



# 2022

## FORMULARY

LIST OF COVERED DRUGS



**VIVA MEDICARE *Extra Value***  
(HMO SNP)

**VIVA MEDICARE  
EXTRA CARE (HMO SNP)**

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

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact VIVA MEDICARE Member Service at 1-800-633-1542 (TTY users should call 711), Monday – Friday, 8 a.m. – 8 p.m. (October 1 – March 31: 7 days a week, 8 a.m. – 8 p.m.), or visit [www.VivaHealth.com/Medicare](http://www.VivaHealth.com/Medicare).

## Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means VIVA MEDICARE. When it refers to “plan” or “our plan,” it means VIVA MEDICARE *Extra Value* or VIVA MEDICARE *Extra Care*.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022. 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, 2023, and from time to time during the year.

## What is the VIVA MEDICARE Formulary?

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

## Can the Formulary (drug list) change?

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

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

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

affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the VIVA MEDICARE Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 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 12/01/2022. To get updated information about the drugs covered by VIVA MEDICARE, please contact us. Our contact information appears on the front and back cover pages.

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

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 109. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** VIVA MEDICARE requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VIVA

MEDICARE before you fill your prescriptions. If you don't get approval, VIVA MEDICARE may not cover the drug.

- **Quantity Limits:** For certain drugs, VIVA MEDICARE limits the amount of the drug that we will cover. For example, VIVA MEDICARE provides 30 tablets per prescription for MITIGARE. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VIVA MEDICARE requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, VIVA MEDICARE may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VIVA MEDICARE will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask VIVA MEDICARE to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the VIVA MEDICARE Formulary?" on page III for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. If you learn that VIVA MEDICARE does not cover your drug, you have two options:

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

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's

supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 31-day supply and may be up to a 31-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We may cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if

your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we may cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

## **For more information**

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

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

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

## **VIVA MEDICARE's Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered

by VIVA MEDICARE. If you have trouble finding your drug in the list, turn to the Index that begins on page 109.

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

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

“PA” means the drug requires Prior Authorization.

“QL” means there is a quantity limit on the drug.

“NM” means the drug is not available at mail order.

“ST” means the drug requires step therapy.

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

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

## 2022 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on the level of Extra Help you receive. When you enroll in our plan, you will receive an Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (also called a Low Income Subsidy Rider or LIS Rider). It will tell you how much you will pay for prescription drugs. Depending on your income and institutional status, you pay the following:

### 2022

- Deductible: \$0
- Copays during the Initial Coverage Stage:  
\$0, \$1.35 or \$3.95 per prescription for drugs treated as generic and \$0, \$4.00 or \$9.85 per prescription for all other drugs (your cost depends on your level of “Extra Help”).

Note: Please see Chapter 6 of your VIVA MEDICARE *Extra Value* or HH VIVA MEDICARE *Extra Care* Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy.

- There is an index in the back to help you find the drug you are looking for.
- Once the amount both you and Medicare pay (as the extra help) reaches \$7,050 in a year, your copayment amounts will go down to \$0.
- If you lose Extra Help, your costs will be different. Contact Member Services for more information.
- In addition to the drugs covered by Part D, certain Medicare recipients who also qualify for Medicaid may have some prescription drugs covered under their Medicaid benefits. These groups include:

QMB+

Full Benefit Dual Eligibles (FBDE)

SLMB+

If you have questions about which drugs are covered under Medicaid, please call the Medicaid Recipient Inquiry Hotline at 1-800-362-1504. TTY users call 1-800-253-0799.

## 2022 Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>MITIGARE CAP 0.6MG</i>	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	3	
<b>NSAIDS</b>		
<i>celecoxib cap 50 mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	3	
<i>diflunisal tab 500 mg</i>	3	
<i>ec-naproxen</i>	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i>	4	QL (90 tabs / 30 days)
<i>etodolac cap 200 mg</i>	3	
<i>etodolac cap 300 mg</i>	3	
<i>etodolac tab 400 mg</i>	3	
<i>etodolac tab 500 mg</i>	3	
<i>etodolac tab er 24hr 400 mg</i>	3	
<i>etodolac tab er 24hr 500 mg</i>	3	
<i>etodolac tab er 24hr 600 mg</i>	3	
<i>flurbiprofen tab 100 mg</i>	3	
<i>ibu</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	3	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen sodium tab 275 mg</i>	3	
<i>naproxen sodium tab 550 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	2	QL (120 tabs / 30 days)
naproxen tab ec 500 mg	4	QL (90 tabs / 30 days)
piroxicam cap 10 mg	3	
piroxicam cap 20 mg	3	
sulindac tab 150 mg	2	
sulindac tab 200 mg	2	

#### **OPIOID ANALGESICS, LONG-ACTING**

fentanyl td patch 72hr 12 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	4	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	4	QL (10 patches / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 20 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 30 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 40 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 60 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 80 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 100 mg	3	QL (30 tabs / 30 days), PA
hydrocodone bitartrate tab er 24hr deter 120 mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 20 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	3	QL (90 tabs / 30 days), PA

#### ***OPIOID ANALGESICS, SHORT-ACTING***

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>endocet tab 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl tab 2 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	3	QL (180 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
morphine sulfate iv soln 1 mg/ml	4	B/D
morphine sulfate iv soln 4 mg/ml	4	B/D
morphine sulfate iv soln 8 mg/ml	4	B/D
morphine sulfate iv soln 10 mg/ml	4	B/D
morphine sulfate oral soln 10 mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	3	QL (900 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	3	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	3	QL (180 tabs / 30 days)
nalbuphine hcl inj 10 mg/ml	4	
nalbuphine hcl inj 20 mg/ml	4	
oxycodone hcl cap 5 mg	4	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	4	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	4	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	3	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
tramadol hcl tab 50 mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	3	B/D
<i>lidocaine hcl local inj 1%</i>	3	B/D
<i>lidocaine hcl local inj 2%</i>	3	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	3	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	3	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	3	B/D

## **ANTI-INFECTIVES**

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	5	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>atovaquone susp 750 mg/5ml</i>	4	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
<i>CAYSTON INH 75MG</i>	5	NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml</i>	3	
<i>clindamycin phosphate inj 300 mg/2ml</i>	3	
<i>clindamycin phosphate inj 600 mg/4ml</i>	3	
<i>clindamycin phosphate inj 900 mg/6ml</i>	3	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>daptomycin for iv soln 350 mg</i>	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
daptomycin for iv soln 500 mg	5	
DAPTOMYCIN SOL 350MG	5	
EMVERM CHW 100MG	5	QL (12 tabs / year)
ertapenem sodium for inj 1 gm (base equivalent)	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate inj 10 mg/ml	3	
gentamicin sulfate inj 40 mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin tab 3 mg	3	PA
linezolid for susp 100 mg/5ml	5	QL (1800 mL / 30 days)
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
linezolid tab 600 mg	4	QL (60 tabs / 30 days)
meropenem iv for soln 1 gm	4	
meropenem iv for soln 500 mg	4	
methenamine hippurate tab 1 gm	4	
metronidazole iv soln 500 mg/100ml	3	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
neomycin sulfate tab 500 mg	2	
nitazoxanide tab 500 mg	5	QL (6 tabs / 30 days)
nitrofurantoin macrocrystalline cap 50 mg	3	
nitrofurantoin macrocrystalline cap 100 mg	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	3	
paromomycin sulfate cap 250 mg	4	
pentamidine isethionate inh	4	B/D
pentamidine isethionate inj	4	
praziquantel tab 600 mg	4	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	
streptomycin sulfate for inj 1 gm	4	
sulfadiazine tab 500 mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
SYNERCID INJ 500MG	5	
tobramycin nebu soln 300 mg/5ml	5	NM, PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 10 mg/ml (base equivalent)	3	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	3	
TRIMETHOPRIM TAB 100MG	2	
vancomycin hcl cap 125 mg (base equivalent)	4	QL (80 caps / 180 days)
vancomycin hcl cap 250 mg (base equivalent)	4	QL (160 caps / 180 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	4	
vancomycin hcl for iv soln 5 gm (base equivalent)	4	
vancomycin hcl for iv soln 10 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent)	4	
vancomycin hcl for iv soln 750 mg (base equivalent)	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

#### **ANTIFUNGALS**

ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	5	B/D
amphotericin b for iv soln 50 mg	4	B/D
amphotericin b liposome iv for susp 50 mg	5	B/D
caspofungin acetate for iv soln 50 mg	4	
caspofungin acetate for iv soln 70 mg	4	
fluconazole for susp 10 mg/ml	3	
fluconazole for susp 40 mg/ml	3	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
fluconazole tab 50 mg	3	
fluconazole tab 100 mg	3	
fluconazole tab 150 mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole tab 200 mg</i>	3	
<i>flucytosine cap 250 mg</i>	5	PA
<i>flucytosine cap 500 mg</i>	5	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	PA
<i>ketoconazole tab 200 mg</i>	3	PA
<i>micafungin sodium for iv soln 50 mg</i>	5	
<i>micafungin sodium for iv soln 100 mg</i>	5	
<i>NOXAFIL SUS 40MG/ML</i>	5	QL (630 mL / 30 days), PA
<i>nystatin tab 500000 unit</i>	3	
<i>posaconazole tab delayed release 100 mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	5	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	4	QL (480 tabs / 30 days), PA
<i>voriconazole tab 200 mg</i>	4	QL (120 tabs / 30 days), PA

#### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate tab 250 mg</i>	4	
<i>chloroquine phosphate tab 500 mg</i>	4	
<i>COARTEM TAB 20-120MG</i>	4	
<i>mefloquine hcl tab 250 mg</i>	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	3	
<i>PRIMAQUINE TAB 26.3MG</i>	3	
<i>quinine sulfate cap 324 mg</i>	4	PA

#### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	4	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	3	NM
<i>APTIVUS CAP 250MG</i>	5	NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	NM
<i>EDURANT TAB 25MG</i>	5	NM
<i>efavirenz cap 50 mg</i>	4	NM
<i>efavirenz cap 200 mg</i>	4	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz tab 600 mg</i>	4	NM
<i>emtricitabine caps 200 mg</i>	3	NM
<i>EMTRIVA SOL 10MG/ML</i>	4	NM
<i>etravirine tab 100 mg</i>	5	NM
<i>etravirine tab 200 mg</i>	5	NM
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NM
<i>FUZEON INJ 90MG</i>	5	NM
<i>INTELENCE TAB 25MG</i>	4	NM
<i>INVIRASE TAB 500MG</i>	5	NM
<i>ISENTRESS CHW 25MG</i>	3	NM
<i>ISENTRESS CHW 100MG</i>	5	NM
<i>ISENTRESS HD TAB 600MG</i>	5	NM
<i>ISENTRESS POW 100MG</i>	3	NM
<i>ISENTRESS TAB 400MG</i>	5	NM
<i>lamivudine oral soln 10 mg/ml</i>	3	NM
<i>lamivudine tab 150 mg</i>	3	NM
<i>lamivudine tab 300 mg</i>	3	NM
<i>LEXIVA SUS 50MG/ML</i>	4	NM
<i>maraviroc tab 150 mg</i>	5	NM
<i>maraviroc tab 300 mg</i>	5	NM
<i>nevirapine susp 50 mg/5ml</i>	4	NM
<i>nevirapine tab 200 mg</i>	2	NM
<i>nevirapine tab er 24hr 100 mg</i>	4	NM
<i>nevirapine tab er 24hr 400 mg</i>	4	NM
<i>NORVIR POW 100MG</i>	4	NM
<i>NORVIR SOL 80MG/ML</i>	4	NM
<i>PIFELTRO TAB 100MG</i>	5	NM
<i>PREZISTA SUS 100MG/ML</i>	5	QL (400 mL / 30 days), NM
<i>PREZISTA TAB 75MG</i>	4	QL (480 tabs / 30 days), NM
<i>PREZISTA TAB 150MG</i>	5	QL (240 tabs / 30 days), NM
<i>PREZISTA TAB 600MG</i>	5	QL (60 tabs / 30 days), NM
<i>PREZISTA TAB 800MG</i>	5	QL (30 tabs / 30 days), NM
<i>REYATAZ POW 50MG</i>	5	NM
<i>ritonavir tab 100 mg</i>	3	NM
<i>RUKOBIA TAB 600MG ER</i>	5	NM
<i>SELZENTRY SOL 20MG/ML</i>	5	NM
<i>SELZENTRY TAB 25MG</i>	3	NM
<i>SELZENTRY TAB 75MG</i>	5	NM
<i>SELZENTRY TAB 150MG</i>	5	NM
<i>SELZENTRY TAB 300MG</i>	5	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
stavudine cap 15 mg	4	NM
stavudine cap 20 mg	4	NM
stavudine cap 30 mg	4	NM
stavudine cap 40 mg	4	NM
tenofovir disoproxil fumarate tab 300 mg	3	NM
TIVICAY PD TAB 5MG	3	NM
TIVICAY TAB 10MG	3	NM
TIVICAY TAB 25MG	5	NM
TIVICAY TAB 50MG	5	NM
TROGARZO INJ 150MG/ML	5	NM, LA
TYBOST TAB 150MG	3	NM
VIRACEPT TAB 250MG	5	NM
VIRACEPT TAB 625MG	5	NM
VIREAD POW 40MG/GM	5	NM
VIREAD TAB 150MG	5	NM
VIREAD TAB 200MG	5	NM
VIREAD TAB 250MG	5	NM
zidovudine cap 100 mg	4	NM
zidovudine syrup 10 mg/ml	4	NM
zidovudine tab 300 mg	3	NM

#### **ANTIRETROVIRAL COMBINATION AGENTS**

abacavir sulfate-lamivudine tab 600-300 mg	3	NM
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs / 30 days), NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TEMIXYS TAB 300-300	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM

#### **ANTITUBERCULAR AGENTS**

<i>cycloserine cap 250 mg</i>	5	
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO TAB 20MG	5	NM, LA, PA
SIRTURO TAB 100MG	5	NM, LA, PA
TRECATOR TAB 250MG	4	

#### **ANTIVIRALS**

<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	B/D
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	NM
BARACLUDE SOL	5	NM
<i>entecavir tab 0.5 mg</i>	4	NM
<i>entecavir tab 1 mg</i>	4	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 SOL 5MG/ML	4	NM
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
<i>ganciclovir sodium for inj 500 mg</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 tab 100 mg (hbv)</i>	4	NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (1080 mL / year)
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA
PREVYMIS TAB 240MG	5	QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	5	QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	3	NM
<i>ribavirin tab 200 mg</i>	4	NM
<i>rimantadine hydrochloride tab 100 mg</i>	4	
<i>valacyclovir hcl tab 1 gm</i>	3	
<i>valacyclovir hcl tab 500 mg</i>	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VEMLIDY TAB 25MG	5	NM, PA
VOSEVI TAB	5	NM, PA
XOFLUZA TAB 40MG	4	QL (2 tabs / 180 days)
XOFLUZA TAB 80MG	4	QL (1 tab / 180 days)
<b>CEPHALOSPORINS</b>		
<i>cefaclor cap 250 mg</i>	3	

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

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
cefaclor cap 500 mg	3
CEFACLOR ER TAB 500MG	4
cefaclor for susp 125 mg/5ml	4
cefaclor for susp 250 mg/5ml	4
cefaclor for susp 375 mg/5ml	4
cefadroxil cap 500 mg	2
cefadroxil for susp 250 mg/5ml	3
cefadroxil for susp 500 mg/5ml	3
CEFAZOLIN INJ 1GM/50ML	4
cefazolin sodium for inj 1 gm	3
cefazolin sodium for inj 2 gm	3
cefazolin sodium for inj 10 gm	3
cefazolin sodium for inj 500 mg	3
cefazolin sodium for iv soln 1 gm	3
CEFAZOLIN SOLN 2GM/100ML-4%	4
cefdinir cap 300 mg	2
cefdinir for susp 125 mg/5ml	3
cefdinir for susp 250 mg/5ml	3
cefepime hcl for inj 1 gm	4
cefepime hcl for inj 2 gm	4
cefepime hcl for iv soln 2 gm	4
cefixime for susp 100 mg/5ml	4
cefixime for susp 200 mg/5ml	4
cefoxitin sodium for iv soln 1 gm	4
cefoxitin sodium for iv soln 2 gm	4
cefoxitin sodium for iv soln 10 gm	4
cefpodoxime proxetil for susp 50 mg/5ml	4
cefpodoxime proxetil for susp 100 mg/5ml	4
cefpodoxime proxetil tab 100 mg	3
cefpodoxime proxetil tab 200 mg	3
cefprozil for susp 125 mg/5ml	3
cefprozil for susp 250 mg/5ml	3
cefprozil tab 250 mg	3
cefprozil tab 500 mg	3
ceftazidime for inj 1 gm	4
ceftazidime for inj 6 gm	4
ceftazidime for iv soln 2 gm	4
CEFTAZIDIME/ SOL D5W 1GM	4
CEFTAZIDIME/ SOL D5W 2GM	4
ceftriaxone sodium for inj 1 gm	4
ceftriaxone sodium for inj 2 gm	4
ceftriaxone sodium for inj 10 gm	4
ceftriaxone sodium for inj 250 mg	4
ceftriaxone sodium for inj 500 mg	4
ceftriaxone sodium for iv soln 1 gm	4

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ceftriaxone sodium for iv soln 2 gm	4
cefuroxime axetil tab 250 mg	3
cefuroxime axetil tab 500 mg	3
cefuroxime sodium for inj 750 mg	3
cefuroxime sodium for iv soln 1.5 gm	3
cephalexin cap 250 mg	1
cephalexin cap 500 mg	1
cephalexin for susp 125 mg/5ml	3
cephalexin for susp 250 mg/5ml	3
tazicef	4
TEFLARO INJ 400MG	5
TEFLARO INJ 600MG	5

### ***ERYTHROMYCINS/MACROLIDES***

azithromycin for susp 100 mg/5ml	3
azithromycin for susp 200 mg/5ml	3
azithromycin iv for soln 500 mg	3
azithromycin powd pack for susp 1 gm	3
azithromycin tab 250 mg	1
azithromycin tab 500 mg	1
azithromycin tab 600 mg	1
clarithromycin for susp 125 mg/5ml	4
clarithromycin for susp 250 mg/5ml	4
clarithromycin tab 250 mg	3
clarithromycin tab 500 mg	3
clarithromycin tab er 24hr 500 mg	3
DIFICID SUS	5
DIFICID TAB 200MG	5
e.e.s. 400 tab 400mg	4
ery-tab	4
ERYTHROCIN INJ 500MG	5
erythrocin stearate	4
erythromycin ethylsuccinate tab 400 mg	4
erythromycin lactobionate for inj 500 mg	5
erythromycin tab 250 mg	4
erythromycin tab 500 mg	4
erythromycin tab delayed release 250 mg	4
erythromycin tab delayed release 333 mg	4
erythromycin tab delayed release 500 mg	4
erythromycin w/ delayed release particles cap 250 mg	4

### ***FLUOROQUINOLONES***

CIPRO (10%) SUS 500MG/5	4
ciprofloxacin 200 mg/100ml in d5w	3
ciprofloxacin 400 mg/200ml in d5w	3
ciprofloxacin hcl tab 100 mg (base equiv)	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
levofloxacin iv soln 25 mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	4	

### **PENICILLINS**

amoxicillin & k clavulanate chew tab 200-28.5 mg	4	
amoxicillin & k clavulanate chew tab 400-57 mg	4	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	3	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4
ampicillin cap 500 mg	2
ampicillin sodium for inj 1 gm	4
ampicillin sodium for inj 2 gm	4
ampicillin sodium for inj 125 mg	4
ampicillin sodium for inj 250 mg	4
ampicillin sodium for inj 500 mg	4
ampicillin sodium for iv soln 1 gm	4
ampicillin sodium for iv soln 2 gm	4
ampicillin sodium for iv soln 10 gm	4
BICILLIN L-A INJ 600000	4
BICILLIN L-A INJ 1200000	4
BICILLIN L-A INJ 2400000	4
dicloxacillin sodium cap 250 mg	3
dicloxacillin sodium cap 500 mg	3
nafcillin sodium for inj 1 gm	4
nafcillin sodium for inj 2 gm	4
nafcillin sodium for iv soln 1 gm	4
nafcillin sodium for iv soln 2 gm	4
nafcillin sodium for iv soln 10 gm	5
oxacillin sodium for inj 1 gm (base equivalent)	4
oxacillin sodium for inj 2 gm (base equivalent)	4
oxacillin sodium for iv soln 10 gm (base equivalent)	4
PEN G PROC INJ 600000	4
PEN GK/DEXTR INJ 40000/ML	4
PEN GK/DEXTR INJ 60000/ML	4
penicillin g potassium for inj 5000000 unit	4
penicillin g potassium for inj 20000000 unit	4
penicillin g sodium for inj 5000000 unit	4
penicillin v potassium for soln 125 mg/5ml	2
penicillin v potassium for soln 250 mg/5ml	2
penicillin v potassium tab 250 mg	1
penicillin v potassium tab 500 mg	1
pfizerpen	4
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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</i>	4	
<i>doxycycline hyclate cap 50 mg</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	3	
<i>doxycycline hyclate tab 100 mg</i>	3	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	3	
<i>doxycycline monohydrate tab 100 mg</i>	3	
<i>minocycline hcl cap 50 mg</i>	3	
<i>minocycline hcl cap 75 mg</i>	3	
<i>minocycline hcl cap 100 mg</i>	3	
<i>NUZYRA INJ 100MG</i>	5	NM, LA
<i>NUZYRA TAB 150MG</i>	5	NM, LA
<i>tetracycline hcl cap 250 mg</i>	4	PA
<i>tetracycline hcl cap 500 mg</i>	4	PA
<i>tigecycline for iv soln 50 mg</i>	4	
<i>TIGECYCLINE INJ 50MG</i>	5	

### **ANTINEOPLASTIC AGENTS**

#### **ALKYLATING AGENTS**

<i>BENDEKA INJ 100/4ML</i>	5	B/D, NM
<i>carboplatin iv soln 50 mg/5ml</i>	3	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	3	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	3	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	3	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	3	B/D
<i>CYCLOPHOSPH INJ 1GM</i>	5	B/D
<i>CYCLOPHOSPH TAB 25MG</i>	4	B/D
<i>CYCLOPHOSPH TAB 50MG</i>	4	B/D
<i>CYCLOPHOSPHA INJ 2GM/10ML</i>	5	B/D
<i>CYCLOPHOSPHA INJ 500MG</i>	5	B/D
<i>cyclophosphamide cap 25 mg</i>	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cyclophosphamide cap 50 mg	3	B/D
cyclophosphamide for inj 1 gm	5	B/D
cyclophosphamide for inj 2 gm	5	B/D
cyclophosphamide for inj 500 mg	5	B/D
LEUKERAN TAB 2MG	4	
oxaliplatin for iv inj 50 mg	5	B/D
oxaliplatin for iv inj 100 mg	5	B/D
oxaliplatin iv soln 50 mg/10ml	4	B/D
oxaliplatin iv soln 100 mg/20ml	4	B/D
oxaliplatin iv soln 200 mg/40ml	4	B/D
paraplatin	3	B/D

### **ANTIBIOTICS**

adriamycin	4	B/D
doxorubicin hcl inj 2 mg/ml	4	B/D
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	5	B/D
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	4	B/D
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	4	B/D

### **ANTIMETABOLITES**

ALIMTA INJ 100MG	5	B/D
ALIMTA INJ 500MG	5	B/D
azacitidine for inj 100 mg	5	B/D, NM
cytarabine inj 20 mg/ml	3	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	3	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	3	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	3	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	3	B/D
gemcitabine hcl for inj 1 gm	4	B/D
gemcitabine hcl for inj 2 gm	4	B/D
gemcitabine hcl for inj 200 mg	4	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	4	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	4	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	4	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
mercaptopurine tab 50 mg	3	
methotrexate sodium for inj 1 gm	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	3	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	3	B/D
ONUREG TAB 200MG	5	NM, LA, PA
ONUREG TAB 300MG	5	NM, LA, PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	5	B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	5	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	5	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	5	B/D
PURIXAN SUS 20MG/ML	5	NM
TABLOID TAB 40MG	4	

#### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate tab 250 mg</i>	5	NM, PA
<i>abiraterone acetate tab 500 mg</i>	5	NM, PA
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
EMCYT CAP 140MG	5	
ERLEADA TAB 60MG	5	NM, LA, PA
EULEXIN CAP 125MG	5	
<i>exemestane tab 25 mg</i>	4	
<i>flutamide cap 125 mg</i>	3	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	B/D
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LYSODREN TAB 500MG	5	NM
<i>megestrol acetate tab 20 mg</i>	3	
<i>megestrol acetate tab 40 mg</i>	3	
<i>nilutamide tab 150 mg</i>	5	
NUBEQA TAB 300MG	5	NM, LA, PA
ORGOVYX TAB 120MG	5	NM, LA, PA
SOLTAMOX SOL 10MG/5ML	5	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	
TRELSTAR MIX INJ 3.75MG	5	NM, PA
TRELSTAR MIX INJ 11.25MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
XTANDI TAB 40MG	5	NM, LA, PA
XTANDI TAB 80MG	5	NM, LA, PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide cap 5 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 10 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 15 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 20 mg</i>	5	QL (21 caps / 28 days), NM, LA, PA
<i>lenalidomide cap 25 mg</i>	5	QL (21 caps / 28 days), NM, LA, PA
<i>lenalidomide caps 2.5 mg</i>	5	QL (28 caps / 28 days), NM, LA, PA
POMALYST CAP 1MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	5	QL (28 caps / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID CAP 150MG	5	QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	5	QL (56 caps / 28 days), NM, PA
<b>MISCELLANEOUS</b>		
BESREMI SOL 500MCG	5	NM, LA, PA
<i>bexarotene cap 75 mg</i>	5	NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAP 50MG	5	NM, LA
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
WELIREG TAB 40MG	5	NM, LA, PA
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ 100MG	5	B/D, NM
<i>docetaxel for inj conc 20 mg/ml</i>	4	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	B/D
DOCETAXEL INJ 20MG/2ML	5	B/D
DOCETAXEL INJ 80MG/4ML	5	B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
DOCETAXEL INJ 160/8ML	5	B/D
DOCETAXEL INJ 160/16ML	5	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	3	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	B/D
PACLITAXEL INJ 100MG	5	B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>toposar</i>	3	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	4	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	4	B/D

### **MOLECULAR TARGET AGENTS**

AFINITOR DIS TAB 2MG	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
ALUNBRIG TAB 30MG	5	NM, LA, PA
ALUNBRIG TAB 90MG	5	NM, LA, PA
ALUNBRIG TAB 180MG	5	NM, LA, PA
AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
AYVAKIT TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 200MG	5	QL (30 tabs / 30 days), NM, LA, PA
AYVAKIT TAB 300MG	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TAB 3MG	5	NM, LA, PA
BALVERSA TAB 4MG	5	NM, LA, PA
BALVERSA TAB 5MG	5	NM, LA, PA
<i>bortezomib for inj 3.5 mg</i>	5	NM, PA
BORTEZOMIB INJ 1MG	5	NM, PA
BORTEZOMIB INJ 2.5MG	5	NM, PA
BORTEZOMIB INJ 3.5MG	5	NM, PA
BOSULIF TAB 100MG	5	NM, PA
BOSULIF TAB 400MG	5	NM, PA
BOSULIF TAB 500MG	5	NM, PA
BRAFTOVI CAP 75MG	5	NM, LA, PA
BRUKINSA CAP 80MG	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX TAB 20MG	5	QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TAB 100MG	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TAB 100MG	5	NM, LA, PA
CAPRELSA TAB 300MG	5	NM, LA, PA
COMETRIQ (60MG DOSE)	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAP 15MG	5	NM, LA, PA
COPIKTRA CAP 25MG	5	NM, LA, PA
COTELLIC TAB 20MG	5	NM, LA, PA
DAURISMO TAB 25MG	5	NM, LA, PA
DAURISMO TAB 100MG	5	NM, LA, PA
ERIVEDGE CAP 150MG	5	NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 2 mg</i>	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 3 mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus tab for oral susp 5 mg</i>	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAP 40MG	5	NM, LA, PA
FOTIVDA CAP 0.89MG	5	QL (21 caps / 28 days), NM, LA, PA
FOTIVDA CAP 1.34MG	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAP 100MG	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
HERCEPTIN HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN INJ 150MG	5	NM, PA
HERZUMA INJ 150MG	5	NM, PA
HERZUMA INJ 420MG	5	NM, PA
IBRANCE CAP 75MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	5	QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 15MG	5	QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 30MG	5	QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TAB 45MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 50MG	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAP 140MG	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUS 70MG/ML	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TAB 140MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUVICA TAB 280MG	5	QL (30 tabs / 30 days), NM, LA, PA
IMBRUVICA TAB 420MG	5	QL (30 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA TAB 560MG	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TAB 1MG	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	5	NM, LA, PA
IRESSA TAB 250MG	5	NM, LA, PA
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KANJINTI INJ 420MG	5	NM, PA
KANJINTI SOL 150MG	5	NM, PA
KEYTRUDA INJ 100MG/4M	5	NM, PA
KISQALI 200 DOSE	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	NM, PA
LENVIMA CAP 4MG	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA CAP 8 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 10 MG	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA CAP 12MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 20 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LORBRENA TAB 25MG	5	NM, LA, PA
LORBRENA TAB 100MG	5	NM, LA, PA
LUMAKRAS TAB 120MG	5	NM, LA, PA
LYNPARZA TAB 100MG	5	QL (120 tabs / 30 days), NM, LA, PA
LYNPARZA TAB 150MG	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
MEKTOVI TAB 15MG	5	NM, LA, PA
MONJUVI INJ 200MG	5	NM, LA, PA
MVASI INJ 100MG	5	NM, LA, PA
MVASI INJ 400MG	5	NM, LA, PA
NERLYNX TAB 40MG	5	NM, LA, PA
NEXAVAR TAB 200MG	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAP 2.3MG	5	QL (3 caps / 28 days), NM, PA
NINLARO CAP 3MG	5	QL (3 caps / 28 days), NM, PA
NINLARO CAP 4MG	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAP 200MG	5	NM, LA, PA
OGIVRI INJ 150MG	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT INJ 150MG	5	NM, PA
ONTRUZANT INJ 420MG	5	NM, PA
PEMAZYRE TAB 4.5MG	5	NM, LA, PA
PEMAZYRE TAB 9MG	5	NM, LA, PA
PEMAZYRE TAB 13.5MG	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG TAB DOSE	5	NM, PA
QINLOCK TAB 50MG	5	NM, LA, PA
RETEVMO CAP 40MG	5	NM, LA, PA
RETEVMO CAP 80MG	5	NM, LA, PA
RIABNI SOL 100/10ML	5	NM, LA, PA
RIABNI SOL 500/50ML	5	NM, LA, PA
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAP 100MG	5	NM, LA, PA
ROZLYTREK CAP 200MG	5	NM, LA, PA
RUBRACA TAB 200MG	5	QL (120 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RUBRACA TAB 250MG	5	QL (120 tabs / 30 days), NM, LA, PA
RUBRACA TAB 300MG	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE INJ 100/10ML	5	NM, PA
RUXIENCE INJ 500/50ML	5	NM, PA
RYDAPT CAP 25MG	5	NM, PA
SCEMBLIX TAB 20MG	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TAB 40MG	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA
SPRYCEL TAB 70MG	5	NM, PA
SPRYCEL TAB 80MG	5	NM, PA
SPRYCEL TAB 100MG	5	NM, PA
SPRYCEL TAB 140MG	5	NM, PA
STIVARGA TAB 40MG	5	NM, LA, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	5	QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	5	NM, PA
TABRECTA TAB 200MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSO TAB 40MG	5	QL (30 tabs / 30 days), NM, LA, PA
TAGRISSO TAB 80MG	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAP 0.5MG	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAP 0.25MG	5	QL (90 caps / 30 days), NM, LA, PA
TALZENNA CAP 0.75MG	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAP 1MG	5	QL (30 caps / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	NM, PA
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAZVERIK TAB 200MG	5	NM, LA, PA
TECENTRIQ INJ 840/14	5	NM, LA, PA
TECENTRIQ INJ 1200/20	5	NM, LA, PA
TEPMETKO TAB 225MG	5	NM, LA, PA
TIBSOVO TAB 250MG	5	NM, LA, PA
TRAZIMERA INJ 150MG	5	NM, PA
TRAZIMERA INJ 420MG	5	NM, PA
TRUSELTIQ 50 MG DAILY DOSE	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA INJ 100/10ML	5	NM, PA
TRUXIMA INJ 500/50ML	5	NM, PA
TUKYSA TAB 50MG	5	NM, LA, PA
TUKYSA TAB 150MG	5	NM, LA, PA
TURALIO CAP 200MG	5	NM, LA, PA
VELCADE INJ 3.5MG	5	NM, PA
VENCLEXTA TAB 10MG	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TAB 50MG	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TAB 100MG	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TAB 50MG	5	QL (56 tabs / 28 days), NM, LA, PA
VERZENIO TAB 100MG	5	QL (56 tabs / 28 days), NM, LA, PA
VERZENIO TAB 150MG	5	QL (56 tabs / 28 days), NM, LA, PA
VERZENIO TAB 200MG	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAP 25MG	5	NM, LA, PA
VITRAKVI CAP 100MG	5	NM, LA, PA
VITRAKVI SOL 20MG/ML	5	NM, LA, PA
VIZIMPRO TAB 15MG	5	NM, LA, PA
VIZIMPRO TAB 30MG	5	NM, LA, PA
VIZIMPRO TAB 45MG	5	NM, LA, PA
VONJO CAP 100MG	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TAB 200MG	5	NM, LA, PA
XALKORI CAP 200MG	5	NM, LA, PA
XALKORI CAP 250MG	5	NM, LA, PA
XOSPATA TAB 40MG	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY	5	NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPOVIO 40 MG TWICE WEEKLY	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	5	NM, LA, PA
XPOVIO PAK 40MG	5	NM, LA, PA
XPOVIO PAK 60MG	5	NM, LA, PA
XPOVIO PAK 80MG	5	NM, LA, PA
XPOVIO PAK 100MG	5	NM, LA, PA
ZEJULA CAP 100MG	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZIRABEV INJ 100/4ML	5	NM, PA
ZIRABEV INJ 400/16ML	5	NM, PA
ZOLINZA CAP 100MG	5	NM, PA
ZYDELIG TAB 100MG	5	NM, LA, PA
ZYDELIG TAB 150MG	5	NM, LA, PA
ZYKADIA TAB 150MG	5	NM, LA, PA

### **PROTECTIVE AGENTS**

<i>leucovorin calcium for inj 50 mg</i>	4	B/D
<i>leucovorin calcium for inj 100 mg</i>	4	B/D
<i>leucovorin calcium for inj 200 mg</i>	4	B/D
<i>leucovorin calcium for inj 350 mg</i>	4	B/D
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	B/D
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	4	
<i>leucovorin calcium tab 25 mg</i>	4	
MESNEX TAB 400MG	5	

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	

### **ACE INHIBITORS**

benazepril hcl tab 5 mg	1
benazepril hcl tab 10 mg	1
benazepril hcl tab 20 mg	1
benazepril hcl tab 40 mg	1
captopril tab 12.5 mg	1
captopril tab 25 mg	1
captopril tab 50 mg	1
captopril tab 100 mg	1
enalapril maleate tab 2.5 mg	1
enalapril maleate tab 5 mg	1
enalapril maleate tab 10 mg	1
enalapril maleate tab 20 mg	1
fosinopril sodium tab 10 mg	1
fosinopril sodium tab 20 mg	1
fosinopril sodium tab 40 mg	1
lisinopril tab 2.5 mg	1
lisinopril tab 5 mg	1
lisinopril tab 10 mg	1
lisinopril tab 20 mg	1
lisinopril tab 30 mg	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

#### **ALDOSTERONE RECEPTOR ANTAGONISTS**

<i>eplerenone tab 25 mg</i>	3	
<i>eplerenone tab 50 mg</i>	3	
<i>KERENDIA TAB 10MG</i>	3	QL (30 tabs / 30 days)
<i>KERENDIA TAB 20MG</i>	3	QL (30 tabs / 30 days)
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	

#### **ALPHA BLOCKERS**

<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	3	
<i>prazosin hcl cap 2 mg</i>	3	
<i>prazosin hcl cap 5 mg</i>	3	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	2	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	2	

#### **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	3	
<i>ENTRESTO TAB 49-51MG</i>	3	
<i>ENTRESTO TAB 97-103MG</i>	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartanamlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartanhydrochlorothiazide tab 40- 12.5 mg	1	QL (30 tabs / 30 days)
telmisartanhydrochlorothiazide tab 80- 12.5 mg	1	QL (60 tabs / 30 days)
telmisartanhydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartanhydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

candesartancilexetil tab 4 mg	1	QL (60 tabs / 30 days)
candesartancilexetil tab 8 mg	1	QL (60 tabs / 30 days)
candesartancilexetil tab 16 mg	1	QL (60 tabs / 30 days)
candesartancilexetil tab 32 mg	1	QL (30 tabs / 30 days)
irbesartantab 75 mg	1	QL (30 tabs / 30 days)
irbesartantab 150 mg	1	QL (30 tabs / 30 days)
irbesartantab 300 mg	1	QL (30 tabs / 30 days)
losartanpotassium tab 25 mg	1	
losartanpotassium tab 50 mg	1	
losartanpotassium tab 100 mg	1	
olmesartanmedoxomil tab 5 mg	1	QL (60 tabs / 30 days)
olmesartanmedoxomil tab 20 mg	1	QL (30 tabs / 30 days)
olmesartanmedoxomil tab 40 mg	1	QL (30 tabs / 30 days)
telmisartantab 20 mg	1	QL (30 tabs / 30 days)
telmisartantab 40 mg	1	QL (30 tabs / 30 days)
telmisartantab 80 mg	1	QL (30 tabs / 30 days)
valsartantab 40 mg	1	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsartan tab 80 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tabs / 30 days)

### **ANTIARRHYTHMICS**

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	4	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	4	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	4	
<i>amiodarone hcl tab 100 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	4	
<i>disopyramide phosphate cap 100 mg</i>	4	
<i>disopyramide phosphate cap 150 mg</i>	4	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	NM
<i>flecainide acetate tab 50 mg</i>	3	
<i>flecainide acetate tab 100 mg</i>	3	
<i>flecainide acetate tab 150 mg</i>	3	
<i>MULTAQ TAB 400MG</i>	4	
<i>NORPACE CAP 100MG CR</i>	4	
<i>NORPACE CAP 150MG CR</i>	4	
<i>pacerone</i>	1	
<i>pacerone</i>	4	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	3	
<i>propafenone hcl tab 225 mg</i>	3	
<i>propafenone hcl tab 300 mg</i>	3	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	3	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	

### **ANTILIPEMICS, FIBRATES**

<i>fenofibrate micronized cap 67 mg</i>	3	
<i>fenofibrate micronized cap 134 mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate micronized cap 200 mg</i>	3	
<i>fenofibrate tab 48 mg</i>	3	
<i>fenofibrate tab 54 mg</i>	3	
<i>fenofibrate tab 145 mg</i>	3	
<i>fenofibrate tab 160 mg</i>	3	
<i>gemfibrozil tab 600 mg</i>	1	

#### ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS***

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QL (30 tabs / 30 days)
<i>lovastatin tab 10 mg</i>	1	QL (60 tabs / 30 days)
<i>lovastatin tab 20 mg</i>	1	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)

#### ***ANTILIPEMICS, MISCELLANEOUS***

<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	
<i>colesevelam hcl tab 625 mg</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
<i>ezetimibe tab 10 mg</i>	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
niacin tab er 500 mg (antihyperlipidemic)	3	QL (60 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	3	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	3	QL (60 tabs / 30 days)
PRALUENT INJ 75MG/ML	3	NM, PA
PRALUENT INJ 150MG/ML	3	NM, PA
prevalite	3	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	

### **BETA-BLOCKER/DIURETIC COMBINATIONS**

atenolol & chlorthalidone tab 50-25 mg	2
atenolol & chlorthalidone tab 100-25 mg	2
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2
metoprolol & hydrochlorothiazide tab 50-25 mg	3
metoprolol & hydrochlorothiazide tab 100-25 mg	3
metoprolol & hydrochlorothiazide tab 100-50 mg	3

### **BETA-BLOCKERS**

acebutolol hcl cap 200 mg	3
acebutolol hcl cap 400 mg	3
atenolol tab 25 mg	1
atenolol tab 50 mg	1
atenolol tab 100 mg	1
betaxolol hcl tab 10 mg	3
betaxolol hcl tab 20 mg	3
bisoprolol fumarate tab 5 mg	2
bisoprolol fumarate tab 10 mg	2
carvedilol tab 3.125 mg	1
carvedilol tab 6.25 mg	1
carvedilol tab 12.5 mg	1
carvedilol tab 25 mg	1
labetalol hcl tab 100 mg	3
labetalol hcl tab 200 mg	3
labetalol hcl tab 300 mg	3
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	2
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	4	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	3	
<i>nadolol tab 40 mg</i>	3	
<i>nadolol tab 80 mg</i>	3	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	4	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	4	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	4	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	4	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>propranolol hcl cap er 24hr 60 mg</i>	3	
<i>propranolol hcl cap er 24hr 80 mg</i>	3	
<i>propranolol hcl cap er 24hr 120 mg</i>	3	
<i>propranolol hcl cap er 24hr 160 mg</i>	3	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	3	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	4	
<i>timolol maleate tab 10 mg</i>	4	
<i>timolol maleate tab 20 mg</i>	4	

#### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1
<i>cartia xt</i>	2
<i>dilt-xr</i>	3
<i>diltiazem hcl cap er 12hr 60 mg</i>	4
<i>diltiazem hcl cap er 12hr 90 mg</i>	4
<i>diltiazem hcl cap er 12hr 120 mg</i>	4
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	4	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	3	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	3	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	3	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
isradipine cap 2.5 mg	3	
isradipine cap 5 mg	3	
nicardipine hcl cap 20 mg	4	
nicardipine hcl cap 30 mg	4	
nifedipine tab er 24hr 30 mg	3	
nifedipine tab er 24hr 60 mg	3	
nifedipine tab er 24hr 90 mg	3	
nifedipine tab er 24hr osmotic release 30 mg	3	
nifedipine tab er 24hr osmotic release 60 mg	3	
nifedipine tab er 24hr osmotic release 90 mg	3	
nimodipine cap 30 mg	4	
NYMALIZE SOL	5	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
taztia xt	2
tiadylt er	2
verapamil hcl cap er 24hr 100 mg	4
verapamil hcl cap er 24hr 120 mg	3
verapamil hcl cap er 24hr 180 mg	3
verapamil hcl cap er 24hr 200 mg	4
verapamil hcl cap er 24hr 240 mg	3
verapamil hcl cap er 24hr 300 mg	4
verapamil hcl cap er 24hr 360 mg	4
verapamil hcl iv soln 2.5 mg/ml	4
verapamil hcl tab 40 mg	1
verapamil hcl tab 80 mg	1
verapamil hcl tab 120 mg	1
verapamil hcl tab er 120 mg	2
verapamil hcl tab er 180 mg	2
verapamil hcl tab er 240 mg	2

### **DIURETICS**

acetazolamide cap er 12hr 500 mg	4
acetazolamide tab 125 mg	3
acetazolamide tab 250 mg	3
amiloride & hydrochlorothiazide tab 5-50 mg	2
amiloride hcl tab 5 mg	2
bumetanide inj 0.25 mg/ml	3
bumetanide tab 0.5 mg	3
bumetanide tab 1 mg	3
bumetanide tab 2 mg	3
chlorthalidone tab 25 mg	2
chlorthalidone tab 50 mg	2
furosemide inj	3
furosemide oral soln 8 mg/ml	2
furosemide oral soln 10 mg/ml	2
furosemide tab 20 mg	1
furosemide tab 40 mg	1
furosemide tab 80 mg	1
hydrochlorothiazide cap 12.5 mg	1
hydrochlorothiazide tab 12.5 mg	1
hydrochlorothiazide tab 25 mg	1
hydrochlorothiazide tab 50 mg	1
indapamide tab 1.25 mg	2
indapamide tab 2.5 mg	2
methazolamide tab 25 mg	4
methazolamide tab 50 mg	4
metolazone tab 2.5 mg	3
metolazone tab 5 mg	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone tab 10 mg</i>	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide tab 5 mg</i>	2	
<i>torsemide tab 10 mg</i>	2	
<i>torsemide tab 20 mg</i>	2	
<i>torsemide tab 100 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>ADRENALIN INJ 1MG/ML</i>	4	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	4	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	4	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
<i>CORLANOR SOL 5MG/5ML</i>	4	
<i>CORLANOR TAB 5MG</i>	4	
<i>CORLANOR TAB 7.5MG</i>	4	
<i>digitek</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	4	
<i>digoxin oral soln 0.05 mg/ml</i>	4	
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa cap 200 mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>droxidopa cap 300 mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl tab 1 mg</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	4	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydralazine hcl tab 50 mg	2	
hydralazine hcl tab 100 mg	2	
metyrosine cap 250 mg	5	PA
midodrine hcl tab 2.5 mg	3	
midodrine hcl tab 5 mg	3	
midodrine hcl tab 10 mg	4	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
ranolazine tab er 12hr 500 mg	4	
ranolazine tab er 12hr 1000 mg	4	
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	

### **NITRATES**

isosorbide dinitrate tab 5 mg	3	
isosorbide dinitrate tab 10 mg	3	
isosorbide dinitrate tab 20 mg	3	
isosorbide dinitrate tab 30 mg	3	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	2	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-BID OIN 2%	3	
nitroglycerin sl tab 0.3 mg	3	
nitroglycerin sl tab 0.4 mg	3	
nitroglycerin sl tab 0.6 mg	3	
nitroglycerin td patch 24hr 0.1 mg/hr	3	
nitroglycerin td patch 24hr 0.2 mg/hr	3	
nitroglycerin td patch 24hr 0.4 mg/hr	3	
nitroglycerin td patch 24hr 0.6 mg/hr	3	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	

### **PULMONARY ARTERIAL HYPERTENSION**

ADEMPAS TAB 0.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	QL (90 tabs / 30 days), NM, LA, PA
ambrisentan tab 5 mg	5	QL (30 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ambrisentan tab 10 mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
<i>OPSUMIT TAB 10MG</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	NM, LA, PA
<i>VENTAVIS SOL 10MCG/ML</i>	5	NM, PA
<i>VENTAVIS SOL 20MCG/ML</i>	5	NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTIANXIETY**

<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	3	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	3	
<i>fluvoxamine maleate tab 25 mg</i>	3	
<i>fluvoxamine maleate tab 50 mg</i>	3	
<i>fluvoxamine maleate tab 100 mg</i>	3	
<i>lorazepam conc 2 mg/ml</i>	3	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 30 days)

### **ANTICONVULSANTS**

<i>APTIOM TAB 200MG</i>	5	QL (60 tabs / 30 days)
<i>APTIOM TAB 400MG</i>	5	QL (60 tabs / 30 days)
<i>APTIOM TAB 600MG</i>	5	QL (60 tabs / 30 days)
<i>APTIOM TAB 800MG</i>	5	QL (60 tabs / 30 days)
<i>BRIVIACT INJ 50MG/5ML</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRIVIACT SOL 10MG/ML	5	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	5	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	5	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	4	
<i>carbamazepine cap er 12hr 200 mg</i>	4	
<i>carbamazepine cap er 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab 200 mg</i>	3	
<i>carbamazepine tab er 12hr 100 mg</i>	4	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	4	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	4	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	4	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clorazepate dipotassium tab 15 mg</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAP 250MG	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAP 500MG	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PAK 250MG	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PAK 500MG	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam conc 5 mg/ml</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj</i>	4	
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	4	
<i>diazepam rectal gel delivery system 10 mg</i>	4	
<i>diazepam rectal gel delivery system 20 mg</i>	4	
<i>diazepam tab 2 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium tab delayed release 125 mg</i>	3	
<i>divalproex sodium tab delayed release 250 mg</i>	3	
<i>divalproex sodium tab delayed release 500 mg</i>	3	
<i>divalproex sodium tab er 24 hr 250 mg</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg</i>	3	
EPIDIOLEX SOL 100MG/ML	5	QL (600 mL / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epitol</i>	3	
EPRONTIA SOL 25MG/ML	4	
<i>ethosuximide cap 250 mg</i>	4	
<i>ethosuximide soln 250 mg/5ml</i>	3	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FINTEPLA SOL 2.2MG/ML	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUS 0.5MG/ML	5	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	2	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	3	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	3	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	5	
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	4	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	4	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	4	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	4	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	3	
<i>lamotrigine tab chewable dispersible 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
lamotrigine tab er 24hr 250 mg	4	
lamotrigine tab er 24hr 300 mg	4	
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
levetiracetam oral soln 100 mg/ml	3	
levetiracetam tab 250 mg	3	
levetiracetam tab 500 mg	3	
levetiracetam tab 750 mg	3	
levetiracetam tab 1000 mg	3	
levetiracetam tab er 24hr 500 mg	3	
levetiracetam tab er 24hr 750 mg	3	
NAYZILAM SPR 5MG	4	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg	3	
oxcarbazepine tab 300 mg	3	
oxcarbazepine tab 600 mg	3	
phenobarbital elixir 20 mg/5ml	4	PA; PA if 70 years and older
phenobarbital sodium inj 65 mg/ml	4	PA; PA if 70 years and older
phenobarbital sodium inj 130 mg/ml	4	PA; PA if 70 years and older
phenobarbital tab 15 mg	3	PA; PA if 70 years and older
phenobarbital tab 16.2 mg	3	PA; PA if 70 years and older
phenobarbital tab 30 mg	3	PA; PA if 70 years and older
phenobarbital tab 32.4 mg	3	PA; PA if 70 years and older
phenobarbital tab 60 mg	3	PA; PA if 70 years and older
phenobarbital tab 64.8 mg	3	PA; PA if 70 years and older
phenobarbital tab 97.2 mg	3	PA; PA if 70 years and older
phenobarbital tab 100 mg	3	PA; PA if 70 years and older
PHENYTEK CAP 200MG	4	
PHENYTEK CAP 300MG	4	
phenytoin chew tab 50 mg	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin sodium extended cap 100 mg</i>	3	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin sodium inj 50 mg/ml</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>pregabalin cap 25 mg</i>	3	QL (120 caps / 30 days)
<i>pregabalin cap 50 mg</i>	3	QL (120 caps / 30 days)
<i>pregabalin cap 75 mg</i>	3	QL (120 caps / 30 days)
<i>pregabalin cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>pregabalin cap 150 mg</i>	3	QL (120 caps / 30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	4	QL (900 mL / 30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra</i>	3	
<i>rufinamide susp 40 mg/ml</i>	5	QL (2300 mL / 28 days), PA
<i>rufinamide tab 200 mg</i>	5	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	5	QL (240 tabs / 30 days), PA
<i>SPRITAM TAB 250MG</i>	4	QL (360 tabs / 30 days)
<i>SPRITAM TAB 500MG</i>	4	QL (180 tabs / 30 days)
<i>SPRITAM TAB 750MG</i>	4	QL (120 tabs / 30 days)
<i>SPRITAM TAB 1000MG</i>	4	QL (90 tabs / 30 days)
<i>subvenite</i>	1	
<i>SYMPAZAN MIS 5MG</i>	4	QL (60 films / 30 days), PA
<i>SYMPAZAN MIS 10MG</i>	5	QL (60 films / 30 days), PA
<i>SYMPAZAN MIS 20MG</i>	5	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg</i>	3	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	3	
<i>valproic acid cap 250 mg</i>	3	
VALTOCO SPR 5MG	4	
VALTOCO SPR 10MG	4	
VALTOCO SPR 15MG	4	
VALTOCO SPR 20MG	4	
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadron</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
XCOPRI TAB 50MG	5	QL (90 tabs / 30 days)
XCOPRI TAB 100MG	5	QL (60 tabs / 30 days)
XCOPRI TAB 150MG	5	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	5	QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	4	QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
ZTALMY SUS 50MG/ML	5	QL (1100 mL / 30 days), NM, LA, PA

#### **ANTIDEMENTIA**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
galantamine hydrobromide tab 4 mg	3	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	3	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	3	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 14 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	4	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	4	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	4	PA; PA if < 30 yrs
memantine hcl tab 5 mg	3	PA; PA if < 30 yrs
memantine hcl tab 10 mg	3	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine tartrate cap 1.5 mg (base equivalent)	3	QL (90 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	3	QL (90 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	3	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	3	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)

### **ANTIDEPRESSANTS**

amitriptyline hcl tab 10 mg	3
amitriptyline hcl tab 25 mg	3
amitriptyline hcl tab 50 mg	3
amitriptyline hcl tab 75 mg	3
amitriptyline hcl tab 100 mg	3
amitriptyline hcl tab 150 mg	3
amoxapine tab 25 mg	3
amoxapine tab 50 mg	3
amoxapine tab 100 mg	3
amoxapine tab 150 mg	3
bupropion hcl tab 75 mg	3
bupropion hcl tab 100 mg	3
bupropion hcl tab er 12hr 100 mg	3
bupropion hcl tab er 12hr 150 mg	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
bupropion hcl tab er 12hr 200 mg	3	
bupropion hcl tab er 24hr 150 mg	3	
bupropion hcl tab er 24hr 300 mg	3	
citalopram hydrobromide oral soln 10 mg/5ml	3	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
clomipramine hcl cap 25 mg	4	PA
clomipramine hcl cap 50 mg	4	PA
clomipramine hcl cap 75 mg	4	PA
desipramine hcl tab 10 mg	4	
desipramine hcl tab 25 mg	4	
desipramine hcl tab 50 mg	4	
desipramine hcl tab 75 mg	4	
desipramine hcl tab 100 mg	4	
desipramine hcl tab 150 mg	4	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	4	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	4	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	4	QL (30 tabs / 30 days), PA
doxepin hcl cap 10 mg	3	
doxepin hcl cap 25 mg	3	
doxepin hcl cap 50 mg	3	
doxepin hcl cap 75 mg	3	
doxepin hcl cap 100 mg	3	
doxepin hcl cap 150 mg	4	
doxepin hcl conc 10 mg/ml	3	
DRIZALMA CAP 20MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 40MG DR	4	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	4	QL (60 caps / 30 days), PA
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	3	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	3	QL (60 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	3	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMSAM DIS 6MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	2	
<i>fluoxetine hcl solution 20 mg/5ml</i>	3	
<i>imipramine hcl tab 10 mg</i>	2	
<i>imipramine hcl tab 25 mg</i>	2	
<i>imipramine hcl tab 50 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	3	
<i>mirtazapine orally disintegrating tab 30 mg</i>	3	
<i>mirtazapine orally disintegrating tab 45 mg</i>	3	
<i>mirtazapine tab 7.5 mg</i>	3	
<i>mirtazapine tab 15 mg</i>	2	
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	4	
<i>nefazodone hcl tab 100 mg</i>	4	
<i>nefazodone hcl tab 150 mg</i>	4	
<i>nefazodone hcl tab 200 mg</i>	4	
<i>nefazodone hcl tab 250 mg</i>	4	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	3	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	3	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	3	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 10 mg</i>	4	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	4	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	4	QL (30 tabs / 30 days)

#### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	3	
<i>amantadine hcl tab 100 mg</i>	4	
<i>benztropine mesylate inj 1 mg/ml</i>	4	
<i>benztropine mesylate tab 0.5 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	
<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 &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	3	
<i>carbidopa &amp; 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 tab 200 mg</i>	4	
KYNMOBI MIS 10MG	5	QL (150 films / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KYNMOBI MIS 15MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 20MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 25MG	5	QL (150 films / 30 days), NM, PA
KYNMOBI MIS 30MG	5	QL (150 films / 30 days), NM, PA
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	4	QL (60 tabs / 30 days)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older

#### **ANTIPSYCHOTICS**

ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	5	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
aripiprazole orally disintegrating tab 10 mg	4	QL (60 tabs / 30 days)
aripiprazole orally disintegrating tab 15 mg	4	QL (60 tabs / 30 days)
aripiprazole tab 2 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	4	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	4	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	5	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	5	
asenapine maleate sl tab 2.5 mg (base equiv)	4	QL (60 tabs / 30 days)
asenapine maleate sl tab 5 mg (base equiv)	4	QL (60 tabs / 30 days)
asenapine maleate sl tab 10 mg (base equiv)	4	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	4	QL (30 caps / 30 days), PA
CAPLYTA CAP 21MG	4	QL (30 caps / 30 days), PA
CAPLYTA CAP 42MG	4	QL (30 caps / 30 days), PA
CHLORPROMAZI CON 30MG/ML	4	
CHLORPROMAZI CON 100MG/ML	4	
chlorpromazine hcl inj 25 mg/ml	4	
chlorpromazine hcl inj 50 mg/2ml	4	
chlorpromazine hcl tab 10 mg	4	
chlorpromazine hcl tab 25 mg	4	
chlorpromazine hcl tab 50 mg	4	
chlorpromazine hcl tab 100 mg	4	
chlorpromazine hcl tab 200 mg	4	
clozapine orally disintegrating tab 12.5 mg	4	PA
clozapine orally disintegrating tab 25 mg	4	PA
clozapine orally disintegrating tab 100 mg	4	QL (270 tabs / 30 days), PA
clozapine orally disintegrating tab 150 mg	4	QL (180 tabs / 30 days), PA
clozapine orally disintegrating tab 200 mg	5	QL (135 tabs / 30 days), PA
clozapine tab 25 mg	3	
clozapine tab 50 mg	3	
clozapine tab 100 mg	4	QL (270 tabs / 30 days)
clozapine tab 200 mg	4	QL (135 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT PAK	4	PA
FANAPT TAB 1MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	5	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	5	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	4	
<i>fluphenazine hcl tab 1 mg</i>	4	
<i>fluphenazine hcl tab 2.5 mg</i>	4	
<i>fluphenazine hcl tab 5 mg</i>	4	
<i>fluphenazine hcl tab 10 mg</i>	4	
<i>haloperidol decanoate im soln 50 mg/ml</i>	3	
<i>haloperidol decanoate im soln 100 mg/ml</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml</i>	3	
<i>haloperidol tab 0.5 mg</i>	3	
<i>haloperidol tab 1 mg</i>	3	
<i>haloperidol tab 2 mg</i>	3	
<i>haloperidol tab 5 mg</i>	3	
<i>haloperidol tab 10 mg</i>	3	
<i>haloperidol tab 20 mg</i>	3	
INVEGA SUST INJ 39/0.25	4	QL (1 syringe / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	5	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	5	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	5	QL (1 syringe / 90 days)
LATUDA TAB 20MG	4	QL (30 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (30 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	3	
<i>loxapine succinate cap 10 mg</i>	3	
<i>loxapine succinate cap 25 mg</i>	3	
<i>loxapine succinate cap 50 mg</i>	3	
<i>molindone hcl tab 5 mg</i>	4	
<i>molindone hcl tab 10 mg</i>	4	
<i>molindone hcl tab 25 mg</i>	4	
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	4	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	4	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	3	
<i>perphenazine tab 4 mg</i>	3	
<i>perphenazine tab 8 mg</i>	3	
<i>perphenazine tab 16 mg</i>	3	
PERSERIS INJ 90MG	5	QL (1 syringe / 30 days)
PERSERIS INJ 120MG	5	QL (1 syringe / 30 days)
<i>pimozide tab 1 mg</i>	4	
<i>pimozide tab 2 mg</i>	4	
<i>quetiapine fumarate tab 25 mg</i>	3	
<i>quetiapine fumarate tab 50 mg</i>	3	
<i>quetiapine fumarate tab 100 mg</i>	3	
<i>quetiapine fumarate tab 150 mg</i>	3	
<i>quetiapine fumarate tab 200 mg</i>	3	
<i>quetiapine fumarate tab 300 mg</i>	3	
<i>quetiapine fumarate tab 400 mg</i>	3	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	4	QL (30 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	QL (60 tabs / 30 days), PA
<i>REXULTI TAB 0.5MG</i>	4	QL (60 tabs / 30 days)
<i>REXULTI TAB 0.25MG</i>	4	QL (60 tabs / 30 days)
<i>REXULTI TAB 1MG</i>	4	QL (60 tabs / 30 days)
<i>REXULTI TAB 2MG</i>	4	QL (60 tabs / 30 days)
<i>REXULTI TAB 3MG</i>	4	QL (30 tabs / 30 days)
<i>REXULTI TAB 4MG</i>	4	QL (30 tabs / 30 days)
<i>RISPERDAL INJ 12.5MG</i>	4	QL (2 injections / 28 days)
<i>RISPERDAL INJ 25MG</i>	4	QL (2 injections / 28 days)
<i>RISPERDAL INJ 37.5MG</i>	5	QL (2 injections / 28 days)
<i>RISPERDAL INJ 50MG</i>	5	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	3	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
<i>SECUADO DIS 3.8MG</i>	4	QL (30 patches / 30 days)
<i>SECUADO DIS 5.7MG</i>	4	QL (30 patches / 30 days)
<i>SECUADO DIS 7.6MG</i>	4	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	3	
<i>thioridazine hcl tab 25 mg</i>	3	
<i>thioridazine hcl tab 50 mg</i>	3	
<i>thioridazine hcl tab 100 mg</i>	3	
<i>thiothixene cap 1 mg</i>	4	
<i>thiothixene cap 2 mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thiothixene cap 5 mg</i>	4	
<i>thiothixene cap 10 mg</i>	4	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	3	
VERSACLOZ SUS 50MG/ML	5	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	
VRAYLAR CAP 1.5MG	5	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	5	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	4	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), NM, PA

#### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	3	QL (90 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl tab er 10 mg</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	4	QL (90 tabs / 30 days), PA
<b>HYPNOTICS</b>		
<i>BELSOMRA TAB 5MG</i>	4	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 10MG</i>	4	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 15MG</i>	4	QL (30 tabs / 30 days)
<i>BELSOMRA TAB 20MG</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	3	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>HETLIOZ CAP 20MG</i>	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam cap 7.5 mg</i>	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 30 mg</i>	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon cap 5 mg</i>	3	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zaleplon cap 10 mg</i>	3	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

## **MIGRAINE**

<i>AIMOVIG INJ 70MG/ML</i>	3	QL (1 pen / 30 days), NM, PA
<i>AIMOVIG INJ 140MG/ML</i>	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>NURTEC TAB 75MG ODT</i>	5	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	5	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	4	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO TAB 6MG	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), NM, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
INGREZZA CAP 40MG	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 60MG	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 80MG	5	QL (30 caps / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin tab er 24hr 82.5 mg</i>	4	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 165 mg</i>	4	QL (60 tabs / 30 days), PA
<i>pregabalin tab er 24hr 330 mg</i>	4	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	3	
<i>riluzole tab 50 mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
tetrabenazine tab 12.5 mg	5	QL (90 tabs / 30 days), NM, PA
tetrabenazine tab 25 mg	5	QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA
dalfampridine tab er 12hr 10 mg	3	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
glatiramer acetate soln prefilled syringe 20 mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatiramer acetate soln prefilled syringe 40 mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa	5	QL (12 syringes / 28 days), NM, PA
glatopa	5	QL (30 syringes / 30 days), NM, PA
KESIMPTA INJ 20/.4ML	5	QL (16 pens / year), NM, LA, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
baclofen tab 10 mg	3	
baclofen tab 20 mg	3	
carisoprodol tab 350 mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl tab 5 mg	3	PA; PA if 70 years and older
cyclobenzaprine hcl tab 10 mg	3	PA; PA if 70 years and older
dantrolene sodium cap 25 mg	4	
dantrolene sodium cap 50 mg	4	
dantrolene sodium cap 100 mg	4	
methocarbamol tab 500 mg	3	PA; PA if 70 years and older
methocarbamol tab 750 mg	3	PA; PA if 70 years and older
tizanidine hcl tab 2 mg (base equivalent)	2	
tizanidine hcl tab 4 mg (base equivalent)	2	
vanadom	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<b>NARCOLEPSY/CATAPLEXY</b>		
armodafinil tab 50 mg	3	QL (90 tabs / 30 days), PA
armodafinil tab 150 mg	3	QL (30 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>armodafinil tab 200 mg</i>	3	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	3	QL (30 tabs / 30 days), PA
<i>XYREM SOL 500MG/ML</i>	5	QL (540 mL / 30 days), NM, LA, PA

**PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	
<i>CHANTIX TAB 0.5&amp; 1MG</i>	4	
<i>disulfiram tab 250 mg</i>	3	
<i>disulfiram tab 500 mg</i>	3	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	3	
<i>NICOTROL INH</i>	4	
<i>NICOTROL NS SPR 10MG/ML</i>	4	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	4	
<i>VIVITROL INJ 380MG</i>	5	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ENDOCRINE AND METABOLIC</b>		
<b><u>ANDROGENS</u></b>		
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	3	QL (120 tabs / 30 days), PA
<i>oxandrolone tab 10 mg</i>	4	QL (60 tabs / 30 days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	QL (300 gm / 30 days), PA
<b><u>ANTIDIABETICS</u></b>		
<i>acarbose tab 25 mg</i>	3	
<i>acarbose tab 50 mg</i>	3	
<i>acarbose tab 100 mg</i>	3	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FARXIGA TAB 5MG	3	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl</i>	1	QL (90 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE)	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE)	3	QL (2 pens / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	3	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

### ***ANTIDIABETICS, INSULINS***

BASAGLAR INJ 100UNIT	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	
HUMULIN R INJ U-500	5	B/D
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES:	3	
BD/ULTIMED/ALLISON/TRIVIDIA/MHC		
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUCH	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	(brand RELION not covered)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG INJ PENFILL	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
PEN NEEDLES:	3	
NOVO/BD/ULTIMED/OWEN/TRIVIDIA		
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

### **CALCIUM REGULATORS**

<i>alendronate sodium oral soln 70 mg/75ml</i>	4	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) spray</i>	3	B/D
<i>FORTEO INJ 600/2.4</i>	5	NM, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	3	B/D
<i>NATPARA INJ 25MCG</i>	5	NM, PA
<i>NATPARA INJ 50MCG</i>	5	NM, PA
<i>NATPARA INJ 75MCG</i>	5	NM, PA
<i>NATPARA INJ 100MCG</i>	5	NM, PA
<i>pamidronate disodium for inj 30 mg</i>	3	B/D
<i>pamidronate disodium for inj 90 mg</i>	3	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	3	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	3	B/D
<i>PAMIDRONATE INJ 6MG/ML</i>	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLIA INJ 60MG/ML	4	QL (1 syringe / 180 days), NM
risedronate sodium tab 5 mg	3	
risedronate sodium tab 35 mg	3	
risedronate sodium tab 150 mg	3	
risedronate sodium tab delayed release 35 mg	4	
XGEVA INJ	5	NM, PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	B/D, NM
zoledronic acid iv soln 4 mg/100ml	4	B/D, NM
zoledronic acid iv soln 5 mg/100ml	4	B/D, NM
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	4	
deferasirox granules packet 90 mg	5	NM, PA
deferasirox granules packet 180 mg	5	NM, PA
deferasirox granules packet 360 mg	5	NM, PA
deferasirox tab 90 mg	5	NM, PA
deferasirox tab 180 mg	5	NM, PA
deferasirox tab 360 mg	5	NM, PA
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
penicillamine tab 250 mg	5	NM
sodium polystyrene sulfonate powder sps	3	
trientine hcl cap 250 mg	5	NM, PA
VELTASSA POW 8.4GM	3	
VELTASSA POW 16.8GM	3	
VELTASSA POW 25.2GM	3	
<b>CONTRACEPTIVES</b>		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethia	3	
apri	2	
aranelle	3	
ashlyna	3	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
azurette	3
balziva	3
blisovi 24 fe	3
blisovi fe 1.5/30	2
briellyn	3
camila	2
camrese	3
camrese lo	3
chateal	2
cryselle-28	2
cyred eq	2
dasetta 1/35	2
dasetta 7/7/7	2
daysee	3
deblitane	2
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	4
drospirenone-ethinyl estradiol tab 3-0.02 mg	3
drospirenone-ethinyl estradiol tab 3-0.03 mg	3
elinest	2
ELLA TAB 30MG	3
eluryng	4
emoquette	2
enpresse-28	2
enskyce	2
errin	2
estarrylla	2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4
falmina	2
femynor	2
finzala chw fe 1/20	4
hailey 1.5/30	2
hailey 24 fe	3
heather	2
iclevia	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>incassia</i>	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
<i>junel fe 1.5/30</i>	2
<i>junel fe 1/20</i>	2
<i>junel fe 24</i>	3
<i>kaitlib fe chw</i>	4
<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 24 fe</i>	3
<i>larin fe 1.5/30</i>	2
<i>larin fe 1/20</i>	2
<i>larissia tab</i>	2
<i>layolis fe</i>	4
<i>leena</i>	3
<i>lessina</i>	2
<i>levonest</i>	2
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>	3
<i>mg &amp;eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	3
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3
<i>levonorgestrel &amp; ethynodiol (91-day) tab 0.15-0.03 mg</i>	3
<i>levonorgestrel &amp; ethynodiol tab 0.1 mg-20 mcg</i>	2
<i>levonorgestrel &amp; ethynodiol 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

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

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>loryna</i>	3
<i>low-ogestrel</i>	2
<i>lutra</i>	2
<i>lyeq</i>	2
<i>lyza</i>	2
<i>marlissa</i>	2
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	3
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	3
<i>micrgstin 24 tab fe 1/20</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
<i>mono-linyah</i>	2
<i>necon 0.5/35-28</i>	2
<i>nikki</i>	3
<i>nora-be</i>	2
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	4
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	4
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	4
<i>norethindrone tab 0.35 mg</i>	2
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2
<i>norlyroc</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

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>nylia</i> 7/7/7	2
<i>nylia tab</i> 1/35	2
<i>nymyo tab</i> 0.25-35	2
<i>ocella</i>	3
<i>orsythia tab</i>	2
<i>philith</i>	3
<i>pimtrea</i>	3
<i>pirmella</i> 1/35	2
<i>portia</i> -28	2
<i>reclipsen</i>	2
<i>rivilsa</i>	3
<i>setlakin</i>	3
<i>sharobel</i>	2
<i>simliya</i>	3
<i>simpesse</i>	3
<i>sprintec</i> 28	2
<i>sronyx</i>	2
<i>syeda</i>	3
<i>tarina</i> 24 fe	3
<i>tarina fe</i> 1/20 eq	2
<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 tab</i>	2
<i>tri-sprintec</i>	2
<i>tri-vylibra</i>	2
<i>tri-vylibra lo</i>	3
<i>trivora</i> -28	2
<i>tydemy</i>	4
<i>velivet</i>	2
<i>vestura tab</i> 3-0.02mg	3
<i>vienva</i>	2
<i>viorele</i>	3
<i>vyfemla</i>	3
<i>vylibra</i>	2
<i>wera</i>	2
<i>wymzya fe</i>	3
<i>xulane</i>	4
<i>zafemy dis</i> 150/35	4

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

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
zovia 1/35e	2
zumandimine	3
<b>ENDOMETRIOSIS</b>	
danazol cap 50 mg	4
danazol cap 100 mg	4
danazol cap 200 mg	4
SYNAREL SOL 2MG/ML	5
<b>ESTROGENS</b>	
amabelz	3
DELESTROGEN INJ 10MG/ML	4
dotti	3
estradiol & norethindrone acetate tab 0.5-0.1 mg	3
estradiol & norethindrone acetate tab 1-0.5 mg	3
estradiol tab 0.5 mg	2
estradiol tab 1 mg	2
estradiol tab 2 mg	2
estradiol td patch twice weekly 0.1 mg/24hr	3
estradiol td patch twice weekly 0.05 mg/24hr	3
estradiol td patch twice weekly 0.025 mg/24hr	3
estradiol td patch twice weekly 0.075 mg/24hr	3
estradiol td patch weekly 0.1 mg/24hr	3
estradiol td patch weekly 0.05 mg/24hr	3
estradiol td patch weekly 0.06 mg/24hr	3
estradiol td patch weekly 0.025 mg/24hr	3
estradiol td patch weekly 0.075 mg/24hr	3
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	3
estradiol vaginal cream 0.1 mg/gm	3
estradiol vaginal tab 10 mcg	4
estradiol valerate im in oil 20 mg/ml	4
estradiol valerate im in oil 40 mg/ml	4
fyavolv tab 0.5mg-2.5mcg	3
fyavolv tab 1mg-5mcg	3
jinteli	3
lyllana dis 0.1mg	3
lyllana dis 0.05mg	3
lyllana dis 0.025mg	3
lyllana dis 0.075mg	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lyllana dis 0.0375mg</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</i>	4	
<b><i>GLUCOCORTICOIDS</i></b>		
<i>DEXAMETHASON CON 1MG/ML</i>	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	3	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	3	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	3	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	3	
<i>dexamethasone tab 0.75 mg</i>	3	
<i>dexamethasone tab 1 mg</i>	3	
<i>dexamethasone tab 1.5 mg</i>	3	
<i>dexamethasone tab 2 mg</i>	3	
<i>dexamethasone tab 4 mg</i>	3	
<i>dexamethasone tab 6 mg</i>	3	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	3	
<i>hydrocortisone tab 10 mg</i>	3	
<i>hydrocortisone tab 20 mg</i>	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	3	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	3	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	3	B/D
<i>methylprednisolone tab 4 mg</i>	3	B/D
<i>methylprednisolone tab 8 mg</i>	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone tab 16 mg</i>	3	B/D
<i>methylprednisolone tab 32 mg</i>	3	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	3	B/D
<i>prednisolone soln 15 mg/5ml</i>	2	B/D
<i>PREDNISONE CON 5MG/ML</i>	4	B/D
<i>prednisone oral soln 5 mg/5ml</i>	4	B/D
<i>prednisone tab 1 mg</i>	2	B/D
<i>prednisone tab 2.5 mg</i>	2	B/D
<i>prednisone tab 5 mg</i>	2	B/D
<i>prednisone tab 10 mg</i>	2	B/D
<i>prednisone tab 20 mg</i>	2	B/D
<i>prednisone tab 50 mg</i>	2	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	3	
<i>prednisone tab therapy pack 5 mg (48)</i>	3	
<i>prednisone tab therapy pack 10 mg (21)</i>	3	
<i>prednisone tab therapy pack 10 mg (48)</i>	3	
<i>SOLU-CORTEF INJ 100MG</i>	4	
<i>SOLU-CORTEF INJ 250MG</i>	4	
<i>SOLU-CORTEF INJ 500MG</i>	4	
<i>SOLU-CORTEF INJ 1000MG</i>	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide susp 50 mg/ml</i>	5	
<i>GVOKE HYPO 2 INJ 1MG/.2ML</i>	3	
<i>GVOKE HYPO 2 INJ .5/.1ML</i>	3	
<i>GVOKE KIT SOL 1MG/0.2M</i>	3	
<i>GVOKE PFS INJ</i>	3	
<b>MISCELLANEOUS</b>		
<i>ALDURAZYME INJ 2.9MG/5M</i>	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline tab 0.5 mg</i>	3	
<i>CARBAGLU TAB 200MG</i>	5	NM, LA, PA
<i>carglumic acid soluble tab 200 mg</i>	5	NM, LA, PA
<i>CERDELGA CAP 84MG</i>	5	NM, PA
<i>CEREZYME INJ 400UNIT</i>	5	NM, LA, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	B/D, QL (60 tabs / 30 days), NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
<i>desmopressin acetate inj 4 mcg/ml</i>	5	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	5	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
GENOTROPIN INJ 0.2MG	5	NM, PA
GENOTROPIN INJ 0.4MG	5	NM, PA
GENOTROPIN INJ 0.6MG	5	NM, PA
GENOTROPIN INJ 0.8MG	5	NM, PA
GENOTROPIN INJ 1.2MG	5	NM, PA
GENOTROPIN INJ 1.4MG	5	NM, PA
GENOTROPIN INJ 1.6MG	5	NM, PA
GENOTROPIN INJ 1.8MG	5	NM, PA
GENOTROPIN INJ 1MG	5	NM, PA
GENOTROPIN INJ 2MG	5	NM, PA
GENOTROPIN INJ 5MG	5	NM, PA
GENOTROPIN INJ 12MG	5	NM, PA
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
<i>javygtor pak 100mg</i>	5	NM, LA, PA
<i>javygtor tab 100mg</i>	5	NM, LA, PA
KORLYM TAB 300MG	5	NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	B/D
<i>levocarnitine tab 330 mg</i>	3	B/D
LUMIZYME INJ 50MG	5	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NM, PA
LUPR DEP-PED INJ 7.5MG	5	NM, PA
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
<i>miglustat cap 100 mg</i>	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
<i>nitisinone cap 2 mg</i>	5	NM, PA
<i>nitisinone cap 5 mg</i>	5	NM, PA
<i>nitisinone cap 10 mg</i>	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	NM, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5	NM, PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	NM, PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	NM, PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	5	NM, PA
raloxifene hcl tab 60 mg	3	
sapropterin dihydrochloride powder packet 100 mg	5	NM, PA
sapropterin dihydrochloride powder packet 500 mg	5	NM, PA
sapropterin dihydrochloride tab 100 mg	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	5	NM, LA, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	NM, PA
sodium phenylbutyrate tab 500 mg	5	NM, PA
SOMATULINE INJ 60/0.2ML	5	NM, PA
SOMATULINE INJ 90/0.3ML	5	NM, PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA

#### **PHOSPHATE BINDER AGENTS**

calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) tab 667 mg	3	QL (360 tabs / 30 days)
sevelamer carbonate packet 0.8 gm	5	QL (540 packets / 30 days)
sevelamer carbonate packet 2.4 gm	4	QL (180 packets / 30 days)
sevelamer carbonate tab 800 mg	4	QL (540 tabs / 30 days)
VELPHORO CHW 500MG	5	QL (180 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	3	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>norethindrone acetate tab 5 mg</i>	3	
<b>THYROID AGENTS</b>		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	3	
<i>liothyronine sodium tab 25 mcg</i>	3	
<i>liothyronine sodium tab 50 mcg</i>	3	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	3	
<i>SYNTHROID TAB 25MCG</i>	4	
<i>SYNTHROID TAB 50MCG</i>	4	
<i>SYNTHROID TAB 75MCG</i>	4	
<i>SYNTHROID TAB 88MCG</i>	4	
<i>SYNTHROID TAB 100MCG</i>	4	
<i>SYNTHROID TAB 112MCG</i>	4	
<i>SYNTHROID TAB 125MCG</i>	4	
<i>SYNTHROID TAB 137MCG</i>	4	
<i>SYNTHROID TAB 150MCG</i>	4	
<i>SYNTHROID TAB 175MCG</i>	4	
<i>SYNTHROID TAB 200MCG</i>	4	
<i>SYNTHROID TAB 300MCG</i>	4	
<i>unithroid</i>	1	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol inj 1 mcg/ml</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol cap 1 mcg</i>	4	B/D
<i>paricalcitol cap 2 mcg</i>	4	B/D
<i>paricalcitol cap 4 mcg</i>	4	B/D
<i>RAYALDEE CAP 30MCG</i>	5	

## **GASTROINTESTINAL**

### **ANTIEMETICS**

<i>aprepitant capsule 40 mg</i>	4	B/D
<i>aprepitant capsule 80 mg</i>	4	B/D
<i>aprepitant capsule 125 mg</i>	4	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	B/D
<i>compro</i>	4	
<i>dronabinol cap 2.5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>gransetron hcl inj 1 mg/ml</i>	3	
<i>gransetron hcl inj 4 mg/4ml (1 mg/ml)</i>	4	
<i>gransetron hcl tab 1 mg</i>	4	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	3	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	3	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	3	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	3	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	B/D
<i>ondansetron hcl tab 4 mg</i>	3	B/D
<i>ondansetron hcl tab 8 mg</i>	3	B/D
<i>ondansetron hcl tab 24 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	3	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl inj 25 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	3	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	3	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	3	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

#### **ANTISPASMODICS**

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

#### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine for susp 40 mg/5ml</i>	4	QL (300 mL / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>famotidine inj 40 mg/4ml</i>	3	
<i>famotidine inj 200 mg/20ml</i>	3	
<i>famotidine preservative free inj 20 mg/2ml</i>	3	
<i>famotidine tab 20 mg</i>	1	QL (120 tabs / 30 days)
<i>famotidine tab 40 mg</i>	1	QL (60 tabs / 30 days)
<i>nizatidine cap 150 mg</i>	4	
<i>nizatidine cap 300 mg</i>	4	

#### **INFLAMMATORY BOWEL DISEASE**

<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	PA
<i>budesonide tab er 24hr 9 mg</i>	5	PA
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>mesalamine cap dr 400 mg</i>	4	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	3	
<b>LAXATIVES</b>		
<i>constulose</i>	3	
<i>enulose</i>	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac</i>	3	
<i>GOLYTELY SOL</i>	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	3	
<i>lactulose solution 10 gm/15ml</i>	3	
<i>NULYTELY SOL LMN/LIME</i>	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	
<i>PLENVU SOL</i>	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
<i>SUPREP BOWEL SOL PREP KIT</i>	4	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	4	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
<i>GATTEX KIT 5MG</i>	5	NM, LA, PA
<i>LINZESS CAP 72MCG</i>	4	QL (30 caps / 30 days)
<i>LINZESS CAP 145MCG</i>	4	QL (30 caps / 30 days)
<i>LINZESS CAP 290MCG</i>	4	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	3	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
<i>MOVANTIK TAB 12.5MG</i>	3	QL (60 tabs / 30 days)
<i>MOVANTIK TAB 25MG</i>	3	QL (30 tabs / 30 days)
<i>RELISTOR INJ 8/0.4ML</i>	5	PA
<i>RELISTOR INJ 12/0.6ML</i>	5	PA
<i>sucralfate tab 1 gm</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	4	
XERMELO TAB 250MG	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TAB 550MG	5	PA

### **PANCREATIC ENZYMES**

<i>CREON CAP 3000UNIT</i>	3	
<i>CREON CAP 6000UNIT</i>	3	
<i>CREON CAP 12000UNT</i>	3	
<i>CREON CAP 24000UNT</i>	3	
<i>CREON CAP 36000UNT</i>	3	
<i>ZENPEP CAP 3000UNIT</i>	4	
<i>ZENPEP CAP 5000UNIT</i>	4	
<i>ZENPEP CAP 10000UNT</i>	4	
<i>ZENPEP CAP 15000UNT</i>	4	
<i>ZENPEP CAP 20000UNT</i>	4	
<i>ZENPEP CAP 25000UNT</i>	4	
<i>ZENPEP CAP 40000UNT</i>	4	

### **PROTON PUMP INHIBITORS**

<i>dexlansoprazole cap delayed release 30 mg</i>	4	QL (30 caps / 30 days)
<i>dexlansoprazole cap delayed release 60 mg</i>	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	4	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	4	QL (30 caps / 30 days), ST
<i>lansoprazole cap delayed release 15 mg</i>	3	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	3	QL (60 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	3	
<i>rabeprazole sodium ec tab 20 mg</i>	3	QL (30 tabs / 30 days)

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	2	

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

<i>acetic acid irrigation soln 0.25%</i>	2	
<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	4	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	4	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	

**URINARY ANTISPASMODICS**

<i>fesoterodine fumarate tab er 24hr 4 mg</i>	3	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	3	QL (30 tabs / 30 days)
<i>MYRBETRIQ SUS 8MG/ML</i>	4	QL (300 mL / 28 days)
<i>MYRBETRIQ TAB 25MG</i>	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ TAB 50MG</i>	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	3	
<i>oxybutynin chloride tab 5 mg</i>	3	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	3	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	3	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	4	QL (60 tabs / 30 days), ST
<i>tolterodine tartrate tab 2 mg</i>	4	QL (60 tabs / 30 days), ST
<i>TOVIAZ TAB 4MG</i>	3	QL (30 tabs / 30 days)
<i>TOVIAZ TAB 8MG</i>	3	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	3	QL (60 tabs / 30 days)

**VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>terconazole vaginal cream 0.4%</i>	3	
<i>terconazole vaginal cream 0.8%</i>	3	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>VANDAZOLE</i>	3	

**HEMATOLOGIC**
**ANTICOAGULANTS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	4	QL (60 caps / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dabigatran etexilate mesylate cap 150 mg <i>(etexilate base eq)</i>	4	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	3	QL (74 tabs / 30 days)
ELIQUIS TAB 2.5MG	3	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	3	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	4	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	4	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	4	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	4	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	4	
enoxaparin sodium inj soln pref syr 100 mg/ml	4	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	4	
enoxaparin sodium inj soln pref syr 150 mg/ml	4	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NAACL INJ 25000UNT	3	
heparin sodium (porcine) inj 1000 unit/ml	3	B/D
heparin sodium (porcine) inj 5000 unit/ml	3	B/D
heparin sodium (porcine) inj 10000 unit/ml	3	B/D
heparin sodium (porcine) inj 20000 unit/ml	3	B/D
HEPARIN/NAACL INJ 25000UNT	3	
jantoven	1	
PRADAXA CAP 75MG	4	QL (60 caps / 30 days)
PRADAXA CAP 110MG	4	QL (120 caps / 30 days)
PRADAXA CAP 150MG	4	QL (60 caps / 30 days)
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
XARELTO SUS 1MG/ML	3	QL (620 mL / 30 days)
XARELTO TAB 2.5MG	3	QL (60 tabs / 30 days)
XARELTO TAB 10MG	3	QL (30 tabs / 30 days)
XARELTO TAB 15MG	3	QL (30 tabs / 30 days)
XARELTO TAB 20MG	3	QL (30 tabs / 30 days)

#### **HEMATOPOIETIC GROWTH FACTORS**

PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA
ZARXIO INJ 300/0.5	5	NM, PA
ZARXIO INJ 480/0.8	5	NM, PA

#### **MISCELLANEOUS**

anagrelide hcl cap 0.5 mg	4	
anagrelide hcl cap 1 mg	4	
BERINERT INJ 500UNIT	5	QL (24 boxes / 30 days), NM, LA, PA
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
DOPTELET TAB 20MG	5	NM, LA, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NM, LA, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), NM, LA, PA
icatibant acetate inj 30 mg/3ml (base equivalent)	5	QL (9 syringes / 30 days), NM, PA
pentoxifylline tab er 400 mg	2	
PROMACTA PAK 25MG	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA POW 12.5MG	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (30 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA TAB 50MG	5	QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
sajazir inj 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TAB 60MG	4	
BRILINTA TAB 90MG	4	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 50 mg</i>	3	PA; PA if 70 years and older
<i>dipyridamole tab 75 mg</i>	3	PA; PA if 70 years and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	3	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	3	

### **IMMUNOLOGIC AGENTS**

#### **AUTOIMMUNE AGENTS**

ENBREL INJ 25/0.5ML	5	QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	5	QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	5	QL (8 pens / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEN INJ 40/0.4ML	5	QL (6 pens / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 80/0.8ML	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NM, PA
HUMIRA PEN INJ PS/UV	5	NM, PA
HUMIRA PEN KIT CD/UC/HS	5	NM, PA
HUMIRA PEN KIT PED UC	5	NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
INFLIXIMAB INJ 100MG	5	NM, LA, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
OTEZLA TAB 30MG	5	QL (60 tabs / 30 days), NM, PA
REMICADE INJ 100MG	5	NM, PA
RENFLEXIS INJ 100MG	5	NM, LA, PA
RINVOQ TAB 15MG ER	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 30MG ER	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TAB 45MG ER	5	QL (112 tabs / year), NM, PA
SKYRIZI INJ 150DOSE	5	QL (7 kits / 365 days), NM, PA
SKYRIZI INJ 150MG/ML	5	QL (7 syringes / 365 days), NM, PA
SKYRIZI INJ 360/2.4	5	QL (7 cartridges / 365 days), NM, PA
SKYRIZI PEN INJ 150MG/ML	5	QL (7 pens / 365 days), NM, PA
SKYRIZI SOL 60MG/ML	5	QL (6 vials / year), NM, PA
STELARA INJ 45MG/0.5	5	QL (2 vials / 28 days), NM, LA, PA
STELARA INJ 45MG/0.5	5	QL (1 syringe / 28 days), NM, PA
STELARA INJ 90MG/ML	5	QL (1 syringe / 28 days), NM, PA
TALTZ INJ 80MG/ML	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOL 1MG/ML	5	QL (240 mL / 24 days), NM, PA
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	5	QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	5	QL (30 tabs / 30 days), NM, PA

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

<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
<i>leflunomide tab 10 mg</i>	3	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	3	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	3	
XATMEP SOL 2.5MG/ML	4	B/D

### **IMMUNOGLOBULINS**

BIVIGAM INJ 10%	5	NM, LA, PA
BIVIGAM INJ 10%	5	NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA
FLEBOGAMMA INJ 10/100ML	5	NM, PA
FLEBOGAMMA INJ 10/200ML	5	NM, PA
FLEBOGAMMA INJ 20/200ML	5	NM, PA
FLEBOGAMMA INJ 20/400ML	5	NM, PA
FLEBOGAMMA INJ DIF 5%	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NM, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA
GAMMAGARD INJ 5GM/50ML	5	NM, PA
GAMMAGARD INJ 10GM/100	5	NM, PA
GAMMAGARD INJ 20GM/200	5	NM, PA
GAMMAGARD INJ 30GM/300	5	NM, PA
GAMMAGARD SD INJ 5GM HU	5	NM, PA
GAMMAGARD SD INJ 10GM HU	5	NM, PA
GAMMAKED INJ 1GM/10ML	5	NM, PA
GAMMAKED INJ 5GM/50ML	5	NM, PA
GAMMAKED INJ 10GM/100	5	NM, PA
GAMMAKED INJ 20GM/200	5	NM, PA
GAMMAPLEX INJ 5%	5	NM, PA
GAMMAPLEX INJ 10%	5	NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NM, PA
GAMUNEX-C INJ 10GM/100	5	NM, PA
GAMUNEX-C INJ 20GM/200	5	NM, PA
GAMUNEX-C INJ 40/400ML	5	NM, PA
OCTAGAM INJ 1GM	5	NM, PA
OCTAGAM INJ 2.5GM	5	NM, PA
OCTAGAM INJ 2GM/20ML	5	NM, PA
OCTAGAM INJ 5GM	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCTAGAM INJ 5GM/50ML	5	NM, PA
OCTAGAM INJ 10/100ML	5	NM, PA
OCTAGAM INJ 10GM	5	NM, PA
OCTAGAM INJ 20/200ML	5	NM, PA
OCTAGAM INJ 25GM	5	NM, PA
OCTAGAM INJ 30/300ML	5	NM, PA
PANZYGA SOL 1GM/10ML	5	NM, PA
PANZYGA SOL 2.5/25ML	5	NM, PA
PANZYGA SOL 5GM/50ML	5	NM, PA
PANZYGA SOL 10/100ML	5	NM, PA
PANZYGA SOL 20/200ML	5	NM, PA
PANZYGA SOL 30/300ML	5	NM, PA
PRIVIGEN INJ 5 GRAMS	5	NM, PA
PRIVIGEN INJ 10GRAMS	5	NM, PA
PRIVIGEN INJ 20GRAMS	5	NM, PA
PRIVIGEN INJ 40GRAMS	5	NM, PA

#### **IMMUNOMODULATORS**

ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	3	B/D, NM
INTRON A INJ 18MU	4	B/D, NM
INTRON A INJ 18MU	5	B/D, NM
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM

#### **IMMUNOSUPPRESSANTS**

<i>azathioprine tab 50 mg</i>	3	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 200MG/ML	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA INJ 400MG	5	NM, PA
<i>cyclosporine cap 25 mg</i>	4	B/D, NM
<i>cyclosporine cap 100 mg</i>	4	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	4	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	4	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	4	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	4	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	B/D, NM
<i>everolimus tab 0.5 mg</i>	5	B/D, NM
<i>everolimus tab 0.25 mg</i>	5	B/D, NM
<i>everolimus tab 0.75 mg</i>	5	B/D, NM
<i>everolimus tab 1 mg</i>	5	B/D, NM
<i>gengraf</i>	4	B/D, NM
<i>mycophenolate mofetil cap 250 mg</i>	3	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil tab 500 mg</i>	3	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D, NM
NULOJIX INJ 250MG	5	B/D, NM
PROGRAF GRA 0.2MG	4	B/D, NM
PROGRAF GRA 1MG	4	B/D, NM
REZUROCK TAB 200MG	5	NM, LA, PA
SANDIMMUNE SOL 100MG/ML	3	B/D, NM
<i>sirolimus oral soln 1 mg/ml</i>	5	B/D, NM
<i>sirolimus tab 0.5 mg</i>	4	B/D, NM
<i>sirolimus tab 1 mg</i>	4	B/D, NM
<i>sirolimus tab 2 mg</i>	4	B/D, NM
<i>tacrolimus cap 0.5 mg</i>	4	B/D, NM
<i>tacrolimus cap 1 mg</i>	4	B/D, NM
<i>tacrolimus cap 5 mg</i>	4	B/D, NM
ZORTRESS TAB 1MG	5	B/D, NM

## **VACCINES**

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ 50MG	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	B/D
INFANRIX INJ	3	
IPOL 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 INJ	3	
PENTACEL INJ	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREHEVBRIOSUS 10MCG/ML	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAHB INJ 5MCG/0.5	3	B/D
RECOMBIVAHB INJ 10MCG/ML	3	B/D
RECOMBIVAHB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTAQUE SOL	3	
SHINGRIX INJ 50/0.5ML	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC INJ	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	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% &amp; nacl 0.45% inj</i>	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	3
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	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 SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHLORIDE INJ 10MEQ	4	
POT CHLORIDE INJ 20MEQ	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>potassium chloride inj 2 meq/ml</i>	3	
<i>potassium chloride inj 10 meq/100ml</i>	4	
<i>potassium chloride inj 20 meq/100ml</i>	4	
<i>potassium chloride inj 40 meq/100ml</i>	4	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	3	
<i>sodium chloride iv soln 0.9%</i>	3	
<i>sodium chloride iv soln 0.45%</i>	3	
<i>sodium chloride iv soln 3%</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sodium chloride iv soln 5%	3	
TPN ELECTROL INJ	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
klor-con	4	
klor-con 8	2	
klor-con 10	2	
klor-con m10	2	
klor-con m15	3	
klor-con m20	2	
M-NATAL PLUS TAB	3	
potassium chloride cap er 8 meq	3	
potassium chloride cap er 10 meq	3	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	3	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	4	
potassium chloride oral soln 20% (40 meq/15ml)	4	
potassium chloride powder packet 20 meq	4	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TRICARE TAB PRENATAL	3	
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose inj 5%	3	
dextrose inj 10%	3	
dextrose inj 50%	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dextrose inj 70%	3	B/D
FREAMINE III INJ 10%	4	B/D
hepatamine sol 8%	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NUTRILIPID EMU 20%	4	B/D
plenamine	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**

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

### **ANTI-INFECTIVES**

bacitracin ophth oint 500 unit/gm	3
bacitracin-polymyxin b ophth oint	2
BESIVANCE SUS 0.6%	3
CILOXAN OIN 0.3% OP	3
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2
erythromycin ophth oint 5 mg/gm	2
gatifloxacin ophth soln 0.5%	3
gentak	3
gentamicin sulfate ophth soln 0.3%	2
moxifloxacin hcl ophth soln 0.5% (base equiv)	3
NATACYN SUS 5% OP	4
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-1000unt op oin	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polomyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	3	
<i>sulfacetamide sodium ophth soln 10%</i>	3	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	4	
ZIRGAN GEL 0.15%	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>diluprednate ophth emulsion 0.05%</i>	3	
FLAREX SUS 0.1% OP	4	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	3	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	3	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX OIN 0.5%	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	3	
PROLENSA SOL 0.07%	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophth soln 0.05%</i>	3	
<i>bepotastine besilate ophth soln 1.5%</i>	3	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACAFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	3	
ZERVIATE DRO 0.24%	4	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<i>brinzolamide ophth susp 1%</i>	4	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>carteolol hcl ophth soln 1%</i>	2
COMBIGAN SOL 0.2/0.5%	3
<i>dorzolamide hcl ophth soln 2%</i>	2
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2
<i>latanoprost ophth soln 0.005%</i>	2
<i>levobunolol hcl ophth soln 0.5%</i>	2
LUMIGAN SOL 0.01%	3
<i>pilocarpine hcl ophth soln 1%</i>	3
<i>pilocarpine hcl ophth soln 2%</i>	3
<i>pilocarpine hcl ophth soln 4%</i>	3
RHOPRESSA SOL 0.02%	3
SIMBRINZA SUS 1-0.2%	3
<i>timolol maleate (ophth) once-daily</i>	4
<i>timolol maleate ophth gel forming soln 0.5%</i>	4
<i>timolol maleate ophth gel forming soln 0.25%</i>	4
<i>timolol maleate ophth soln 0.5%</i>	1
<i>timolol maleate ophth soln 0.25%</i>	1
VYZULTA SOL 0.024%	4

#### **MISCELLANEOUS**

ATROPINE SUL SOL 1% OP	3
<i>atropine sulfate ophth soln 1%</i>	3
CYSTADROPS SOL 0.37%	5 NM, LA, PA
CYSTARAN SOL 0.44%	5 NM, LA, PA
ISOPTO ATROP SOL 1% OP	3
<i>proparacaine hcl ophth soln 0.5%</i>	3
RESTASIS EMU 0.05% OP	3
RESTASIS MUL EMU 0.05% OP	3
XIIDRA DRO 5%	3

#### **OTIC**

##### **OTIC AGENTS**

<i>acetic acid otic soln 2%</i>	3
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4
<i>flac</i>	3
<i>fluocinolone acetonide (otic) oil 0.01%</i>	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 soln 0.3%</i>	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RESPIRATORY</b>		
<b><i>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</i></b>		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days); (Institutional Pack)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
<b><i>ANTICHOLINERGICS</i></b>		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	3	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	3	
<b><i>ANTIHISTAMINES</i></b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	3	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	3	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	3	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydroxyzine hcl tab 25 mg	2	PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	4	
levocetirizine dihydrochloride tab 5 mg	3	

### **BETA AGONISTS**

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	3	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	3	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	3	B/D
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg	4	
albuterol sulfate tab 4 mg	4	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	4	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	4	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	3	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	4	
terbutaline sulfate tab 5 mg	4	
VENTOLIN HFA (INSTITUTIONAL PACK)	3	QL (6 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
montelukast sodium chew tab 4 mg (base equiv)	3	
montelukast sodium chew tab 5 mg (base equiv)	3	
montelukast sodium oral granules packet 4 mg (base equiv)	4	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	3	
zafirlukast tab 20 mg	3	
<b>MISCELLANEOUS</b>		
acetylcysteine inhal soln 10%	3	B/D
acetylcysteine inhal soln 20%	3	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
cromolyn sodium soln nebu 20 mg/2ml	3	B/D
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	QL (270 caps / 30 days), NM, PA
ESBRIET TAB 267MG	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TAB 801MG	5	QL (90 tabs / 30 days), NM, PA
FASENRA INJ 30MG/ML	5	NM, LA, PA
FASENRA PEN INJ 30MG/ML	5	NM, LA, PA
KALYDECO PAK 25MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 50MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO PAK 75MG	5	QL (56 packs / 28 days), NM, PA
KALYDECO TAB 150MG	5	QL (60 tabs / 30 days), NM, PA
OFEV CAP 100MG	5	QL (60 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OFEV CAP 150MG	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
<i>pirfenidone tab 267 mg</i>	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone tab 534 mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>pirfenidone tab 801 mg</i>	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C INJ 1000MG	5	NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI INJ 0.3MG	4	
SYMJEPI INJ 0.15MG	4	
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theophylline elixir 80 mg/15ml</i>	4	
<i>theophylline soln 80 mg/15ml</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<i>theophylline tab er 24hr 400 mg</i>	3	
<i>theophylline tab er 24hr 600 mg</i>	3	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR INJ 75/0.5	5	NM, LA, PA
XOLAIR INJ 150MG/ML	5	NM, LA, PA
XOLAIR SOL 150MG	5	NM, LA, PA
ZEMAIRA INJ 1000MG	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>STEROID INHALANTS</i></b>		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D
FLOVENT DISK AER 50MCG	3	QL (180 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (240 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	4	QL (3 inhalers / 30 days)
PULMICORT INH 180MCG	4	QL (2 inhalers / 30 days)
<b><i>STEROID/BETA-AGONIST COMBINATIONS</i></b>		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)
<b><i>TOPICAL</i></b>		
<b><i>DERMATOLOGY, ACNE</i></b>		
<i>accutane cap 10mg</i>	4	PA
<i>accutane cap 20mg</i>	4	PA
<i>accutane cap 30mg</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>accutane cap 40mg</i>	4	PA
<i>amnesteem</i>	4	PA
<i>avita</i>	4	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i>	4	PA
<i>clindamycin phosphate gel 1%</i>	4	QL (75 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	3	QL (60 mL / 30 days)
<i>ery</i>	3	QL (60 pledgets / 30 days)
<i>erythromycin soln 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	4	PA
<i>isotretinoin cap 20 mg</i>	4	PA
<i>isotretinoin cap 30 mg</i>	4	PA
<i>isotretinoin cap 40 mg</i>	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	QL (118 mL / 30 days)
<i>tretinoin cream 0.1%</i>	4	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	4	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	4	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	4	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	4	QL (45 gm / 30 days), PA
<i>zenatane</i>	4	PA

#### **DERMATOLOGY, ANTIBIOTICS**

<i>gentamicin sulfate cream 0.1%</i>	4	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	3	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	2	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLYON CRE 85MG/GM</i>	4	QL (453.6 gm / 30 days)

#### **DERMATOLOGY, ANTIFUNGALS**

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	QL (60 mL / 30 days)
<i>clotrimazole cream 1%</i>	3	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>ketoconazole cream 2%</i>	3	QL (60 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
nyamyc	3	QL (60 gm / 30 days)
nystatin cream 100000 unit/gm	3	QL (30 gm / 30 days)
nystatin oint 100000 unit/gm	3	QL (30 gm / 30 days)
nystatin topical powder 100000 unit/gm	3	QL (60 gm / 30 days)
nystop	3	QL (60 gm / 30 days)

#### ***DERMATOLOGY, ANTIPSORIATICS***

acitretin cap 10 mg	4	PA
acitretin cap 17.5 mg	4	PA
acitretin cap 25 mg	4	PA
calcipotriene oint 0.005%	4	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	4	QL (120 mL / 30 days), PA
calcitrene	4	QL (120 gm / 30 days), PA
tazarotene cream 0.1%	3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	4	QL (60 gm / 30 days), PA

#### ***DERMATOLOGY, ANTISEBORRHEICS***

ketoconazole shampoo 2%	2	QL (120 mL / 30 days)
selenium sulfide lotion 2.5%	2	

#### ***DERMATOLOGY, CORTICOSTEROIDS***

ala-cort	1	
ala-cort	2	
alclometasone dipropionate cream 0.05%	3	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	3	QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	4	QL (120 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	4	QL (120 gm / 30 days)
betamethasone dipropionate cream 0.05%	3	QL (120 gm / 30 days)
betamethasone dipropionate lotion 0.05%	3	QL (120 mL / 30 days)
betamethasone dipropionate oint 0.05%	4	QL (120 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	3	QL (120 gm / 30 days)
betamethasone valerate lotion 0.1% (base equivalent)	3	QL (120 mL / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	3	QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	3	QL (60 gm / 30 days)
clobetasol propionate e	3	QL (60 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate gel 0.05%</i>	4	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	3	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	3	QL (50 mL / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	3	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	4	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	4	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	3	
<i>mometasone furoate oint 0.1%</i>	3	
<i>mometasone furoate solution 0.1% (lotion)</i>	3	
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	3	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triderm</i>	2	

#### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo</i>	4	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	3	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	4	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine patch 5%</i>	4	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	QL (30 gm / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>bexarotene gel 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	QL (1000 gm / 30 days)
<i>fluorouracil cream 5%</i>	4	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	3	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	3	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>imiquimod cream 5%</i>	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	
<i>metronidazole cream 0.75%</i>	4	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	3	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	4	QL (59 mL / 30 days)
<i>PANRETIN GEL 0.1%</i>	5	QL (60 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	3	QL (7 mL / 28 days)
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>RECTIV OIN 0.4%</i>	4	QL (30 gm / 30 days)
<i>rosadan</i>	4	QL (45 gm / 30 days)
<i>tacrolimus oint 0.1%</i>	4	QL (100 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	4	QL (100 gm / 30 days)
<i>TARGRETIN GEL 1%</i>	5	QL (60 gm / 30 days), NM, PA
<i>VALCHLOR GEL 0.016%</i>	5	QL (60 gm / 30 days), NM, LA, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion lotion 0.5%</i>	4	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	3	QL (60 gm / 30 days)
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>REGRANEX GEL 0.01%</i>	5	QL (30 gm / 30 days), PA
<i>SANTYL OIN 250/GM</i>	4	QL (180 gm / 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	3	
<i>periogard</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	3	
<i>pilocarpine hcl tab 7.5 mg</i>	3	
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<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> .....	32	<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	15
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....	32	<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	15
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<i>amoxicillin (trihydrate) chew tab 250 mg</i> .....	15	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	60
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<i>betamethasone dipropionate oint 0.05%</i> .....	105
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<b>calcitriol cap 0.25 mcg</b> .....	80
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<i>dexamethylphenidate hcl tab 2.5 mg</i> ..	60
<i>dexamethylphenidate hcl tab 5 mg</i> ..	60
<i>dextrose 10% w/ sodium chloride 0.45%</i> ..	93
<i>dextrose 2.5% w/ sodium chloride 0.45%</i> ..	93
<i>dextrose 5% in lactated ringers</i> ..	93
<i>dextrose 5% w/ sodium chloride 0.2%</i> ..	93
<i>dextrose 5% w/ sodium chloride 0.225%</i> ..	93
<i>dextrose 5% w/ sodium chloride 0.3%</i> ..	93
<i>dextrose 5% w/ sodium chloride 0.45%</i> ..	93
<i>dextrose 5% w/ sodium chloride 0.9%</i> ..	93
<i>dextrose inj 10%</i> ..	95
<i>dextrose inj 5%</i> ..	95
<i>dextrose inj 50%</i> ..	95
<i>dextrose inj 70%</i> ..	96
DIACOMIT CAP 250MG ..	44
DIACOMIT CAP 500MG ..	44
DIACOMIT PAK 250MG ..	44
DIACOMIT PAK 500MG ..	44
<i>diazepam conc 5 mg/ml</i> ..	44
<i>diazepam inj</i> ..	44
<i>diazepam oral soln 1 mg/ml</i> ..	44

<i>diazepam rectal gel delivery system 10</i>	
<i>mg</i> .....	44
<i>diazepam rectal gel delivery system 2.5</i>	
<i>mg</i> .....	44
<i>diazepam rectal gel delivery system 20</i>	
<i>mg</i> .....	44
<i>diazepam tab 10 mg</i> .....	44
<i>diazepam tab 2 mg</i> .....	44
<i>diazepam tab 5 mg</i> .....	44
<i>diazoxide susp 50 mg/ml</i> .....	77
<i>diclofenac potassium tab 50 mg</i> .....	1
<i>diclofenac sodium gel 1% (1.16%</i>	
<i>diethylamine equiv)</i> .....	107
<i>diclofenac sodium ophth soln 0.1%</i> ..	97
<i>diclofenac sodium tab delayed release</i>	
<i>25 mg</i> .....	1
<i>diclofenac sodium tab delayed release</i>	
<i>50 mg</i> .....	1
<i>diclofenac sodium tab delayed release</i>	
<i>75 mg</i> .....	1
<i>diclofenac sodium tab er 24hr 100 mg</i> 1	
<i>dicloxacillin sodium cap 250 mg</i> .....	16
<i>dicloxacillin sodium cap 500 mg</i> .....	16
<i>dicyclomine hcl cap 10 mg</i> .....	82
<i>dicyclomine hcl oral soln 10 mg/5ml</i> 82	
<i>dicyclomine hcl tab 20 mg</i> .....	82
<i>DIFICID SUS</i> .....	14
<i>DIFICID TAB 200MG</i> .....	14
<i>diflunisal tab 500 mg</i> .....	1
<i>dilfuprednate ophth emulsion 0.05%</i> 97	
<i>digitek</i> .....	40
<i>digoxin inj 0.25 mg/ml</i> .....	40
<i>digoxin oral soln 0.05 mg/ml</i> .....	40
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	40
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	40
<i>dihydroergotamine mesylate inj 1</i>	
<i>mg/ml</i> .....	62
<i>dihydroergotamine mesylate nasal</i>	
<i>spray 4 mg/ml</i> .....	62
<i>DILANTIN CAP 100MG</i> .....	44
<i>DILANTIN CAP 30MG</i> .....	44
<i>DILANTIN CHW 50MG</i> .....	44
<i>DILANTIN-125 SUS 125/5ML</i> .....	44
<i>diltiazem hcl cap er 12hr 120 mg</i> ....	37
<i>diltiazem hcl cap er 12hr 60 mg</i> .....	37
<i>diltiazem hcl cap er 12hr 90 mg</i> .....	37
<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>120 mg</i> .....	37
<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>180 mg</i> .....	38
<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>240 mg</i> .....	38
<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>300 mg</i> .....	38
<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>360 mg</i> .....	38
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 120 mg</i> .....	38
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 180 mg</i> .....	38
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 240 mg</i> .....	38
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 300 mg</i> .....	38
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 360 mg</i> .....	38
<i>diltiazem hcl extended release beads</i>	
<i>cap er 24hr 420 mg</i> .....	38
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
<i>mg/ml)</i> .....	38
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
<i>mg/ml)</i> .....	38
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
<i>mg/ml)</i> .....	38
<i>diltiazem hcl tab 120 mg</i> .....	38
<i>diltiazem hcl tab 30 mg</i> .....	38
<i>diltiazem hcl tab 60 mg</i> .....	38
<i>diltiazem hcl tab 90 mg</i> .....	38
<i>dilt-xr</i> .....	37
<i>DIP/TET PED INJ 25-5LFU</i> .....	92
<i>diphenhydramine hcl inj 50 mg/ml</i> ...99	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>mg/5ml</i> .....	83
<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>0.025 mg</i> .....	83
<i>dipyridamole tab 25 mg</i> .....	88
<i>dipyridamole tab 50 mg</i> .....	88
<i>dipyridamole tab 75 mg</i> .....	88
<i>disopyramide phosphate cap 100 mg</i> 34	
<i>disopyramide phosphate cap 150 mg</i> 34	
<i>disulfiram tab 250 mg</i> .....	65
<i>disulfiram tab 500 mg</i> .....	65

<i>divalproex sodium cap delayed release</i>	
<i>sprinkle 125 mg</i> .....	44
<i>divalproex sodium tab delayed release</i>	
<i>125 mg</i> .....	44
<i>divalproex sodium tab delayed release</i>	
<i>250 mg</i> .....	44
<i>divalproex sodium tab delayed release</i>	
<i>500 mg</i> .....	44
<i>divalproex sodium tab er 24 hr 250 mg</i>	
.....	44
<i>divalproex sodium tab er 24 hr 500 mg</i>	
.....	44
<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>mg/ml)</i> .....	21
<i>docetaxel for inj conc 20 mg/ml</i> .....	21
<i>docetaxel for inj conc 80 mg/4ml (20</i>	
<i>mg/ml)</i> .....	21
<i>DOCETAXEL INJ 160/16ML</i> .....	21
<i>DOCETAXEL INJ 160/8ML</i> .....	21
<i>DOCETAXEL INJ 20MG/2ML</i> .....	21
<i>DOCETAXEL INJ 80MG/4ML</i> .....	21
<i>DOCETAXEL INJ 80MG/8ML</i> .....	21
<i>docetaxel soln for iv infusion 160</i>	
<i>mg/16ml</i> .....	21
<i>docetaxel soln for iv infusion 20</i>	
<i>mg/2ml</i> .....	21
<i>docetaxel soln for iv infusion 80</i>	
<i>mg/8ml</i> .....	21
<i>dofetilide cap 125 mcg (0.125 mg)</i> ..	34
<i>dofetilide cap 250 mcg (0.25 mg)</i> ....	34
<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	34
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 10 mg</i> .....	48
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg</i> .....	48
<i>donepezil hydrochloride tab 10 mg</i> ..	48
<i>donepezil hydrochloride tab 5 mg</i> ....	48
<i>DOPTELET TAB 20MG</i> .....	87
<i>dorzolamide hcl ophth soln 2%</i> .....	98
<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>soln 22.3-6.8 mg/ml</i> .....	98
<i>dotti</i> .....	75
<i>DOVATO TAB 50-300MG</i> .....	10
<i>doxazosin mesylate tab 1 mg</i> .....	31
<i>doxazosin mesylate tab 2 mg</i> .....	31
<i>doxazosin mesylate tab 4 mg</i> .....	31
<i>doxazosin mesylate tab 8 mg</i> .....	31
<i>doxepin hcl (sleep) tab 3 mg (base</i>	
<i>equiv)</i> .....	61
<i>doxepin hcl (sleep) tab 6 mg (base</i>	
<i>equiv)</i> .....	61
<i>doxepin hcl cap 10 mg</i> .....	50
<i>doxepin hcl cap 100 mg</i> .....	50
<i>doxepin hcl cap 150 mg</i> .....	50
<i>doxepin hcl cap 25 mg</i> .....	50
<i>doxepin hcl cap 50 mg</i> .....	50
<i>doxepin hcl cap 75 mg</i> .....	50
<i>doxepin hcl conc 10 mg/ml</i> .....	50
<i>doxorubicin hcl inj 2 mg/ml</i> .....	18
<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>infusion)</i> 2 mg/ml.....	18
<i>doxy 100</i> .....	17
<i>doxycycline hyclate cap 100 mg</i> .....	17
<i>doxycycline hyclate cap 50 mg</i> .....	17
<i>doxycycline hyclate for inj 100 mg</i> ...	17
<i>doxycycline hyclate tab 100 mg</i> .....	17
<i>doxycycline hyclate tab 20 mg</i> .....	17
<i>doxycycline monohydrate cap 100 mg</i>	
.....	17
<i>doxycycline monohydrate cap 50 mg</i> 17	
<i>doxycycline monohydrate tab 100 mg</i>	
.....	17
<i>doxycycline monohydrate tab 50 mg</i> 17	
<i>doxycycline monohydrate tab 75 mg</i> 17	
<i>DRIZALMA CAP 20MG DR</i> .....	50
<i>DRIZALMA CAP 30MG DR</i> .....	50
<i>DRIZALMA CAP 40MG DR</i> .....	50
<i>DRIZALMA CAP 60MG DR</i> .....	50
<i>dronabinol cap 10 mg</i> .....	81
<i>dronabinol cap 2.5 mg</i> .....	81
<i>dronabinol cap 5 mg</i> .....	81
<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>0.02 mg</i> .....	71
<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>0.03 mg</i> .....	71
<i>drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i> 71	
<i>DROXIA CAP 200MG</i> .....	87
<i>DROXIA CAP 300MG</i> .....	87
<i>DROXIA CAP 400MG</i> .....	87
<i>droxidopa cap 100 mg</i> .....	40
<i>droxidopa cap 200 mg</i> .....	40
<i>droxidopa cap 300 mg</i> .....	40

<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 20 mg (base eq)</i>	50
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 30 mg (base eq)</i>	50
<i>duloxetine hcl enteric coated pellets</i>	
<i>cap 60 mg (base eq)</i>	50
<i>dutasteride cap 0.5 mg</i>	84
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	84
<b>E</b>	
<i>e.e.s. 400 tab 400mg</i>	14
<i>ec-naproxen</i>	1
<i>EDURANT TAB 25MG</i>	8
<i>efavirenz cap 200 mg</i>	8
<i>efavirenz cap 50 mg</i>	8
<i>efavirenz tab 600 mg</i>	9
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	10
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	10
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	10
<i>elinest</i>	71
<i>ELIQUIS ST P TAB 5MG</i>	86
<i>ELIQUIS TAB 2.5MG</i>	86
<i>ELIQUIS TAB 5MG</i>	86
<i>ELLA TAB 30MG</i>	71
<i>eluryng</i>	71
<i>EMCYT CAP 140MG</i>	19
<i>emoquette</i>	71
<i>EMSAM DIS 12MG/24H</i>	51
<i>EMSAM DIS 6MG/24HR</i>	51
<i>EMSAM DIS 9MG/24HR</i>	51
<i>emtricitabine caps 200 mg</i>	9
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	10
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	10
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	10
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	11
<i>EMTRIVA SOL 10MG/ML</i>	9
<i>EMVERM CHW 100MG</i>	6
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	30

<i>enalapril maleate &amp; hydrochlorothiazide</i>	
<i>tab 5-12.5 mg</i>	30
<i>enalapril maleate tab 10 mg</i>	30
<i>enalapril maleate tab 2.5 mg</i>	30
<i>enalapril maleate tab 20 mg</i>	30
<i>enalapril maleate tab 5 mg</i>	30
<i>ENBREL INJ 25/0.5ML</i>	88
<i>ENBREL INJ 25MG</i>	88
<i>ENBREL INJ 50MG/ML</i>	88
<i>ENBREL MINI INJ 50MG/ML</i>	88
<i>ENBREL SRCLK INJ 50MG/ML</i>	88
<i>ENDARI POW 5GM</i>	87
<i>endocet tab 10-325mg</i>	3
<i>endocet tab 2.5-325mg</i>	3
<i>endocet tab 5-325mg</i>	3
<i>endocet tab 7.5-325mg</i>	3
<i>INGERIX-B INJ 10/0.5ML</i>	92
<i>INGERIX-B INJ 20MCG/ML</i>	92
<i>enoxaparin sodium inj 300 mg/3ml</i>	86
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	86
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	86
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	86
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	86
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	86
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	86
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	86
<i>enpresse-28</i>	71
<i>enskyce</i>	71
<i>ENSTILAR AER</i>	106
<i>entacapone tab 200 mg</i>	53
<i>entecavir tab 0.5 mg</i>	11
<i>entecavir tab 1 mg</i>	11
<i>ENTRESTO TAB 24-26MG</i>	32
<i>ENTRESTO TAB 49-51MG</i>	32
<i>ENTRESTO TAB 97-103MG</i>	32
<i>enulose</i>	83
<i>EPCLUSIA PAK 150-37.5</i>	12
<i>EPCLUSIA PAK 200-50MG</i>	12
<i>EPCLUSIA TAB 200-50MG</i>	12
<i>EPCLUSIA TAB 400-100</i>	12

EPIDIOLEX SOL 100MG/ML.....	44
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> .....	101
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	101
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> .....	101
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i> .....	18
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i> .....	18
<i>epitol</i> .....	45
EPIVIR HBV SOL 5MG/ML.....	12
<i>eplerenone tab 25 mg</i> .....	31
<i>eplerenone tab 50 mg</i> .....	31
EPRONTIA SOL 25MG/ML.....	45
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	62
ERIVEDGE CAP 150MG.....	23
ERLEADA TAB 60MG.....	19
<i>erlotinib hcl tab 100 mg (base equivalent)</i> .....	23
<i>erlotinib hcl tab 150 mg (base equivalent)</i> .....	23
<i>erlotinib hcl tab 25 mg (base equivalent)</i> .....	23
<i>errin</i> .....	71
<i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	6
<i>ery</i> .....	104
<i>ery-tab</i> .....	14
ERYTHROCIN INJ 500MG.....	14
<i>erythrocin stearate</i> .....	14
<i>erythromycin ethylsuccinate tab 400 mg</i> .....	14
<i>erythromycin lactobionate for inj 500 mg</i> .....	14
<i>erythromycin ophth oint 5 mg/gm</i> .....	96
<i>erythromycin soln 2%</i> .....	104
<i>erythromycin tab 250 mg</i> .....	14
<i>erythromycin tab 500 mg</i> .....	14
<i>erythromycin tab delayed release 250 mg</i> .....	14
<i>erythromycin tab delayed release 333 mg</i> .....	14
<i>erythromycin tab delayed release 500 mg</i> .....	14
<i>erythromycin w/ delayed release particles cap 250 mg</i> .....	14
ESBRIET CAP 267MG.....	101
ESBRIET TAB 267MG.....	101
ESBRIET TAB 801MG.....	101
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....	51
<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	51
<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	51
<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	51
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	84
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	84
<i>estarrylla</i> .....	71
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	75
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	75
<i>estradiol tab 0.5 mg</i> .....	75
<i>estradiol tab 1 mg</i> .....	75
<i>estradiol tab 2 mg</i> .....	75
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> .....	75
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> .....	75
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> .....	75
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> .....	75
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> .....	75
<i>estradiol td patch weekly 0.025 mg/24hr</i> .....	75
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> .....	75
<i>estradiol td patch weekly 0.05 mg/24hr</i> .....	75
<i>estradiol td patch weekly 0.06 mg/24hr</i> .....	75
<i>estradiol td patch weekly 0.075 mg/24hr</i> .....	75
<i>estradiol td patch weekly 0.1 mg/24hr</i> .....	75

estradiol vaginal cream 0.1 mg/gm .. 75  
 estradiol vaginal tab 10 mcg ..... 75  
 estradiol valerate im in oil 20 mg/ml 75  
 estradiol valerate im in oil 40 mg/ml 75  
 eszopiclone tab 1 mg..... 61  
 eszopiclone tab 2 mg..... 61  
 eszopiclone tab 3 mg..... 61  
 ethambutol hcl tab 100 mg..... 11  
 ethambutol hcl tab 400 mg..... 11  
 ethosuximide cap 250 mg ..... 45  
 ethosuximide soln 250 mg/5ml ..... 45  
 ethynodiol diacetate & ethinyl estradiol  
     tab 1 mg-35 mcg ..... 71  
 ethynodiol diacetate & ethinyl estradiol  
     tab 1 mg-50 mcg ..... 71  
 etodolac cap 200 mg ..... 1  
 etodolac cap 300 mg ..... 1  
 etodolac tab 400 mg ..... 1  
 etodolac tab 500 mg ..... 1  
 etodolac tab er 24hr 400 mg..... 1  
 etodolac tab er 24hr 500 mg..... 1  
 etodolac tab er 24hr 600 mg..... 1  
 etonogestrel-ethinyl estradiol va ring  
     0.120-0.015 mg/24hr ..... 71  
 etoposide inj 100 mg/5ml (20 mg/ml)  
     ..... 21  
 etoposide inj 500 mg/25ml (20 mg/ml)  
     ..... 21  
 etravirine tab 100 mg ..... 9  
 etravirine tab 200 mg ..... 9  
 EULEXIN CAP 125MG..... 19  
 euthyrox ..... 80  
 everolimus tab 0.25 mg ..... 91  
 everolimus tab 0.5 mg..... 91  
 everolimus tab 0.75 mg ..... 91  
 everolimus tab 1 mg ..... 91  
 everolimus tab 10 mg..... 23  
 everolimus tab 2.5 mg..... 23  
 everolimus tab 5 mg ..... 23  
 everolimus tab 7.5 mg..... 23  
 everolimus tab for oral susp 2 mg.... 23  
 everolimus tab for oral susp 3 mg.... 23  
 everolimus tab for oral susp 5 mg.... 23  
 EVOTAZ TAB 300-150..... 11  
 exemestane tab 25 mg ..... 19  
 EXKIVITY CAP 40MG ..... 23  
 ezetimibe tab 10 mg ..... 35

ezetimibe-simvastatin tab 10-10 mg.35  
 ezetimibe-simvastatin tab 10-20 mg.35  
 ezetimibe-simvastatin tab 10-40 mg.35  
 ezetimibe-simvastatin tab 10-80 mg.36  
**F**  
 FABRAZYME INJ 35MG ..... 78  
 FABRAZYME INJ 5MG ..... 78  
 falmina..... 71  
 famciclovir tab 125 mg..... 12  
 famciclovir tab 250 mg..... 12  
 famciclovir tab 500 mg..... 12  
 famotidine for susp 40 mg/5ml ..... 82  
 famotidine in nacl 0.9% iv soln 20  
     mg/50ml..... 82  
 famotidine inj 200 mg/20ml ..... 82  
 famotidine inj 40 mg/4ml ..... 82  
 famotidine preservative free inj 20  
     mg/2ml ..... 82  
 famotidine tab 20 mg..... 82  
 famotidine tab 40 mg..... 82  
 FANAPT PAK ..... 56  
 FANAPT TAB 10MG ..... 56  
 FANAPT TAB 12MG ..... 56  
 FANAPT TAB 1MG ..... 56  
 FANAPT TAB 2MG ..... 56  
 FANAPT TAB 4MG ..... 56  
 FANAPT TAB 6MG ..... 56  
 FANAPT TAB 8MG ..... 56  
 FARXIGA TAB 10MG..... 66  
 FARXIGA TAB 5MG ..... 66  
 FASENRA INJ 30MG/ML ..... 101  
 FASENRA PEN INJ 30MG/ML ..... 101  
 felbamate susp 600 mg/5ml..... 45  
 felbamate tab 400 mg..... 45  
 felbamate tab 600 mg..... 45  
 felodipine tab er 24hr 10 mg ..... 38  
 felodipine tab er 24hr 2.5 mg ..... 38  
 felodipine tab er 24hr 5 mg ..... 38  
 femynor ..... 71  
 fenofibrate micronized cap 134 mg...34  
 fenofibrate micronized cap 200 mg...35  
 fenofibrate micronized cap 67 mg ....34  
 fenofibrate tab 145 mg..... 35  
 fenofibrate tab 160 mg..... 35  
 fenofibrate tab 48 mg ..... 35  
 fenofibrate tab 54 mg ..... 35

<i>fentanyl citrate lozenge on a handle</i>	
1200 mcg .....	3
<i>fentanyl citrate lozenge on a handle</i>	
1600 mcg .....	3
<i>fentanyl citrate lozenge on a handle</i>	
200 mcg.....	3
<i>fentanyl citrate lozenge on a handle</i>	
400 mcg.....	3
<i>fentanyl citrate lozenge on a handle</i>	
600 mcg.....	3
<i>fentanyl citrate lozenge on a handle</i>	
800 mcg.....	3
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	2
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	2
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	2
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	2
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	2
<i>fesoterodine fumarate tab er 24hr</i> 4	
mg .....	85
<i>fesoterodine fumarate tab er 24hr</i> 8	
mg .....	85
FETZIMA CAP 120MG.....	51
FETZIMA CAP 20MG .....	51
FETZIMA CAP 40MG .....	51
FETZIMA CAP 80MG .....	51
FETZIMA CAP TITRATIO .....	51
FIASP FLEX INJ TOUCH .....	68
FIASP INJ 100/ML.....	68
FIASP PENFIL INJ U-100 .....	68
<i>finasteride tab 5 mg</i> .....	84
FINTEPLA SOL 2.2MG/ML .....	45
<i>finzala chw fe 1/20</i> .....	71
<i>flac</i> .....	98
FLAREX SUS 0.1% OP.....	97
FLEBOGAMMA INJ 10/100ML.....	90
FLEBOGAMMA INJ 10/200ML.....	90
FLEBOGAMMA INJ 20/200ML.....	90
FLEBOGAMMA INJ 20/400ML.....	90
FLEBOGAMMA INJ 5GM/50ML.....	90
FLEBOGAMMA INJ DIF 5% .....	90
<i>flecainide acetate tab 100 mg</i> .....	34
<i>flecainide acetate tab 150 mg</i> .....	34
<i>flecainide acetate tab 50 mg</i> .....	34
FLOVENT DISK AER 100MCG.....	103
FLOVENT DISK AER 250MCG.....	103
FLOVENT DISK AER 50MCG .....	103
FLOVENT HFA AER 110MCG .....	103
<i>FLOVENT HFA AER 220MCG</i> .....	103
<i>FLOVENT HFA AER 44MCG</i> .....	103
<i>fluconazole for susp 10 mg/ml</i> .....	7
<i>fluconazole for susp 40 mg/ml</i> .....	7
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....	7
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	7
<i>fluconazole tab 100 mg</i> .....	7
<i>fluconazole tab 150 mg</i> .....	7
<i>fluconazole tab 200 mg</i> .....	8
<i>fluconazole tab 50 mg</i> .....	7
<i>flucytosine cap 250 mg</i> .....	8
<i>flucytosine cap 500 mg</i> .....	8
<i>fludrocortisone acetate tab 0.1 mg</i> ...	76
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> .....	102
<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	98
<i>fluocinolone acetonide cream 0.01%</i> .....	106
<i>fluocinolone acetonide cream 0.025%</i> .....	106
<i>fluocinolone acetonide oil 0.01% (body oil)</i> .....	106
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....	106
<i>fluocinolone acetonide oint 0.025%</i> 106	
<i>fluocinolone acetonide soln 0.01%</i> .106	
<i>fluocinonide cream 0.05%</i> .....	106
<i>fluocinonide emulsified base cream 0.05%</i> .....	106
<i>fluocinonide gel 0.05%</i> .....	106
<i>fluocinonide oint 0.05%</i> .....	106
<i>fluocinonide soln 0.05%</i> .....	106
<i>fluorometholone ophth susp 0.1%</i> ....97	
<i>fluorouracil cream 5%</i> .....	107
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> .....	18
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> .....	18
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .....	18
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> .....	18
<i>fluorouracil soln 2%</i> .....	107
<i>fluorouracil soln 5%</i> .....	107

<i>fluoxetine hcl cap 10 mg</i> .....	51
<i>fluoxetine hcl cap 20 mg</i> .....	51
<i>fluoxetine hcl cap 40 mg</i> .....	51
<i>fluoxetine hcl solution 20 mg/5ml</i> ....	51
<i>fluphenazine decanoate inj 25 mg/ml</i> /56	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ...	56
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	56
<i>fluphenazine hcl oral conc 5 mg/ml</i> ..	56
<i>fluphenazine hcl tab 1 mg</i> .....	56
<i>fluphenazine hcl tab 10 mg</i> .....	56
<i>fluphenazine hcl tab 2.5 mg</i> .....	56
<i>fluphenazine hcl tab 5 mg</i> .....	56
<i>flurbiprofen sodium ophth soln 0.03%</i> .....	97
<i>flurbiprofen tab 100 mg</i> .....	1
<i>flutamide cap 125 mg</i> .....	19
<i>fluticasone propionate cream 0.05%</i> .....	106
<i>fluticasone propionate nasal susp 50 mcg/act</i> .....	102
<i>fluticasone propionate oint 0.005%</i> 106	
<i>fluvoxamine maleate tab 100 mg</i> ....	42
<i>fluvoxamine maleate tab 25 mg</i> .....	42
<i>fluvoxamine maleate tab 50 mg</i> .....	42
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	86
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	86
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	86
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	86
<i>FORTEO INJ 600/2.4</i> .....	69
<i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....	9
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	30
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	30
<i>fosinopril sodium tab 10 mg</i> .....	30
<i>fosinopril sodium tab 20 mg</i> .....	30
<i>fosinopril sodium tab 40 mg</i> .....	30
<i>FOTIVDA CAP 0.89MG</i> .....	23
<i>FOTIVDA CAP 1.34MG</i> .....	23
<i>FREAMINE III INJ 10%</i> .....	96
<i>fulvestrant inj soln pref syr 250 mg/5ml</i> .....	19
<i>furosemide inj</i> .....	39
<i>furosemide oral soln 10 mg/ml</i> .....	39
<i>furosemide oral soln 8 mg/ml</i> .....	39
<i>furosemide tab 20 mg</i> .....	39
<i>furosemide tab 40 mg</i> .....	39
<i>furosemide tab 80 mg</i> .....	39
<i>FUZEON INJ 90MG</i> .....	9
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	75
<i>fyavolv tab 1mg-5mcg</i> .....	75
<i>FYCOMPA SUS 0.5MG/ML</i> .....	45
<i>FYCOMPA TAB 10MG</i> .....	45
<i>FYCOMPA TAB 12MG</i> .....	45
<i>FYCOMPA TAB 2MG</i> .....	45
<i>FYCOMPA TAB 4MG</i> .....	45
<i>FYCOMPA TAB 6MG</i> .....	45
<i>FYCOMPA TAB 8MG</i> .....	45
<b>G</b>	
<i> gabapentin cap 100 mg</i> .....	45
<i> gabapentin cap 300 mg</i> .....	45
<i> gabapentin cap 400 mg</i> .....	45
<i> gabapentin oral soln 250 mg/5ml</i> ....	45
<i> gabapentin tab 600 mg</i> .....	45
<i> gabapentin tab 800 mg</i> .....	45
<i> galantamine hydrobromide cap er 24hr 16 mg</i> .....	48
<i> galantamine hydrobromide cap er 24hr 24 mg</i> .....	48
<i> galantamine hydrobromide cap er 24hr 8 mg</i> .....	48
<i> galantamine hydrobromide oral soln 4 mg/ml</i> .....	48
<i> galantamine hydrobromide tab 12 mg</i> .....	49
<i> galantamine hydrobromide tab 4 mg</i> 49	
<i> galantamine hydrobromide tab 8 mg</i> 49	
<i> GAMASTAN INJ</i> .....	90
<i> GAMMAGARD INJ 10GM/100</i> .....	90
<i> GAMMAGARD INJ 1GM/10ML</i> .....	90
<i> GAMMAGARD INJ 2.5GM/25</i> .....	90
<i> GAMMAGARD INJ 20GM/200</i> .....	90
<i> GAMMAGARD INJ 30GM/300</i> .....	90
<i> GAMMAGARD INJ 5GM/50ML</i> .....	90
<i> GAMMAGARD SD INJ 10GM HU</i> .....	90
<i> GAMMAGARD SD INJ 5GM HU</i> .....	90
<i> GAMMAKED INJ 10GM/100</i> .....	90
<i> GAMMAKED INJ 1GM/10ML</i> .....	90
<i> GAMMAKED INJ 20GM/200</i> .....	90

GAMMAKED INJ 5GM/50ML.....	90	<i>gentamicin in saline inj 2 mg/ml .....</i>	6
GAMMAPLEX INJ 10%.....	90	<i>gentamicin sulfate cream 0.1% .....</i>	104
GAMMAPLEX INJ 5% .....	90	<i>gentamicin sulfate inj 10 mg/ml.....</i>	6
GAMUNEX-C INJ 10GM/100 .....	90	<i>gentamicin sulfate inj 40 mg/ml.....</i>	6
GAMUNEX-C INJ 1GM/10ML.....	90	<i>gentamicin sulfate oint 0.1%.....</i>	104
GAMUNEX-C INJ 2.5GM/25 .....	90	<i>gentamicin sulfate ophth soln 0.3%..</i>	96
GAMUNEX-C INJ 20GM/200 .....	90	GENVOYA TAB .....	11
GAMUNEX-C INJ 40/400ML.....	90	GILENYA CAP 0.5MG .....	64
GAMUNEX-C INJ 5GM/50ML.....	90	GILOTrif TAB 20MG.....	24
<i>ganciclovir sodium for inj 500 mg ....</i>	12	GILOTrif TAB 30MG.....	24
GARDASIL 9 INJ .....	92	GILOTrif TAB 40MG.....	24
<i>gatifloxacin ophth soln 0.5%.....</i>	96	<i>glatiramer acetate soln prefilled syringe</i>	
GATTEX KIT 5MG .....	83	<i>20 mg/ml.....</i>	64
GAUZE PADS 2 .....	68	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gavilyte-c .....</i>	83	<i>40 mg/ml.....</i>	64
<i>gavilyte-g .....</i>	83	<i>glatopa.....</i>	64
<i>gavilyte-n sol flav pk .....</i>	83	<i>glimepiride tab 1 mg.....</i>	66
GAVRETO CAP 100MG.....	23	<i>glimepiride tab 2 mg.....</i>	66
<i>gemcitabine hcl for inj 1 gm .....</i>	18	<i>glimepiride tab 4 mg.....</i>	66
<i>gemcitabine hcl for inj 2 gm .....</i>	18	<i>glipizide tab 10 mg .....</i>	66
<i>gemcitabine hcl for inj 200 mg .....</i>	18	<i>glipizide tab 5 mg.....</i>	66
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>		<i>glipizide tab er 24hr 10 mg .....</i>	66
<i>mg/ml) (base equiv).....</i>	18	<i>glipizide tab er 24hr 2.5 mg .....</i>	66
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>		<i>glipizide tab er 24hr 5 mg .....</i>	66
<i>mg/ml) (base equiv).....</i>	18	<i>glipizide xl .....</i>	66
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>		<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>mg/ml) (base equiv).....</i>	18	<i>.....</i>	66
gemfibrozil tab 600 mg .....	35	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
generlac.....	83	<i>.....</i>	66
gengraf.....	91	<i>glipizide-metformin hcl tab 5-500 mg</i>	66
GENOTROPIN INJ 0.2MG .....	78	<i>glycopyrrolate tab 1 mg .....</i>	82
GENOTROPIN INJ 0.4MG .....	78	<i>glycopyrrolate tab 2 mg .....</i>	82
GENOTROPIN INJ 0.6MG .....	78	<i>glydo .....</i>	106
GENOTROPIN INJ 0.8MG .....	78	GLYXAMBI TAB 10-5 MG.....	66
GENOTROPIN INJ 1.2MG .....	78	GLYXAMBI TAB 25-5 MG.....	66
GENOTROPIN INJ 1.4MG .....	78	GOLYTELY SOL .....	83
GENOTROPIN INJ 1.6MG .....	78	<i>granisetron hcl inj 1 mg/ml .....</i>	81
GENOTROPIN INJ 1.8MG .....	78	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
GENOTROPIN INJ 12MG .....	78	<i>.....</i>	81
GENOTROPIN INJ 1MG.....	78	<i>granisetron hcl tab 1 mg .....</i>	81
GENOTROPIN INJ 2MG.....	78	<i>griseofulvin microsize susp 125 mg/5ml</i>	
GENOTROPIN INJ 5MG.....	78	<i>.....</i>	8
gentak .....	96	<i>griseofulvin microsize tab 500 mg .....</i>	8
<i>gentamicin in saline inj 0.8 mg/ml .....</i>	6	<i>griseofulvin ultramicrosize tab 125 mg</i>	8
<i>gentamicin in saline inj 1 mg/ml.....</i>	6	<i>griseofulvin ultramicrosize tab 250 mg</i>	8
<i>gentamicin in saline inj 1.2 mg/ml .....</i>	6	<i>guanfacine hcl tab 1 mg .....</i>	40
<i>gentamicin in saline inj 1.6 mg/ml .....</i>	6	<i>guanfacine hcl tab 2 mg .....</i>	40

<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> .....	60
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> .....	60
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> .....	60
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> .....	60
GVOKE HYPO 2 INJ .5/.1ML .....	77
GVOKE HYPO 2 INJ 1MG/.2ML.....	77
GVOKE KIT SOL 1MG/0.2M .....	77
GVOKE PFS INJ .....	77
<b>H</b>	
HAEGARDA INJ 2000UNIT .....	87
HAEGARDA INJ 3000UNIT .....	87
<i>hailey 1.5/30</i> .....	71
<i>hailey 24 fe</i> .....	71
<i>halobetasol propionate cream 0.05%</i> .....	106
<i>halobetasol propionate oint 0.05%</i> ..	106
<i>haloperidol decanoate im soln 100 mg/ml</i> .....	56
<i>haloperidol decanoate im soln 50 mg/ml</i> .....	56
<i>haloperidol lactate inj 5 mg/ml</i> .....	56
<i>haloperidol lactate oral conc 2 mg/ml</i> /56	
<i>haloperidol tab 0.5 mg</i> .....	56
<i>haloperidol tab 1 mg</i> .....	56
<i>haloperidol tab 10 mg</i> .....	56
<i>haloperidol tab 2 mg</i> .....	56
<i>haloperidol tab 20 mg</i> .....	56
<i>haloperidol tab 5 mg</i> .....	56
HARVONI PAK 33.75-150MG .....	12
HARVONI PAK 45-200MG .....	12
HARVONI TAB 45-200MG .....	12
HARVONI TAB 90-400MG .....	12
HAVRIX INJ 1440UNIT .....	92
HAVRIX INJ 720UNIT.....	92
<i>heather</i> .....	71
HEP SOD/D5W INJ 20000UNT .....	86
HEP SOD/D5W INJ 25000UNT .....	86
HEP SOD/NAACL INJ 25000UNT .....	86
<i>heparin sodium (porcine) inj 1000 unit/ml</i> .....	86
<i>heparin sodium (porcine) inj 10000 unit/ml</i> .....	86

<i>heparin sodium (porcine) inj 20000 unit/ml</i> .....	86
<i>heparin sodium (porcine) inj 5000 unit/ml</i> .....	86
HEPARIN/NAACL INJ 25000UNT .....	86
<i>hepatamine sol 8%</i> .....	96
HERCEP HYLEC SOL 60-10000 .....	24
HERCEPTIN INJ 150MG .....	24
HERZUMA INJ 150MG.....	24
HERZUMA INJ 420MG.....	24
HETLIOZ CAP 20MG.....	61
HIBERIX SOL 10MCG .....	92
HUMIRA INJ 10/0.1ML.....	88
HUMIRA INJ 20/0.2ML.....	88
HUMIRA INJ 40/0.4ML.....	88
HUMIRA KIT 40MG/0.8.....	88
HUMIRA PEDIA INJ CROHNS .....	88
HUMIRA PEN INJ 40/0.4ML .....	88
HUMIRA PEN INJ 40MG/0.8 .....	89
HUMIRA PEN INJ 80/0.8ML .....	89
HUMIRA PEN INJ CD/UC/HS .....	89
HUMIRA PEN INJ PS/UV .....	89
HUMIRA PEN KIT CD/UC/HS .....	89
HUMIRA PEN KIT PED UC .....	89
HUMIRA PEN KIT PS/UV .....	89
HUMULIN R INJ U-500.....	68
<i>hydralazine hcl inj 20 mg/ml</i> .....	40
<i>hydralazine hcl tab 10 mg</i> .....	40
<i>hydralazine hcl tab 100 mg</i> .....	41
<i>hydralazine hcl tab 25 mg</i> .....	40
<i>hydralazine hcl tab 50 mg</i> .....	41
<i>hydrochlorothiazide cap 12.5 mg</i> .....	39
<i>hydrochlorothiazide tab 12.5 mg</i> .....	39
<i>hydrochlorothiazide tab 25 mg</i> .....	39
<i>hydrochlorothiazide tab 50 mg</i> .....	39
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> .....	2
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> .....	2
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> .....	2
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> .....	2
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> .....	2
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> .....	2

<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> .....	2
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	4
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	4
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	4
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	4
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	4
<i>hydrocortisone cream 1%</i> .....	106
<i>hydrocortisone cream 2.5%</i> .....	106
<i>hydrocortisone enema 100 mg/60ml</i> .....	82
<i>hydrocortisone lotion 2.5%</i> .....	106
<i>hydrocortisone oint 2.5%</i> .....	106
<i>hydrocortisone perianal cream 2.5%</i> .....	107
<i>hydrocortisone tab 10 mg</i> .....	76
<i>hydrocortisone tab 20 mg</i> .....	76
<i>hydrocortisone tab 5 mg</i> .....	76
<i>hydromorphone hcl liqd 1 mg/ml</i> .....	4
<i>hydromorphone hcl tab 2 mg</i> .....	4
<i>hydromorphone hcl tab 4 mg</i> .....	4
<i>hydromorphone hcl tab 8 mg</i> .....	4
<i>hydroxychloroquine sulfate tab 200 mg</i> .....	90
<i>hydroxyurea cap 500 mg</i> .....	21
<i>hydroxyzine hcl im soln 25 mg/ml</i> .....	99
<i>hydroxyzine hcl im soln 50 mg/ml</i> .....	99
<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	99
<i>hydroxyzine hcl tab 10 mg</i> .....	99
<i>hydroxyzine hcl tab 25 mg</i> .....	100
<i>hydroxyzine hcl tab 50 mg</i> .....	100
<i>hydroxyzine pamoate cap 25 mg</i> .....	100
<i>hydroxyzine pamoate cap 50 mg</i> .....	100
<i>HYSINGLA ER TAB 100 MG</i> .....	2
<i>HYSINGLA ER TAB 120 MG</i> .....	3
<i>HYSINGLA ER TAB 20 MG</i> .....	2
<i>HYSINGLA ER TAB 30 MG</i> .....	2
<i>HYSINGLA ER TAB 40 MG</i> .....	2
<i>HYSINGLA ER TAB 60 MG</i> .....	2
<i>HYSINGLA ER TAB 80 MG</i> .....	2
<b>I</b>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i> .....	69
<i>IBRANCE CAP 100MG</i> .....	24
<i>IBRANCE CAP 125MG</i> .....	24
<i>IBRANCE CAP 75MG</i> .....	24
<i>IBRANCE TAB 100MG</i> .....	24
<i>IBRANCE TAB 125MG</i> .....	24
<i>IBRANCE TAB 75MG</i> .....	24
<i>ibu</i> .....	1
<i>ibuprofen susp 100 mg/5ml</i> .....	1
<i>ibuprofen tab 400 mg</i> .....	1
<i>ibuprofen tab 600 mg</i> .....	1
<i>ibuprofen tab 800 mg</i> .....	1
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> .....	87
<i>iclevia</i> .....	71
<i>ICLUSIG TAB 10MG</i> .....	24
<i>ICLUSIG TAB 15MG</i> .....	24
<i>ICLUSIG TAB 30MG</i> .....	24
<i>ICLUSIG TAB 45MG</i> .....	24
<i>IDHIFA TAB 100MG</i> .....	24
<i>IDHIFA TAB 50MG</i> .....	24
<i>ILEVRO DRO 0.3% OP</i> .....	97
<i>imatinib mesylate tab 100 mg (base equivalent)</i> .....	24
<i>imatinib mesylate tab 400 mg (base equivalent)</i> .....	24
<i>IMBRUVICA CAP 140MG</i> .....	24
<i>IMBRUVICA CAP 70MG</i> .....	24
<i>IMBRUVICA SUS 70MG/ML</i> .....	24
<i>IMBRUVICA TAB 140MG</i> .....	24
<i>IMBRUVICA TAB 280MG</i> .....	24
<i>IMBRUVICA TAB 420MG</i> .....	24
<i>IMBRUVICA TAB 560MG</i> .....	25
<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....	6
<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	6
<i>imipramine hcl tab 10 mg</i> .....	51
<i>imipramine hcl tab 25 mg</i> .....	51
<i>imipramine hcl tab 50 mg</i> .....	51
<i>imiquimod cream 5%</i> .....	107
<i>IMOVAZ RABIE INJ 2.5/ML</i> .....	92
<i>incassia</i> .....	72
<i>INCRELEX INJ 40MG/4ML</i> .....	78
<i>INCRUSE ELPT INH 62.5MCG</i> .....	99
<i>indapamide tab 1.25 mg</i> .....	39
<i>indapamide tab 2.5 mg</i> .....	39
<i>INFANRIX INJ</i> .....	92

INFILIXIMAB INJ 100MG .....	89
INGREZZA CAP 40-80MG .....	63
INGREZZA CAP 40MG .....	63
INGREZZA CAP 60MG .....	63
INGREZZA CAP 80MG .....	63
INLYTA TAB 1MG .....	25
INLYTA TAB 5MG .....	25
INQOVI TAB 35-100MG.....	18
INREBIC CAP 100MG .....	25
INSULIN SAFETY NEEDLES .....	68
<b>INSULIN SYRINGES:</b>	
BD/ULTIMED/ALLISON/TRIVIDIA/MH C.....	68
INTELENCE TAB 25MG .....	9
INTRALIPID INJ 20% .....	96
INTRALIPID INJ 30% .....	96
INTRON A INJ 10MU.....	91
INTRON A INJ 18MU .....	91
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topiramate tab 200 mg .....	47
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toremifene citrate tab 60 mg (base equivalent).....	20
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torsemide tab 20 mg .....	40
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<i>trandolapril tab 4 mg</i> .....	31
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....	88
<i>tranexamic acid tab 650 mg</i> .....	88
<i>tranylcypromine sulfate tab 10 mg</i> .....	52
<i>TRAVASOL INJ 10%</i> .....	96
<i>TRAZIMERA INJ 150MG</i> .....	28
<i>TRAZIMERA INJ 420MG</i> .....	28
<i>trazodone hcl tab 100 mg</i> .....	52
<i>trazodone hcl tab 150 mg</i> .....	52
<i>trazodone hcl tab 50 mg</i> .....	52
<i>TRECATOR TAB 250MG</i> .....	11
<i>TRELEGY AER ELLIPTA 100-62.5-25 MCG</i> .....	99
<i>TRELEGY AER ELLIPTA 200-62.5-25 MCG</i> .....	99
<i>TRELSTAR MIX INJ 11.25MG</i> .....	20
<i>TRELSTAR MIX INJ 3.75MG</i> .....	20
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> .....	42
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i> .....	42
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> .....	42
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> .....	42
<i>TRESIBA FLEX INJ 100UNIT</i> .....	69
<i>TRESIBA FLEX INJ 200UNIT</i> .....	69
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<i>tretinoin cap 10 mg</i> .....	21
<i>tretinoin cream 0.025%</i> .....	104
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<i>tretinoin gel 0.01%</i> .....	104
<i>tretinoin gel 0.025%</i> .....	104
<i>triamcinolone acetonide cream 0.025%</i> .....	106
<i>triamcinolone acetonide cream 0.1%</i> .....	106
<i>triamcinolone acetonide cream 0.5%</i> .....	106
<i>triamcinolone acetonide dental paste 0.1%</i> .....	108
<i>triamcinolone acetonide lotion 0.025%</i> .....	106
<i>triamcinolone acetonide lotion 0.1%</i> .....	106
<i>triamcinolone acetonide oint 0.025%</i> .....	106
<i>triamcinolone acetonide oint 0.1%</i> .....	106
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<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	40
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	40
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	40
<i>TRICARE TAB PRENATAL</i> .....	95
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<i>trientine hcl cap 250 mg</i> .....	70
<i>tri-estarylla</i> .....	74
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> .....	59
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i> .....	59
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> .....	59
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i> .....	59
<i>trifluridine ophth soln 1%</i> .....	97
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> .....	54
<i>trihexyphenidyl hcl tab 2 mg</i> .....	54
<i>trihexyphenidyl hcl tab 5 mg</i> .....	54
<i>TRIJARDY XR TAB ER 24HR 10-5-1000MG</i> .....	68
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<i>TRIJARDY XR TAB ER 24HR 25-5-1000MG</i> .....	68
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<i>TRIKAFTA TAB 100-50-75MG &amp; 150MG</i> .....	102
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<i>tri-linyah</i> .....	74
<i>tri-lo-estarylla</i> .....	74
<i>tri-lo-marzia</i> .....	74
<i>tri-lo-mili</i> .....	74
<i>tri-lo-sprintec</i> .....	74
<i>TRIMETHOPRIM TAB 100MG</i> .....	7
<i>tri-mili</i> .....	74

<i>trimipramine maleate cap 100 mg</i>	52
<i>trimipramine maleate cap 25 mg</i>	52
<i>trimipramine maleate cap 50 mg</i>	52
TRINTELLIX TAB 10MG	52
TRINTELLIX TAB 20MG	52
TRINTELLIX TAB 5MG	52
<i>tri-nymyo tab</i>	74
<i>tri-sprintec</i>	74
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TRIUMEQ TAB	11
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<i>tri-vylibra</i>	74
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TRIZIVIR TAB	11
TROGARZO INJ 150MG/ML	10
TROPHAMINE INJ 10%	96
<i>trospium chloride tab 20 mg</i>	85
TRULICITY INJ 0.75/0.5	68
TRULICITY INJ 1.5/0.5	68
TRULICITY INJ 3/0.5	68
TRULICITY INJ 4.5/0.5	68
TRUMENBA INJ	93
TRUSELTIQ 100 MG DAILY DOSE	28
TRUSELTIQ 125 MG DAILY DOSE	28
TRUSELTIQ 50 MG DAILY DOSE	28
TRUSELTIQ 75 MG DAILY DOSE	28
TRUXIMA INJ 100/10ML	28
TRUXIMA INJ 500/50ML	28
TUKYSA TAB 150MG	28
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TURALIO CAP 200MG	28
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UBRELVY TAB 100MG	63
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<i>ursodiol cap 300 mg</i>	84
<i>ursodiol tab 250 mg</i>	84
<i>ursodiol tab 500 mg</i>	84
<b>V</b>	
<i>valacyclovir hcl tab 1 gm</i>	12
<i>valacyclovir hcl tab 500 mg</i>	12
VALCHLOR GEL 0.016%	107
<i>valganciclovir hcl for soln 50 mg/ml</i>	
(base equiv)	12
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
	12
<i>valproate sodium inj 100 mg/ml</i>	47
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
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<i>valproic acid cap 250 mg</i>	48
<i>valsartan tab 160 mg</i>	34
<i>valsartan tab 320 mg</i>	34
<i>valsartan tab 40 mg</i>	33
<i>valsartan tab 80 mg</i>	34
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
	33
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
	33
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
	33
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
	33
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
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VALTOCO SPR 20MG	48
VALTOCO SPR 5MG	48
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<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	
	7
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	
	7
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	
	7
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	
	7
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	
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VANCOMYCIN INJ 1 GM	7
VANCOMYCIN INJ 500MG	7
VANCOMYCIN INJ 750MG	7
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venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) .....	52
venlafaxine hcl cap er 24hr 75 mg (base equivalent) .....	52
venlafaxine hcl tab 100 mg (base equivalent) .....	52
venlafaxine hcl tab 25 mg (base equivalent) .....	52
venlafaxine hcl tab 37.5 mg (base equivalent) .....	52
venlafaxine hcl tab 50 mg (base equivalent) .....	52
venlafaxine hcl tab 75 mg (base equivalent) .....	52
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verapamil hcl cap er 24hr 120 mg ...	39
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verapamil hcl tab 40 mg .....	39
verapamil hcl tab 80 mg .....	39
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<i>voriconazole tab 200 mg .....</i>	8
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<i>warfarin sodium tab 10 mg.....</i>	87
<i>warfarin sodium tab 2 mg .....</i>	86
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XCOPRI PAK 100-150 .....	48
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XCOPRI PAK 150-200MG (MAINTENANCE).....	48
XCOPRI PAK 150-200MG (TITRATION) .....	48
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XCOPRI TAB 200MG.....	48
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XELJANZ TAB 10MG.....	89
XELJANZ TAB 5MG .....	89
XELJANZ XR TAB 11MG .....	90
XELJANZ XR TAB 22MG .....	90
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XIFAXAN TAB 550MG .....	84
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XIGDUO XR TAB 5-1000MG.....	68
XIGDUO XR TAB 5-500MG .....	68
XiIDRA DRO 5% .....	98
XOFLUZA TAB 40MG .....	12
XOFLUZA TAB 80MG .....	12
XOLAIR INJ 150MG/ML.....	102
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XPOVIO 100 MG ONCE WEEKLY .....	29
XPOVIO 40 MG ONCE WEEKLY .....	28
XPOVIO 40 MG TWICE WEEKLY.....	29
XPOVIO 60 MG ONCE WEEKLY .....	29
XPOVIO 80 MG ONCE WEEKLY .....	29
XPOVIO PAK 100MG .....	29
XPOVIO PAK 40MG .....	29
XPOVIO PAK 60MG .....	29
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ZENPEP CAP 25000UNT .....	84
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<i>zidovudine syrup</i> 10 mg/ml .....	10
<i>zidovudine tab</i> 300 mg .....	10
<i>ziprasidone hcl cap</i> 20 mg .....	59
<i>ziprasidone hcl cap</i> 40 mg .....	59
<i>ziprasidone hcl cap</i> 60 mg .....	59
<i>ziprasidone hcl cap</i> 80 mg .....	59
<i>ziprasidone mesylate for inj</i> 20 mg <i>(base equivalent)</i> .....	59
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<i>zoledronic acid inj conc for iv infusion</i> 4 mg/5ml .....	70
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<i>zolmitriptan orally disintegrating tab</i> 2.5 mg .....	63
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<i>zolmitriptan tab</i> 2.5 mg .....	63
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ZYPREXA RELP INJ 210MG .....	59
ZYPREXA RELP INJ 300MG .....	59
ZYPREXA RELP INJ 405MG .....	59



Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

VIVA HEALTH will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Civil Rights Coordinator will be responsible for such arrangements.

**Language Assistance Services:**

**Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711).

**Traditional Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-633-1542 (TTY : 711).

**Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-633-1542 (TTY: 711)번으로 전화해 주십시오

**Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-633-1542 (TTY: 711).

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية توافر لك بالمجان. اتصل برقم 1-800-633-1542 (TTY: 711).

**German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-633-1542 (TTY: 711).

**French**

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-633-1542 (ATS: 711).

**Gujarati**

ધ્યાન: તમે ગુજરાતી બોલે છો, ભાષા સહાય સેવાઓ વિના મૂલ્યે તમારા માટે ઉપલબ્ધ છે . કોલ 1-800-633-1542 (TTY : 711) .

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-633-1542 (TTY: 711).



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VIVA HEALTH:

- 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)
- 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 VIVA HEALTH's Civil Rights Coordinator.

If you believe that VIVA HEALTH 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 VIVA HEALTH's Civil Rights Coordinator:

Address: 417 20<sup>th</sup> Street North, Suite 1100  
Birmingham, AL, 35203  
Phone: 1-800-633-1542 (TTY: 711)  
Fax: 205-449-7626  
Email: VIVACivilRightsCoord@uabmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, VIVA HEALTH's Civil Rights Coordinator is 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 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  
1-800-368-1019, TDD: 1-800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### **Grievance Procedure:**

It is the policy of VIVA HEALTH not to discriminate on the basis of race, color, national origin, sex, age or disability. VIVA HEALTH has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or



disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of VIVA HEALTH's Civil Rights Coordinator:

Address: 417 20<sup>th</sup> Street North, Suite 1100  
Birmingham, AL, 35203

Phone: 1-800-633-1542 (TTY: 711)

Fax: 205-449-7626

Email: VIVACivilRightsCoord@uabmc.edu

VIVA HEALTH's Civil Rights Coordinator has been designated to coordinate the efforts of VIVA HEALTH to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for VIVA HEALTH to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

**Procedure:**

- Grievances must be submitted to the Civil Rights Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Civil Rights Coordinator shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Civil Rights Coordinator will maintain the files and records of VIVA HEALTH relating to such grievances. To the extent possible, and in accordance with applicable law, the Civil Rights Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Civil Rights Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Civil Rights Coordinator by writing to the Chief Administrative Officer within 15 days of receiving the Civil Rights Coordinator's decision. The Chief Administrative Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal and administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 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  
1-800-368-1019, TDD: 1-800-537-7697

**PLEASE READ:**

This formulary was updated on 12/01/2022.

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



417 20th Street North, Suite 1100  
Birmingham, Alabama 35203

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

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