MASSACHUSETTS

Blue MedicareRx℠ (PDP) 2 Tier Select 2025 Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on 09/20/2024. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this Drug List (Formulary) refers to "we," "us," or "our," it means Blue MedicareRx℠ (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx.

This document includes a Drug List (Formulary) for our plan which is current as of January 1, 2025. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

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What is the Blue MedicareRx Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx 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. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx 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 change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: rxmedicareplans.memberdoc.com.

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

> **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug on our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost sharing tier or add new restrictions.
>
> We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).
>
> If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Blue MedicareRx Formulary?"
>
> Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"
>
> **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 20, 2024. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal (rxmedicareplans.memberdoc.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

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 on 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 at the back of this document. 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?

Blue MedicareRx 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 work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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:** Blue MedicareRx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
>
> **Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for ATROVENT HFA. This may be in addition to a standard one-month or three-month supply.
>
> **Step Therapy:** In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask Blue MedicareRx 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 Blue MedicareRx formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

> You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
>
> You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

How do I request an exception to the Blue MedicareRx Formulary?

You can ask us 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 including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx 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.
>
> You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost sharing drug or the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need this exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you talk to your prescriber 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 has a coverage restriction, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

For more information

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

If you have questions about Blue MedicareRx, 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/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Blue MedicareRx Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D stands for drugs covered under Medicare Part B or D.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- NM stands for No Mail Order. This prescription drug is not available through mail order service.

In the drug listing, the Tier column identifies which tier each drug is on. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL
colchicine TABS .6mg QL (120 tabs / 30 days)	Tier 1	QL
colchicine w/ probenecid tab 0.5-500 mg	Tier 2	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL
probenecid TABS 500mg	Tier 2	
MISCELLANEOUS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D
NSAIDS		
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
diclofenac sodium TB24 100mg	Tier 2	
diclofenac sodium TBEC 25mg, 50mg, 75mg	Tier 1	
flurbiprofen TABS 100mg	Tier 2	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml	Tier 2	
ibuprofen TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg	Tier 1	
naproxen (generic of NAPROSYN) TABS 500mg	Tier 1	
sulindac TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 2	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	Tier 1	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits
endocet tab 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
endocet tab 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
fentanyl citrate LPOP 200mcg QL (120 lozenges / 30 days)	Tier 2	QL PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	Tier 2	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	Tier 2	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 2	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	Tier 2	
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 2	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	Tier 1	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 2	
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NM PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 2	QL PA
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	Tier 2	
CAYSTON SOLR 75mg	Tier 2	NM PA
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 900mg/6ml, 9000mg/60ml	Tier 2	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	Tier 2	
dapsone TABS 25mg, 100mg	Tier 2	
DAPTOMYCIN SOLR 350mg	Tier 2	
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	Tier 1	
daptomycin SOLR 500mg	Tier 1	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
ertapenem sodium SOLR 1gm	Tier 2	
gentamicin in saline inj 0.8 mg/ml	Tier 2	
gentamicin in saline inj 2 mg/ml	Tier 2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 2	
imipenem-cilastatin intravenous for soln 250 mg	Tier 2	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	Tier 2	
IMPAVIDO CAPS 50mg	Tier 2	PA
ivermectin (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 2	QL PA
linezolid (generic of ZYVOX) SOLN 600mg/300ml	Tier 2	
linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL
LINEZOLID INJ 2MG/ML	Tier 2	
meropenem SOLR 1gm, 500mg	Tier 2	
methenamine hippurate (generic of HIPREX) TABS 1gm	Tier 2	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 2	
metronidazole TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 1	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL
nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	Tier 2	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	Tier 2	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	Tier 2	
praziquantel (generic of BILTRICIDE) TABS 600mg	Tier 2	
pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL PA
streptomycin sulfate SOLR 1gm	Tier 2	
sulfadiazine TABS 500mg	Tier 1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2	
trimethoprim TABS 100mg	Tier 2	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 2	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 2	QL
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm	Tier 2	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 2	
VANCOMYCIN INJ 1 GM	Tier 2	
VANCOMYCIN INJ 500MG	Tier 2	
VANCOMYCIN INJ 750MG	Tier 2	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	Tier 2	B/D
amphotericin b SOLR 50mg	Tier 2	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 2	
fluconazole SUSR 10mg/ml; TABS 50mg	Tier 2	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	Tier 2	
fluconazole (generic of DIFLUCAN) TABS 100mg, 150mg, 200mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 2	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 2	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 2	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 2	
itraconazole (generic of SPORANOX) CAPS 100mg	Tier 2	PA
ketoconazole TABS 200mg	Tier 2	PA
micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 2	
nystatin TABS 500000unit	Tier 2	
posaconazole (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	Tier 1	QL PA
posaconazole (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	Tier 1	QL PA
voriconazole (generic of VFEND IV) SOLR 200mg	Tier 2	PA
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	Tier 1	QL PA
voriconazole (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 2	QL
voriconazole (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Tier 2	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Tier 2	
chloroquine phosphate TABS 250mg, 500mg	Tier 2	
COARTEM TAB 20-120MG	Tier 2	
mefloquine hcl TABS 250mg	Tier 2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2	
quinine sulfate (generic of QUALAQUIN) CAPS 324mg	Tier 2	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	Tier 2	NM
abacavir sulfate TABS 300mg	Tier 2	NM
APTIVUS CAPS 250mg	Tier 2	NM
atazanavir sulfate CAPS 150mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	Tier 2	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 1	QL NM
darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 1	QL NM
EDURANT TABS 25mg	Tier 2	NM
efavirenz (generic of SUSTIVA) TABS 600mg	Tier 2	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	Tier 2	NM
EMTRIVA SOLN 10mg/ml	Tier 2	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
fosamprenavir calcium (generic of LEXIVA) TABS 700mg	Tier 1	NM
FUZEON SOLR 90mg	Tier 2	NM
INTELENCE TABS 25mg	Tier 2	NM
ISENTRESS CHEW 25mg	Tier 2	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
ISENTRESS HD TABS 600mg	Tier 2	NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	Tier 2	NM
nevirapine TABS 200mg	Tier 1	NM
NORVIR PACK 100mg	Tier 2	NM
PIFELTRO TABS 100mg	Tier 2	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL NM

Drug Name	Drug Tier	Requirements/ Limits
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
REYATAZ PACK 50mg	Tier 2	NM
ritonavir (generic of NORVIR) TABS 100mg	Tier 2	NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NM
SELZENTRY TABS 25mg	Tier 2	NM
SUNLENCA TBPK 300mg	Tier 2	NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	Tier 2	NM
TIVICAY TABS 10mg	Tier 2	NM
TIVICAY TABS 25mg, 50mg	Tier 2	NM
TIVICAY PD TBSO 5mg	Tier 2	NM
TYBOST TABS 150mg	Tier 2	NM
VIRACEPT TABS 250mg, 625mg	Tier 2	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 2	NM
zidovudine TABS 300mg	Tier 2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	Tier 2	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM
COMPLERA TAB	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	QL NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 2	QL NM
DOVATO TAB 50-300MG	Tier 2	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	Tier 1	NM

Drug Name	Drug Tier	Requirements/ Limits
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFI LO)	Tier 1	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 1	QL NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA) QL (30 tabs / 30 days)	Tier 2	QL NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
JULUCA TAB 50-25MG	Tier 2	NM
lamivudine-zidovudine tab 150-300 mg	Tier 2	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	Tier 2	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	Tier 2	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	Tier 2	NM
ODEFSEY TAB	Tier 2	NM
PREZCOBIX TAB 800-150	Tier 2	NM
STRIBILD TAB	Tier 2	NM
SYMTUZA TAB	Tier 2	NM
TRIUMEQ PD TAB	Tier 2	NM
TRIUMEQ TAB	Tier 2	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	
ethambutol hcl TABS 100mg, 400mg	Tier 2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits
isoniazid TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 2	
pyrazinamide TABS 500mg	Tier 2	
rifabutin (generic of MYCOBUTIN) CAPS 150mg	Tier 2	
rifampin CAPS 150mg, 300mg	Tier 2	
rifampin (generic of RIFADIN) SOLR 600mg	Tier 2	
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA
TRECATOR TABS 250mg	Tier 2	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 2	B/D
adefovir dipivoxil TABS 10mg	Tier 2	NM
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 2	NM
EPCLUSA PAK 150-37.5	Tier 2	NM PA
EPCLUSA PAK 200-50MG	Tier 2	NM PA
EPCLUSA TAB 200-50MG	Tier 2	NM PA
EPCLUSA TAB 400-100	Tier 2	NM PA
ganciclovir sodium SOLR 500mg	Tier 2	B/D
HARVONI PAK 33.75-150MG	Tier 2	NM PA
HARVONI PAK 45-200MG	Tier 2	NM PA
HARVONI TAB 45-200MG	Tier 2	NM PA
HARVONI TAB 90-400MG	Tier 2	NM PA
lamivudine (hbv) TABS 100mg	Tier 2	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 2	NM
rimantadine hydrochloride TABS 100mg	Tier 2	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
valganciclovir hcl (generic of VALCYTE) TABS 450mg	Tier 2	
VOSEVI TAB	Tier 2	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 2	
cefadroxil CAPS 500mg	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 2	
CEFAZOLIN INJ 1GM/50ML	Tier 2	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 2	
cefdinir CAPS 300mg	Tier 1	
cefdinir SUSR 125mg/5ml, 250mg/5ml	Tier 2	
cefepime hcl SOLR 1gm, 2gm	Tier 2	
cefixime CAPS 400mg	Tier 2	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 2	
cefpodoxime proxetil TABS 100mg, 200mg	Tier 2	
cefprozil TABS 250mg, 500mg	Tier 2	
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 2	
cefuroxime axetil TABS 250mg, 500mg	Tier 1	
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 2	
cephalexin CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 2	
tazicef SOLR 1gm, 2gm, 6gm	Tier 2	
TEFLARO SOLR 400mg, 600mg	Tier 2	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm	Tier 2	
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	
azithromycin (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
azithromycin TABS 600mg	Tier 1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	Tier 2	
clarithromycin TABS 250mg, 500mg	Tier 2	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ery-tab TBEC 250mg, 333mg, 500mg	Tier 2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 2	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 2	
erythromycin lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 2	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	Tier 2	
ciprofloxacin 400 mg/200ml in d5w	Tier 2	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
ciprofloxacin hcl TABS 750mg	Tier 1	
levofloxacin SOLN 25mg/ml	Tier 2	
levofloxacin TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 2	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 2	
levofloxacin in d5w iv soln 750 mg/150ml	Tier 2	
moxifloxacin hcl TABS 400mg	Tier 2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 2	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	Tier 1	
amoxicillin (generic of AMOXICILLIN) SUSR 400mg/5ml	Tier 1	
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 2	
amoxicillin & k clavulanate tab 250-125 mg	Tier 2	
amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	Tier 2	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	Tier 2	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	Tier 2	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Tier 2	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 2	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 2	
nafcillin sodium SOLR 1gm, 2gm	Tier 2	
nafcillin sodium SOLR 10gm	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 2	
penicillin g sodium SOLR 5000000unit	Tier 2	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 2	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 2	
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 2	
doxycycline (monohydrate) CAPS 50mg, 100mg	Tier 1	
doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 2	
doxycycline hyclate CAPS 50mg; TABS 20mg, 100mg	Tier 2	
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	
doxycycline hyclate SOLR 100mg	Tier 2	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 2	
tetracycline hcl CAPS 250mg, 500mg	Tier 2	
tigecycline (generic of TYGACIL) SOLR 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
cyclophosphamide CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 2	B/D
GLEOSTINE CAPS 10mg, 40mg	Tier 2	NM
GLEOSTINE CAPS 100mg	Tier 2	NM
ANTIMETABOLITES		
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	QL NM PA
mercaptopurine TABS 50mg	Tier 2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA
PURIXAN SUSP 2000mg/100ml	Tier 2	NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	Tier 1	
bicalutamide (generic of CASODEX) TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 2	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
EULEXIN CAPS 125mg	Tier 1	
exemestane (generic of AROMASIN) TABS 25mg	Tier 2	
FIRMAGON SOLR 80mg	Tier 2	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
letrozole (generic of FEMARA) TABS 2.5mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 2	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
LYSODREN TABS 500mg	Tier 2	NM
megestrol acetate TABS 20mg, 40mg	Tier 2	
nilutamide (generic of NILANDRON) TABS 150mg	Tier 1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ORGOVYX TABS 120mg	Tier 2	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate (generic of FARESTON) TABS 60mg	Tier 2	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA
hydroxyurea (generic of HYDREA) CAPS 500mg	Tier 1	
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
MATULANE CAPS 50mg	Tier 2	NM
tretinoin (chemotherapy) CAPS 10mg	Tier 1	
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 2	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 2	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	QL NM PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
erlotinib hcl (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	Tier 1	QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
gefitinib (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 2	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
lapatinib ditosylate (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
pazopanib hcl (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 2	QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
sorafenib tosylate (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 2	QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 2	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 2	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
PROTECTIVE AGENTS		
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 2	
MESNEX TABS 400mg	Tier 2	
CARDIOVASCULAR ***ACE INHIBITOR COMBINATIONS***		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 2	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	Tier 2	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	Tier 2	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	Tier 2	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 2	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg	Tier 1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl TABS 7.5mg, 15mg	Tier 2	
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 2	
quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone (generic of INSPRA) TABS 25mg, 50mg	Tier 2	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	Tier 2	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 2	QL
candesartan cilexetil (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 2	QL
irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1	
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL
valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 2	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 2	
amiodarone hcl TABS 200mg	Tier 1	
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	Tier 2	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 2	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 2	QL
pacerone TABS 100mg, 400mg	Tier 2	
pacerone TABS 200mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg	Tier 2	
propafenone hcl TABS 150mg, 225mg, 300mg	Tier 2	
quinidine sulfate TABS 200mg, 300mg	Tier 2	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
sotalol hcl TABS 240mg	Tier 1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2	
ANTILIPEMICS, FIBRATES		
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
fenofibrate TABS 54mg, 160mg	Tier 2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 2	
gemfibrozil (generic of LOPID) TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
simvastatin TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2	
cholestyramine light PACK 4gm	Tier 2	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
colestipol hcl (generic of COLESTID) GRAN 5gm	Tier 2	
colestipol hcl PACK 5gm	Tier 2	
colestipol hcl (generic of COLESTID) TABS 1gm	Tier 2	
ezetimibe (generic of ZETIA) TABS 10mg	Tier 2	
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	Tier 2	PA
prevalite PACK 4gm	Tier 2	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
REPATHA SOSY 140mg/ml	Tier 2	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 2	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 2	NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	Tier 1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 2	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 2	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
metoprolol tartrate SOLN 5mg/5ml	Tier 2	
metoprolol tartrate TABS 25mg	Tier 1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
pindolol TABS 5mg, 10mg	Tier 2	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2	
propranolol hcl SOLN 20mg/5ml, 40mg/5ml	Tier 2	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg	Tier 1	
amlodipine besylate TABS 10mg	Tier 1	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	
diltiazem hcl CP12 60mg, 90mg, 120mg	Tier 2	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
diltiazem hcl TABS 90mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 360mg	Tier 2	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 2	
nifedipine TB24 30mg, 60mg, 90mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
nimodipine CAPS 30mg	Tier 2	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
verapamil hcl SOLN 2.5mg/ml	Tier 2	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 2	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl TABS 5mg	Tier 1	
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2	
bumetanide (generic of BUMEX) TABS .5mg	Tier 2	
chlorthalidone TABS 25mg, 50mg	Tier 1	
furosemide SOLN 10mg/ml, 40mg/5ml	Tier 1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	
furosemide inj SOLN 10mg/ml	Tier 2	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
indapamide TABS 1.25mg, 2.5mg	Tier 1	
methazolamide TABS 25mg, 50mg	Tier 2	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	Tier 2	
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 2	QL
digoxin SOLN .05mg/ml	Tier 2	
digoxin (generic of LANOXIN) SOLN .25mg/ml	Tier 2	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
epinephrine (anaphylaxis) SOLN 1mg/ml	Tier 2	
guanfacine hcl TABS 1mg, 2mg PA applies if 70 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
hydralazine hcl SOLN 20mg/ml	Tier 2	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 2	QL
metyrosine (generic of DEMSER) CAPS 250mg	Tier 1	NM PA
midodrine hcl TABS 2.5mg, 5mg	Tier 2	
midodrine hcl TABS 10mg	Tier 2	
minoxidil TABS 2.5mg, 10mg	Tier 1	
ranolazine TB12 500mg, 1000mg	Tier 2	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
NITRATES		
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2	
isosorbide dinitrate TABS 10mg, 20mg, 30mg	Tier 2	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
buspirone hcl TABS 5mg, 10mg, 15mg	Tier 1	
buspirone hcl TABS 7.5mg, 30mg	Tier 2	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 2	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
lorazepam (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1	
lorazepam (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
ANTIDEMENTIA		
donepezil hydrochloride (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride (generic of ARICEPT) TABS 10mg	Tier 1	
donepezil hydrochloride TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
donepezil hydrochloride TBDP 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	Tier 2	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
memantine hcl CP24 7mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 2	PA
memantine hcl (generic of NAMENDA XR) CP24 14mg, 21mg, 28mg PA applies if 29 years and younger	Tier 2	PA
memantine hcl TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA
NAMZARIC CAP 7-10MG	Tier 2	
NAMZARIC CAP 14-10MG	Tier 2	
NAMZARIC CAP 21-10MG	Tier 2	
NAMZARIC CAP 28-10MG	Tier 2	
NAMZARIC CAP PACK	Tier 2	
rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 2	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 2	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 2	QL PA
bupropion hcl TABS 75mg, 100mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
bupropion hcl (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
citalopram hydrobromide SOLN 10mg/5ml	Tier 2	
citalopram hydrobromide (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 2	PA
desipramine hcl (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 2	
desipramine hcl TABS 50mg, 75mg, 100mg, 150mg	Tier 2	
desvenlafaxine succinate (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 2	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 2	QL PA
duloxetine hcl (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
escitalopram oxalate SOLN 5mg/5ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
escitalopram oxalate (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 2	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 2	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 2	QL PA
fluoxetine hcl (generic of PROZAC) CAPS 10mg, 20mg, 40mg	Tier 1	
fluoxetine hcl SOLN 20mg/5ml	Tier 2	
imipramine hcl TABS 10mg, 25mg, 50mg	Tier 1	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 2	QL
mirtazapine TABS 7.5mg	Tier 2	
mirtazapine (generic of REMERON) TABS 15mg, 30mg	Tier 1	
mirtazapine TABS 45mg	Tier 1	
mirtazapine (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 2	
nortriptyline hcl (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
nortriptyline hcl SOLN 10mg/5ml	Tier 2	
paroxetine hcl (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 2	QL PA
paroxetine hcl (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 1	
phenelzine sulfate (generic of NARDIL) TABS 15mg	Tier 2	
protriptyline hcl TABS 5mg, 10mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
sertraline hcl (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
sertraline hcl (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	Tier 2	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 2	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL PA
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
amantadine hcl SOLN 50mg/5ml	Tier 2	
benztropine mesylate SOLN 1mg/ml	Tier 2	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 70 years and older	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits
bromocriptine mesylate (generic of PARLODEL) TABS 2.5mg	Tier 2	
carb/levo orally disintegrating tab 10-100mg	Tier 2	
carb/levo orally disintegrating tab 25-100mg	Tier 2	
carb/levo orally disintegrating tab 25-250mg	Tier 2	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 2	
carbidopa & levodopa tab er 50-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 2	
entacapone TABS 200mg	Tier 2	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 2	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 2	
trihexyphenidyl hcl SOLN .4mg/ml PA applies if 70 years and older	Tier 2	PA
trihexyphenidyl hcl TABS 2mg, 5mg PA applies if 70 years and older	Tier 1	PA
ANTIPSYCHOTICS		
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	Tier 2	QL
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 2	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 2	QL
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 2	
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 2	
clozapine (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL
clozapine (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL
clozapine TBDP 12.5mg, 25mg	Tier 2	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	Tier 2	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	Tier 2	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	Tier 2	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL PA
FANAPT PAK QL (2 packs / year)	Tier 2	QL PA
fluphenazine decanoate SOLN 25mg/ml	Tier 2	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 2	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
haloperidol decanoate (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2	
haloperidol decanoate (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	Tier 2	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 2	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 2	QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL
lurasidone hcl (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL
molindone hcl TABS 5mg, 10mg, 25mg	Tier 2	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 2	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
olanzapine (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 2	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL ST
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 2	QL ST
paliperidone TB24 1.5mg QL (30 tabs / 30 days)	Tier 2	QL
paliperidone (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 2	QL
paliperidone (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 2	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
pimozide TABS 1mg, 2mg	Tier 2	
quetiapine fumarate (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL
quetiapine fumarate (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL
quetiapine fumarate TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL
quetiapine fumarate (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
risperidone (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TABS .25mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 2	QL ST
risperidone TBDP 4mg QL (120 tabs / 30 days)	Tier 2	QL ST
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 2	QL ST
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 2	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 2	QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 2	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL
VRAYLAR CAP 1.5-3MG QL (2 packs / year)	Tier 2	QL
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 2	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 2	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 2	QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 2	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 2	QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 2	QL PA
carbamazepine CHEW 100mg	Tier 2	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 2	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	Tier 2	
carbamazepine (generic of TEGRETOL) TABS 200mg	Tier 2	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 2	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 2	QL PA
clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 2	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 2	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 2	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 2	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 2	QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 2	
diazepam inj SOLN 5mg/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA
DILANTIN CAPS 30mg	Tier 2	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 2	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 2	QL NM PA
epitol (generic of TEGRETOL) TABS 200mg	Tier 2	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 2	QL PA
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	Tier 2	
felbamate SUSP 600mg/5ml	Tier 2	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	Tier 2	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 2	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 2	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	QL PA
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
lacosamide (generic of VIMPAT) SOLN 200mg/20ml	Tier 2	
lacosamide (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL
lacosamide (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
lacosamide oral (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 2	QL
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
levetiracetam (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
levetiracetam (generic of KEPPRA) SOLN 500mg/5ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1	
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM)	Tier 2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM)	Tier 2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM)	Tier 2	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	Tier 2	QL
methsuximide (generic of CELONTIN) CAPS 300mg	Tier 2	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 2	QL
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 2	
oxcarbazepine (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	Tier 2	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 2	PA
phenytek CAPS 200mg, 300mg	Tier 2	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
phenytoin sodium SOLN 50mg/ml	Tier 2	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	Tier 2	
phenytoin sodium extended CAPS 200mg, 300mg	Tier 2	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 2	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
primidone TABS 125mg	Tier 1	
roweepra (generic of KEPPRA) TABS 500mg	Tier 1	
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 2	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 2	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 2	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 2	QL
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 2	QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 2	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
valproate sodium SOLN 100mg/ml	Tier 2	
valproate sodium SOLN 250mg/5ml	Tier 2	
valproic acid CAPS 250mg	Tier 2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	Tier 2	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	Tier 2	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 2	QL
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
vigadrone (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA
vigpoder (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 2	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 2	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 2	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 2	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 2	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 2	QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
zonisamide CAPS 50mg	Tier 2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 2	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 2	QL
atomoxetine hcl (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	Tier 2	QL
atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 2	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	Tier 2	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 2	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 2	QL PA
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 2	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
dihydroergotamine mesylate SOLN 1mg/ml	Tier 1	
dihydroergotamine mesylate (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
rizatriptan benzoate TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	Tier 2	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	Tier 2	QL
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 2	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 2	QL
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 2	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 2	QL
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
lithium SOLN 8meq/5ml	Tier 2	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	Tier 1	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 2	QL PA
pyridostigmine bromide (generic of MESTINON) TABS 60mg	Tier 2	
riluzole TABS 50mg	Tier 2	
tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
dalfampridine (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
fingolimod hcl (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL
baclofen TABS 10mg, 20mg	Tier 2	
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
tizanidine hcl TABS 2mg	Tier 1	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 2	QL PA
armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL PA
modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 2	
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 2	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 2	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 2	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	Tier 2	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	Tier 1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
disulfiram TABS 250mg, 500mg	Tier 2	
naloxone hcl LIQD 4mg/0.1ml	Tier 2	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
naltrexone hcl TABS 50mg	Tier 2	
NICOTROL INHALER INHA 10mg	Tier 2	
NICOTROL NS SOLN 10mg/ml	Tier 2	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 2	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 2	QL
VIVITROL SUSR 380mg	Tier 2	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	Tier 2	
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 2	PA
methyltestosterone CAPS 10mg QL (600 caps / 30 days)	Tier 1	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 2	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 2	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 2	PA
testosterone enanthate SOLN 200mg/ml	Tier 2	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide xl TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 2	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 2	QL

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

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 2	QL PA
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 2	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 2	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	Tier 2	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 2	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TRESIBA SOLN 100unit/ml	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg	Tier 1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	Tier 1	
calcitonin (salmon) spray SOLN 200unit/act	Tier 2	B/D
ibandronate sodium TABS 150mg	Tier 2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 2	QL NM
TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NM PA
XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA
zoledronic acid CONC 4mg/5ml	Tier 2	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	Tier 2	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	
deferasirox (generic of JADENU) TABS 90mg	Tier 2	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	Tier 2	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	Tier 2	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA
kionex SUSP 15gm/60ml	Tier 2	
LOKELMA PACK 5gm, 10gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM
sodium polystyrene sulfonate powder	Tier 2	
sps SUSP 15gm/60ml	Tier 2	
trientine hcl (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA
CONTRACEPTIVES		
afirmelle	Tier 2	
altavera	Tier 2	
alyacen 1/35	Tier 2	
alyacen 7/7/7	Tier 2	
apri	Tier 2	
aranelle	Tier 2	
aubra eq	Tier 2	
aurovela 1/20	Tier 2	
aurovela fe 1.5/30	Tier 2	
aurovela fe 1/20	Tier 2	
aviane	Tier 2	
ayuna	Tier 2	
azurette	Tier 2	
balziva	Tier 2	
blisovi fe 1.5/30	Tier 2	
briellyn	Tier 2	
camila TABS .35mg	Tier 2	
chateal eq	Tier 2	
cryselle-28	Tier 2	
cyred eq	Tier 2	
dasetta 1/35	Tier 2	
dasetta 7/7/7	Tier 2	
deblitane TABS .35mg	Tier 2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Tier 2	
elinest	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
eluryng (generic of NUVARING)	Tier 2	
emzahh TABS .35mg	Tier 2	
enilloring (generic of NUVARING)	Tier 2	
enpresse-28	Tier 2	
enskyce	Tier 2	
errin TABS .35mg	Tier 2	
estarylla	Tier 2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	Tier 2	
falmina	Tier 2	
hailey 1.5/30	Tier 2	
haloette (generic of NUVARING)	Tier 2	
heather TABS .35mg	Tier 2	
iclevia	Tier 2	
incassia TABS .35mg	Tier 2	
introvale	Tier 2	
isibloom	Tier 2	
jasmiel (generic of YAZ)	Tier 2	
jolessa	Tier 2	
juleber	Tier 2	
junel 1.5/30	Tier 2	
junel 1/20	Tier 2	
junel fe 1.5/30	Tier 2	
junel fe 1/20	Tier 2	
kariva	Tier 2	
kelnor 1/35	Tier 2	
kelnor 1/50	Tier 2	
kurvelo	Tier 2	
larin 1.5/30	Tier 2	
larin 1/20	Tier 2	
larin fe 1.5/30	Tier 2	
larin fe 1/20	Tier 2	
leena	Tier 2	
lessina	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
levonest	Tier 2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2	
levora 0.15/30-28	Tier 2	
LILETTA IUD 20.1mcg/day	Tier 2	NM
loestrin 1.5/30-21	Tier 2	
loestrin 1/20-21	Tier 2	
loestrin fe 1.5/30	Tier 2	
loestrin fe 1/20	Tier 2	
loryna (generic of YAZ)	Tier 2	
low-ogestrel	Tier 2	
lutera	Tier 2	
lyleq TABS .35mg	Tier 2	
lyza TABS .35mg	Tier 2	
marlissa	Tier 2	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2	
microgestin 1.5/30	Tier 2	
microgestin 1/20	Tier 2	
microgestin fe 1.5/30	Tier 2	
microgestin fe 1/20	Tier 2	
mili	Tier 2	
mono-linyah	Tier 2	
necon 0.5/35-28	Tier 2	
NEXPLANON IMPL 68mg	Tier 2	NM
nikki (generic of YAZ)	Tier 2	
nora-be TABS .35mg	Tier 2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 2	
norethindrone (contraceptive) TABS .35mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tier 2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 2	
norlyroc TABS .35mg	Tier 2	
nortrel 0.5/35 (28)	Tier 2	
nortrel 1/35 (21)	Tier 2	
nortrel 1/35 (28)	Tier 2	
nortrel 7/7/7	Tier 2	
nylia 1/35	Tier 2	
nylia 7/7/7	Tier 2	
nymyo	Tier 2	
ocella (generic of YASMIN 28)	Tier 2	
philith	Tier 2	
pimtrea	Tier 2	
portia-28	Tier 2	
reclipsen	Tier 2	
setlakin	Tier 2	
sharobel TABS .35mg	Tier 2	
simliya	Tier 2	
sprintec 28	Tier 2	
sronyx	Tier 2	
syeda (generic of YASMIN 28)	Tier 2	
tarina fe 1/20 eq	Tier 2	
tilia fe	Tier 2	
tri-estarylla	Tier 2	
tri-legest fe	Tier 2	
tri-linyah	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-mili (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
tri-mili	Tier 2	
tri-nymyo	Tier 2	
tri-sprintec	Tier 2	
tri-vylibra	Tier 2	
tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
trivora-28	Tier 2	
turqoz	Tier 2	
velivet	Tier 2	
vestura (generic of YAZ)	Tier 2	
vienva	Tier 2	
viorele	Tier 2	
vyfemla	Tier 2	
vylibra	Tier 2	
wera	Tier 2	
xulane	Tier 2	
zafemy	Tier 2	
zovia 1/35	Tier 2	
zumandimine (generic of YASMIN 28)	Tier 2	
ESTROGENS		
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 2	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	Tier 2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	Tier 2	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	Tier 2	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 2	
fyavolv tab 0.5mg-2.5mcg	Tier 2	
fyavolv tab 1mg-5mcg	Tier 2	
jinteli	Tier 2	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2	
mimvey (generic of ACTIVELLA)	Tier 2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 2	
yuvafem (generic of VAGIFEM) TABS 10mcg	Tier 2	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	Tier 2	
fludrocortisone acetate TABS .1mg	Tier 1	
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone TABS 32mg	Tier 2	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
methylprednisolone sod succ SOLR 40mg, 125mg	Tier 2	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 1000mg	Tier 2	B/D
prednisolone SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 2	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate SOLN 25mg/5ml	Tier 2	B/D
prednisone SOLN 5mg/5ml	Tier 2	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
prednisone TBPK 5mg, 10mg	Tier 2	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 2	
GLUCOSE ELEVATING AGENTS		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 2	
MISCELLANEOUS		
betaine powder for oral solution (generic of CYSTADANE)	Tier 1	NM
cabergoline TABS .5mg	Tier 2	
carglumic acid (generic of CARBAGLU) TBSO 200mg	Tier 1	NM PA
CERDELGA CAPS 84mg	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 2	B/D QL NM
cinacalcet hcl (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 2	NM PA
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	Tier 1	
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	Tier 2	
desmopressin acetate spray SOLN .01%	Tier 2	
desmopressin acetate spray refrigerated SOLN .01%	Tier 2	
GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	Tier 2	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NM PA
javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
lanreotide acetate SOLN 120mg/0.5ml	Tier 1	NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 2	B/D
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	Tier 1	NM PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 2	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	Tier 2	
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA
SYNAREL SOLN 2mg/ml	Tier 2	PA
VEOZAH TABS 45mg	Tier 2	PA
PROGESTINS		
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1	
megestrol acetate SUSP 40mg/ml	Tier 2	
norethindrone acetate TABS 5mg	Tier 2	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2	
THYROID AGENTS		
euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
methimazole TABS 5mg, 10mg	Tier 1	
propylthiouracil TABS 50mg	Tier 2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
calcitriol (oral) (generic of ROCALTROL) SOLN 1mcg/ml	Tier 2	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 2	B/D
paricalcitol CAPS 4mcg	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 125mg	Tier 2	B/D
aprepitant (generic of EMEND) CAPS 80mg	Tier 2	B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 2	B/D
compro SUPP 25mg	Tier 2	
dronabinol (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 2	B/D QL
meclizine hcl TABS 12.5mg, 25mg	Tier 1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	Tier 2	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	Tier 1	
ondansetron TBDP 4mg, 8mg	Tier 2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 2	
ondansetron hcl TABS 4mg, 8mg	Tier 2	B/D
prochlorperazine SUPP 25mg	Tier 2	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 2	
prochlorperazine maleate TABS 5mg, 10mg	Tier 1	
promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA
scopolamine (generic of TRANSDERM-SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	Tier 2	
dicyclomine hcl SOLN 10mg/5ml	Tier 2	
glycopyrrolate (generic of ROBINUL) TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL
glycopyrrolate (generic of ROBINUL FORTE) TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	
famotidine (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 2	
nizatidine CAPS 150mg, 300mg	Tier 2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium (generic of COLAZAL) CAPS 750mg	Tier 2	
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 2	QL PA
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 1	QL PA
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	Tier 2	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
mesalamine (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 2	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	Tier 2	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 2	QL
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 2	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 2	QL
sulfasalazine (generic of AZULFIDINE) TABS 500mg	Tier 1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 2	
enulose SOLN 10gm/15ml	Tier 2	
gavilyte-c	Tier 1	
gavilyte-g (generic of GOLYTELY)	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 2	
lactulose SOLN 10gm/15ml	Tier 2	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 2	QL PA
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 2	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 2	
GATTEX KIT 5mg	Tier 2	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
loperamide hcl CAPS 2mg	Tier 2	
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 2	QL PA
sucralfate (generic of CARAFATE) TABS 1gm	Tier 2	
ursodiol CAPS 300mg	Tier 2	
ursodiol TABS 250mg	Tier 2	
ursodiol (generic of URSO FORTE) TABS 500mg	Tier 2	
VOWST CAP QL (12 caps / 30 days)	Tier 2	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
XIFAXAN TABS 550mg	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 2	
ZENPEP CAP 5000UNIT	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAP 10000UNT	Tier 2	
ZENPEP CAP 15000UNT	Tier 2	
ZENPEP CAP 20000UNT	Tier 2	
ZENPEP CAP 25000UNT	Tier 2	
ZENPEP CAP 40000UNT	Tier 2	
ZENPEP CAP 60000UNT	Tier 2	
PROTON PUMP INHIBITORS		
lansoprazole CPDR 15mg QL (60 caps / 30 days)	Tier 2	QL
lansoprazole (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	Tier 2	QL
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium (generic of PROTONIX) SOLR 40mg	Tier 2	
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL PA
tamsulosin hcl (generic of FLOMAX) CAPS .4mg QL (60 caps / 30 days)	Tier 1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2	
potassium citrate (alkalinizer) TBCR 540mg	Tier 2	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 2	
URINARY ANTISPASMODICS		
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 2	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 2	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
tolterodine tartrate (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 2	QL ST
tolterodine tartrate (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 2	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	Tier 2	
metronidazole vaginal GEL .75%	Tier 2	
terconazole vaginal CREA .4%, .8%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 2	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 2	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 2	
HEP SOD/NACL INJ 25000UNT	Tier 2	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
anagrelide hcl CAPS 1mg	Tier 2	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Tier 2	
BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	Tier 1	NM PA

Drug Name	Drug Tier	Requirements/ Limits
pentoxifylline TBCR 400mg	Tier 1	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 2	
tranexamic acid TABS 650mg	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 2	
BRILINTA TABS 60mg, 90mg	Tier 2	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 70 years and older	Tier 2	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	Tier 2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 2	QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2	QL NM PA
COSENTYX SOLN 125mg/5ml	Tier 2	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	Tier 2	QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	Tier 2	QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	Tier 2	QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	Tier 2	QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
DUPIXENT SOSY 100mg/0.67ml	Tier 2	NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 2	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 2	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2	QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 2	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
STELARA SOLN 130mg/26ml	Tier 2	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Tier 2	
JYLAMVO SOLN 2mg/ml	Tier 2	B/D
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
methotrexate sodium TABS 2.5mg	Tier 2	
XATMEP SOLN 2.5mg/ml	Tier 2	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMASTAN INJ	Tier 2	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA
ARCALYST SOLR 220mg	Tier 2	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
ASTAGRAF XL CP24 .5mg, 1mg	Tier 2	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 2	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 2	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	Tier 2	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 2	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 2	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 2	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml	Tier 1	B/D NM
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 2	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 2	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO INJ	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
DENGVAXIA SUS	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 INJ	Tier 1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXCHIQ INJ	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENACTRA INJ	Tier 1	
MENQUADFI INJ	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
PENTACEL INJ	Tier 1	
PREHEVBRIO SUSP 10mcg/ml	Tier 1	B/D
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
TDVAX INJ 2-2 LF	Tier 1	B/D
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA INJ	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX INJ 1350pfu/0.5ml	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS ***ELECTROLYTES/MINERALS, INJECTABLE***		
D2.5W/NACL INJ 0.45%	Tier 2	
D10W/NACL INJ 0.2%	Tier 2	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	Tier 2	
dextrose 5% in lactated ringers	Tier 2	
dextrose 5% w/ sodium chloride 0.2%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	Tier 2	
dextrose 5% w/ sodium chloride 0.9%	Tier 2	
dextrose 5% w/ sodium chloride 0.45%	Tier 2	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	Tier 2	
dextrose 10% w/ sodium chloride 0.45%	Tier 2	
ISOLYTE-P INJ /D5W	Tier 2	
ISOLYTE-S INJ PH 7.4	Tier 2	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	Tier 2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 2	
lactated ringer's solution	Tier 2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
magnesium sulfate SOLN 50%	Tier 2	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	Tier 2	
multiple electrolytes ph 5.5	Tier 2	
multiple electrolytes ph 7.4 (generic of PLASMA-LYTE A)	Tier 2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 2	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 2	
potassium chloride SOLN 2meq/ml	Tier 2	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 2	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2	
TPN ELECTROL INJ	Tier 2	B/D

Drug Name	Drug Tier	Requirements/ Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 2	
klor-con 8 TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 1	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq	Tier 1	
potassium chloride PACK 20meq; SOLN 10%, 20%	Tier 2	
potassium chloride (generic of K-TAB) TBCR 20meq	Tier 1	
potassium chloride microencapsulated crystaler TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 2	
PRENATAL TAB PLUS	Tier 2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	Tier 2	B/D
CLINIMIX INJ 4.25/D10	Tier 2	B/D
CLINIMIX INJ 5%/D15W	Tier 2	B/D
CLINIMIX INJ 5%/D20W	Tier 2	B/D
CLINIMIX INJ 6/5	Tier 2	B/D
CLINIMIX INJ 8/10	Tier 2	B/D
CLINIMIX INJ 8/14	Tier 2	B/D
clinisol sf 15%	Tier 2	B/D
CLINOLIPID EMU 20%	Tier 2	B/D
dextrose SOLN 5%, 10%	Tier 2	
dextrose SOLN 50%, 70%	Tier 2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 2	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 2	B/D
plenamine	Tier 2	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 2	B/D
TRAVASOL INJ 10%	Tier 2	B/D
TROPHAMINE INJ 10%	Tier 2	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 2	
neo-polycin hc ophth oint 1%	Tier 2	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 2	
ZYLET SUS 0.5-0.3%	Tier 2	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	Tier 2	
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUSP .6%	Tier 2	
CILOXAN OINT .3%	Tier 2	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	
erythromycin (ophth) OINT 5mg/gm	Tier 1	
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days)	Tier 2	QL
neo-polycin 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	Tier 1	
polycin ophth oint	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	Tier 2	
tobramycin (ophth) SOLN .3%	Tier 1	
trifluridine SOLN 1%	Tier 2	
XDEMVY SOLN .25%	Tier 2	NM PA
ZIRGAN GEL .15%	Tier 2	
ANTI-INFLAMMATORIES		
bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%	Tier 2	
bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%	Tier 2	
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 2	
diclofenac sodium (ophth) SOLN .1%	Tier 1	
FLAREX SUSP .1%	Tier 2	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	Tier 2	
flurbiprofen sodium SOLN .03%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	Tier 1	
LOTEMAX OINT .5%	Tier 2	
loteprednol etabonate (generic of ALREX) SUSP .2%	Tier 2	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	Tier 2	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 2	
BETOPTIC-S SUSP .25%	Tier 2	
brimonidine tartrate SOLN .2%	Tier 1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	Tier 2	
brinzolamide (generic of AZOPT) SUSP 1%	Tier 2	
carteolol hcl (ophth) SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	Tier 1	
latanoprost (generic of XALATAN) SOLN .005%	Tier 1	
levobunolol hcl SOLN .5%	Tier 1	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 2	
RHOPRESSA SOLN .02%	Tier 2	
ROCKLATAN DRO	Tier 2	
SIMBRINZA SUS 1-0.2%	Tier 2	
timolol maleate (ophth) SOLG .25%, .5%	Tier 2	
timolol maleate (ophth) SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 2	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
atropine sulfate (ophthalmic) SOLN 1%	Tier 2	
CYSTADROPS SOLN .37%	Tier 2	NM PA
CYSTARAN SOLN .44%	Tier 2	NM PA
EYSUVIS SUSP .25%	Tier 2	
MIEBO SOLN 1.338gm/ml	Tier 2	
proparacaine hcl (generic of ALCAINE) SOLN .5%	Tier 2	
RESTASIS EMUL .05%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 2	
flac (generic of DERMOTIC) OIL .01%	Tier 2	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	Tier 2	
neomycin-polymyxin-hc otic soln 1%	Tier 2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
ofloxacin (otic) SOLN .3%	Tier 2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	Tier 2	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	Tier 2	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	Tier 2	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	Tier 2	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	Tier 2	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	Tier 2	QL
ipratropium bromide SOLN .02%	Tier 1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	
ANTIHISTAMINES		
azelastine hcl SOLN .1%	Tier 2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	Tier 1	QL
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA
diphenhydramine hcl SOLN 50mg/ml	Tier 2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	Tier 2	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
hydroxyzine pamoate CAPS 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	Tier 2	PA
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL
albuterol sulfate (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
albuterol sulfate NEBU .083%	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml	Tier 2	
albuterol sulfate TABS 2mg, 4mg	Tier 2	
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL
terbutaline sulfate TABS 2.5mg, 5mg	Tier 2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
montelukast sodium (generic of SINGULAIR) PACK 4mg	Tier 2	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 2	B/D
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 2	QL NM PA
cromolyn sodium NEBU 20mg/2ml	Tier 2	B/D
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
pirfenidone (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA
pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA
pirfenidone TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
roflumilast (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 2	QL
roflumilast (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM PA
theophylline TB12 100mg, 200mg, 300mg, 450mg	Tier 2	
theophylline TB24 400mg, 600mg	Tier 2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 2	NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 2	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 2	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 2	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	Tier 2	QL
wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
TOPICAL ***DERMATOLOGY, ACNE***		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
amnesteem CAPS 10mg, 20mg, 40mg	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 2	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 2	QL
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 2	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 2	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
mupirocin OINT 2% QL (220 gm / 30 days)	Tier 1	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	Tier 1	
ssd (generic of SILVADENE) CREA 1%	Tier 1	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 2	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 1	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	Tier 2	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 2	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
selenium sulfide LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 2	PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
ENSTILAR AER QL (120 gm / 30 days)	Tier 2	QL PA
tazarotene (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	Tier 2	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 2	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL
betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	Tier 2	QL
betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	Tier 2	QL
betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	Tier 2	QL
betamethasone dipropionate augmented GEL .05% QL (120 gm / 30 days)	Tier 2	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	Tier 2	QL
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 2	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	Tier 2	QL
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL
clobetasol propionate SOLN .05% QL (50 mL / 30 days)	Tier 2	QL
clobetasol propionate e CREA .05% QL (60 gm / 30 days)	Tier 2	QL
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	Tier 2	QL
fluocinolone acetonide (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 2	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
fluocinolone acetonide (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL
fluocinolone acetonide SOLN .01% QL (60 mL / 30 days)	Tier 2	QL
fluocinonide CREA .05% QL (120 gm / 30 days)	Tier 2	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	Tier 2	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	Tier 2	QL
fluticasone propionate CREA .05%; OINT .005%	Tier 2	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 2	QL
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	Tier 1	QL
hydrocortisone valerate CREA .2% QL (60 gm / 30 days)	Tier 2	QL
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	Tier 2	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
triderm CREA .5% QL (454 gm / 30 days)	Tier 1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	Tier 2	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	Tier 2	QL PA
lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 2	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 2	QL PA
tridacaine ii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 2	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	Tier 2	QL
fluorouracil (topical) (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	Tier 2	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL
hydrocortisone (rectal) CREA 1%	Tier 2	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
imiquimod CREA 5% QL (24 packets / 30 days)	Tier 2	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
metronidazole (topical) (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 2	QL
metronidazole (topical) GEL .75% QL (45 gm / 30 days)	Tier 2	QL
nitroglycerin (intra-anal) (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 2	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
pimecrolimus (generic of ELIDEL) CREA 1% QL (100 gm / 30 days)	Tier 2	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
proctocort CREA 1%	Tier 2	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	Tier 2	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	Tier 2	QL
permethrin CREA 5% QL (60 gm / 30 days)	Tier 2	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 2	QL
sodium chloride (gu irrigant) SOLN .9%	Tier 2	
water for irrigation, sterile irrigation soln	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	Tier 1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	Tier 2	QL
kourzeq PSTE .1%	Tier 2	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	
nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	Tier 2	
periogard (generic of PERIDEX) SOLN .12%	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	
triamcinolone acetonide (mouth) PSTE .1%	Tier 2	

Index

A
abacavir sulfate.....5
abacavir sulfate-lamivudine tab 600-300 mg.....6
ABELCET 4
ABILIFY
see *aripiprazole*.....25
abiraterone acetate.....10
ABRYSVO 52
acamprosate calcium.....35
acarbose.....36
ACCOLATE
see *zafirlukast* 57
ACCUPRIL
see *quinapril hcl* 17
accutane 59
acebutolol hcl.....20
acetaminophen w/ codeine soln 120-12 mg/5ml.....1
acetaminophen w/ codeine tab 300-15 mg.....1
acetaminophen w/ codeine tab 300-30 mg.....1
acetaminophen w/ codeine tab 300-60 mg.....1
acetazolamide 21
acetic acid.....47
acetic acid (otic).....56
acetylcysteine 57
acitretin 60
ACTHIB INJ 52
ACTIMMUNE.....51
ACTIVELLA
see *estradiol & norethindrone acetate tab 1-0.5 mg* 42
see *mimvey*.....42
ACTOS
see *pioglitazone hcl*.....37
ACULAR
see *ketorolac tromethamine (ophth)* 55
ACULAR LS
see *ketorolac tromethamine (ophth)* 55
acyclovir.....7
acyclovir sodium 7
ADACEL INJ 52
ADALIMUMAB-AACF (2 PEN) 49
ADALIMUMAB-AACF (2 SYRING 49
ADCIRCA
see *alyq*.....22
see *tadalafil (pulmonary hypertension)*.....22
ADDERALL
see *amphetamine-dextroamphetamine tab 10 mg*.....32
see *amphetamine-dextroamphetamine tab 12.5 mg*.....32
see *amphetamine-dextroamphetamine tab 15 mg*.....32
see *amphetamine-dextroamphetamine tab 20 mg*.....32
see *amphetamine-dextroamphetamine tab 30 mg*.....32
see *amphetamine-dextroamphetamine tab 5 mg*.....32
see *amphetamine-dextroamphetamine tab 7.5 mg*.....32
ADDERALL XR
see *amphetamine-dextroamphetamine cap er 24hr 10 mg* ...32
see *amphetamine-dextroamphetamine cap er 24hr 15 mg* ...32
see *amphetamine-dextroamphetamine cap er 24hr 20 mg* ...32
see *amphetamine-dextroamphetamine cap er 24hr 25 mg* ...32
see *amphetamine-dextroamphetamine cap er 24hr 30 mg* ...32
see *amphetamine-dextroamphetamine cap er 24hr 5 mg* 32
adefovir dipivoxil 7
ADMELOG.....38
ADMELOG SOLOSTAR .38
ADVAIR DISKUS
see *fluticasone-salmeterol aer powder ba 100-50 mcg/act*...59
see *fluticasone-salmeterol aer powder ba 250-50 mcg/act*...59
see *fluticasone-salmeterol aer powder ba 500-50 mcg/act*...59
see *wixela inhub*.....59
ADVAIR HFA AER 115/21 59
ADVAIR HFA AER 230/21 59
ADVAIR HFA AER 45/21 59
AFINITOR
see *everolimus* 12
see *torpenz* 15
AFINITOR DISPERZ
see *everolimus* 12
afirmelle 40
AGRYLIN
see *anagrelide hcl* 48
AIMOVIG 33
AKEEGA TAB 100/500 ...10
AKEEGA TAB 50/500MG 10
ala-cort.....60
albendazole 3
albuterol sulfate 57
ALCAINE
see *proparacaine hcl*...55
alclometasone dipropionate 60
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY 38

ALDACTONE
see *spironolactone* 17
ALECENSA 11
alendronate sodium 39
alfuzosin hcl 47
aliskiren fumarate 21
allopurinol 1
alosetron hcl 46
ALPHAGAN P
see *brimonidine tartrate* 55
alprazolam 22
ALREX
see *loteprednol etabonate* 55
ALTACE
see *ramipril*.....17
altavera.....40
ALUNBRIG 11
ALUNBRIG PAK 11
ALVAIZ 48
ALVESCO.....59
alyacen 1/35 40
alyacen 7/7/7 40
ALYGLO 51
alyq 22
amantadine hcl 24
AMBIEN
see *zolpidem tartrate*...33
AMBISOME
see *amphotericin b liposome* 4
ambrisentan 22
amikacin sulfate 3
amiloride & hydrochlorothiazide tab 5-50 mg 21
amiloride hcl 21
amiodarone hcl 18
amitriptyline hcl 23
amlodipine besylate 20
amlodipine besylate-benazepril hcl cap 10-20 mg 16
amlodipine besylate-benazepril hcl cap 10-40 mg 16
amlodipine besylate-benazepril hcl cap 2.5-10 mg 16
amlodipine besylate-benazepril hcl cap 5-10 mg 16
amlodipine besylate-benazepril hcl cap 5-20 mg 16
amlodipine besylate-benazepril hcl cap 5-40 mg 16
amlodipine besylate-valsartan tab 10-160 mg 17
amlodipine besylate-valsartan tab 10-320 mg 17
*amlodipine besylate-valsartan tab 5-160 mg*17
*amlodipine besylate-valsartan tab 5-320 mg*17
amnesteem 59
amoxapine 23
amoxicillin 8
AMOXICILLIN
see *amoxicillin*.....8
amoxicillin & k clavulanate chew tab 400-57 mg.....8
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 9
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 9
amoxicillin & k clavulanate for susp 400-57 mg/5ml 9
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 9
amoxicillin & k clavulanate tab 250-125 mg 9
amoxicillin & k clavulanate tab 500-125 mg 9
amoxicillin & k clavulanate tab 875-125 mg 9
amphetamine-dextroamphetamine cap er 24hr 10 mg 32
amphetamine-dextroamphetamine cap er 24hr 15 mg 32
amphetamine-dextroamphetamine cap er 24hr 20 mg 32
amphetamine-dextroamphetamine cap er 24hr 25 mg 32
amphetamine-dextroamphetamine cap er 24hr 30 mg 32
amphetamine-dextroamphetamine cap er 24hr 5 mg 32
amphetamine-dextroamphetamine tab 10 mg 32
amphetamine-dextroamphetamine tab 12.5 mg 32
amphetamine-dextroamphetamine tab 15 mg 32
amphetamine-dextroamphetamine tab 20 mg 32
amphetamine-dextroamphetamine tab 30 mg 32
amphetamine-dextroamphetamine tab 5 mg 32
amphetamine-dextroamphetamine tab 7.5 mg 32
amphotericin b 4
amphotericin b liposome ...4
ampicillin 9
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 9
ampicillin & sulbactam sodium for inj 3 (2-1) gm 9

ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm 9
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 9
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 9
ampicillin sodium 9
AMPYRA
see *dalfampridine* 35
ANAFRANIL
see *clomipramine hcl* .. 23
anagrelide hcl 48
anastrozole 10
ANCOBON
see *flucytosine* 4
ANDROGEL PUMP
see *testosterone* 36
ANORO ELLIPT AER 62.5-25 56
ANUSOL-HC
see *hydrocortisone (rectal)* 62
see *procto-med hc* 62
see *proctosol hc* 62
see *proctozone-hc* 62
aprepitant 45
aprepitant capsule therapy pack 80 & 125 mg 45
apri 40
APRISO
see *mesalamine* 45
APTIOM 28
APTIVUS 5
ARALAST NP 57
aranelle 40
ARAVA
see *leflunomide* 50
ARCALYST 51
AREXVY 52
ARICEPT
see *donepezil hydrochloride* 22
ARIKAYCE 3
ARIMIDEX
see *anastrozole* 10
aripiprazole 25
ARISTADA 25
ARISTADA INITIO 25
ARIXTRA
see *fondaparinux sodium* 48
armodafinil 35
ARNUITY ELLIPTA 59
AROMASIN
see *exemestane* 10
asenapine maleate 25
aspirin-dipyridamole cap er 12hr 25-200 mg 49
ASTAGRAF XL 51
ATACAND
see *candesartan cilexetil* 18
atazanavir sulfate 5
atenolol 20
atenolol & chlorthalidone tab 100-25 mg 20
atenolol & chlorthalidone tab 50-25 mg 20
ATIVAN
see *lorazepam* 22
atomoxetine hcl 32
atorvastatin calcium 19
atovaquone 3
atovaquone-proguanil hcl tab 250-100 mg 5
atovaquone-proguanil hcl tab 62.5-25 mg 5
ATRIPLA
see *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* 6
ATROPINE SULFATE 55
atropine sulfate (ophthalmic) 55
ATROVENT HFA 56
aubra eq 40
AUGMENTIN
see *amoxicillin & k clavulanate tab 500-125 mg* 9
AUGMENTIN ES-600
see *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* 9
AUGTYRO 11
aurovela 1/20 40
aurovela fe 1.5/30 40
aurovela fe 1/20 40
AUSTEDO 34
AUSTEDO XR 34
AUSTEDO XR TAB TITR KIT 34
AUVELITY TAB 45-105MG 23
AVALIDE
see *irbesartan-hydrochlorothiazide tab 150-12.5 mg* 17
see *irbesartan-hydrochlorothiazide tab 300-12.5 mg* 17
AVAPRO
see *irbesartan* 18
aviane 40
AVODART
see *dutasteride* 47
ayuna 40
AYVAKIT 11
AZACTAM
see *aztreonam* 3
azathioprine 51
azelastine hcl 56
azelastine hcl (ophth) 55
AZILECT
see *rasagiline mesylate* 25
azithromycin 8
AZOPT
see *brinzolamide* 55
aztreonam 3
AZULFIDINE
see *sulfasalazine* 46
AZULFIDINE EN-TABS
see *sulfasalazine* 46
azurette 40
B
bacitracin (ophthalmic) 54
bacitracin-polymyxin b ophth oint 54

bacitracin-polymyxin-neomycin-hc ophth oint 1% 54
baclofen 35
BACTRIM
see *sulfamethoxazole-trimethoprim tab 400-80 mg* 4
BACTRIM DS
see *sulfamethoxazole-trimethoprim tab 800-160 mg* 4
BAFIERTAM 34
balsalazide disodium 45
BALVERSA....11
balziva 40
BANZEL
see *rufinamide*....30, 31
BARACLUDE....7
see *entecavir*....7
BASAGLAR KWIKPEN...38
BCG VACCINE....52
benazepril & hydrochlorothiazide tab 10-12.5 mg....16
benazepril & hydrochlorothiazide tab 20-12.5 mg....16
benazepril & hydrochlorothiazide tab 20-25 mg....16
benazepril & hydrochlorothiazide tab 5-6.25mg....16
benazepril hcl 17
BENICAR
see *olmesartan medoxomil* 18
BENICAR HCT
see *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* 18
see *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* 18
see *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* 18
BENLYSTA....51
benztropine mesylate....24
BERINERT 48
BESIVANCE 54
BESREMI 11
betaine powder for oral solution....43
betamethasone dipropionate (topical)..60, 61
betamethasone dipropionate augmented 61
betamethasone valerate .61
BETAPACE
see *sotalol hcl* 19
BETAPACE AF
see *sotalol hcl (afib/afl)*19
BETASERON....34
betaxolol hcl (ophth) 55
bethanechol chloride....47
BETOPTIC-S 55
BEVESPI AER 9-4.8MCG 56
bexarotene....11
bexarotene (topical) 62
BEXSERO INJ 52
bicalutamide 10
BICILLIN L-A....9
BIKTARVY TAB 30-120-15 MG 6
BIKTARVY TAB 50-200-25 MG 6
BILTRICIDE
see *praziquantel*....4
bisoprolol & hydrochlorothiazide tab 10-6.25 mg....20
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg....20
bisoprolol & hydrochlorothiazide tab 5-6.25 mg....20
bisoprolol fumarate 20
BIVIGAM....51
blisovi fe 1.5/30....40
BOOSTRIX INJ....52
bosentan....22
BOSULIF 11
BRAFTOVI....11
BREO ELLIPTA INH 100-25 59
BREO ELLIPTA INH 200-25 59
BREO ELLIPTA INH 50-25MCG....59
breyna....59
BREZTRI AERO AER SPHERE 56
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 56
briellyn 40
BRILINTA....49
brimonidine tartrate....55
brinzolamide 55
BRIVIACT 28
bromfenac sodium (ophth) 55
bromocriptine mesylate...25
BROMSITE
see *bromfenac sodium (ophth)* 55
BRONCHITOL 57
BRUKINSA 11
budesonide 45
budesonide (inhalation) ..59
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 59
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 59
bumetanide....21
BUMEX
see *bumetanide*....21
BUPHENYL
see *sodium phenylbutyrate* 44
buprenorphine hcl....35

buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 35
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 35
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 35
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 35
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 35
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 35
bupropion hcl 23
bupropion hcl (smoking deterrent) 36
buspirone hcl 22
BYSTOLIC
see *nebivolol hcl*.....20
C
cabergoline 43
CABOMETYX 11
calcipotriene 60
calcitonin (salmon) spray 39
calcitriol.....44
calcitriol (oral) 44
CALQUENCE 11
camila 40
CANASA
see *mesalamine* 46
CANCIDAS
see *caspofungin acetate* 4
candesartan cilexetil 18
CAPLYTA 25
CAPRELSA 11
CARAFATE
see *sucralfate*.....46
carb/levo orally disintegrating tab 10-100mg 25
carb/levo orally disintegrating tab 25-100mg 25
carb/levo orally disintegrating tab 25-250mg 25
CARBAGLU
see *carglumic acid* 43
carbamazepine 28
CARBATROL
see *carbamazepine*.....28
carbidopa & levodopa tab 10-100 mg 25
carbidopa & levodopa tab 25-100 mg 25
carbidopa & levodopa tab 25-250 mg 25
carbidopa & levodopa tab er 25-100 mg 25
carbidopa & levodopa tab er 50-200 mg 25
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 25
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 25
carbidopa-levodopa-entacapone tabs 25-100-200 mg 25
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 25
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 25
carbidopa-levodopa-entacapone tabs 50-200-200 mg 25
CARDIZEM
see *diltiazem hcl*.....20
CARDIZEM CD
see *cartia xt*.....20
see *diltiazem hcl coated beads*.....20
CARDURA
see *doxazosin mesylate* 17
carglumic acid.....43
CARNITOR
see *levocarnitine (metabolic modifiers)* 43
carteolol hcl (ophth) 55
cartia xt 20
carvedilol 20
CASODEX
see *bicalutamide* 10
caspofungin acetate.....4
CATAPRES-TTS-1
see *clonidine* 21
CATAPRES-TTS-2
see *clonidine* 21
CATAPRES-TTS-3
see *clonidine* 21
CAYSTON 3
cefaclor 7
cefadroxil 7
CEFAZOLIN.....7
CEFAZOLIN INJ 1GM/50ML 7
cefazolin sodium 7
CEFAZOLIN SOLN 2GM/100ML-4% 8
cefdinir 8
cefepime hcl.....8
cefixime 8
cefoxitin sodium 8
cefpodoxime proxetil.....8
cefprozil 8
ceftazidime.....8
ceftriaxone sodium.....8
cefuroxime axetil.....8
cefuroxime sodium.....8
CELEBREX
see *celecoxib* 1
celecoxib.....1
CELEXA
see *citalopram hydrobromide*.....23
CELLCEPT
see *mycophenolate mofetil*.....51
CELONTIN
see *methsuximide* 30
cephalexin.....8

CERDELGA 43
cetirizine hcl 56
chateal eq 40
CHEMET 39
chlorhexidine gluconate (mouth-throat) 63
chloroquine phosphate 5
chlorpromazine hcl.....26
chlorthalidone 21
cholestyramine.....19
cholestyramine light 19
CIALIS
see *tadalafil* 47
ciclopirox olamine 60
cilostazol.....48
CILOXAN.....54
CIMDUO TAB 300-300 6
cinacalcet hcl 43
CIPRO
see *ciprofloxacin hcl* 8
ciprofloxacin 200 mg/100ml in d5w.....8
ciprofloxacin 400 mg/200ml in d5w.....8
ciprofloxacin hcl 8
ciprofloxacin hcl (ophth) ..54
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....56
citalopram hydrobromide 23
claravis 60
clarithromycin 8
CLEOCIN
see *clindamycin hcl* 3
see *clindamycin phosphate vaginal* ...47
CLEOCIN PHOSPHATE
see *clindamycin phosphate*.....3
CLEOCIN-T
see *clindamycin phosphate (topical)* ..60
CLIMARA
see *estradiol*.....42
clindamycin hcl 3
clindamycin phosphate 3
clindamycin phosphate (topical) 60
clindamycin phosphate vaginal.....47
CLINIMIX INJ 4.25/D10 ..54
CLINIMIX INJ 4.25/D5W.54
CLINIMIX INJ 5%/D15W.54
CLINIMIX INJ 5%/D20W.54
CLINIMIX INJ 6/5.....54
CLINIMIX INJ 8/10.....54
CLINIMIX INJ 8/14.....54
clinisol sf 15% 54
CLINOLIPID EMU 20%...54
clobazam 28
clobetasol propionate.....61
clobetasol propionate e...61
clomipramine hcl.....23
clonazepam 28
clonidine 21
clonidine hcl.....21
clopidogrel bisulfate 49
clorazepate dipotassium .28
clotrimazole 63
clotrimazole (topical) 60
clotrimazole w/ betamethasone cream 1-0.05% 60
clozapine 26
CLOZARIL
see *clozapine* 26
COARTEM TAB 20-120MG 5
COLAZAL
see *balsalazide disodium* 45
colchicine.....1
colchicine w/ probenecid tab 0.5-500 mg 1
COLESTID
see *colestipol hcl*.....19
colestipol hcl 19
colistimethate sodium 3
COLY-MYCIN M
see *colistimethate sodium* 3
COMBIGAN SOL 0.2/0.5% 55
COMBIVENT AER 20-100 56
COMETRIQ (60MG DOSE) 12
COMETRIQ KIT 100MG .12
COMETRIQ KIT 140MG .12
COMPLERA TAB.....6
compro.....45
constulose.....46
COPAXONE 34
see *glatiramer acetate*.35
see *glatopa*.....35
COPIKTRA 12
COREG
see *carvedilol* 20
CORLANOR 21
see *ivabradine hcl* 22
CORTEF
see *hydrocortisone*.....42
CORTENEMA
see *hydrocortisone (intrarectal)* 45
COSENTYX.....49
COSENTYX SENSOREADY PEN...49
COSENTYX UNOREADY 49
COSOPT
see *dorzolamide hcl-timolol maleate ophth soln 2-0.5%*.....55
COTELLIC 12
COZAAR
see *losartan potassium* 18
CREON CAP 12000UNT 46
CREON CAP 24000UNT 46
CREON CAP 3000UNIT .46
CREON CAP 36000UNT 46
CREON CAP 6000UNIT .46
CRESTOR
see *rosuvastatin calcium* 19
cromolyn sodium.....57
cromolyn sodium (mastocytosis) 46
cromolyn sodium (ophth) 55
cryselle-28 40
cyclobenzaprine hcl 35
cyclophosphamide 10

CYCLOPHOSPHAMIDE.10
cycloserine.....6
cyclosporine.....51
cyclosporine modified (for microemulsion).....51
CYKLOKAPRON
see *tranexamic acid* 49
CYMBALTA
see *duloxetine hcl* 23
cyproheptadine hcl.....56
cyred eq.....40
CYSTADANE
see *betaine powder for oral solution* 43
CYSTADROPS.....55
CYSTAGON 43
CYSTARAN 55
CYTOMEL
see *liothyronine sodium* 44
CYTOTEC
see *misoprostol* 46
D
D10W/NACL INJ 0.2%....52
D2.5W/NACL INJ 0.45%.52
dabigatran etexilate mesylate.....48
dalfampridine 35
DALIRESP
see *roflumilast* 58
danazol 36
dapsone.....3
DAPTACEL INJ 52
daptomycin 3
DAPTOMYCIN.....3
see *daptomycin* 3
DARAPRIM
see *pyrimethamine*.....4
darunavir.....5
dasetta 1/35.....40
dasetta 7/7/7.....40
DAURISMO 12
DAYVIGO 33
DDAVP
see *desmopressin acetate*.....43
deblitane 40
deferasirox.....39
DELESTROGEN
see *estradiol valerate* ..42
DELSTRIGO TAB 6
DELZICOL
see *mesalamine* 46
DEMSER
see *metyrosine*.....22
DENGVAXIA SUS 52
DEPAKOTE
see *divalproex sodium* 29
DEPAKOTE ER
see *divalproex sodium* 29
DEPAKOTE SPRINKLES
see *divalproex sodium* 29
DEPEN TITRATABS
see *penicillamine*.....40
DEPO-MEDROL
see *methylprednisolone acetate*.....43
DEPO-PROVERA CONTRACEPTIV
see *medroxyprogesterone acetate (contraceptive)* 41
DEPO-SUBQ PROVERA 104 40
depo-testosterone.....36
DERMA-SMOOTHE/FS BODY
see *fluocinolone acetonide* 61
DERMA-SMOOTHE/FS SCALP
see *fluocinolone acetonide* 61
DERMOTIC
see *flac*.....56
see *fluocinolone acetonide (otic)* 56
DESCOVY TAB 120-15MG 6
DESCOVY TAB 200/25MG 6
desipramine hcl.....23
desmopressin acetate.....43
desmopressin acetate spray 43
desmopressin acetate spray refrigerated 43
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....40
*desvenlafaxine succinate*23
DETROL
see *tolterodine tartrate* 47
DETROL LA
see *tolterodine tartrate* 47
dexamethasone 42
dexamethasone sodium phosphate 42
dexamethasone sodium phosphate (ophth) 55
dexmethylphenidate hcl ..32
dextrose.....54
dextrose 10% w/ sodium chloride 0.45% 53
dextrose 2.5% w/ sodium chloride 0.45% 52
DEXTROSE 2.5%/SODIUM CHLO
see *dextrose 2.5% w/ sodium chloride 0.45%* 52
dextrose 5% in lactated ringers 52
dextrose 5% w/ sodium chloride 0.2% 52
dextrose 5% w/ sodium chloride 0.225% 53
dextrose 5% w/ sodium chloride 0.3% 53
dextrose 5% w/ sodium chloride 0.45% 53
dextrose 5% w/ sodium chloride 0.9% 53
DEXTROSE 5%/SODIUM CHLORI
see *dextrose 5% w/ sodium chloride 0.3%* 53
DEXTROSE/SODIUM CHLORIDE
see *dextrose 5% w/ sodium chloride 0.225%* 53

DIACOMIT 28
diazepam 28
diazepam (anticonvulsant) 28
diazepam inj 28
diazepam intensol.....29
diazoxide 43
diclofenac potassium 1
diclofenac sodium 1
diclofenac sodium (ophth) 55
diclofenac sodium (topical) 62
dicloxacillin sodium 9
dicyclomine hcl 45
DIFICID.....8
DIFLUCAN
see *fluconazole* 4
digoxin 21
dihydroergotamine mesylate.....33
DILANTIN 29
see *phenytoin sodium extended*.....30
DILANTIN INFATABS
see *phenytoin*.....30
DILANTIN-125
see *phenytoin*.....30
DILAUDID
see *hydromorphone hcl*.2
diltiazem hcl.....20
diltiazem hcl coated beads 20
diltiazem hcl extended release beads.....20
dilt-xr.....20
DIOVAN
see *valsartan*.....18
DIOVAN HCT
see *valsartan-hydrochlorothiazide tab 160-12.5 mg* 18
see *valsartan-hydrochlorothiazide tab 160-25 mg* 18
see *valsartan-hydrochlorothiazide tab 320-12.5 mg* 18
see *valsartan-hydrochlorothiazide tab 320-25 mg* 18
see *valsartan-hydrochlorothiazide tab 80-12.5 mg* 18
DIP/TET PED INJ 25-5LFU 52
diphenhydramine hcl.....56
diphenoxylate w/ atropine tab 2.5-0.025 mg.....46
DIPROLENE
see *betamethasone dipropionate augmented*.....61
dipyridamole 49
disopyramide phosphate.18
disulfiram 36
divalproex sodium.....29
dofetilide 18
donepezil hydrochloride..22
DOPTELET.....48
dorzolamide hcl.....55
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....55
dotti.....42
DOVATO TAB 50-300MG.6
doxazosin mesylate 17
doxepin hcl 23
doxepin hcl (sleep).....33
doxy 100 9
doxycycline (monohydrate) 9
doxycycline hyclate.....9
DRIZALMA SPRINKLE...23
dronabinol.....45
*drospirenone-ethinyl estradiol tab 3-0.02 mg*40
*drospirenone-ethinyl estradiol tab 3-0.03 mg*40
DROXIA.....48
droxidopa.....21
DULERA AER 100-5MCG 59
DULERA AER 200-5MCG 59
DULERA AER 50-5MCG 59
duloxetine hcl.....23
DUPIXENT.....49
dutasteride.....47
E
EDURANT 5
efavirenz 5
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 6
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 6
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 6
EFFEXOR XR
see *venlafaxine hcl*.....24
EFFIENT
see *prasugrel hcl*.....49
EFUDEX
see *fluorouracil (topical)* 62
ELIDEL
see *pimecrolimus* 62
ELIGARD.....10
elinest 40
ELIQUIS 48
ELIQUIS STARTER PACK 48
eluryng.....40
EMEND
see *aprepitant* 45
EMGALITY.....33
EMSAM 23
emtricitabine 5
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....6
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....6
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....6
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....6
EMTRIVA.....5

see *emtricitabine* 5
EMVERM 3
emzahh 40
enalapril maleate 17
enalapril maleate & hydrochlorothiazide tab 10-25 mg 16
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 16
ENBREL 49
ENBREL MINI.....49
ENBREL SURECLICK....49
ENDARI
see *l-glutamine (sickle cell)* 48
endocet tab 10-325mg 2
endocet tab 2.5-325mg 2
endocet tab 5-325mg 2
endocet tab 7.5-325mg 2
ENGERIX-B 52
enilloring 40
enoxaparin sodium 48
enpresse-28 40
enskyce 40
ENSTILAR AER.....60
entacapone 25
entecavir 7
ENTRESTO CAP 15-16MG 17
ENTRESTO CAP 6-6MG 17
ENTRESTO TAB 24-26MG 17
ENTRESTO TAB 49-51MG 17
ENTRESTO TAB 97-103MG 17
enulose 46
EPCLUSA PAK 150-37.5..7
EPCLUSA PAK 200-50MG 7
EPCLUSA TAB 200-50MG 7
EPCLUSA TAB 400-100...7
EPIDIOLEX.....29
epinephrine (anaphylaxis) 21, 57
EPIPEN 2-PAK
see *epinephrine (anaphylaxis)* 57
EPIPEN-JR 2-PAK
see *epinephrine (anaphylaxis)* 57
epitol 29
EPIVIR
see *lamivudine* 5
eplerenone 17
EPRONTIA 29
EPZICOM
see *abacavir sulfate-lamivudine tab 600-300 mg* 6
ergotamine w/ caffeine tab 1-100 mg 33
ERIVEDGE 12
ERLEADA 10
erlotinib hcl 12
errin 40
ertapenem sodium 3
ery-tab 8
ERYTHROCIN LACTOBIONATE 8
see *erythromycin lactobionate* 8
erythromycin (acne aid) ..60
erythromycin (ophth) 54
erythromycin base 8
erythromycin lactobionate .8
ESBRIET
see *pirfenidone* 58
escitalopram oxalate .23, 24
estarylla 40
ESTRACE
see *estradiol* 42
see *estradiol vaginal* ...42
estradiol 42
estradiol & norethindrone acetate tab 0.5-0.1 mg 42
estradiol & norethindrone acetate tab 1-0.5 mg ...42
estradiol vaginal 42
estradiol valerate 42
ethambutol hcl 6
ethosuximide 29
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 40
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 40
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 40
etravirine 5
EULEXIN 10
euthyrox 44
everolimus 12
everolimus (immunosuppressant) .51
EVISTA
see *raloxifene hcl* 44
EVOTAZ TAB 300-150 6
EXELON
see *rivastigmine* 23
exemestane 10
EXFORGE
see *amlodipine besylate-valsartan tab 10-160 mg* 17
see *amlodipine besylate-valsartan tab 10-320 mg* 17
see *amlodipine besylate-valsartan tab 5-160 mg* 17
see *amlodipine besylate-valsartan tab 5-320 mg* 17
EXJADE
see *deferasirox* 39
EYSUVIS 55
ezetimibe 19
F
falmina 40
famotidine 45
famotidine in nacl 0.9% iv soln 20 mg/50ml 45
FANAPT 26
FANAPT PAK 26
FARESTON
see *toremifene citrate* ..10
FARXIGA 36

FASENRA.....57
FASENRA PEN 57
felbamate.....29
FELBATOL
see *felbamate*.....29
felodipine 20
FEMARA
see *letrozole*.....10
fenofibrate.....19
fenofibrate micronized 19
fentanyl 1
fentanyl citrate 2
FETZIMA 24
FETZIMA CAP TITRATIO 24
FIASP 38
FIASP FLEXTOUCH.....38
FIASP PENFILL.....38
FIASP PUMPCART 38
finasteride 47
fingolimod hcl.....35
FINTEPLA 29
FIRAZYR
see *icatibant acetate* ...48
see *sajazir* 49
FIRMAGON 10
flac 56
FLAREX.....55
FLEBOGAMMA DIF.....51
flecainide acetate.....19
FLOMAX
see *tamsulosin hcl*.....47
fluconazole 4
fluconazole in nacl 0.9% inj 200 mg/100ml 4
fluconazole in nacl 0.9% inj 400 mg/200ml 4
flucytosine.....4
fludrocortisone acetate ...42
flunisolide (nasal).....58
fluocinolone acetonide 61
fluocinolone acetonide (otic) 56
fluocinonide 61
fluocinonide emulsified base 61
fluorometholone (ophth)..55
fluorouracil (topical) 62
fluoxetine hcl.....24
fluphenazine decanoate..26
fluphenazine hcl.....26
flurbiprofen.....1
flurbiprofen sodium 55
fluticasone propionate.....61
fluticasone propionate (nasal) 58
fluticasone-salmeterol aer powder ba 100-50 mcg/act 59
fluticasone-salmeterol aer powder ba 250-50 mcg/act 59
fluticasone-salmeterol aer powder ba 500-50 mcg/act 59
fluvoxamine maleate.....22
FML LIQUIFILM
see *fluorometholone (ophth)* 55
FOCALIN
see *dexmethylphenidate hcl*.....32
fondaparinux sodium 48
FOSAMAX
see *alendronate sodium* 39
fosamprenavir calcium.....5
fosinopril sodium.....17
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....16
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....16
FOTIVDA 12
FRUZAQLA.....12
FULPHILA 48
furosemide.....21
furosemide inj 21
FUZEON.....5
fyavolv tab 0.5mg-2.5mcg 42
fyavolv tab 1mg-5mcg.....42
FYCOMPA.....29
G
gabapentin.....29
galantamine hydrobromide 23
GAMASTAN INJ 51
GAMMAGARD LIQUID...51
GAMMAGARD S/D IGA LESS TH 51
GAMMAKED.....51
GAMMAPLEX.....51
GAMUNEX-C.....51
ganciclovir sodium 7
GARDASIL 9 INJ 52
GASTROCROM
see *cromolyn sodium (mastocytosis)* 46
GATTEX 46
GAUZE PADS 2.....38
gavilyte-c 46
gavilyte-g 46
gavilyte-n/flavor pack 46
GAVRETO 12
gefitinib 12
gemfibrozil 19
generlac.....46
gengraf 51
GENOTROPIN.....43
GENOTROPIN MINIQUICK 43
gentamicin in saline inj 0.8 mg/ml 3
gentamicin in saline inj 2 mg/ml 3
gentamicin sulfate.....3
gentamicin sulfate (ophth) 54
gentamicin sulfate (topical) 60
GENVOYA TAB 6
GEODON
see *ziprasidone hcl* 27
see *ziprasidone mesylate* 28
GILENYA
see *fingolimod hcl* 35
GILOTRIF 12
glatiramer acetate 35
glatopa.....35
GLEEVEC
see *imatinib mesylate*..12

GLEOSTINE 10
glimepiride 36
glipizide.....36
glipizide xl 36
glipizide-metformin hcl tab 2.5-250 mg.....36
glipizide-metformin hcl tab 2.5-500 mg.....36
glipizide-metformin hcl tab 5-500 mg.....36
GLUCOTROL XL
see *glipizide* 36
see *glipizide xl*.....36
glycopyrrolate 45
glydo 62
GLYXAMBI TAB 10-5 MG 36
GLYXAMBI TAB 25-5 MG 37
GOLYTELY
see *gavilyte-g*.....46
see *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm*.....46
griseofulvin microsize 4
griseofulvin ultramicrosize 4
guanfacine hcl 21
guanfacine hcl (adhd) 33
H
HAEGARDA 48
hailey 1.5/30 40
HALDOL DECANOATE 100
see *haloperidol decanoate*.....26
HALDOL DECANOATE 50
see *haloperidol decanoate*.....26
halobetasol propionate ...61
haloette.....40
haloperidol 26
haloperidol decanoate 26
haloperidol lactate.....26
HARVONI PAK 33.75-150MG 7
HARVONI PAK 45-200MG 7
HARVONI TAB 45-200MG7
HARVONI TAB 90-400MG7
HAVRIX 52
heather 40
HEP SOD/NACL INJ 25000UNT.....48
heparin sodium (porcine) 48
HEPLISAV-B.....52
HETLIOZ
see *tasimelteon* 33
HIBERIX 52
HIPREX
see *methenamine hippurate*.....3
HUMIRA 49
HUMIRA PEN 49, 50
HUMIRA PEN KIT PS/UV 50
HUMIRA PEN-CD/UC/HS START 50
HUMIRA PEN-PEDIATRIC UC S 50
HUMULIN R U-500 (CONCENTR.....38
HUMULIN R U-500 KWIKPEN.....38
hydralazine hcl.....22
HYDREA
see *hydroxyurea*.....11
hydrochlorothiazide.....21
hydrocodone bitartrate.....1
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 2
hydrocodone-acetaminophen tab 10-325 mg 2
hydrocodone-acetaminophen tab 5-325 mg 2
hydrocodone-acetaminophen tab 7.5-325 mg 2
hydrocodone-ibuprofen tab 7.5-200 mg.....2
hydrocortisone 42
hydrocortisone (intrarectal) 45
hydrocortisone (rectal) 62
hydrocortisone (topical) ..61
hydrocortisone valerate ..61
hydromorphone hcl 2
hydroxychloroquine sulfate 50
hydroxyurea 11
hydroxyzine hcl 56
*hydroxyzine pamoate*56, 57
HYZAAR
see *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* 18
see *losartan potassium & hydrochlorothiazide tab 100-25 mg* 18
see *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* 17
I
ibandronate sodium 39
IBRANCE.....12
ibu 1
ibuprofen.....1
icatibant acetate.....48
iclevia.....40
ICLUSIG 12
IDACIO (2 PEN).....50
IDACIO (2 SYRINGE).....50
IDACIO CROHN INJ DISEASE.....50
IDACIO PLAQU INJ PSORIASIS.....50
IDHIFA.....12
imatinib mesylate 12
IMBRUVICA.....12
imipenem-cilastatin intravenous for soln 250 mg 3
imipenem-cilastatin intravenous for soln 500 mg 3
imipramine hcl.....24
imiquimod 62
IMITREX
see *sumatriptan succinate* 34
IMITREX STATDOSE REFILL

see *sumatriptan succinate* 34
IMITREX STATDOSE SYSTEM
see *sumatriptan succinate* 34
IMOVAX RABIES (H.D.C.V.) 52
IMPAVIDO 3
IMURAN
see *azathioprine*.....51
INBRIJA.....25
incassia.....40
INCRELEX.....43
INCRUSE ELLIPTA 56
indapamide 21
INDERAL LA
see *propranolol hcl*.....20
INFANRIX INJ.....52
INLYTA 12
INQOVI TAB 35-100MG .10
INREBIC 13
INSPRA
see *eplerenone* 17
INSULIN PEN NEEDLES: BD-EMBECTA.....38
INSULIN SAFETY NEEDLES: BD-EMBECTA.....38
INSULIN SYRINGES: BD-EMBECTA.....38
INTELENCE 5
see *etravirine*.....5
INTRALIPID.....54
introvale 40
INTUNIV
see *guanfacine hcl (adhd)* 33
INVEGA
see *paliperidone*.....27
INVEGA HAFYERA 26
INVEGA SUSTENNA.....26
INVEGA TRINZA 26
IPOL INJ INACTIVE.....52
ipratropium bromide.....56
ipratropium bromide (nasal) 56
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 56
irbesartan.....18
irbesartan-hydrochlorothiazide tab 150-12.5 mg 17
irbesartan-hydrochlorothiazide tab 300-12.5 mg 17
IRESSA
see *gefitinib*.....12
ISENTRESS 5
ISENTRESS HD 5
isibloom 40
ISOLYTE-P INJ /D5W.....53
ISOLYTE-S INJ PH 7.4...53
isoniazid.....7
ISORDIL TITRADOSE
see *isosorbide dinitrate* 22
isosorbide dinitrate.....22
isosorbide mononitrate ...22
isotretinoin 60
itraconazole 4
ivabradine hcl.....22
ivermectin 3
IWILFIN 11
IXCHIQ INJ.....52
IXIARO INJ 52
J
JADENU
see *deferasirox*.....39
JAKAFI 13
jantoven 48
JANUMET TAB 50-1000.37
JANUMET TAB 50-500MG 37
JANUMET XR TAB 100-1000 37
JANUMET XR TAB 50-1000 37
JANUMET XR TAB 50-500MG 37
JANUVIA 37
JARDIANCE 37
jasmiel 40
javygtor 43
JAYPIRCA 13
JENTADUETO TAB 2.5-1000 37
JENTADUETO TAB 2.5-500 37
JENTADUETO TAB 2.5-850 37
JENTADUETO TAB XR 2.5-1000MG 37
JENTADUETO TAB XR 5-1000MG 37
jinteli 42
jolessa 40
juleber 40
JULUCA TAB 50-25MG 6
junel 1.5/30 40
junel 1/20 40
junel fe 1.5/30 40
junel fe 1/20 40
JYLAMVO 50
JYNNEOS.....52
K
KALETRA
see *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* 6
see *lopinavir-ritonavir tab 100-25 mg* 6
see *lopinavir-ritonavir tab 200-50 mg* 6
KALYDECO 58
kariva 40
KCL 0.3%/D5W/NACL 0.9%
see *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj*.....53
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 53
kcl 20 meq/l (0.149%) in nacl 0.45% inj.....53
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj 53
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 53

kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 53
kcl 20 meq/l (0.15%) in nacl 0.45% inj 53
kcl 20 meq/l (0.15%) in nacl 0.9% inj 53
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 53
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 53
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 53
kcl 40 meq/l (0.3%) in nacl 0.9% inj 53
KCL/D5W/NACL INJ 0.3/0.9%.....53
kelnor 1/35.....40
kelnor 1/50.....40
KEPPRA
see *levetiracetam* ..29, 30
see *roweepra* 30
KERENDIA 17
ketoconazole 4
ketoconazole (topical).....60
ketorolac tromethamine (ophth).....55
KINRIX INJ 52
kionex 39
KISQALI 200 DOSE.....13
KISQALI 200 PAK FEMARA 13
KISQALI 400 DOSE.....13
KISQALI 400 PAK FEMARA 13
KISQALI 600 DOSE.....13
KISQALI 600 PAK FEMARA 13
KITABIS PAK
see *tobramycin*.....4
KLARON
see *sulfacetamide sodium (acne)*.....60
klayesta 60
KLONOPIN
see *clonazepam* 28
klor-con.....54
klor-con 10.....54
klor-con 8.....54
klor-con m10.....54
klor-con m15.....54
klor-con m20.....54
KORLYM
see *mifepristone (hyperglycemia)* 43
KOSELUGO 13
kourzeq.....63
KRAZATI 13
K-TAB
see *potassium chloride*54
kurvelo 40
KUVAN
see *javygtor*.....43
see *sapropterin dihydrochloride* 44
L
labetalol hcl.....20
lacosamide 29
lacosamide oral.....29
lactated ringer's solution .53
lactic acid (ammonium lactate) 62
lactulose 46
lactulose (encephalopathy) 46
LAMICTAL
see *lamotrigine*.....29
see *subvenite*.....31
LAMICTAL CHEWABLE DISPERS
see *lamotrigine*.....29
lamivudine 5
lamivudine (hbv) 7
lamivudine-zidovudine tab 150-300 mg.....6
lamotrigine 29
LANOXIN
see *digoxin*.....21
lanreotide acetate 43
lansoprazole 47
lapatinib ditosylate 13
larin 1.5/30.....40
larin 1/20.....40
larin fe 1.5/30.....40
larin fe 1/20.....40
LASIX
see *furosemide*.....21
latanoprost.....55
LATUDA
see *lurasidone hcl* 26
leena.....40
leflunomide 50
lenalidomide.....11
LENVIMA 10 MG DAILY DOSE.....13
LENVIMA 12MG DAILY DOSE.....13
LENVIMA 20 MG DAILY DOSE.....13
LENVIMA 4 MG DAILY DOSE.....13
LENVIMA 8 MG DAILY DOSE.....13
LENVIMA CAP 14 MG....13
LENVIMA CAP 18 MG....13
LENVIMA CAP 24 MG....13
lessina 40
LETAIRIS
see *ambrisentan*.....22
letrozole 10
leucovorin calcium 16
leuprolide acetate 10
levalbuterol tartrate 57
levetiracetam 29, 30
LEVETIRACETAM
see *levetiracetam in sodium chloride iv soln 1000 mg/100ml*.....30
see *levetiracetam in sodium chloride iv soln 1500 mg/100ml*.....30
see *levetiracetam in sodium chloride iv soln 500 mg/100ml*.....30
levetiracetam in sodium chloride iv soln 1000 mg/100ml 30
levetiracetam in sodium chloride iv soln 1500 mg/100ml 30

levetiracetam in sodium chloride iv soln 500 mg/100ml 30
levobunolol hcl 55
levocarnitine (metabolic modifiers) 43
levocetirizine dihydrochloride 57
levofloxacin 8
levofloxacin in d5w iv soln 250 mg/50ml 8
levofloxacin in d5w iv soln 500 mg/100ml 8
levofloxacin in d5w iv soln 750 mg/150ml 8
levonest 41
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 41
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 41
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 41
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 41
levora 0.15/30-28 41
levo-t 44
levothyroxine sodium 44
levoxyl 44
LEXAPRO
see *escitalopram oxalate* 24
LEXIVA
see *fosamprenavir calcium* 5
l-glutamine (sickle cell) ...48
LIALDA
see *mesalamine* 46
LIBERVANT 30
lidocaine 62
lidocaine hcl 62
lidocaine hcl (local anesth.) 1
lidocaine hcl (mouth-throat) 63
lidocaine-prilocaine cream 2.5-2.5% 62
lidocan 62
LIDODERM
see *lidocaine* 62
see *lidocan* 62
see *tridacaine ii* 62
LILETTA 41
linezolid 3
LINEZOLID INJ 2MG/ML ..3
LINZESS 46
liothyronine sodium 44
LIPITOR
see *atorvastatin calcium* 19
lisinopril 17
lisinopril & hydrochlorothiazide tab 10-12.5 mg 16
lisinopril & hydrochlorothiazide tab 20-12.5 mg 16
lisinopril & hydrochlorothiazide tab 20-25 mg 17
lithium 34
lithium carbonate 34
LITHOBID
see *lithium carbonate* ..34
LIVTENCITY 7
loestrin 1.5/30-21 41
loestrin 1/20-21 41
loestrin fe 1.5/30 41
loestrin fe 1/20 41
LOKELMA 39
LOMOTIL
see *diphenoxylate w/ atropine tab 2.5-0.025 mg* 46
LONSURF TAB 15-6.14 .10
LONSURF TAB 20-8.19 .10
loperamide hcl 46
LOPID
see *gemfibrozil* 19
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 6
lopinavir-ritonavir tab 100-25 mg 6
lopinavir-ritonavir tab 200-50 mg 6
LOPRESSOR
see *metoprolol tartrate* 20
lorazepam 22
lorazepam intensol 22
LORBRENA 13
loryna 41
losartan potassium 18
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 18
losartan potassium & hydrochlorothiazide tab 100-25 mg 18
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 17
LOTEMAX 55
LOTENSIN
see *benazepril hcl* 17
LOTENSIN HCT
see *benazepril & hydrochlorothiazide tab 10-12.5 mg* 16
see *benazepril & hydrochlorothiazide tab 20-12.5 mg* 16
see *benazepril & hydrochlorothiazide tab 20-25 mg* 16
loteprednol etabonate 55
LOTREL
see *amlodipine besylate-benazepril hcl cap 10-20 mg* 16
see *amlodipine besylate-benazepril hcl cap 10-40 mg* 16
see *amlodipine besylate-benazepril hcl cap 5-10 mg* 16
see *amlodipine besylate-benazepril hcl cap 5-20 mg* 16
LOTRONEX

see *alosetron hcl* 46
lovastatin 19
LOVAZA
see *omega-3-acid ethyl esters cap 1 gm* 19
LOVENOX
see *enoxaparin sodium* 48
low-ogestrel 41
loxapine succinate 26
LUMAKRAS.....13
LUPRON DEPOT (1-MONTH).....10
LUPRON DEPOT (3-MONTH).....10
lurasidone hcl 26
lutera.....41
lyleq 41
lyllana 42
LYNPARZA.....13
LYRICA
see *pregabalin*.....30
LYSODREN.....10
LYTGOBI (12 MG DAILY DOSE).....13
LYTGOBI (16 MG DAILY DOSE).....13
LYTGOBI (20 MG DAILY DOSE).....13
lyza 41
M
MACROBID
see *nitrofurantoin monohyd macro*.....3
MACRODANTIN
see *nitrofurantoin macrocrystal* 3
magnesium sulfate.....53
MAGNESIUM SULFATE 53
see *magnesium sulfate* 53
MAGNESIUM SULFATE IN D5W
see *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml*.....53
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 53
MALARONE
see *atovaquone-proguanil hcl tab 250-100 mg* 5
see *atovaquone-proguanil hcl tab 62.5-25 mg* 5
malathion 62
maraviroc.....5
MARINOL
see *dronabinol*.....45
marlissa 41
MARPLAN 24
MATULANE 11
MAVYRET PAK 50-20MG 7
MAVYRET TAB 100-40MG 7
MAXALT
see *rizatriptan benzoate* 34
MAXALT-MLT
see *rizatriptan benzoate* 34
MAXITROL
see *neomycin-polymyxin-dexamethasone ophth oint 0.1%*.....54
see *neomycin-polymyxin-dexamethasone ophth susp 0.1%*.....54
meclizine hcl 45
MEDROL
see *methylprednisolone* 42
MEDROL DOSEPAK
see *methylprednisolone* 43
medroxyprogesterone acetate 44
medroxyprogesterone acetate (contraceptive) 41
mefloquine hcl.....5
megestrol acetate 10, 44
MEKINIST.....13
MEKTOVI 13
meloxicam.....1
memantine hcl 23
MENACTRA INJ 52
MENQUADFI INJ.....52
MENVEO INJ.....52
MENVEO SOL.....52
MEPRON
see *atovaquone*.....3
mercaptopurine.....10
meropenem.....3
mesalamine 45, 46
mesalamine w/ cleanser .46
MESNEX 16
MESTINON
see *pyridostigmine bromide*.....34
metformin hcl 37
methadone hcl 1
methazolamide 21
methenamine hippurate 3
methimazole 44
methotrexate sodium 10, 50
methsuximide.....30
METHYLIN
see *methylphenidate hcl* 33
methylphenidate hcl.....33
methylprednisolone...42, 43
methylprednisolone acetate 43
methylprednisolone sod succ.....43
methyltestosterone 36
metoclopramide hcl.....45
metolazone 21
metoprolol succinate.....20
metoprolol tartrate.....20
METROCREAM
see *metronidazole (topical)*.....62
metronidazole 3
METRONIDAZOLE
see *metronidazole*.....3
metronidazole (topical) ...62
metronidazole vaginal.....47
metyrosine 22
micafungin sodium.....4
MICARDIS

see *telmisartan* 18
microgestin 1.5/30 41
microgestin 1/20 41
microgestin fe 1.5/30 41
microgestin fe 1/20 41
midodrine hcl 22
MIEBO 55
mifepristone (hyperglycemia).....43
MIGRANAL
see *dihydroergotamine mesylate* 33
mili 41
mimvey 42
MINIVELLE
see *lyllana* 42
minocycline hcl 9
minoxidil.....22
mirtazapine 24
misoprostol 46
MITIGARE 1
see *colchicine*.....1
M-M-R II INJ 52
M-NATAL PLUS TAB.....54
modafinil 35
moexipril hcl.....17
molindone hcl 26
mometasone furoate.....61
mono-linyah 41
montelukast sodium.....57
morphine sulfate 1, 2
MOUNJARO 37
MOVANTIK.....46
moxifloxacin hcl 8
moxifloxacin hcl (ophth) ..54
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....8
MRESVIA 52
MS CONTIN
see *morphine sulfate*.....1
MULTAQ.....19
multiple electrolytes ph 5.5 53
multiple electrolytes ph 7.4 53
mupirocin 60
MYCAMINE
see *micafungin sodium* .4
MYCOBUTIN
see *rifabutin*.....7
mycophenolate mofetil....51
mycophenolate sodium...51
MYFORTIC
see *mycophenolate sodium* 51
MYRBETRIQ 47
MYSOLINE
see *primidone*.....30
N
nabumetone.....1
nafcillin sodium 9
nalbuphine hcl.....2
naloxone hcl 36
naltrexone hcl 36
NAMENDA XR
see *memantine hcl*.....23
NAMZARIC CAP 14-10MG 23
NAMZARIC CAP 21-10MG 23
NAMZARIC CAP 28-10MG 23
NAMZARIC CAP 7-10MG 23
NAMZARIC CAP PACK..23
NAPROSYN
see *naproxen* 1
naproxen.....1
NARDIL
see *phenelzine sulfate* 24
nateglinide 37
NAYZILAM.....30
nebivolol hcl.....20
NEBUPENT
see *pentamidine isethionate inh* 3
necon 0.5/35-28.....41
nefazodone hcl 24
neomycin sulfate.....3
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 54
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 54
neomycin-polymyxin-dexamethasone ophth oint 0.1% 54
neomycin-polymyxin-dexamethasone ophth susp 0.1% 54
neomycin-polymyxin-hc otic soln 1% 56
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 56
neo-polycin 5(3.5)mg-400unt-10000unt op oin 54
neo-polycin hc ophth oint 1%.....54
NEORAL
see *cyclosporine modified (for microemulsion)* 51
see *gengraf* 51
NERLYNX.....14
NEURONTIN
see *gabapentin*.....29
nevirapine 5
NEXAVAR
see *sorafenib tosylate* .14
NEXLETOL.....19
NEXLIZET TAB 180/10MG 19
NEXPLANON.....41
niacin (antihyperlipidemic) 19
NICOTROL INHALER.....36
NICOTROL NS 36
nifedipine 20, 21
nikki 41
NILANDRON
see *nilutamide*.....10
nilutamide 10
nimodipine 21
NINLARO.....14
nitazoxanide.....3
nitisinone 43
NITRO-BID 22

*nitrofurantoin macrocrystal*3
nitrofurantoin monohyd macro 3
nitroglycerin 22
nitroglycerin (intra-anal) ..62
NITROSTAT
see *nitroglycerin* 22
nizatidine 45
nora-be 41
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 41
norethindrone (contraceptive) 41
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 41
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 41
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 41
norethindrone acetate 44
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 42
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 42
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 41
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 41
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 41
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 41
norlyroc 41
NORPACE
see *disopyramide phosphate* 18
NORPRAMIN
see *desipramine hcl* 23
NORTHERA
see *droxidopa* 21
nortrel 0.5/35 (28) 41
nortrel 1/35 (21) 41
nortrel 1/35 (28) 41
nortrel 7/7/7 41
nortriptyline hcl 24
NORVASC
see *amlodipine besylate* 20
NORVIR 5
see *ritonavir* 6
NOVOLIN INJ 70/30 38
NOVOLIN INJ 70/30 FP..38
NOVOLIN N 38
NOVOLIN N FLEXPEN...38
NOVOLIN R 38
NOVOLIN R FLEXPEN...38
NOVOLOG MIX INJ 70/30 39
NOVOLOG MIX INJ FLEXPEN 39
NOXAFIL
see *posaconazole* 4
NUBEQA 10
NUEDEXTA CAP 20-10MG 34
NUPLAZID 26
NURTEC 33
NUTRILIPID 54
NUVARING
see *eluryng* 40
see *enilloring* 40
see *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* 40
see *haloette* 40
NUVIGIL
see *armodafinil* 35
nyamyc 60
nylia 1/35 41
nylia 7/7/7 41
nymyo 41
nystatin 4
NYSTATIN
see *nystatin (mouth-throat)* 63
nystatin (mouth-throat) 63
nystatin (topical) 60
nystop 60
O
ocella 41
OCREVUS 35
OCTAGAM 51
octreotide acetate 43, 44
OCUFLOX
see *ofloxacin (ophth)* ...55
ODEFSEY TAB 6
ODOMZO 14
OFEV 58
ofloxacin (ophth) 55
ofloxacin (otic) 56
OGSIVEO 14
OJEMDA 14
OJJAARA 14
olanzapine 26, 27
olmesartan medoxomil 18
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 18
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 18
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 18
omega-3-acid ethyl esters cap 1 gm 19
omeprazole 47
OMNIPOD 5 G6 KIT INTRO 39
OMNIPOD 5 G6 MIS PODS 39
OMNIPOD 5 G7 KIT INTRO 39
OMNIPOD 5 G7 MIS PODS 39
OMNIPOD DASH KIT INTRO 39
OMNIPOD DASH MIS PODS 39
OMNIPOD GO KIT 10UNT/DY 39
OMNIPOD GO KIT 15UNT/DY 39

OMNIPOD GO KIT 20UNT/DY.....39
OMNIPOD GO KIT 25UNT/DY.....39
OMNIPOD GO KIT 30UNT/DY.....39
OMNIPOD GO KIT 35UNT/DY.....39
OMNIPOD GO KIT 40UNT/DY.....39
OMNIPOD MIS CLASSIC 39
ondansetron.....45
ondansetron hcl 45
ONFI
see *clobazam* 28
ONUREG.....10
ORFADIN
see *nitisinone* 43
ORGOVYX 10
ORKAMBI GRA 100-125 58
ORKAMBI GRA 150-188 58
ORKAMBI GRA 75-94MG 58
ORKAMBI TAB 100-125 .58
ORKAMBI TAB 200-125 .58
ORSERDU.....10
ORTHO TRI-CYCLEN LO
see *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* 41
see *tri-lo-estarylla*.....42
see *tri-lo-marzia* 42
see *tri-lo-mili*.....42
see *tri-lo-sprintec*.....42
see *tri-vylibra lo* 42
oseltamivir phosphate.....7
oxcarbazepine 30
oxybutynin chloride.....47
oxycodone hcl.....2
oxycodone w/ acetaminophen tab 10-325 mg 3
oxycodone w/ acetaminophen tab 2.5-325 mg 2
oxycodone w/ acetaminophen tab 5-325 mg 2
oxycodone w/ acetaminophen tab 7.5-325 mg 2
OZEMPIC (0.25 OR 0.5 MG/DOSE).....37
OZEMPIC (0.25 OR 0.5MG/DOSE).....37
OZEMPIC (1MG/DOSE) .37
OZEMPIC (2MG/DOSE) .37
P
pacerone.....19
paliperidone 27
PAMELOR
see *nortriptyline hcl* 24
pamidronate disodium 39
PAMIDRONATE DISODIUM 39
PANRETIN 62
pantoprazole sodium 47
PANZYGA 51
paricalcitol.....44
PARLODEL
see *bromocriptine mesylate* 25
PARNATE
see *tranylcypromine sulfate*.....24
paroxetine hcl 24
PAXIL
see *paroxetine hcl*.....24
PAXLOVID TAB 150-100..7
PAXLOVID TAB 300-100..7
pazopanib hcl 14
PEDIAPRED
see *prednisolone sodium phosphate*.....43
PEDIARIX INJ 0.5ML.....52
PEDVAX HIB 52
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 46
peg 3350-kcl-sod bicarb-nacl for soln 420 gm....46
PEGASYS 7
PEMAZYRE.....14
PENBRAYA INJ.....52
penicillamine.....40
penicillin g potassium.....9
penicillin g sodium 9
penicillin v potassium.....9
PENTACEL INJ 52
PENTAM 300
see *pentamidine isethionate inj*.....4
pentamidine isethionate inh 3
pentamidine isethionate inj 4
pentoxifylline.....49
PEPCID
see *famotidine*.....45
PERCOCET
see *endocet tab 10-325mg*.....2
see *endocet tab 2.5-325mg*.....2
see *endocet tab 5-325mg* 2
see *endocet tab 7.5-325mg*.....2
see *oxycodone w/ acetaminophen tab 10-325 mg*.....3
see *oxycodone w/ acetaminophen tab 2.5-325 mg* 2
see *oxycodone w/ acetaminophen tab 5-325 mg*.....2
see *oxycodone w/ acetaminophen tab 7.5-325 mg* 2
PERIDEX
see *chlorhexidine gluconate (mouth-throat)* 63
see *periogard* 63
perindopril erbumine 17
periogard 63
permethrin.....62
perphenazine.....27
pfizerpen.....9
phenelzine sulfate.....24

PHENERGAN
see *promethazine hcl* ..45
phenobarbital 30
phenobarbital sodium 30
phenytek 30
phenytoin 30
phenytoin sodium.....30
phenytoin sodium extended 30
philith 41
PIFELTRO 5
pilocarpine hcl.....55
pilocarpine hcl (oral) 63
pimecrolimus 62
pimozide 27
pimtrea.....41
pindolol 20
pioglitazone hcl.....37
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm).....9
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....9
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....9
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm).....9
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....9
PIQRAY 200MG DAILY DOSE.....14
PIQRAY 250MG TAB DOSE.....14
PIQRAY 300MG DAILY DOSE.....14
pirfenidone.....58
PLAQUENIL
see *hydroxychloroquine sulfate*.....50
PLASMA-LYTE A
see *multiple electrolytes ph 7.4* 53
PLAVIX
see *clopidogrel bisulfate* 49
plenamine 54
PLENVU SOL 46
podofilox 62
polycin ophth oint.....55
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....55
POMALYST 11
portia-28 41
posaconazole.....4
POT CHL 20MEQ/L IN NACL 0.45% INJ.....53
POT CHL 20MEQ/L IN NACL 0.9% INJ.....53
POT CHL 40MEQ/L IN NACL 0.9% INJ.....53
potassium chloride....53, 54
POTASSIUM CHLORIDE
see *potassium chloride*53
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....53
potassium chloride microencapsulated crystals er.....54
POTASSIUM CHLORIDE/SODIUM
see *kcl 20 meq/l (0.15%) in nacl 0.45% inj* 53
see *kcl 20 meq/l (0.15%) in nacl 0.9% inj* 53
see *kcl 40 meq/l (0.3%) in nacl 0.9% inj* 53
potassium citrate (alkalinizer).....47
PRADAXA
see *dabigatran etexilate mesylate* 48
pramipexole dihydrochloride.....25
prasugrel hcl 49
pravastatin sodium.....19
praziquantel 4
prazosin hcl 17
PRED FORTE
see *prednisolone acetate (ophth)* 55
prednisolone 43
prednisolone acetate (ophth).....55
prednisolone sodium phosphate 43
prednisone.....43
pregabalin.....30
PREHEVBRIO 52
PREMASOL SOL 10% ...54
PRENATAL TAB 27-1MG 54
PRENATAL TAB PLUS ..54
PREVACID
see *lansoprazole* 47
prevalite 19
PREVYMIS 7
PREZCOBIX TAB 800-150 6
PREZISTA 5, 6
see *darunavir* 5
PRIFTIN.....7
primaquine phosphate 5
PRIMAQUINE PHOSPHATE.....5
see *primaquine phosphate*.....5
PRIMAXIN IV
see *imipenem-cilastatin intravenous for soln 500 mg*.....3
primidone.....30
PRIORIX INJ.....52
PRISTIQ
see *desvenlafaxine succinate* 23
PRIVIGEN.....51
probenecid.....1
PROCARDIA XL
see *nifedipine*.....21
prochlorperazine.....45
prochlorperazine edisylate 45
prochlorperazine maleate 45
PROCRIT.....48
proctocort.....62

procto-med hc.....62
proctosol hc 62
proctozone-hc.....62
progesterone 44
PROGLYCEM
see *diazoxide* 43
PROGRAF.....51
see *tacrolimus*.....52
PROLASTIN-C.....58
PROLENSA
see *bromfenac sodium (ophth)* 55
PROLIA 39
promethazine hcl 45
PROMETRIUM
see *progesterone* 44
propafenone hcl.....19
proparacaine hcl 55
propranolol hcl 20
propylthiouracil.....44
PROQUAD INJ 52
PROSCAR
see *finasteride*.....47
PROSOL INJ 20% 54
PROTONIX
see *pantoprazole sodium* 47
protriptyline hcl.....24
PROVENTIL HFA
see *albuterol sulfate* 57
PROVERA
see *medroxyprogesterone acetate*.....44
PROVIGIL
see *modafinil*.....35
PROZAC
see *fluoxetine hcl* 24
PULMICORT
see *budesonide (inhalation)*.....59
PULMOZYME.....58
PURIXAN.....10
pyrazinamide 7
pyridostigmine bromide...34
pyrimethamine 4
Q
QINLOCK 14
QUADRACEL INJ 52
QUADRACEL INJ 0.5ML 52
QUALAQUIN
see *quinine sulfate* 5
QUESTRAN
see *cholestyramine* 19
QUESTRAN LIGHT
see *cholestyramine light* 19
see *prevalite*.....19
quetiapine fumarate.....27
quinapril hcl 17
quinidine sulfate.....19
quinine sulfate.....5
QULIPTA 33
R
RABAVERT INJ 52
raloxifene hcl 44
ramipril.....17
ranolazine 22
RAPAMUNE
see *sirolimus* 51
rasagiline mesylate.....25
RECLAST
see *zoledronic acid* 39
reclipsen 41
RECOMBIVAX HB.....52
RECTIV
see *nitroglycerin (intra-anal)* 62
REGLAN
see *metoclopramide hcl* 45
REGRANEX.....62
RELENZA DISKHALER....7
RELISTOR.....46
REMERON
see *mirtazapine*.....24
REMERON SOLTAB
see *mirtazapine*.....24
repaglinide 37
REPATHA.....19
REPATHA PUSHTRONEX SYSTEM 19
REPATHA SURECLICK .19
RESTASIS.....55
RESTASIS MULTIDOSE 56
RESTORIL
see *temazepam*.....33
RETEVMO.....14
RETIN-A
see *tretinoin*.....60
RETROVIR
see *zidovudine* 6
REVATIO
see *sildenafil citrate (pulmonary hypertension)*.....22
REXULTI 27
REYATAZ 6
see *atazanavir sulfate* ...5
REZLIDHIA.....14
REZUROCK.....51
RHOPRESSA 55
ribavirin (hepatitis c).....7
rifabutin.....7
RIFADIN
see *rifampin*.....7
rifampin.....7
riluzole 34
rimantadine hydrochloride 7
RINVOQ 50
RINVOQ LQ.....50
RISPERDAL
see *risperidone*.....27
RISPERDAL CONSTA
see *risperidone microspheres*.....27
risperidone.....27
*risperidone microspheres*27
RITALIN
see *methylphenidate hcl* 33
ritonavir.....6
rivastigmine.....23
rivastigmine tartrate 23
rizatriptan benzoate ..33, 34
ROBINUL
see *glycopyrrolate* 45
ROBINUL FORTE
see *glycopyrrolate* 45
ROCALTROL
see *calcitriol* 44
see *calcitriol (oral)* 44
ROCKLATAN DRO.....55
roflumilast 58

ropinirole hydrochloride ..25
rosuvastatin calcium 19
ROTARIX SUS 52
ROTATEQ SOL 52
ROWASA
see *mesalamine w/ cleanser* 46
roweepra.....30
ROXICODONE
see *oxycodone hcl* 2
ROZLYTREK 14
RUBRACA 14
rufinamide.....30, 31
RUKOBIA 6
RYBELSUS 37
RYDAPT 14
S
SABRIL
see *vigabatrin*.....31
see *vigadrone*.....31
see *vigpoder*.....31
sajazir 49
SALAGEN
see *pilocarpine hcl (oral)* 63
SANDIMMUNE
see *cyclosporine* 51
SANDOSTATIN
see *octreotide acetate* 43, 44
SANTYL.....62
SAPHRIS
see *asenapine maleate* 25
sapropterin dihydrochloride 44
SCEMBLIX 14
scopolamine 45
SECUADO.....27
selegiline hcl 25
selenium sulfide 60
SELZENTRY 6
see *maraviroc*.....5
SENSIPAR
see *cinacalcet hcl*.....43
SEREVENT DISKUS.....57
SEROQUEL
see *quetiapine fumarate* 27
SEROQUEL XR
see *quetiapine fumarate* 27
sertraline hcl 24
setlakin 41
sharobel.....41
SHINGRIX 52
SIGNIFOR 44
sildenafil citrate (pulmonary hypertension) 22
SILENOR
see *doxepin hcl (sleep)* 33
SILVADENE
see *silver sulfadiazine* .60
see *ssd*.....60
silver sulfadiazine 60
SIMBRINZA SUS 1-0.2%55
simliya.....41
simvastatin.....19
SINEMET
see *carbidopa & levodopa tab 10-100 mg* 25
see *carbidopa & levodopa tab 25-100 mg* 25
SINGULAIR
see *montelukast sodium* 57
sirolimus 51
SIRTURO 7
SKYRIZI.....50
SKYRIZI PEN 50
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 46
sodium chloride.....53
sodium chloride (gu irrigant).....62
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln ..54
SODIUM OXYBATE 35
sodium phenylbutyrate....44
sodium polystyrene sulfonate powder.....40
solifenacin succinate.....47
SOLIQUA INJ 100/33 39
SOLTAMOX.....10
SOLU-CORTEF 43
SOLU-MEDROL
see *methylprednisolone sod succ* 43
SOMATULINE DEPOT ...44
SOMAVERT.....44
sorafenib tosylate.....14
sotalol hcl.....19
sotalol hcl (afib/afl).....19
SOTYKTU.....50
spironolactone 17
spironolactone & hydrochlorothiazide tab 25-25 mg 21
SPORANOX
see *itraconazole* 4
sprintec 28 41
SPRITAM.....31
SPRYCEL.....14
sps 40
sronyx 41
ssd 60
STELARA 50
STIVARGA.....14
STRATTERA
see *atomoxetine hcl* 32
streptomycin sulfate.....4
STRIBILD TAB.....6
STROMECTOL
see *ivermectin* 3
SUBOXONE
see *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)*....35
see *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)*.35
see *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)*.....35
see *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)*.....35
subvenite 31
sucralfate 46

sulfacetamide sodium (acne) 60
sulfacetamide sodium (ophth) 55
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 54
sulfadiazine 4
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 4
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 4
sulfamethoxazole-trimethoprim tab 400-80 mg 4
sulfamethoxazole-trimethoprim tab 800-160 mg 4
sulfasalazine 46
sulindac 1
sumatriptan 34
sumatriptan succinate 34
sunitinib malate 14
SUNLENCA 6
SUPREP BOWEL PREP KIT
see *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* ... 46
SUSTIVA
see *efavirenz* 5
SUTENT
see *sunitinib malate* 14
syeda 41
SYMBICORT
see *breyna* 59
see *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* 59
see *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* 59
SYMDEKO TAB 100-150 58
SYMDEKO TAB 50-75MG 58
SYMFI
see *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* .. 6
SYMFI LO
see *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* .. 6
SYMPAZAN 31
SYMTUZA TAB 6
SYNALAR
see *fluocinolone acetonide* 61
SYNAREL 44
SYNJARDY TAB 12.5-1000MG 38
SYNJARDY TAB 12.5-500 37
SYNJARDY TAB 5-1000MG 37
SYNJARDY TAB 5-500MG 37
SYNJARDY XR TAB 10-1000 38
SYNJARDY XR TAB 12.5-1000 38
SYNJARDY XR TAB 25-1000 38
SYNJARDY XR TAB 5-1000MG 38
SYNTHROID 44
see *euthyrox* 44
see *levo-t* 44
see *levothyroxine sodium* 44
see *levoxyl* 44
see *unithroid* 44
SYPRINE
see *trientine hcl* 40
T
TABRECTA 14
tacrolimus 52
tacrolimus (topical) 62
tadalafil 47
tadalafil (pulmonary hypertension) 22
TAFINLAR 15
TAGRISSO 15
TALZENNA 15
TAMIFLU
see *oseltamivir phosphate* 7
tamoxifen citrate 10
tamsulosin hcl 47
TARCEVA
see *erlotinib hcl* 12
TARGRETIN
see *bexarotene* 11
see *bexarotene (topical)* 62
tarina fe 1/20 eq 41
TASIGNA 15
tasimelteon 33
TAVNEOS 49
tazarotene 60
tazicef 8
TAZORAC 60
see *tazarotene* 60
TAZVERIK 15
TDVAX INJ 2-2 LF 52
TEFLARO 8
TEGRETOL
see *carbamazepine* 28
see *epitol* 29
TEGRETOL-XR
see *carbamazepine* 28
TEKTURNA
see *aliskiren fumarate* . 21
telmisartan 18
temazepam 33
TENIVAC INJ 5-2LF 52
tenofovir disoproxil fumarate 6
TENORETIC 100
see *atenolol & chlorthalidone tab 100-25 mg* 20
TENORETIC 50
see *atenolol & chlorthalidone tab 50-25 mg* 20
TENORMIN
see *atenolol* 20
TEPMETKO 15

terazosin hcl 17
terbinafine hcl 5
terbutaline sulfate 57
terconazole vaginal.....47
TERIPARATIDE.....39
testosterone.....36
testosterone cypionate....36
testosterone enanthate...36
tetrabenazine.....34
tetracycline hcl.....9
THALOMID 11
theophylline 58
thioridazine hcl.....27
thiothixene 27
tiadylt er.....21
tiagabine hcl 31
TIAZAC
see *diltiazem hcl extended release beads*.....20
see *tiadylt er*.....21
TIBSOVO.....15
TICOVAC.....52
tigecycline.....9
TIKOSYN
see *dofetilide*.....18
tilia fe 41
timolol maleate.....20
timolol maleate (ophth) ...55
tinidazole 4
TIVICAY.....6
TIVICAY PD.....6
tizanidine hcl.....35
TOBI PODHALER.....4
TOBRADEX OIN 0.3-0.1% 54
tobramycin 4
tobramycin (ophth).....55
tobramycin sulfate.....4
tobramycin-dexamethasone ophth susp 0.3-0.1% ...54
tolterodine tartrate.....47
TOPAMAX
see *topiramate* 31
TOPAMAX SPRINKLE
see *topiramate* 31
topiramate.....31
TOPROL XL
see *metoprolol succinate* 20
toremifene citrate.....10
torpenz.....15
torsemide.....21
TPN ELECTROL INJ 53
TRACLEER
see *bosentan*.....22
TRADJENTA.....38
tramadol hcl 3
trandolapril.....17
tranexamic acid.....49
TRANSDERM-SCOP
see *scopolamine* 45
tranylcypromine sulfate...24
TRAVASOL INJ 10%.....54
trazodone hcl 24
TRECATOR.....7
TRELEGY AER ELLIPTA 100-62.5-25 MCG 56
TRELEGY AER ELLIPTA 200-62.5-25 MCG 56
TREMFYA 50
TRESIBA 39
TRESIBA FLEXTOUCH..39
tretinoin 60
tretinoin (chemotherapy) .11
triamcinolone acetonide (mouth).....63
triamcinolone acetonide (topical) 61
triamterene & hydrochlorothiazide cap 37.5-25 mg.....21
triamterene & hydrochlorothiazide tab 37.5-25 mg.....21
triamterene & hydrochlorothiazide tab 75-50 mg.....21
TRICOR
see *fenofibrate* 19
tridacaine ii 62
triderm 62
trientine hcl 40
tri-estarylla.....41
trifluoperazine hcl.....27
trifluridine 55
trihexyphenidyl hcl 25
TRIJARDY XR TAB ER 24HR 10-5-1000MG....38
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 38
TRIJARDY XR TAB ER 24HR 25-5-1000MG....38
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG...38
TRIKAFTA PAK 59.5MG 58
TRIKAFTA PAK 75MG ...58
TRIKAFTA TAB 100-50-75MG & 150MG 58
TRIKAFTA TAB 50-25-37.5MG & 75MG 58
tri-legest fe.....41
TRILEPTAL
see *oxcarbazepine* 30
tri-linyah 41
tri-lo-estarylla 42
tri-lo-marzia.....42
tri-lo-mili 42
tri-lo-sprintec.....42
trimethoprim.....4
tri-mili 42
trimipramine maleate 24
TRINTELLIX 24
tri-nymyo.....42
tri-sprintec.....42
TRIUMEQ PD TAB 6
TRIUMEQ TAB 6
trivora-28 42
tri-vylibra.....42
tri-vylibra lo 42
TROPHAMINE INJ 10% .54
trospium chloride 47
TRULICITY 38
TRUMENBA INJ 52
TRUQAP.....15
TRUVADA
see *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* 6
see *emtricitabine-tenofovir disoproxil*

fumarate tab 133-200 mg 6
see *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* 6
see *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* 6
TUKYSA 15
TURALIO 15
turqoz.....42
TWINRIX INJ 52
TYBOST 6
TYENNE 50
TYGACIL
see *tigecycline*.....9
TYKERB
see *lapatinib ditosylate* 13
TYPHIM VI.....52
U
UBRELVY 34
UCERIS
see *budesonide*.....45
UNASYN
see *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* 9
see *ampicillin & sulbactam sodium for inj 3 (2-1) gm* 9
UNASYN BULK PACK
see *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm*...9
unithroid.....44
UROCIT-K 10
see *potassium citrate (alkalinizer)* 47
UROCIT-K 15
see *potassium citrate (alkalinizer)* 47
UROXATRAL
see *alfuzosin hcl*.....47
URSO FORTE
see *ursodiol*.....46
ursodiol 46
V
VAGIFEM
see *estradiol vaginal* ...42
see *yuvafem*.....42
valacyclovir hcl.....7
VALCHLOR 62
VALCYTE
see *valganciclovir hcl* 7
valganciclovir hcl.....7
VALIUM
see *diazepam*.....28
valproate sodium 31
valproic acid.....31
valsartan 18
valsartan-hydrochlorothiazide tab 160-12.5 mg.....18
valsartan-hydrochlorothiazide tab 160-25 mg.....18
valsartan-hydrochlorothiazide tab 320-12.5 mg.....18
valsartan-hydrochlorothiazide tab 320-25 mg.....18
valsartan-hydrochlorothiazide tab 80-12.5 mg.....18
VALTOCO 10 MG DOSE 31
VALTOCO 15 MG DOSE 31
VALTOCO 20 MG DOSE 31
VALTOCO 5 MG DOSE..31
VALTREX
see *valacyclovir hcl* 7
VANCOCIN
see *vancomycin hcl*.....4
vancomycin hcl 4
VANCOMYCIN HYDROCHLORIDE
see *vancomycin hcl*.....4
VANCOMYCIN INJ 1 GM .4
VANCOMYCIN INJ 500MG 4
VANCOMYCIN INJ 750MG 4
VANFLYTA 15
VAQTA 52
varenicline tartrate 36
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 36
VARIVAX 52
VASCEPA.....19
VASERETIC
see *enalapril maleate & hydrochlorothiazide tab 10-25 mg* 16
VASOTEC
see *enalapril maleate* ..17
velivet 42
VELSIPITY.....50
VENCLEXTA 15
VENCLEXTA TAB START PK 15
venlafaxine hcl.....24
VENTOLIN HFA.....57
VENTOLIN HFA (INSTITUTIONAL PACK) 57
VEOZAH 44
verapamil hcl.....21
VERQUVO.....22
VERSACLOZ.....27
VERZENIO 15
VESICARE
see *solifenacin succinate* 47
vestura.....42
VFEND
see *voriconazole* 5
VFEND IV
see *voriconazole* 5
VIBRAMYCIN
see *doxycycline hyclate*.9
vienva 42
vigabatrin 31
vigadrone.....31
VIGAFYDE.....31
VIGAMOX
see *moxifloxacin hcl (ophth)* 54
vigpoder.....31
VIIBRYD
see *vilazodone hcl*.....24
vilazodone hcl.....24

VIMPAT
see *lacosamide* 29
see *lacosamide oral* 29
viorele 42
VIRACEPT.....6
VIREAD 6
see *tenofovir disoproxil fumarate* 6
VISTARIL
see *hydroxyzine pamoate* 56
VITRAKVI 15
VIVELLE-DOT
see *dotti* 42
see *estradiol*.....42
VIVITROL 36
VIZIMPRO 15
VONJO 15
voriconazole 5
VOSEVI TAB 7
VOTRIENT
see *pazopanib hcl* 14
VOWST CAP 46
VRAYLAR.....27
VRAYLAR CAP 1.5-3MG 27
vyfemla 42
vylibra 42
VYZULTA 55
W
warfarin sodium 48
water for irrigation, sterile irrigation soln.....62
WELIREG 11
WELLBUTRIN SR
see *bupropion hcl*.....23
WELLBUTRIN XL
see *bupropion hcl*.....23
wera.....42
WESTAB PLUS TAB 27-1MG 54
wixela inhub.....59
X
XALATAN
see *latanoprost*.....55
XALKORI 15
XANAX
see *alprazolam*.....22
XARELTO.....48
XARELTO STAR TAB 15/20MG 48
XATMEP.....50
XCOPRI.....31
XCOPRI PAK 100-150....31
XCOPRI PAK 12.5-25.....31
XCOPRI PAK 150-200MG (MAINTENANCE).....31
XCOPRI PAK 150-200MG (TITRATION).....31
XCOPRI PAK 50-100MG 31
XDEMVY 55
XELJANZ.....50
XELJANZ XR.....50
XENAZINE
see *tetrabenazine*.....34
XERMELO 46
XGEVA 39
XHANCE.....58
XIFAXAN 46
XIGDUO XR TAB 10-1000 38
XIGDUO XR TAB 10-500MG 38
XIGDUO XR TAB 2.5-1000 38
XIGDUO XR TAB 5-1000MG 38
XIGDUO XR TAB 5-500MG 38
XIIDRA.....56
XOLAIR 58
XOSPATA.....15
XPOVIO PAK (100 MG ONCE WEEKLY).....16
XPOVIO PAK (40 MG ONCE WEEKLY).....15
XPOVIO PAK (40 MG TWICE WEEKLY) 15
XPOVIO PAK (60 MG ONCE WEEKLY).....15
XPOVIO PAK (60 MG TWICE WEEKLY) 16
XPOVIO PAK (80 MG ONCE WEEKLY).....16
XPOVIO PAK (80 MG TWICE WEEKLY) 16
XTANDI 10
xulane 42
XULTOPHY INJ 100/3.6 .39
XYLOCAINE
see *lidocaine hcl (local anesth.)*.....1
XYLOCAINE-MPF
see *lidocaine hcl (local anesth.)*.....1
Y
YASMIN 28
see *drospirenone-ethinyl estradiol tab 3-0.03 mg* 40
see *ocella*.....41
see *syeda*.....41
see *zumandimine* 42
YAZ
see *drospirenone-ethinyl estradiol tab 3-0.02 mg* 40
see *jasmiel* 40
see *loryna*.....41
see *nikki* 41
see *vestura*.....42
YF-VAX INJ 52
yuvafem 42
Z
zafemy 42
zafirlukast.....57
ZANAFLEX
see *tizanidine hcl*.....35
ZARONTIN
see *ethosuximide* 29
ZARXIO 48
ZEGALOGUE 43
ZEJULA 16
ZELBORAF.....16
ZEMAIRA.....58
ZEMPLAR
see *paricalcitol* 44
zenatane.....60
ZENPEP CAP 10000UNT 47
ZENPEP CAP 15000UNT 47
ZENPEP CAP 20000UNT 47

ZENPEP CAP 25000UNT 47
ZENPEP CAP 3000UNIT46
ZENPEP CAP 40000UNT 47
ZENPEP CAP 5000UNIT46
ZENPEP CAP 60000UNT 47
ZESTORETIC
see *lisinopril & hydrochlorothiazide tab 10-12.5 mg* 16
see *lisinopril & hydrochlorothiazide tab 20-12.5 mg* 16
see *lisinopril & hydrochlorothiazide tab 20-25 mg* 17
ZESTRIL
see *lisinopril* 17
ZETIA
see *ezetimibe* 19
ZIAGEN
see *abacavir sulfate* 5
zidovudine 6
ziprasidone hcl 27
ziprasidone mesylate 28
ZIRGAN 55
ZITHROMAX
see *azithromycin* 8
ZOCOR
see *simvastatin* 19
zoledronic acid 39
ZOLINZA 16
ZOLOFT
see *sertraline hcl* 24
zolpidem tartrate 33
ZONEGRAN
see *zonisamide* 32
ZONISADE 32
zonisamide 32
ZORTRESS
see *everolimus (immunosuppressant)* 51
zovia 1/35 42
ZTALMY 32
zumandimine 42
ZURZUVAE 24
ZYDELIG 16
ZYKADIA 16
ZYLET SUS 0.5-0.3% 54
ZYPREXA
see *olanzapine* 26
ZYPREXA RELPREVV ...28
ZYPREXA ZYDIS
see *olanzapine* 27
ZYTIGA
see *abiraterone acetate* 10
ZYVOX
see *linezolid* 3

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