpine hcl (oral)</i>	TABS		3
5mg, 7.5mg			
<i>triamcinolone acetonide (mouth)</i>			3
PSTE .1%			

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-----------------------------------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------	---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------	-----------------------	------------------------	--------------------------	------------------------------------------------------------------	-------------------------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------------------------------	---------------------------------------------------------------	-----------------------------------------------------------------	---------------------------------------------------------------	---------------------------------------------------------------	---------------------------------------------------------------	--------------------------------------------------------------	----------------------------------------------------------------	-----------------------------	-----------------------------------	-------------------------	-------------------------------------------------------------------------------	--------------------------------------------------------------------------	------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	-------------------------------------------------------------------------------	--------------------------------	-----------------------------	--------------------------	------------------------	--------------------------------------------	-------------------------	------------------------------------------------------------------	-------------------	---------------------	----------------------	-------------------------	-----------------------	-----------------------	------------------------------------	---------------------------	-----------------------	------------------------------	--------------------------	------------------------------	--------------------------------	-------------------------------------------------------------	---------------------------------

<i>atenolol</i>	24	<i>benazepril &</i>		<i>bisoprolol &</i>	
<i>atenolol & chlorthalidone</i>		<i>hydrochlorothiazide tab</i>		<i>hydrochlorothiazide tab</i>	
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<i>atenolol & chlorthalidone</i>		<i>benazepril &</i>		<i>bisoprolol &</i>	
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<i>atomoxetine hcl</i>	34	<i>20-12.5 mg</i>	20	<i>6.25 mg</i>	24
<i>atorvastatin calcium</i>	23	<i>benazepril &</i>		<i>bisoprolol fumarate</i>	24
<i>atovaquone</i>	9	<i>hydrochlorothiazide tab</i>		BIVIGAM	50
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AYVAKIT.....	17	<i>betamethasone</i>		<i>(INSTITUTIONAL PACK)</i>	
<i>azacitidine</i>	15	<i>dipropionate (topical)</i>	58	54
<i>azathioprine</i>	50	<i>betamethasone</i>		<i>brillyn</i>	41
<i>azelaic acid</i>	59	<i>dipropionate augmented</i>		BRILINTA	48
<i>azelastine hcl</i>	55	58	<i>brimonidine tartrate</i>	54
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<i>aztreonam</i>	9	<i>betaxolol hcl (ophth)</i>	54	<i>bromfenac sodium (ophth)</i>	
<i>azurette</i>	40	<i>bethanechol chloride</i>	47	53
<i>bacitracin (ophthalmic)</i>	53	BETOPTIC-S.....	54	<i>bromocriptine mesylate</i> ...	31
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<i>baclofen</i>	36	<i>bicalutamide</i>	15	<i>bumetanide</i>	25
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<i>balziva</i>	40	<i>MG</i>	11	<i>hcl sl film 12-3 mg (base</i>	
BARACLUDGE.....	12	BIKTARVY TAB 50-200-25		<i>equiv)</i>	37
BASAGLAR KWIKPEN ...	39	<i>MG</i>	11	<i>buprenorphine hcl-naloxone</i>	
BCG VACCINE	51	<i>bisoprolol &</i>		<i>hcl sl film 2-0.5 mg (base</i>	
BD ALCOHOL SWABS... ..	39	<i>hydrochlorothiazide tab</i>		<i>equiv)</i>	36
BELSOMRA.....	35	<i>10-6.25 mg</i>	24		

<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	36	<i>carb/levo orally disintegrating tab 25-250mg</i>	31	<i>cefdinir</i>	13
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	37	CARBAGLU	43	<i>cefepime hcl</i>	13
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	37	<i>carbamazepine</i>	27	<i>cefixime</i>	13
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	37	<i>carbidopa</i>	31	<i>cefoxitin sodium</i>	13
<i>bupropion hcl</i>	30	<i>carbidopa & levodopa tab 10-100 mg</i>	31	<i>cefpodoxime proxetil</i>	13
<i>bupropion hcl (smoking deterrent)</i>	37	<i>carbidopa & levodopa tab 25-100 mg</i>	31	<i>cefprozil</i>	13
<i>buspirone hcl</i>	26, 27	<i>carbidopa & levodopa tab 25-250 mg</i>	31	<i>ceftazidime</i>	13
<i>butorphanol tartrate</i>	8	<i>carbidopa & levodopa tab 25-100 mg</i>	31	CEFTAZIDIME/ SOL D5W 1GM	13
BYDUREON BCISE.....	37	<i>carbidopa & levodopa tab 25-250 mg</i>	31	CEFTAZIDIME/ SOL D5W 2GM	13
BYETTA.....	37	<i>carbidopa & levodopa tab er 25-100 mg</i>	31	<i>ceftriaxone sodium</i>	13
<i>cabergoline</i>	43	<i>carbidopa & levodopa tab er 50-200 mg</i>	31	<i>cefuroxime axetil</i>	13
CABOMETYX	17	<i>carbidopa-levodopa-entacapone tabs 12.5-200 mg</i>	31	<i>cefuroxime sodium</i>	13
<i>calcipotriene</i>	58	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	31	<i>celecoxib</i>	7
<i>calcitonin (salmon) spray</i>	40	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	31	CELONTIN	27
<i>calcitrene</i>	58	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	31	<i>cephalexin</i>	13
<i>calcitriol</i>	45	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	31	CERDELGA.....	43
<i>calcium acetate (phosphate binder)</i>	44	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	31	CEREZYME	43
CALQUENCE	17	<i>carboplatin</i>	15	<i>cetirizine hcl</i>	55
<i>camila</i>	41	<i>carglumic acid</i>	43	<i>cevimeline hcl</i>	60
<i>candesartan cilexetil</i>	22	<i>carteolol hcl (ophth)</i>	54	CHANTIX TAB 0.5& 1MG	37
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	21	<i>cartia xt</i>	24	<i>chateal</i>	41
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	21	<i>carvedilol</i>	24	CHEMET	40
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	21	<i>casprofungin acetate</i>	10	<i>chlorhexidine gluconate (mouth-throat)</i>	60
CAPLYTA	32	CAYSTON.....	9	<i>chloroquine phosphate</i>	10
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<i>captopril</i>	20	CEFAZOLIN INJ 1GM/50ML.....	13	CHLORPROMAZINE HYDROCHLOR	32
<i>carb/levo orally disintegrating tab 10-100mg</i>	31	<i>cefadroxil</i>	13	<i>chlorthalidone</i>	25
<i>carb/levo orally disintegrating tab 25-100mg</i>	31	CEFAZOLIN SOLN 2GM/100ML-4%	13	<i>cholestyramine</i>	23
				<i>cholestyramine light</i>	23
				<i>choline fenofibrate</i>	23
				<i>ciclopirox olamine</i>	58
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<i>cisplatin</i>	<i>clozapine</i>	D10W/NACL INJ 0.2%	51
<i>citalopram hydrobromide</i>	COARTEM TAB 20-120MG	D2.5W/NACL INJ 0.45% .	51
<i>claravis</i>	D5W/LYTES INJ #48.....	51
<i>clarithromycin</i>	<i>dabigatran etexilate</i>	
<i>clindamycin hcl</i>	<i>colchicine</i>	<i>mesylate</i>	47
<i>clindamycin palmitate</i>	<i>colchicine w/ probenecid tab</i>	<i>dalfampridine</i>	36
<i>hydrochloride</i>	0.5-500 mg	DALIRESP	56
<i>clindamycin phosphate</i>	<i>colesevelam hcl</i>	<i>danazol</i>	42
<i>clindamycin phosphate</i>	<i>colestipol hcl</i>	<i>dantrolene sodium</i>	36
<i>(topical)</i>	<i>colistimethate sodium</i>	<i>dapsone</i>	9
<i>clindamycin phosphate in</i>	COMBIGAN SOL 0.2/0.5%	DAPTACEL INJ	51
<i>d5w iv soln 300 mg/50ml</i>	<i>daptomycin</i>	9
<i>clindamycin phosphate in</i>	COMBIVENT AER 20-100	DAPTOMYCIN	9
<i>d5w iv soln 600 mg/50ml</i>	<i>darifenacin hydrobromide</i>	47
<i>clindamycin phosphate in</i>	COMETRIQ (60MG DOSE)	<i>dasetta 1/35</i>	41
<i>d5w iv soln 900 mg/50ml</i>	<i>dasetta 7/7/7</i>	41
<i>clindamycin phosphate</i>	COMETRIQ KIT 100MG .	DAURISMO	17
<i>vaginal</i>	COMETRIQ KIT 140MG .	<i>deblitane</i>	41
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CLINIMIX INJ 5%/D15W .	CREON CAP 24000UNT	<i>desipramine hcl</i>	30
CLINIMIX INJ 5%/D20W .	46	<i>desloratadine</i>	55
CLINIMIX INJ 6/5	CREON CAP 3000UNIT .	<i>desmopressin acetate</i>	43
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<i>clobazam</i>	56	<i>desogest-eth estrad & eth</i>	
<i>clobetasol propionate</i>	<i>cromolyn sodium</i>	<i>estrad tab 0.15-0.02/0.01</i>	
<i>clobetasol propionate e...</i>	<i>(mastocytosis)</i>	<i>mg(21/5)</i>	41
<i>clomipramine hcl</i>	46	<i>desogestrel & ethinyl</i>	
<i>clonazepam</i>	<i>cromolyn sodium (ophth)</i> .	<i>estradiol tab 0.15 mg-30</i>	
<i>clonidine</i>	54	<i>mcg</i>	41
<i>clonidine hcl</i>	<i>cryselle-28</i>	<i>desvenlafaxine succinate</i>	30
<i>clopidogrel bisulfate</i>	41	<i>dexamethasone</i>	43
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	MONOHYDR		
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	<i>cycloserine</i>		
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dextrose 5% w/ sodium chloride 0.225%	51	diphenoxylate w/ atropine tab 2.5-0.025 mg	46	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	11
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diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	7	DOVATO TAB 50-300MG	11	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	11
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	7	doxazosin mesylate.....	21	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	12
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digoxin	26	doxycycline (monohydrate)	15		
dihydroergotamine mesylate	35	doxycycline hyclate	15		
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		drosiprenone-ethinyl estradiol tab 3-0.03 mg	41		
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		droxidopa	26		
		duloxetine hcl.....	30		
		dutasteride	47		

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<i>endocet tab 10-325mg</i>	8	<i>erythromycin lactobionate</i> 13		<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	45
<i>endocet tab 2.5-325mg</i>	8	ESBRIET.....	56	FANAPT	32
<i>endocet tab 5-325mg</i>	8	<i>escitalopram oxalate</i>	30	FANAPT PAK.....	32
<i>endocet tab 7.5-325mg</i>	8	<i>esomeprazole magnesium</i>	47	FARXIGA.....	37
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<i>entecavir</i>	12	<i>ethambutol hcl</i>	12	<i>fenofibrate</i>	23
ENTRESTO TAB 24-26MG	21	<i>ethosuximide</i>	27	<i>fenofibrate micronized</i>	23
ENTRESTO TAB 49-51MG	21	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	41	<i>fentanyl</i>	7
ENTRESTO TAB 97-103MG	21	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	41	<i>fentanyl citrate</i>	8
<i>enulose</i>	46	<i>etodolac</i>	7	<i>fesoterodine fumarate</i>	47
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EPCLUSA PAK 200-50MG	12	<i>etoposide</i>	16	FETZIMA CAP TITRATIO30	
EPCLUSA TAB 200-50MG	12	<i>etravirine</i>	11	FIASP FLEX INJ TOUCH	39
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<i>ergotamine w/ caffeine tab 1-100 mg</i>	35	<i>ezetimibe</i>	23	<i>flecainide acetate</i>	23
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ERLEADA	15	<i>ezetimibe-simvastatin tab 10-20 mg</i>	24	FLOVENT HFA.....	57
<i>erlotinib hcl</i>	17	<i>ezetimibe-simvastatin tab 10-40 mg</i>	24	<i>fluconazole</i>	10
<i>errin</i>	41			<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	10
<i>ertapenem sodium</i>	9			<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	10
<i>ery</i>	57			<i>flucytosine</i>	10
<i>ery-tab</i>	13			<i>fludrocortisone acetate</i>	43
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.....	<i>ganciclovir sodium</i>	12	GLYXAMBI TAB 25-5 MG	37
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<i>fluphenazine decanoate</i> ..	<i>gavilyte-c</i>	46	<i>griseofulvin microsized</i>	10
<i>fluphenazine hcl</i>	<i>gavilyte-g</i>	46	<i>griseofulvin ultramicrosized</i>	10
<i>flurbiprofen</i>	<i>gavilyte-n/fluor pack</i>	46	10
<i>flurbiprofen sodium</i>	GAVRETO	17	<i>guanfacine hcl</i>	26
<i>flutamide</i>	<i>gemcitabine hcl</i>	15	<i>guanfacine hcl (adhd)</i>	34
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FOSAMAX + D TAB 70-	<i>mg/ml</i>	9	<i>haloperidol decanoate</i>	32
2800	<i>gentamicin in saline inj 1</i>		<i>haloperidol lactate</i>	32
FOSAMAX + D TAB 70-	<i>mg/ml</i>	9	HARVONI PAK 33.75-	
5600	<i>gentamicin in saline inj 1.2</i>		150MG	12
<i>fosamprenavir calcium</i>	<i>mg/ml</i>	9	HARVONI PAK 45-200MG	
<i>fosinopril sodium</i>	<i>gentamicin in saline inj 1.6</i>		12
<i>fosinopril sodium &</i>	<i>mg/ml</i>	9	HARVONI TAB 45-200MG	
<i>hydrochlorothiazide tab</i>	<i>gentamicin in saline inj 2</i>		12
10-12.5 mg.....	<i>mg/ml</i>	9	HARVONI TAB 90-400MG	
<i>fosinopril sodium &</i>	<i>gentamicin sulfate</i>	9	12
<i>hydrochlorothiazide tab</i>	<i>gentamicin sulfate (ophth)</i>		HAVRIX.....	51
20-12.5 mg.....	53	<i>heather</i>	41
FOTIVDA	<i>gentamicin sulfate (topical)</i>		HEP SOD/D5W INJ	
FREAMINE III INJ 10%... 52	57	20000UNT	48
<i>fulvestrant</i>	GENVOYA TAB	12	HEP SOD/D5W INJ	
<i>furosemide</i>	GILENYA	36	25000UNT	48
<i>furosemide inj</i>	GILOTRIF	17	HEP SOD/NAACL INJ	
FUZEON.....	<i>glatiramer acetate</i>	36	25000UNT	48
<i>fyavolv tab 0.5mg-2.5mcg</i> 43	<i>glatopa</i>	36	<i>heparin sodium (porcine)</i> .48	
<i>fyavolv tab 1mg-5mcg</i> 43	<i>glimepiride</i>	37	HEPARIN/NAACL INJ	
FYCOMPA.....	<i>glipizide</i>	37	25000UNT	48
<i>gabapentin</i>	<i>glipizide xl</i>	37	<i>hepatamine</i>	52
<i>galantamine hydrobromide</i>	<i>glipizide-metformin hcl tab</i>		HERCEP HYLEC SOL 60-	
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GAMMAGARD LIQUID ... 50	2.5-500 mg	37	HERZUMA.....	17
GAMMAGARD S/D IGA	<i>glipizide-metformin hcl tab</i>		HETLIOZ	35
LESS TH	5-500 mg	37	HIBERIX	51
GAMMAKED.....	<i>glycopyrrolate</i>	45	HUMIRA	49
GAMMAPLEX.....	<i>glydo</i>	59		

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CROHNS.....	<i>iclevia</i>	41	<i>hydrochlorothiazide tab</i>
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CROHNS D.....	IDHIFA.....	17	<i>irbesartan-</i>
HUMIRA PEN.....	ILEVRO.....	53	<i>hydrochlorothiazide tab</i>
HUMIRA PEN KIT PS/UV	<i>imatinib mesylate</i>	17	300-12.5 mg.....
HUMIRA PEN-CD/UC/HS	IMBRUVICA.....	17, 18	IRESSA.....
START.....	<i>imipenem-cilastatin</i>		<i>irinotecan hcl</i>
HUMIRA PEN-PEDIATRIC	<i>intravenous for soln 250</i>		ISENTRESS.....
UC S.....	mg.....	9	ISENTRESS HD.....
HUMIRA PEN-PS/UV	<i>imipenem-cilastatin</i>		<i>isibloom</i>
STARTER.....	<i>intravenous for soln 500</i>		ISOLYTE-P INJ /D5W.....
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(CONCENTR.....	<i>imipramine hcl</i>	30	ISOLYTE-S INJ PH 7.4...51
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IBRANCE.....	<i>soln 0.5-2.5(3) mg/3ml</i>	54	JENTADUETO TAB XR 5-
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<i>jolessa</i>	41	KISQALI 200 DOSE	18	LENVIMA 20 MG DAILY	
<i>juleber</i>	41	KISQALI 200 PAK FEMARA		DOSE.....	18
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<i>junel 1/20</i>	41	KISQALI 400 PAK FEMARA		LENVIMA 8 MG DAILY	
<i>junel fe 1.5/30</i>	41	16	DOSE.....	18
<i>junel fe 1/20</i>	41	KISQALI 600 DOSE	18	LENVIMA CAP 14 MG.....	18
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<i>kariva</i>	41	<i>klor-con 10</i>	52	<i>letrozole</i>	16
<i>kcl 10 meq/l (0.075%) in</i>		<i>klor-con 8</i>	52	<i>leucovorin calcium</i>	20
<i>dextrose 5% & nacl</i>		<i>klor-con m10</i>	52	LEUKERAN.....	15
<i>0.45% inj</i>	51	<i>klor-con m15</i>	52	<i>leuprolide acetate</i>	16
<i>kcl 20 meq/l (0.15%) in</i>		<i>klor-con m20</i>	52	<i>levalbuterol hcl</i>	55
<i>dextrose 5% & nacl 0.2%</i>		KORLYM.....	44	<i>levalbuterol tartrate</i>	55
<i>inj</i>	51	<i>kurvelo</i>	41	LEVEMIR.....	39
<i>kcl 20 meq/l (0.15%) in</i>		KYNMOBI	31	LEVEMIR FLEXTOUCH ..	39
<i>dextrose 5% & nacl</i>		<i>labetalol hcl</i>	24	<i>levetiracetam</i>	28
<i>0.45% inj</i>	52	<i>lacosamide</i>	28	<i>levetiracetam in sodium</i>	
<i>kcl 20 meq/l (0.15%) in</i>		<i>lactated ringer's solution</i> ..	52	<i>chloride iv soln 1000</i>	
<i>dextrose 5% & nacl 0.9%</i>		<i>lactic acid (ammonium</i>		<i>mg/100ml</i>	28
<i>inj</i>	52	<i>lactate)</i>	59	<i>levetiracetam in sodium</i>	
<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>lactulose</i>	46	<i>chloride iv soln 1500</i>	
<i>0.45% inj</i>	52	<i>lactulose (encephalopathy)</i>		<i>mg/100ml</i>	28
KCL 20 MEQ/L (0.15%) IN		.....	46	<i>levetiracetam in sodium</i>	
NACL 0.45% INJ	52	<i>lamivudine</i>	11	<i>chloride iv soln 500</i>	
<i>kcl 20 meq/l (0.15%) in nacl</i>		<i>lamivudine (hbv)</i>	12	<i>mg/100ml</i>	28
<i>0.9% inj</i>	52	<i>lamivudine-zidovudine tab</i>		<i>levobunolol hcl</i>	54
<i>kcl 30 meq/l (0.224%) in</i>		<i>150-300 mg</i>	12	<i>levocarnitine (metabolic</i>	
<i>dextrose 5% & nacl</i>		<i>lamotrigine</i>	28	<i>modifiers)</i>	44
<i>0.45% inj</i>	52	<i>lansoprazole</i>	47	<i>levocetirizine</i>	
<i>kcl 40 meq/l (0.3%) in</i>		<i>lapatinib ditosylate</i>	18	<i>dihydrochloride</i>	55
<i>dextrose 5% & nacl</i>		<i>larin 1.5/30</i>	41	<i>levofloxacin</i>	14
<i>0.45% inj</i>	52	<i>larin 1/20</i>	41	<i>levofloxacin in d5w iv soln</i>	
KCL 40 MEQ/L (0.3%) IN		<i>larin fe 1.5/30</i>	41	<i>250 mg/50ml</i>	14
NACL 0.9% INJ	52	<i>larin fe 1/20</i>	41	<i>levofloxacin in d5w iv soln</i>	
KCL/D5W/NACL INJ		<i>larissia</i>	41	<i>500 mg/100ml</i>	14
<i>0.3/0.9%</i>	52	LASTACAFT	54	<i>levofloxacin in d5w iv soln</i>	
<i>kelnor 1/35</i>	41	<i>latanoprost</i>	54	<i>750 mg/150ml</i>	14
<i>kelnor 1/50</i>	41	LATUDA.....	33	<i>levonest</i>	41
KERENDIA	20	<i>leena</i>	41	<i>levonorgestrel & ethinyl</i>	
KESIMPTA.....	36	<i>leflunomide</i>	50	<i>estradiol (91-day) tab</i>	
<i>ketoconazole</i>	10	<i>lenalidomide</i>	16	<i>0.15-0.03 mg</i>	41
<i>ketoconazole (topical)</i>	58	LENVIMA 10 MG DAILY		<i>levonorgestrel & ethinyl</i>	
<i>ketorolac tromethamine</i>		DOSE	18	<i>estradiol tab 0.1 mg-20</i>	
<i>(ophth)</i>	53	LENVIMA 12MG DAILY		<i>mcg</i>	41
KEYTRUDA	18	DOSE	18		
KINRIX INJ	51				

<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	41	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	12	<i>marlissa</i>	41
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	41	<i>lopinavir-ritonavir tab 100-25 mg</i>	12	MARPLAN	30
<i>levora 0.15/30-28</i>	41	<i>lopinavir-ritonavir tab 200-50 mg</i>	12	MATULANE	16
<i>levo-t</i>	44	<i>lorazepam</i>	27	<i>matzim la</i>	25
<i>levothyroxine sodium</i>	45	<i>lorazepam intensol</i>	27	MAVYRET PAK 50-20MG	12
<i>levoxyl</i>	45	LORBRENA	18	MAVYRET TAB 100-40MG	12
LEXIVA	11	<i>loryna</i>	41	<i>meclizine hcl</i>	45
<i>lidocaine</i>	59	<i>losartan potassium</i>	22	<i>medroxyprogesterone acetate</i>	44
<i>lidocaine hcl</i>	59	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	21	<i>medroxyprogesterone acetate (contraceptive)</i> 41	
<i>lidocaine hcl (local anesth.)</i>	9	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	21	<i>mefloquine hcl</i>	10
<i>lidocaine hcl (mouth-throat)</i>	60	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	21	<i>megestrol acetate</i>	16, 44
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	59	LOTEMAX	53	<i>megestrol acetate (appetite)</i>	44
<i>lillow</i>	41	<i>lovastatin</i>	23	MEKINIST	18
<i>linezolid</i>	9	<i>low-ogestrel</i>	41	MEKTOVI	18
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	9	<i>loxapine succinate</i>	33	<i>meloxicam</i>	7
LINZESS	46	LUMAKRAS	18	<i>memantine hcl</i>	29
<i>liothyronine sodium</i>	45	LUMIGAN.....	54	MENACTRA INJ.....	51
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<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	20	LUPRON DEPOT (1-MONTH)	16	MENVEO INJ	51
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	20	LUPRON DEPOT (3-MONTH)	16	<i>mercaptopurine</i>	15
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	20	LUPRON DEPOT-PED (1-MONTH)	44	<i>meropenem</i>	9
LITHIUM	36	LUPRON DEPOT-PED (3-MONTH)	44	<i>mesalamine</i>	46
<i>lithium carbonate</i>	36	<i>lutura</i>	41	<i>mesalamine w/ cleanser</i> ..	46
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<i>loestrin 1/20-21</i>	41	LYNPARZA	18	<i>metformin hcl</i>	38
<i>loestrin fe 1.5/30</i>	41	LYSODREN	16	<i>methadone hcl</i>	7
<i>loestrin fe 1/20</i>	41	<i>lyza</i>	41	<i>methadone hydrochloride i</i> 7	
LOKELMA.....	40	<i>magnesium sulfate</i>	52	<i>methazolamide</i>	25
LONSURF TAB 15-6.14..	15	MAGNESIUM SULFATE. 52		<i>methenamine hippurate</i>	9
LONSURF TAB 20-8.19..	15	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	52	<i>methimazole</i>	45
<i>loperamide hcl</i>	46	<i>malathion</i>	60	<i>methotrexate sodium</i> . 15, 50	
		<i>maraviroc</i>	11	<i>methylphenidate hcl</i> ..	34, 35
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				<i>methylprednisolone acetate</i>	43
				<i>methylprednisolone sod succ</i>	43
				<i>metoclopramide hcl</i>	45
				<i>metolazone</i>	25
				<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	24

<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	24	<i>myorisan</i>	57	NEUPRO	31
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	24	MYRBETRIQ.....	47	<i>nevirapine</i>	11
<i>metoprolol succinate</i>	24	<i>nabumetone</i>	7	NEXAVAR	18
<i>metoprolol tartrate</i>	24	<i>nadolol</i>	24	<i>niacin (antihyperlipidemic)</i>	24
<i>metronidazole</i>	9	<i>nafcillin sodium</i>	14	<i>nicardipine hcl</i>	25
<i>metronidazole (topical)</i>	60	NAGLAZYME	44	NICOTROL INHALER	37
<i>metronidazole vaginal</i>	47	<i>nalbuphine hcl</i>	8	NICOTROL NS.....	37
<i>metyrosine</i>	26	<i>naloxone hcl</i>	37	<i>nifedipine</i>	25
MG SO4/D5W INJ		<i>naltrexone hcl</i>	37	<i>nikki</i>	42
10MG/ML	52	NAMZARIC CAP 14-10MG	29	<i>nilutamide</i>	16
<i>micafungin sodium</i>	10	NAMZARIC CAP 21-10MG	29	<i>nimodipine</i>	25
<i>microgestin 1.5/30</i>	41	NAMZARIC CAP 28-10MG	29	NINLARO	18
<i>microgestin 1/20</i>	41	NAMZARIC CAP 7-10MG29		<i>nisoldipine</i>	25
<i>microgestin fe 1.5/30</i>	41	NAMZARIC CAP PACK ..	30	<i>nitazoxanide</i>	9
<i>microgestin fe 1/20</i>	41	<i>naproxen</i>	7	<i>nitisinone</i>	44
<i>midodrine hcl</i>	26	<i>naproxen sodium</i>	7	NITRO-BID.....	26
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<i>mimvey</i>	43	<i>nateglinide</i>	38	<i>nitroglycerin</i>	26
<i>minocycline hcl</i>	15	NATPARA	40	<i>nizatidine</i>	46
<i>minoxidil</i>	26	NAYZILAM	28	<i>nora-be</i>	42
<i>mirtazapine</i>	30	<i>nebivolol hcl</i>	24	<i>norethindrone (contraceptive)</i>	42
<i>misoprostol</i>	46	<i>necon 0.5/35-28</i>	42	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	42
MITIGARE	7	<i>nefazodone hcl</i>	30	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	42
M-M-R II INJ	51	<i>neomycin sulfate</i>	9	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	42
M-NATAL PLUS TAB.....	52	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	53	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	42
<i>modafinil</i>	36	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	53	<i>norethindrone acetate</i>	44
<i>moexipril hcl</i>	20	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	53	<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	43
<i>molindone hcl</i>	33	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	53	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	43
<i>mometasone furoate</i>	59	<i>neomycin-polymyxin-hc ophth susp</i>	53	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	42
<i>mometasone furoate (nasal)</i>	56	<i>neomycin-polymyxin-hc otic soln 1%</i>	54	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	42
MONJUVI.....	18	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	54		
<i>mono-lynyah</i>	42	NERLYNX	18		
<i>montelukast sodium</i> ..	55, 56				
<i>morphine sulfate</i>	7, 8				
MORPHINE SULFATE	8				
MOVANTIK	46				
<i>moxifloxacin hcl</i>	14				
<i>moxifloxacin hcl (ophth)</i> ..	53				
MULTAQ.....	23				
<i>mupirocin</i>	57				
MVASI.....	18				
<i>mycophenolate mofetil</i>	50				
<i>mycophenolate sodium</i> ...	50				

<i>norgestimate-eth estrad tab</i>	OCTAGAM.....	OMNIPOD PDM KIT
0.18-25/0.215-25/0.25-25	<i>octreotide acetate</i>	CLASSIC
mg-mcg	ODEFSEY TAB	ondansetron
<i>norgestimate-eth estrad tab</i>	ODOMZO	ondansetron hcl.....
0.18-35/0.215-35/0.25-35	OFEV	ONTRUZANT
mg-mcg	<i>ofloxacin (ophth)</i>	ONUREG.....
NORITATE.....	<i>ofloxacin (otic)</i>	OPSUMIT
<i>norlyroc</i>	OGIVRI	ORGOVYX
NORPACE CR	OGIVRI INJ 420MG	ORKAMBI GRA 100-125..
<i>nortrel 0.5/35 (28)</i>	<i>olanzapine</i>	ORKAMBI GRA 150-188..
<i>nortrel 1/35 (21)</i>	<i>olmesartan medoxomil</i>	ORKAMBI TAB 100-125..
<i>nortrel 1/35 (28)</i>	<i>olmesartan medoxomil-</i>	ORKAMBI TAB 200-125..
<i>nortrel 7/7/7</i>	<i>hydrochlorothiazide tab</i>	<i>orsythia</i>
<i>nortriptyline hcl</i>	20-12.5 mg	<i>oseltamivir phosphate</i>
NORVIR.....	<i>olmesartan medoxomil-</i>	OTEZLA
NOVOLIN INJ 70/30	<i>hydrochlorothiazide tab</i>	OTEZLA TAB 10/20/30 ...
NOVOLIN INJ 70/30 FP..	40-12.5 mg	<i>oxacillin sodium</i>
NOVOLIN N	<i>olmesartan medoxomil-</i>	<i>oxaliplatin</i>
NOVOLIN N FLEXPEN...	<i>hydrochlorothiazide tab</i>	<i>oxandrolone</i>
NOVOLIN R	40-25 mg	<i>oxaprozin</i>
NOVOLIN R FLEXPEN...	<i>olmesartan-amlodipine-</i>	<i>oxcarbazepine</i>
NOVOLOG.....	<i>hydrochlorothiazide tab</i>	<i>oxybutynin chloride</i>
NOVOLOG FLEXPEN	20-5-12.5 mg.....	<i>oxycodone hcl</i>
NOVOLOG MIX INJ 70/30	<i>olmesartan-amlodipine-</i>	<i>oxycodone w/</i>
.....	<i>hydrochlorothiazide tab</i>	<i>acetaminophen tab 10-</i>
NOVOLOG MIX INJ	40-10-12.5 mg	325 mg.....
FLEXPEN.....	<i>olmesartan-amlodipine-</i>	<i>oxycodone w/</i>
NOVOLOG PENFILL	<i>hydrochlorothiazide tab</i>	<i>acetaminophen tab 2.5-</i>
NOXAFIL	40-10-25 mg.....	325 mg.....
NUXAFIL	<i>olmesartan-amlodipine-</i>	<i>oxycodone w/</i>
NUBEQA.....	<i>hydrochlorothiazide tab</i>	<i>acetaminophen tab 5-325</i>
NUDEXTA CAP 20-10MG	40-5-12.5 mg.....	mg.....
.....	<i>olmesartan-amlodipine-</i>	.....
NULOJIX.....	<i>hydrochlorothiazide tab</i>	<i>oxycodone w/</i>
NULYTELY SOL LMN/LIME	40-5-25 mg.....	<i>acetaminophen tab 7.5-</i>
.....	<i>olopatadine hcl</i>	325 mg.....
NUPLAZID	<i>olopatadine hcl (nasal)</i>	OZEMPIC (0.25 OR
NUURTEC.....	<i>omeprazole</i>	0.5MG/DOSE).....
NUTRILIPID	OMNARIS	OZEMPIC (1MG/DOSE)..
NUZYRA	OMNIPOD 5 G6 KIT INTRO	OZEMPIC (2MG/DOSE)
<i>nyamyc</i> .....	.....	SOPN 8MG/3ML.....
<i>nylia 1/35</i>	OMNIPOD 5 G6 MIS PODS	<i>pacerone</i>
<i>nylia 7/7/7</i> .....	.....	<i>paclitaxel</i>
NYMALIZE.....	OMNIPOD DASH KIT	PACLITAXEL INJ 100MG
<i>nymyo</i>	INTRO	<i>paclitaxel protein-bound</i>
<i>nystatin</i>	OMNIPOD DASH MIS	<i>particles for iv susp 100</i>
<i>nystatin (mouth-throat)</i>	PODS	mg.....
<i>nystatin (topical)</i>	OMNIPOD MIS CLASSIC40	<i>paliperidone</i>
<i>nystop</i>		<i>pamidronate disodium</i>
<i>ocella</i>		

PAMIDRONATE		POTASSIUM CHLORIDE	52
DISODIUM	40	potassium chloride 20 meq/l	
PANRETIN.....	60	(0.15%) in dextrose 5%	
<i>pantoprazole sodium</i>	47	<i>inj</i>	52
PANZYGA.....	50	potassium chloride	
<i>paraplatin</i>	15	<i>microencapsulated</i>	
<i>paricalcitol</i>	45	<i>crystals er</i>	52
<i>paromomycin sulfate</i>	9	potassium citrate	
<i>paroxetine hcl</i>	30	(alkalinizer)	47
PASER.....	12	PRADAXA	48
PAXIL.....	30	PRALUENT	24
PEDIARIX INJ 0.5ML.....	51	<i>pramipexole dihydrochloride</i>	
PEDVAX HIB	51	.....	31, 32
<i>peg 3350-kcl-na bicarb-</i>		<i>prasugrel hcl</i>	49
<i>nacl-na sulfate for soln</i>		<i>pravastatin sodium</i>	23
<i>236 gm</i>	46	<i>praziquantel</i>	9
<i>peg 3350-kcl-sod bicarb-</i>		<i>prazosin hcl</i>	21
<i>nacl for soln 420 gm</i>	46	<i>prednisolone</i>	43
PEGASYS.....	12	<i>prednisolone acetate</i>	
PEMAZYRE	18	(<i>ophth</i>)	53
<i>pemetrexed disodium</i>	15	PREDNISOLONE SODIUM	
PEN GK/DEXTR INJ		PHOSP	53
40000/ML	14	<i>prednisolone sodium</i>	
PEN GK/DEXTR INJ		<i>phosphate</i>	43
60000/ML	14	<i>prednisone</i>	43
PEN NEEDLES:		PREDNISONE INTENSOL	
NOVO/BD/ULTIMED/OW		.....	43
EN/TRIVIDIA	40	<i>pregabalin</i>	28
<i>penicillamine</i>	40	<i>pregabalin (once-daily)</i>	36
<i>penicillin g potassium</i>	14	PREHEVBRIO.....	51
PENICILLIN G PROCAINE		PREMASOL SOL 10%	53
.....	14	PRENATAL TAB 27-1MG	52
<i>penicillin g sodium</i>	14	PRENATAL TAB PLUS ...	52
<i>penicillin v potassium</i>	14	PRENATAL VIT TAB LOW	
PENTACEL INJ	51	IRON.....	52
<i>pentamidine isethionate inh</i>		<i>prevalite</i>	24
.....	9	PREVYMIS.....	12
<i>pentamidine isethionate inj</i>	9	PREZCOBIX TAB 800-150	
<i>pentoxifylline</i>	48	.....	12
<i>perindopril erbumine</i>	20	PREZISTA.....	11
<i>perio gard</i>	60	PRIFTIN	12
<i>permethrin</i>	60	PRILOSEC	47
<i>perphenazine</i>	33	<i>primaquine phosphate</i>	10
PERSERIS.....	33	PRIMAQUINE	
<i>pfizerpen</i>	14	PHOSPHATE.....	10
<i>phenelzine sulfate</i>	30	<i>primidone</i>	28
<i>phenobarbital</i>	28	PRIORIX INJ	51
<i>phenobarbital sodium</i>	28	PRIVIGEN	50
PHENYTEK	28	<i>probenecid</i>	7
<i>phenytoin</i>	28		
<i>phenytoin sodium</i>	28		
<i>phenytoin sodium extended</i>			
.....	28		
PHESGO SOL.....	18		
<i>philit</i>	42		
PIFELTRO	11		
<i>pilocarpine hcl</i>	54		
<i>pilocarpine hcl (oral)</i>	60		
<i>pimozide</i>	33		
<i>pimtree</i>	42		
<i>pindolol</i>	24		
<i>pioglitazone hcl</i>	38		
<i>piperacillin sod-tazobactam</i>			
<i>na for inj 3.375 gm (3-</i>			
<i>0.375 gm)</i>	14		
<i>piperacillin sod-tazobactam</i>			
<i>sod for inj 13.5 gm (12-</i>			
<i>1.5 gm)</i>	15		
<i>piperacillin sod-tazobactam</i>			
<i>sod for inj 2.25 gm (2-</i>			
<i>0.25 gm)</i>	14		
<i>piperacillin sod-tazobactam</i>			
<i>sod for inj 4.5 gm (4-0.5</i>			
<i>gm)</i>	14		
<i>piperacillin sod-tazobactam</i>			
<i>sod for inj 40.5 gm (36-</i>			
<i>4.5 gm)</i>	15		
PIQRAY 200MG DAILY			
DOSE	18		
PIQRAY 250MG TAB			
DOSE	18		
PIQRAY 300MG DAILY			
DOSE	18		
<i>pirfenidone</i>	56		
<i>pirmella 1/35</i>	42		
<i>piroxicam</i>	7		
PLASMA-LYTE INJ -148.	52		
PLASMA-LYTE INJ -A ...	52		
<i>plenamine</i>	53		
PLENVU SOL.....	46		
<i>podofilox</i>	60		
<i>polymyxin b-trimethoprim</i>			
<i>ophth soln 10000 unit/ml-</i>			
<i>0.1%</i>	53		
POMALYST	16		
<i>portia-28</i>	42		
<i>posaconazole</i>	10		
<i>potassium chloride</i>	52		

PROCALAMINE INJ 3% . 53	<i>ranolazine</i> 26	RYDAPT 19
<i>prochlorperazine</i> 45	<i>rasagiline mesylate</i> 32	<i>sajazir</i> 48
<i>prochlorperazine edisylate</i> 45	RAYALDEE 45	SANDIMMUNE 50
<i>prochlorperazine maleate</i> 45	<i>reclipsen</i> 42	SANTYL 60
PROCRIT 48	RECOMBIVAX HB 51	<i>sapropterin dihydrochloride</i> 44
<i>procto-med hc</i> 60	RECTIV 60	SAVELLA 36
<i>procto-pak</i> 60	REGRANEX 60	SAVELLA MIS TITR PAK 36
<i>proctosol hc</i> 60	RELENZA DISKHALER .. 12	SCSEMBLIX 19
<i>proctozone-hc</i> 60	RELISTOR 46	<i>scopolamine</i> 45
PROGRAF 50	REMICADE 49	SECUADO 33
PROLASTIN-C 56	RENFLEXIS 49	<i>selegiline hcl</i> 32
PROLENSA 53	<i>repaglinide</i> 38	<i>selenium sulfide</i> 58
PROLIA 40	RESTASIS 54	SELZENTRY 11
PROMACTA 48	RESTASIS MULTIDOSE 54	SEREVENT DISKUS 55
<i>promethazine hcl</i> 45	RETEVMO 18	<i>sertraline hcl</i> 31
<i>propafenone hcl</i> 23	REVLIMID 16	<i>setlakin</i> 42
<i>proparacaine hcl</i> 54	REXULTI 33	<i>sevelamer carbonate</i> 44
<i>propranolol hcl</i> 24	REYATAZ 11	<i>sharobel</i> 42
<i>propylthiouracil</i> 45	REZUROCK 50	SHINGRIX 51
PROQUAD INJ 51	RHOPRESSA 54	SIGNIFOR 44
PROSOL INJ 20% 53	RIABNI 18	<i>sildenafil citrate (pulmonary hypertension)</i> 26
<i>protriptyline hcl</i> 30	<i>ribavirin (hepatitis c)</i> .. 12, 13	<i>silodosin</i> 47
PULMICORT FLEXHALER 57	<i>rifabutin</i> 12	<i>silver sulfadiazine</i> 57
PULMOZYME 56	<i>rifampin</i> 12	SIMBRINZA SUS 1-0.2% 54
PURIXAN 15	<i>riluzole</i> 36	<i>simliya</i> 42
<i>pyrazinamide</i> 12	<i>rimantadine hydrochloride</i> 13	<i>simvastatin</i> 23
<i>pyridostigmine bromide</i> ... 36	RINVOQ 49	<i>sirolimus</i> 50
QINLOCK 18	<i>risedronate sodium</i> 40	SIRTURO 12
QUADRACEL INJ 51	RISPERDAL CONSTA... 33	SIVEXTRO 9
QUADRACEL INJ 0.5ML 51	<i>risperidone</i> 33	SKYRIZI 49
<i>quetiapine fumarate</i> 33	<i>ritonavir</i> 11	SKYRIZI PEN 49
<i>quinapril hcl</i> 20	RITUXAN 18	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> 46
<i>quinapril- hydrochlorothiazide tab 10-12.5 mg</i> 20	<i>rituxan inj hycela</i> ... 18	<i>sodium chloride</i> 52
<i>quinapril- hydrochlorothiazide tab 20-12.5 mg</i> 20	<i>rivastigmine</i> 30	<i>sodium chloride (gu irrigant)</i> 60
<i>quinapril- hydrochlorothiazide tab 20-25 mg</i> 20	<i>rivastigmine tartrate</i> 30	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> ... 52
<i>quinidine sulfate</i> 23	<i>ropinirole hydrochloride</i> ... 32	<i>sodium phenylbutyrate</i> 44
<i>quinine sulfate</i> 10	<i>rosadan</i> 60	<i>sodium polystyrene sulfonate powder</i> 40
RABAVERT INJ 51	<i>rosuvastatin calcium</i> 23	<i>solifenacin succinate</i> 47
<i>rabeprazole sodium</i> 47	ROTARIX SUS 51	SOLQUA INJ 100/33 40
<i>raloxifene hcl</i> 44	ROTATEQ SOL 51	SOLTAMOX 16
<i>ramipril</i> 20	<i>roweepra</i> 28	SOLU-CORTEF 43
	ROZLYTREK 18	SOMATULINE DEPOT ... 44
	RUBRACA 18	
	<i>rufinamide</i> 28, 29	
	RUKOBIA 11	
	RUXIENCE 19	
	RYBELSUS 38	

SOMAVERT.....	44	SUPREP BOWEL SOL		TAZVERIK.....	19
<i>sorafenib tosylate</i>	19	PREP KIT	46	TDVAX INJ 2-2 LF.....	51
<i>sorine</i>	23	<i>syeda</i>	42	TECENTRIQ.....	19
<i>sotalol hcl</i>	23	SYMBICORT AER 160-4.5		TEFLARO.....	13
<i>sotalol hcl (afib/afI)</i>	23	.....	57	<i>telmisartan</i>	22
<i>spironolactone</i>	20	SYMBICORT AER 80-4.557		<i>telmisartan-amlodipine tab</i>	
<i>spironolactone &</i>		SYMDEKO TAB 100-150	56	40-10 mg.....	22
<i>hydrochlorothiazide tab</i>		SYMDEKO TAB 50-75MG		<i>telmisartan-amlodipine tab</i>	
25-25 mg.....	25	.....	56	40-5 mg.....	22
<i>sprintec 28</i>	42	SYMJEPI.....	56	<i>telmisartan-amlodipine tab</i>	
SPRITAM.....	29	SYMPAZAN	29	80-10 mg.....	22
SPRYCEL.....	19	SYMTUZA TAB.....	12	<i>telmisartan-amlodipine tab</i>	
<i>sps</i>	40	SYNAREL	42	80-5 mg.....	22
<i>sronyx</i>	42	SYNERCID INJ 500MG ..	10	<i>telmisartan-</i>	
<i>ssd</i>	58	SYNJARDY TAB 12.5-		<i>hydrochlorothiazide tab</i>	
<i>stavudine</i>	11	1000MG.....	38	40-12.5 mg.....	22
STELARA	49	SYNJARDY TAB 12.5-500		<i>telmisartan-</i>	
STIVARGA.....	19	.....	38	<i>hydrochlorothiazide tab</i>	
<i>streptomycin sulfate</i>	9	SYNJARDY TAB 5-1000MG		80-12.5 mg.....	22
STRIBILD TAB.....	12	.....	38	<i>telmisartan-</i>	
<i>subvenite</i>	29	SYNJARDY TAB 5-500MG		<i>hydrochlorothiazide tab</i>	
<i>sucralfate</i>	46	.....	38	80-25 mg.....	22
<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 10-		<i>temazepam</i>	35
(<i>acne</i>).....	57	1000	38	TEMIXYS TAB 300-300...12	
<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 12.5-		TENIVAC INJ 5-2LF	51
(<i>ophth</i>).....	53	1000MG.....	38	<i>tenofovir disoproxil fumarate</i>	
<i>sulfacetamide sodium-</i>		SYNJARDY XR TAB 25-		.....	11
<i>prednisolone ophth soln</i>		1000	38	TEPMETKO.....	19
10-0.23(0.25)%	53	SYNJARDY XR TAB 5-		<i>terazosin hcl</i>	21
<i>sulfadiazine</i>	10	1000MG.....	38	<i>terbinafine hcl</i>	10
<i>sulfamethoxazole-</i>		SYNRIBO.....	16	<i>terbutaline sulfate</i>	55
<i>trimethoprim iv soln 400-</i>		SYNTHROID	45	<i>terconazole vaginal</i>	47
80 mg/5ml	10	TABLOID.....	15	<i>testosterone</i>	37
<i>sulfamethoxazole-</i>		TABRECTA.....	19	<i>testosterone cypionate</i>	37
<i>trimethoprim susp 200-40</i>		<i>tacrolimus</i>	50	<i>testosterone enanthate</i>	37
<i>mg/5ml</i>	10	<i>tacrolimus (topical)</i>	60	<i>tetrabenazine</i>	36
<i>sulfamethoxazole-</i>		TAFINLAR.....	19	<i>tetracycline hcl</i>	15
<i>trimethoprim tab 400-80</i>		TAGRISSO	19	THALOMID.....	16
<i>mg</i>	10	TALTZ	49	THEO-24	56
<i>sulfamethoxazole-</i>		TALZENNA	19	<i>theophylline</i>	56
<i>trimethoprim tab 800-160</i>		<i>tamoxifen citrate</i>	16	<i>thioridazine hcl</i>	33
<i>mg</i>	10	<i>tamsulosin hcl</i>	47	<i>thiothixene</i>	33
SULFAMYLON	58	TARGRETIN	60	<i>tiadylt er</i>	25
<i>sulfasalazine</i>	46	<i>tarina fe 1/20 eq</i>	42	<i>tiagabine hcl</i>	29
<i>sulindac</i>	7	TASIGNA	19	TIBSOVO	19
<i>sumatriptan</i>	35	<i>tazarotene</i>	58	TICOVAC	51
<i>sumatriptan succinate</i>	35	<i>tazicef</i>	13	<i>tigecycline</i>	15
<i>sunitinib malate</i>	19	TAZORAC.....	58	TIGECYCLINE	15
		<i>taztia xt</i>	25	<i>tilia fe</i>	42

<i>timolol maleate</i>	24	<i>triamcinolone acetonide</i>		TRIZIVIR TAB	12
<i>timolol maleate (ophth)</i> ...	54	(<i>topical</i>).....	59	TROGARZO	11
<i>timolol maleate (ophth)</i>		<i>triamterene &</i>		TROPHAMINE INJ 10%..	53
<i>once-daily</i>	54	<i>hydrochlorothiazide cap</i>		<i>tropium chloride</i>	47
TIVICAY.....	11	37.5-25 mg	25	TRULICITY.....	39
TIVICAY PD.....	11	<i>triamterene &</i>		TRUMENBA INJ.....	51
<i>tizanidine hcl</i>	36	<i>hydrochlorothiazide tab</i>		TRUSELTIQ 100 MG	
TOBRADEX OIN 0.3-0.1%		37.5-25 mg	25	DAILY DOSE	19
.....	53	<i>triamterene &</i>		TRUSELTIQ 125 MG	
TOBRADEX ST SUS 0.3-		<i>hydrochlorothiazide tab</i>		DAILY DOSE	19
0.05	53	75-50 mg	25	TRUSELTIQ 50 MG DAILY	
<i>tobramycin</i>	10	TRICARE TAB PRENATAL		DOSE.....	19
<i>tobramycin (ophth)</i>	53	.....	52	TRUSELTIQ 75 MG DAILY	
<i>tobramycin sulfate</i>	10	<i>triderm</i>	59	DOSE.....	19
<i>tobramycin-dexamethasone</i>		<i>trientine hcl</i>	40	TRUXIMA	19
<i>ophth susp 0.3-0.1%</i> ...	53	<i>tri-estarylla</i>	42	TUKYSA	19
<i>tolterodine tartrate</i>	47	<i>trifluoperazine hcl</i>	33	TURALIO.....	19
<i>topiramate</i>	29	<i>trifluridine</i>	53	TWINRIX INJ.....	51
<i>toposar</i>	16	<i>trihexyphenidyl hcl</i>	32	TYBOST	11
<i>toremifene citrate</i>	16	TRIJARDY XR TAB ER		TYPHIM VI	51
<i>torseamide</i>	25	24HR 10-5-1000MG	38	UBRELVY.....	35
TOVIAZ.....	47	TRIJARDY XR TAB ER		<i>unithroid</i>	45
TPN ELECTROL INJ	52	24HR 12.5-2.5-1000MG		<i>ursodiol</i>	46
TRADJENTA.....	38	.....	39	<i>valacyclovir hcl</i>	13
<i>tramadol hcl</i>	8	TRIJARDY XR TAB ER		VALCHLOR	60
<i>tramadol-acetaminophen</i>		24HR 25-5-1000MG	39	<i>valganciclovir hcl</i>	13
<i>tab 37.5-325 mg</i>	8	TRIJARDY XR TAB ER		<i>valproate sodium</i>	29
<i>trandolapril</i>	20	24HR 5-2.5-1000MG ...	38	<i>valproic acid</i>	29
<i>tranexamic acid</i>	48	TRIKAFTA TAB 100-50-		<i>valsartan</i>	23
<i>tranylcypramine sulfate</i> ...	31	75MG & 150MG.....	56	<i>valsartan-</i>	
TRAVASOL INJ 10%	53	TRIKAFTA TAB 50-25-		<i>hydrochlorothiazide tab</i>	
<i>travoprost</i>	54	37.5MG & 75MG.....	56	160-12.5 mg.....	22
TRAZIMERA	19	<i>tri-legest fe</i>	42	<i>valsartan-</i>	
<i>trazodone hcl</i>	31	<i>tri-linyah</i>	42	<i>hydrochlorothiazide tab</i>	
TRECTOR	12	<i>tri-lo-estarylla</i>	42	160-25 mg.....	22
TRELEGY AER ELLIPTA		<i>tri-lo-marzia</i>	42	<i>valsartan-</i>	
100-62.5-25 MCG.....	54	<i>tri-lo-mili</i>	42	<i>hydrochlorothiazide tab</i>	
TRELEGY AER ELLIPTA		<i>tri-lo-sprintec</i>	42	320-12.5 mg.....	22
200-62.5-25 MCG.....	55	TRIMETHOPRIM	10	<i>valsartan-</i>	
TRELSTAR MIXJECT	16	<i>tri-mili</i>	42	<i>hydrochlorothiazide tab</i>	
<i>treprostinil</i>	26	<i>trimipramine maleate</i>	31	320-25 mg.....	22
TRESIBA	40	TRINTELLIX.....	31	<i>valsartan-</i>	
TRESIBA FLEXTOUCH..	40	<i>tri-nymyo</i>	42	<i>hydrochlorothiazide tab</i>	
<i>tretinoin</i>	57	<i>tri-sprintec</i>	42	80-12.5 mg.....	22
<i>tretinoin (chemotherapy)</i> .	16	TRIUMEQ PD TAB.....	12	VALTOCO	29
TREXALL.....	50	TRIUMEQ TAB.....	12	<i>vancomycin hcl</i>	10
<i>triamcinolone acetonide</i>		<i>trivora-28</i>	42	VANCOMYCIN INJ 1 GM 10	
(<i>mouth</i>).....	60	<i>tri-vylibra</i>	42	VANCOMYCIN INJ 500MG	
		<i>tri-vylibra lo</i>	42	.....	10

VANCOMYCIN INJ 750MG	<i>voriconazole</i>	XPOVIO 40 MG TWICE
..... 10	VOSEVI TAB.....	WEEKLY.....
VANDAZOLE.....	VOTRIENT.....	XPOVIO 60 MG ONCE
47	VRAYLAR.....	WEEKLY.....
VAQTA.....	VRAYLAR CAP 1.5-3MG	XPOVIO 60 MG TWICE
51	<i>vyfemla</i>	WEEKLY.....
<i>varenicline tartrate</i>	<i>vylibra</i>	XPOVIO 80 MG ONCE
37	VYVANSE.....	WEEKLY.....
<i>varenicline tartrate tab 11 x</i>	VYZULTA.....	XPOVIO 80 MG TWICE
<i>0.5 mg & 42 x 1 mg start</i>	<i>warfarin sodium</i>	WEEKLY.....
<i>pack</i>	<i>water for irrigation, sterile</i>	XTANDI.....
37	<i>irrigation soln</i>	<i>xulane</i>
VARIVAX.....	WELIREG.....	XULTOPHY INJ 100/3.6..
51	44	40
VASCEPA.....	<i>wera</i>	XYREM.....
24	42	36
VELCADE.....	XALKORI.....	YF-VAX INJ.....
19	19	51
<i>velivet</i>	XARELTO.....	<i>yuvafem</i>
42	48	43
VELPHORO.....	XARELTO STAR TAB	<i>zafemy</i>
44	15/20MG.....	42
VELTASSA.....	XATMEP.....	<i>zafirlukast</i>
40	50	56
VEMLIDY.....	XCOPRI.....	ZARXIO.....
13	29	48
VENCLEXTA.....	XCOPRI PAK 100-150....	ZEJULA.....
19	29	19
VENCLEXTA TAB START	XCOPRI PAK 12.5-25....	ZELBORAF.....
PK.....	XCOPRI PAK 150-200MG	19
19	(MAINTENANCE).....	ZEMAIRA.....
<i>venlafaxine hcl</i>	29	56
31	XCOPRI PAK 150-200MG	<i>zenatane</i>
VENTAVIS.....	(TITRATION).....	57
26	29	ZENPEP CAP 10000UNT
VENTOLIN HFA.....	XCOPRI PAK 50-100MG	46
55	29	ZENPEP CAP 15000UNT
VENTOLIN HFA	XELJANZ.....	46
(INSTITUTIONAL PACK)	XELJANZ XR.....	ZENPEP CAP 20000UNT
.....	49	46
55	XERMELO.....	ZENPEP CAP 25000UNT
<i>verapamil hcl</i>	46	46
25	XGEVA.....	ZENPEP CAP 3000UNIT
VERQUVO.....	XIFAXAN.....	46
26	46	ZENPEP CAP 40000UNT
VERSACLOZ.....	XIGDUO XR TAB 10-1000	46
33	.....	ZENPEP CAP 5000UNIT
VERZENIO.....	39	46
19	XIGDUO XR TAB 10-	ZERVIA TE.....
<i>vestura</i>	500MG.....	54
42	39	<i>zidovudine</i>
V-GO 20 KIT.....	XIGDUO XR TAB 2.5-1000	11
40	.....	<i>ziprasidone hcl</i>
V-GO 30 KIT.....	39	33
40	XIGDUO XR TAB 5-	<i>ziprasidone mesylate</i>
V-GO 40 KIT.....	1000MG.....	34
40	39	ZIRABEV.....
VICTOZA.....	XIGDUO XR TAB 5-500MG	19
39	.....	ZIRGAN.....
<i>vienna</i>	39	53
42	XIIDRA.....	<i>zoledronic acid</i>
<i>vigabatrin</i>	54	40
29	XOLAIR.....	ZOLINZA.....
<i>vigadrone</i>	56	19
29	XOSPATA.....	<i>zolmitriptan</i>
VIIBRYD.....	19	35
31	XPOVIO 100 MG ONCE	<i>zolpidem tartrate</i>
VIIBRYD KIT STARTER	WEEKLY.....	35
31	19	ZONISADE.....
<i>vilazodone hcl</i>	XPOVIO 40 MG ONCE	29
31	WEEKLY.....	<i>zonisamide</i>
VIMPAT.....	19	29
29	WEEKLY.....	ZORTRESS.....
<i>vincristine sulfate</i>	19	50
16	19	<i>zovia 1/35</i>
<i>vinorelbine tartrate</i>	19	42
16	19	ZTALMY.....
<i>viorele</i>	19	29
42	19	<i>zumandimine</i>
VIRACEPT.....	19	42
11	19	ZYCLARA PUMP.....
VIREAD.....	19	60
11	19	ZYDELIG.....
VITRAKVI.....	19	19
19	19	ZYKADIA.....
VIVITROL.....	19	19
37	19	
VIZIMPRO.....	19	
19	19	
VONJO.....	19	
19		

ZYLET SUS 0.5-0.3%..... 53
ZYPITAMAG 23
ZYPREXA RELPREVV ... 34

Notice of Nondiscrimination and Language Assistance Services

MyTruAdvantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. MyTruAdvantage does not exclude people or treat them you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

MyTruAdvantage provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

MyTruAdvantage provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact MyTruAdvantage Member Services by calling (844) 283-2788 (TTY users call 711), 8 am to 8 pm, 7 days a week.

To file a civil rights grievance

If you believe that MyTruAdvantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

MyTruAdvantage
Attention: Civil Rights Coordinator
P.O. Box 428
Columbus, IN 47202-0482

Toll free: (844) 283-2788 (TTY users call 711) Fax: (855) 633-7673
compliance@mytruadvantage.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MyTruAdvantage Member Services and the Civil Rights Coordinator are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at *hhs.gov/ocr/office/file/index.html*.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844.283.2788 (TTY 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.844.283.2788 (رقم هاتف الصم والبكم). 711.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.844.283.2788 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.844.283.2788 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.844.283.2788 (TTY: 711)번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.844.283.2788 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.844.283.2788 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.844.283.2788 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.844.283.2788 (TTY: 711).

Wann du Deitsch (Pennsylvania German/Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.844.283.2788 (TTY: 711).

သတိပြုရန် - အကယုၣ် သဠညူၣ်မန္တကား ကိုၣ်ပျတပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့ၣ်အတြကု စီစဉ်ဆွဲၣ်ကုပေးပါမညူ။ ဖုန်းနံပါတ် 1.844.283.2788 (TTY: 711) သုၣ်မၤခေ့ဆုၣ်ပါ။

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez 1.844.283.2788 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1.844.283.2788 (TTY: 711).

ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1.844.283.2788 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1.844.283.2788 (TTY: 711) पर कॉल कर।



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For more recent information or other questions, please contact Pharmacy Member Services at (844) 283-2788 or for TTY users 711, 24 hours a day, 7 days a week, or visit www.MyTruAdvantage.com.

The MyTruAdvantage pharmacy network includes limited lower-cost, preferred pharmacies in Indiana. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Member Services at (844) 425-4280 (TTY: 711) or consult the online pharmacy directory at www.MyTruAdvantage.com.