



2021 4-TIER GROUP FORMULARY

(List of covered drugs)

Group MedicareBlueSM Rx (PDP)

Effective January 1, 2021

Please read: This document contains information about the drugs we cover in this plan.

Formulary ID: 00021181 Version 6

This formulary was updated on 8/20/20. For more recent information or other questions, please contact Group MedicareBlue Rx customer service.



Enrolled members call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain times (TTY hearing impaired users call **711**)



Visit **YourMedicareSolutions.com/GroupPlans**

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Group MedicareBlue Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of **August 20, 2020**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

WHAT IS THE GROUP MEDICAREBLUE RX FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier, or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described previously. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **August 20, 2020**. To get updated information about the drugs covered by Group MedicareBlue Rx, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formulary will be updated monthly and posted on our website. To view the most recent formulary, visit **YourMedicareSolutions.com/GroupPlans**.

HOW DO I USE THE FORMULARY?

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

Medical condition

The formulary begins on page 6. 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 6. 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 at the back of this booklet. 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?

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

- **Prior authorization:** Group MedicareBlue Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Group MedicareBlue Rx before you fill your prescriptions. If you don’t get approval, Group MedicareBlue Rx may not cover the drug.
- **Quantity limits:** For certain drugs, Group MedicareBlue Rx limits the amount of the drug that Group MedicareBlue Rx will cover. For example, the plan provides 30 capsules per

prescription for *glimepiride*. This may be in addition to a standard one-month or three-month supply.

- **Step therapy:** In some cases, Group MedicareBlue Rx 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, Group MedicareBlue Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Group MedicareBlue Rx 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 6. 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 Group MedicareBlue Rx 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 formulary?" in the following section 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 service and ask if your drug is covered. If you learn that Group MedicareBlue Rx does not cover your drug, you have two options:

- You can ask customer service for a list of similar drugs that are covered by Group MedicareBlue Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Group MedicareBlue Rx.

- You can ask Group MedicareBlue Rx to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Most Medicare drug plans cannot cover certain drugs, including sexual dysfunction products like Viagra, Cialis and Levitra. However, these may be covered on the Supplemental Drug List which is a separate list sent with this formulary. For more information, you can contact Group MedicareBlue Rx.

HOW DO I REQUEST AN EXCEPTION TO THE FORMULARY?

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

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

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

You should contact us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should**

submit a statement from your prescriber or physician supporting your request. Generally, we must make a decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, a decision will be made no later than 24 hours after we receive a supporting statement from your doctor or other prescriber.

WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

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

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

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

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care facility to your home or a similar change in care setting, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

FOR MORE INFORMATION

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

If you have questions about Group MedicareBlue Rx, 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, seven days a week. TTY users should call **1-877-486-2048**. Or, visit **medicare.gov**.

GROUP MEDICAREBLUE RX FORMULARY

The formulary that begins on page 6 provides coverage information about the drugs covered by Group MedicareBlue Rx. If you have trouble finding your drug in the list, turn to the Index at the back of this booklet. The supplemental list of drugs for your plan is a separate list sent with this formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower case italics (e.g., *glipizide*). The next column tells you into which cost-sharing tier the drug is categorized. The information in the Requirement/Limits column tells you if Group MedicareBlue Rx has any special requirements for coverage of your drug.

Please refer to your plan's Summary of Benefits or Evidence of Coverage (including Chapter 4: What you pay for your Part D prescription drugs (Schedule of Coverage and Limitations)) for information on prescription drug copayments and coinsurance amounts. The amount you pay will depend on your plan option.

The key below can assist you as you look for the information for your drug.

KEY

Upper case = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Generic drugs

2 = Tier 2: Preferred brand drugs

3 = Tier 3: Non-preferred brand drugs

4 = Tier 4: Specialty drugs

B/D = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

LA = Limited access

NM = Not available by mail order

PA = Prior authorization

QL = Quantity limits

ST = Step therapy

Group MedicareBlue Rx covers four tiers of drugs:

Tier 1: Generic drugs

Tier 1 is the lowest tier and generally contains the lowest cost generics.

Tier 2: Preferred brand drugs

Tier 2 contains preferred brand drugs and some non-preferred generic drugs.

Tier 3: Non-preferred brand drugs

Tier 3 contains non-preferred brand drugs and some non-preferred generic drugs.

Tier 4: Specialty drugs

Tier 4 is the highest tier on our Formulary. It contains very high cost brand and generic drugs, which may require special handling and/or close monitoring.

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	2	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

NSAIDS

<i>celecoxib</i> CAPS 50mg	1	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg, 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen dr</i> TBEC 375mg, 500mg	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3	
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg</i>	1	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	1	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	1	QL (180 tabs / 30 days)
<i>lorcet</i>	1	QL (240 tabs / 30 days)
<i>lorcet hd</i>	1	QL (180 tabs / 30 days)
<i>lorcet plus</i>	1	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	3	B/D
<i>morphine sulfate SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 20mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	3	
<i>oxycodone hcl CAPS 5mg</i>	1	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	1	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	1	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	1	B/D
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ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	4	
ALINIA SUSR 100mg/5ml	4	QL (180 mL / 30 days)
ALINIA TABS 500mg	4	QL (6 tabs / 30 days)
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	4	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
CAYSTON SOLR 75mg	4	NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
DAPTOMYCIN SOLR 350mg	4	
<i>daptomycin SOLR 350mg, 500mg</i>	4	
EMVERM CHEW 100mg	4	QL (12 tabs / 365 days)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>ivermectin TABS 3mg</i>	1	
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate TABS 1gm</i>	1	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	2	
<i>paromomycin sulfate CAPS 250mg</i>	1	
<i>pentamidine isethionate inh SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	1	
<i>praziquantel TABS 600mg</i>	1	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	4	
<i>streptomycin sulfate SOLR 1gm</i>	4	
<i>SULFADIAZINE TABS 500mg</i>	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>SYNERCID INJ 500MG</i>	4	
<i>tobramycin NEBU 300mg/5ml</i>	4	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	1	QL (80 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	

ANTIFUNGALS

ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	4	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	4	
NOXAFIL SUSP 40mg/ml	4	QL (630 mL / 30 days)
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	4	QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	4	PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>quinine sulfate</i> CAPS 324mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	
APTIVUS CAPS 250mg; SOLN 100mg/ml	4	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	
CRIXIVAN CAPS 200mg, 400mg	3	
<i>didanosine</i> CPDR 200mg, 250mg, 400mg	1	
EDURANT TABS 25mg	4	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	1	
EMTRIVA CAPS 200mg; SOLN 10mg/ml	2	
<i>fosamprenavir calcium</i> TABS 700mg	4	
FUZEON SOLR 90mg	4	NM
INTELENCE TABS 25mg	3	
INTELENCE TABS 100mg, 200mg	4	
INVIRASE TABS 500mg	4	
ISENTRESS CHEW 25mg; PACK 100mg	2	
ISENTRESS CHEW 100mg; TABS 400mg	4	
ISENTRESS HD TABS 600mg	4	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	
LEXIVA SUSP 50mg/ml	3	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	
NORVIR PACK 100mg; SOLN 80mg/ml	3	
PIFELTRO TABS 100mg	4	
PREZISTA SUSP 100mg/ml	4	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days)
REYATAZ PACK 50mg	4	
<i>ritonavir</i> TABS 100mg	1	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	
SELZENTRY TABS 25mg	2	
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	
TIVICAY TABS 10mg	2	
TIVICAY TABS 25mg, 50mg	4	
TIVICAY PD TBSO 5mg	2	
TROGARZO SOLN 200mg/1.33ml	4	NM, LA
TYBOST TABS 150mg	3	

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250mg, 625mg	4	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	4	
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	
ATRIPLA TAB	4	
BIKTARVY TAB	4	
CIMDUO TAB 300-300	4	
COMPLERA TAB	4	
DELSTRIGO TAB	4	
DESCOVY TAB 200/25	4	
DOVATO TAB 50-300MG	4	
EVOTAZ TAB 300-150	4	
GENVOYA TAB	4	
JULUCA TAB 50-25MG	4	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
ODEFSEY TAB	4	
PREZCOBIX TAB 800-150	4	
STRIBILD TAB	4	
SYMFI LO TAB	4	
SYMFI TAB	4	
SYMTUZA TAB	4	
TEMIXYS TAB 300-300	4	
TRIUMEQ TAB	4	
TRUVADA TAB 100-150	4	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	4	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	4	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	4	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	4	
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PASER PACK 4gm	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide TABS 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 100mg	4	LA, PA
TRECTOR TABS 250mg	3	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	4	
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA TAB 400-100	4	NM, PA
EPIVIR HBV SOLN 5mg/ml	3	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NM, PA
HARVONI PAK 45-200MG	4	NM, PA
HARVONI TAB 45-200MG	4	NM, PA
HARVONI TAB 90-400MG	4	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	
MAVYRET TAB 100-40MG	4	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	4	NM, PA
PEGASYS PROCLICK SOLN 180mcg/0.5ml	4	NM, PA
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	
VEMLIDY TABS 25mg	4	PA
VOSEVI TAB	4	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN INJ 1GM/50ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID TABS 200mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	

PENICILLINS

<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	4	
<i>NAFCILLIN SODIUM SOLR 10gm</i>	4	
<i>oxacillin sodium SOLR 1gm, 2gm</i>	1	
<i>oxacillin sodium SOLR 10gm</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	3	
<i>PEN GK/DEXTR INJ 60000/ML</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

TETRACYCLINES

<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
<i>mondoxyne nl</i> CAPS 100mg	1	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	4	
TIGECYCLINE SOLR 50mg	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	4	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	4	B/D
GLEOSTINE CAPS 10mg	3	
GLEOSTINE CAPS 40mg, 100mg	4	
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin</i> SOLR 50mg, 100mg	4	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	4	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	B/D
azacitidine SUSR 100mg	4	B/D
cytarabine SOLN 20mg/ml	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
mercaptapurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
PURIXAN SUSP 2000mg/100ml	4	NM
TABLOID TABS 40mg	3	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	4	NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
DEPO-PROVERA SUSP 400mg/ml	3	B/D
EMCYT CAPS 140mg	3	
ERLEADA TABS 60mg	4	NM, LA, PA
<i>exemestane</i> TABS 25mg	1	
<i>flutamide</i> CAPS 125mg	1	
<i>fulvestrant</i> SOLN 250mg/5ml	4	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	4	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	4	NM, PA
LYSODREN TABS 500mg	4	
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
<i>nilutamide</i> TABS 150mg	4	
NUBEQA TABS 300mg	4	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	4	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	4	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	4	NM, PA
XTANDI CAPS 40mg	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZYTIGA TABS 500mg	4	NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	4	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	4	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	4	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	4	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	4	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	4	NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	4	NM, PA
KISQALI 400 PAK FEMARA	4	NM, PA
KISQALI 600 PAK FEMARA	4	NM, PA
LONSURF TAB 15-6.14	4	NM, PA
LONSURF TAB 20-8.19	4	NM, PA
MATULANE CAPS 50mg	4	LA
SYLATRON KIT 200mcg, 300mcg	4	PA
SYNRIBO SOLR 3.5mg	4	NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	B/D
<i>docetaxel</i> CONC 20mg/ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	4	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	4	QL (150 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ TBSO 3mg	4	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	4	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	4	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	4	NM, LA, PA
ALUNBRIG PAK	4	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	LA, PA
AYVAKIT TABS 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	4	NM, LA, PA
BORTEZOMIB SOLR 3.5mg	4	PA
BOSULIF TABS 100mg, 400mg, 500mg	4	NM, PA
BRAFTOVI CAPS 75mg	4	NM, LA, PA
BRUKINSA CAPS 80mg	4	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	4	NM, LA, PA
CAPRELSA TABS 100mg, 300mg	4	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	4	NM, LA, PA
COMETRIQ KIT 100MG	4	NM, LA, PA
COMETRIQ KIT 140MG	4	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	4	NM, LA, PA
COTELLIC TABS 20mg	4	NM, LA, PA
DAURISMO TABS 25mg, 100mg	4	NM, LA, PA
ERIVEDGE CAPS 150mg	4	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	4	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	4	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	4	QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 20mg	4	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	NM, LA, PA
HERCEP HYLEC SOL 60-10000	4	PA
HERCEPTIN SOLR 150mg	4	PA
HERZUMA SOLR 150mg, 420mg	4	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	4	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 15mg	4	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 45mg	4	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	4	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	4	QL (56 caps / 28 days), NM, LA, PA
IMBRUVICA CAPS 140mg	4	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg	4	QL (112 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 280mg	4	QL (56 tabs / 28 days), NM, LA, PA
IMBRUVICA TABS 420mg, 560mg	4	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	4	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	4	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	4	NM, LA, PA
IRESSA TABS 250mg	4	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	4	B/D
KANJINTI SOLR 150mg, 420mg	4	NM, PA
KEYTRUDA SOLN 100mg/4ml	4	NM, PA
KISQALI TBPK 200mg	4	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	NM, LA, PA
LENVIMA CAP 14 MG	4	NM, LA, PA
LENVIMA CAP 18 MG	4	NM, LA, PA
LENVIMA CAP 24 MG	4	NM, LA, PA
LORBRENA TABS 25mg, 100mg	4	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	4	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	4	NM, LA, PA
MEKTOVI TABS 15mg	4	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NM, LA, PA
NERLYNX TABS 40mg	4	NM, LA, PA
NEXAVAR TABS 200mg	4	NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	NM, PA
ODOMZO CAPS 200mg	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
OGIVRI SOLR 150mg	4	NM, PA
OGIVRI INJ 420MG	4	NM, PA
ONTRUZANT SOLR 150mg, 420mg	4	NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	NM, PA
PIQRAY 250MG TAB DOSE	4	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	NM, PA
QINLOCK TABS 50mg	4	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	4	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	4	LA, PA
RITUXAN INJ HYCELA	4	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	4	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	4	NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
RYDAPT CAPS 25mg	4	NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	4	NM, PA
STIVARGA TABS 40mg	4	NM, LA, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	4	NM, PA
TAFINLAR CAPS 50mg, 75mg	4	NM, LA, PA
TAGRISSE TABS 40mg, 80mg	4	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .25mg, 1mg	4	NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	4	NM, PA
TAZVERIK TABS 200mg	4	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NM, LA, PA
TIBSOVO TABS 250mg	4	NM, LA, PA
TRAZIMERA SOLR 420mg	4	NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
TUKYSA TABS 50mg, 150mg	4	NM, LA, PA
TURALIO CAPS 200mg	4	NM, LA, PA
TYKERB TABS 250mg	4	NM, LA, PA
VELCADE SOLR 3.5mg	4	PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	4	QL (180 tabs / 30 days), NM, LA, PA

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

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	4	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 20 mg</i>	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 97-103MG	2	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	3	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe</i> TABS 10mg	1	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg	4	NM, LA, PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
VASCEPA CAPS .5gm, 1gm	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	3	QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOCT 5mg/5ml; SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	4	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	1	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3	
DEMSER CAPS 250mg	4	PA
<i>digitek</i> TABS .125mg, .25mg	1	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>guanfacine hcl</i> TABS 1mg, 2mg	2	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>methyldopa</i> TABS 250mg, 500mg	1	PA; PA if 70 years and older
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg	4	QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAPS 200mg, 300mg	4	QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	4	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	4	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM TABS 200mg, 400mg, 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	4	PA
BRIVIACT SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	4	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	4	
<i>felbamate</i> TABS 400mg, 600mg	1	
FYCOMPA SUSP .5mg/ml	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
NAYZILAM SOLN 5mg/0.1ml	3	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
PEGANONE TABS 250mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	3	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	3	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	1	
<i>rowepra</i> TABS 500mg, 750mg, 1000mg	1	
<i>rowepra xr</i> TB24 500mg, 750mg	1	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	3	QL (60 films / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 10mg, 20mg	4	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3	
<i>vigabatrin</i> PACK 500mg	4	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	4	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	4	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	3	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI TABS 50mg	4	QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	3	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	4	QL (28 tabs / 28 days)
XCOPRI TAB 50-200MG	4	QL (56 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	1	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	1	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	3	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
<i>doxepin hcl</i> CAPS 150mg	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	3	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	3	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg	1	
MARPLAN TABS 10mg	3	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
PAXIL SUSP 10mg/5ml	3	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	3	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	3	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	3	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	3	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	3	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	3	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
VIIBRYD TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	3	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml	4	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS 1mg	1	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	1	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	2	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	4	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	4	QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	4	
CAPLYTA CAPS 42mg	3	QL (30 caps / 30 days)
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	3	
<i>chlorpromazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 200mg	4	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	3	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	4	QL (1 injection / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	3	QL (30 tabs / 30 days)
LATUDA TABS 80mg	3	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	4	QL (1 injection / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	3	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	3	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	3	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	4	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	3	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	3	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	4	QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	2	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>HETLIOZ CAPS 20mg</i>	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 7.5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 inhalers / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml; SOSY 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days)

MISCELLANEOUS

AUSTEDO TABS 6mg	4	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	4	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 40mg, 80mg	4	QL (30 caps / 30 days), NM, PA
INGREZZA CAP 40-80MG	4	QL (28 caps / 28 days), NM, PA
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
LYRICA CR TB24 82.5mg, 165mg, 330mg	2	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	3	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	4	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	4	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	NM, PA
GILENYA CAPS .5mg	4	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	4	QL (540 mL / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	
CHANTIX TABS .5mg, 1mg	3	PA
CHANTIX CONTINUING MONTH TABS 1mg	3	PA
CHANTIX PAK 0.5& 1MG	3	PA
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	2	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
VIVITROL SUSR 380mg	4	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 TABS 50mg	4	PA
ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	1	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	2	QL (4 pens / 28 days)

Drug Name	Drug Tier	Requirements/Limits
BYDUREON PEN PEN 2mg	2	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	3	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	2	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	2	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	2	QL (2 pens / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	2	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	2	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	2	
BD ALCOHOL SWABS	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	4	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	2	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	2	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	2	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	2	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
OMNIPOD KIT STARTER	3	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	3	QL (10 boxes / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	2	
SOLIQUA INJ 100/33	2	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT	3	QL (1 kit / 30 days), PA
V-GO 30 KIT	3	QL (1 kit / 30 days), PA
V-GO 40 KIT	3	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon)</i> SOLN 200unit/act	1	B/D
FORTEO SOPN 600mcg/2.4ml	4	NM, PA
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml	3	QL (1 injection / 180 days), NM
TYMLOS SOPN 3120mcg/1.56ml	4	NM, PA
XGEVA SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	3	
<i>clovique</i> CAPS 250mg	4	PA
<i>deferasirox</i> TABS 90mg, 180mg, 360mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NM, LA, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> TABS 250mg	4	
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	4	PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	LA, PA

CONTRACEPTIVES

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>caziant</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>deblitane</i> TABS .35mg	1	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>elinest</i>	1	
ELLA TABS 30mg	2	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab</i> <i>1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>gianvi</i>	1	
<i>hailey 1.5/30</i>	1	
<i>heather</i> TABS .35mg	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day)</i> <i>tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tulana</i> TABS .35mg	1	
<i>velivet</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>xulane</i>	1	
<i>zarah</i>	1	
<i>zovia 1/35e</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	4	
ESTROGENS		
<i>amabelz</i>	2	
DELESTROGEN OIL 10mg/ml	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab</i> 0.5- 0.1 mg	2	
<i>estradiol & norethindrone acetate tab</i> 1-0.5 mg	2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	1	
<i>fyavolv tab</i> 0.5mg-2.5mcg	2	
<i>fyavolv tab</i> 1mg-5mcg	2	
<i>jinteli</i>	2	
<i>lopreeza</i>	2	
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	2	
<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	2	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS 25mg	1	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> TBPk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	4	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NM, LA, PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TABS 200mg	4	NM, LA, PA
CERDELGA CAPS 84mg	4	NM, PA
CEREZYME SOLR 400unit	4	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	1	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	4	NM, LA
CYSTAGON CAPS 50mg, 150mg	3	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	4	
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	4	NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	4	NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NM, PA
INCRELEX SOLN 40mg/4ml	4	NM, LA, PA
KORLYM TABS 300mg	4	NM, LA, PA
KUVAN PACK 100mg, 500mg; TBSO 100mg	4	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	NM, PA
<i>miglustat</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME SOLN 1mg/ml	4	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	4	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	4	NM, PA
OSPHENA TABS 60mg	2	PA
<i>raloxifene hcl</i> TABS 60mg	1	
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	4	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NM, LA, PA
STIMATE SOLN 1.5mg/ml	4	NM
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	4	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	4	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg	3	B/D
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	2	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	3	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	3	
<i>glycopyrrolate</i> TABS 1mg, 2mg	1	

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	
<i>budesonide</i> TB24 9mg	4	
<i>colocort</i> ENEM 100mg/60ml	1	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
<i>lactulose</i> SOLN 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy) SOLN</i> 10gm/15ml	1	
NULYTELY SOL FLAV PKS	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
<i>trilyte</i>	1	

MISCELLANEOUS

<i>alose tron hcl</i> TABS 1mg	4	QL (60 tabs / 30 days), PA
<i>alose tron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GATTEX KIT 5mg	4	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg	2	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	2	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	4	PA
<i>sucral fate</i> TABS 1gm	1	
TRULANCE TABS 3mg	3	QL (30 tabs / 30 days)
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XIFAXAN TABS 550mg	4	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000	3	
ZENPEP CAP 40000	3	

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	3	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	
tamsulosin hcl CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	1	
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
tropium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	1	
metronidazole vaginal GEL .75%	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
vandazole GEL .75%	1	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TABS 5mg	2	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
HEP SOD/NAACL INJ 25000UNT	2	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	1	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	1	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	1	
HEPARIN/NAACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 110mg, 150mg	3	QL (60 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	4	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DROXIA CAPS 200mg, 300mg, 400mg	2	
ENDARI PACK 5gm	4	NM, LA, PA
HAEGARDA SOLR 2000unit	4	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	4	QL (20 vials / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOLN 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	4	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	4	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	4	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	4	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL SOLR 25mg	4	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	4	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	4	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	4	QL (8 injections / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	4	QL (8 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	4	QL (2 injections / 28 days), NM, PA
HUMIRA PSKT 10mg/0.2ml, 20mg/0.4ml	4	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml	4	QL (6 injections / 28 days), NM, PA
HUMIRA PSKT 40mg/0.8ml	4	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	4	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	4	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	NM, PA
REMICADE SOLR 100mg	4	NM, PA
RENFLEXIS SOLR 100mg	4	NM, LA, PA
RINVOQ TB24 15mg	4	QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	4	QL (7 kits / year), NM, PA
STELARA SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ TABS 5mg, 10mg	4	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	4	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	3	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml	4	NM, PA
GAMASTAN INJ	3	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	4	NM, LA, PA
ARCALYST SOLR 220mg	4	NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	4	B/D
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	4	NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	1	B/D
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	4	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	4	B/D
PROGRAF PACK .2mg, 1mg	3	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
<i>sirolimus</i> SOLN 1mg/ml; TABS 2mg	4	B/D
<i>sirolimus</i> TABS .5mg, 1mg	1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D
ZORTRESS TABS 1mg	4	B/D
VACCINES		
ACTHIB INJ	2	
ADACEL INJ	2	
BCG VACCINE INJ	2	
BEXSERO INJ	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DIP/TET PED INJ 25-5LFU	2	B/D

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 INJ	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2	
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXIARO INJ	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENVEO INJ	2	
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SHINGRIX SUSR 50mcg/0.5ml	2	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	2	B/D
TENIVAC INJ 5-2LF	2	B/D
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI SOLN 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX INJ 1350pfu/0.5ml	2	
YF-VAX INJ	2	
ZOSTAVAX SUSR 19400unt/0.65ml	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
MG SO4/D5W INJ 10MG/ML	2	
NORMOSOL -M INJ /D5W	3	
NORMOSOL -R INJ	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
<i>potassium chloride SOLN 2meq/ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
<i>klor-con sprinkle</i> CPCR 8meq, 10meq	1	
M-NATAL PLUS TAB	2	
ONE VITE TAB 1MG PLUS	2	
PNV FOLIC AC TAB + IRON	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW IRON	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	

IV NUTRITION

AMINOSYN II INJ 10%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
<i>hepatamine</i>	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NEPHRAMINE INJ 5.4%	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
BROMSITE SOLN .075%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
DUREZOL EMUL .05%	2	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
ILEVRO SUSP .3%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
BEPREVE SOLN 1.5%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACFT SOLN .25%	3	
<i>olopatadine hcl</i> SOLN .2%	1	
PAZEO SOLN .7%	2	
ZERVIAE SOLN .24%	3	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%	2	
AZOPT SUSP 1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	2	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
CYSTARAN SOLN .44%	4	NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	1	
XIIDRA SOLN 5%	2	QL (60 single use vials / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA	2	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	2	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	1	
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg, 500mcg	3	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
ESBRIET CAPS 267mg	4	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	4	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	4	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	4	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	4	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	4	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	4	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	4	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	4	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	4	QL (56 packs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	NM, LA, PA
PULMOZYME SOLN 1mg/ml	4	NM, PA
SYMDEKO TAB 50-75MG	4	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB	4	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NM, LA, PA
ZEMAIRA SOLR 1000mg	4	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .5mg/2ml	1	B/D, QL (60 respules / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml	1	B/D, QL (90 respules / 30 days)
FLOVENT DISKUS AEPB 50mcg/blist	2	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	2	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	3	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	2	QL (60 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKU AER 500/50	2	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	2	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	2	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>avita</i> CREA .025%; GEL .025%	1	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%	1	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	1	
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	QL (45 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	3	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	
<i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05%	1	
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; LOTN .05%; OINT .05%	1	
<i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1%	1	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	3	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%, .025%; OIL .01%; OINT .025%	1	
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	1	QL (30 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	1	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%; LOTN .75%	1	
PICATO GEL .05%	3	QL (2 tubes / 30 days)
PICATO GEL .015%	3	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN .5%	1	
<i>procto-med hc</i> CREA 2.5%	1	
<i>procto-pak</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	3	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TARGRETIN GEL 1%	4	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	4	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	
<i>permethrin</i> CREA 5%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	4	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	3	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>paroex</i> SOLN .12%	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	
OTIC		
<i>acetic acid (otic)</i> SOLN 2%	1	
CIPRODEX SUS 0.3-0.1%	2	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
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LENVIMA 10 MG DAILY DOSE	20		
LENVIMA 12MG DAILY DOSE	20		
LENVIMA 20 MG DAILY DOSE	20		
LENVIMA 4 MG DAILY DOSE	20		
LENVIMA 8 MG DAILY DOSE	20		

<i>lidocaine-prilocaine cream 2.5-2.5%</i>	71	LUPRON DEPOT-PED (1-MONTH)	51
<i>lillow</i>	48	LUPRON DEPOT-PED (3-MONTH)	51
<i>linezolid</i>	9	<i>lutera</i>	48
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	9	LYNPARZA	20
LINZESS	55	LYRICA CR	41
<i>liothyronine sodium</i>	53	LYSODREN	17
<i>lisinopril</i>	24	<i>lyza</i>	48
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	23	M	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	23	<i>magnesium sulfate</i>	62
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	23	MAGNESIUM SULFATE	62
LITHIUM	41	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	62
<i>lithium carbonate</i>	41	<i>malathion</i>	72
LOKELMA	46	<i>maprotiline hcl</i>	34
LONSURF TAB 15-6.14	18	<i>marlissa</i>	48
LONSURF TAB 20-8.19	18	MARPLAN	34
<i>loperamide hcl</i>	55	MATULANE	18
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	12	MAVYRET TAB 100-40MG	13
<i>lopreeza</i>	50	<i>meclizine hcl</i>	53
<i>lorazepam</i>	30	<i>medroxyprogesterone acetate</i>	52
<i>lorazepam intensol</i>	30	<i>medroxyprogesterone acetate (contraceptive)</i>	48
LORBRENA	20	<i>mefloquine hcl</i>	10
<i>lorcet</i>	7	<i>megestrol acetate</i>	17, 52
<i>lorcet hd</i>	7	<i>megestrol acetate (appetite)</i>	52
<i>lorcet plus</i>	7	MEKINIST	20
<i>loryna</i>	48	MEKTOVI	20
<i>losartan potassium</i>	25	<i>meloxicam</i>	6
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	25	<i>memantine hcl</i>	33
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	25	MENACTRA INJ	61
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	25	MENVEO INJ	61
LOTEMAX	65	<i>mercaptapurine</i>	17
<i>lovastatin</i>	26	<i>meropenem</i>	9
<i>low-ogestrel</i>	48	<i>mesalamine</i>	54
<i>loxapine succinate</i>	37	<i>mesalamine w/ cleanser</i>	54
LUMIGAN	65	MESNEX	22
LUMIZYME	51	<i>metadate er</i>	39
LUPRON DEPOT (1-MONTH)	17	<i>metformin hcl</i>	43
LUPRON DEPOT (3-MONTH)	17	<i>methadone hcl</i>	6
		<i>methadone hcl intensol</i>	6
		<i>methazolamide</i>	28
		<i>methenamine hippurate</i>	9
		<i>methimazole</i>	53
		<i>methotrexate sodium</i>	17, 59
		<i>methylropa</i>	29
		<i>methylphenidate hcl</i>	39
		<i>methylprednisolone</i>	50

<i>methylprednisolone acetate</i>	50	MVASI	20
<i>methylprednisolone sod succ</i>	50	<i>mycophenolate mofetil</i>	60
<i>metoclopramide hcl</i>	53	<i>mycophenolate sodium</i>	60
<i>metolazone</i>	29	<i>myorisan</i>	69
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	27	MYRBETRIQ.....	56
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<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	27	<i>nabumetone</i>	6
<i>metoprolol succinate</i>	27	<i>nadolol</i>	27
<i>metoprolol tartrate</i>	27	<i>nafcillin sodium</i>	15
<i>metronidazole</i>	9	NAFCILLIN SODIUM.....	15
<i>metronidazole (topical)</i>	71	NAGLAZYME	52
<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml.....	9	<i>nalbuphine hcl</i>	7
<i>metronidazole vaginal</i>	56	<i>naloxone hcl</i>	42
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<i>microgestin 1/20</i>	48	NAMZARIC CAP 21-10MG	33
<i>microgestin 1.5/30</i>	48	NAMZARIC CAP 28-10MG	33
<i>microgestin fe</i>	48	NAMZARIC CAP 7-10MG.....	33
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<i>miglustat</i>	51	<i>naproxen dr</i>	6
<i>mili</i>	48	<i>naproxen sodium</i>	6
<i>mimvey</i>	50	<i>naratriptan hcl</i>	40
<i>minitran</i>	29	NARCAN	42
<i>minocycline hcl</i>	16	NATACYN	64
<i>minoxidil</i>	29	<i>nateglinide</i>	43
<i>mirtazapine</i>	34	NATPARA	45
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<i>moexipril hcl</i>	24	<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	64
<i>molindone hcl</i>	37	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	64
<i>mometasone furoate</i>	71	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	64
<i>mondoxyne nl</i>	16	<i>neomycin-polymyxin-hc ophth susp</i> ..	64
<i>mono-lynyah</i>	48	<i>neomycin-polymyxin-hc otic soln 1%</i>	72
<i>montelukast sodium</i>	67	<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	72
<i>morphine sulfate</i>	6, 7	<i>neomycin sulfate</i>	9
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<i>nimodipine</i>	28	NOVOLOG MIX INJ 70/30	45
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<i>nitrofurantoin monohyd macro</i>	9	NULOJIX	60
<i>nitroglycerin</i>	30	NULYTELY SOL FLAV PKS	55
<i>nizatidine</i>	54	NUPLAZID	37
<i>nora-be</i>	48	NUTRILIPID.....	63
<i>norethindrone (contraceptive)</i>	48	<i>nyamyc</i>	70
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	48	NYMALIZE	28
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	48	<i>nystatin</i>	10
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	48	<i>nystatin (mouth-throat)</i>	72
<i>norethindrone acetate</i>	52	<i>nystatin (topical)</i>	70
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	50	<i>nystop</i>	70
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	50	●	
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	48	<i>ocella</i>	48
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	48	OCTAGAM	59
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	48	<i>octreotide acetate</i>	52
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<i>nortriptyline hcl</i>	34	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	25
NORVIR	11	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	25

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	25
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	25
<i>olmesartan medoxomil</i>	25
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	25
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<i>omeprazole</i>	56
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<i>oxcarbazepine</i>	32
<i>oxybutynin chloride</i>	56
<i>oxycodone hcl</i>	7
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	8
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	7
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	8
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	8
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<i>pacerone</i>	26
<i>paclitaxel</i>	18
<i>paliperidone</i>	37
<i>pamidronate disodium</i>	45
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<i>pantoprazole sodium</i>	56
PANZYGA	60
<i>paricalcitol</i>	53
<i>paroex</i>	72
<i>paromomycin sulfate</i>	9
<i>paroxetine hcl</i>	35
PASER	12
PAXIL	35
PAZEO	65
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	55
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<i>pentamidine isethionate inj</i>	9
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<i>periogard</i>	72
<i>permethrin</i>	72
<i>perphenazine</i>	37
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<i>pfizerpen</i>	16
<i>phenelzine sulfate</i>	35
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<i>phenobarbital sodium</i>	32	<i>potassium citrate (alkalinizer)</i>	56
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<i>phenytoin sodium extended</i>	32	<i>prasugrel hcl</i>	58
<i>philith</i>	48	<i>pravastatin sodium</i>	26
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PICATO.....	71	<i>prazosin hcl</i>	24
PIFELTRO	11	<i>prednisolone</i>	50
<i>pilocarpine hcl</i>	65	<i>prednisolone acetate (ophth)</i>	65
<i>pilocarpine hcl (oral)</i>	72	PREDNISOLONE SODIUM PHOSP	65
<i>pimozide</i>	37	<i>prednisolone sodium phosphate</i>	50
<i>pimtrea</i>	48	<i>prednisone</i>	50, 51
<i>pindolol</i>	27	PREDNISONE INTENSOL	51
<i>pioglitazone hcl</i>	43	<i>pregabalin</i>	32
<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i>	16	PREMASOL SOL 10%	63
<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i>	16	PRENATAL TAB 27-1MG	63
<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i>	16	PRENATAL TAB PLUS	63
<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i>	16	PRENATAL VIT TAB LOW IRON	63
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<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	64	<i>prochlorperazine edisylate</i>	53
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<i>potassium chloride microencapsulated</i> <i>crystals er</i>	63	PROGRAF	60
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		<i>propafenone hcl</i>	26
		<i>proparacaine hcl</i>	66

<i>propranolol & hydrochlorothiazide tab</i>		RHOPRESSA	65
40-25 mg	27	<i>ribavirin (hepatitis c)</i>	13
<i>propranolol & hydrochlorothiazide tab</i>		<i>rifabutin</i>	13
80-25 mg	27	<i>rifampin</i>	13
<i>propranolol hcl</i>	27	<i>riluzole</i>	41
<i>propylthiouracil</i>	53	<i>rimantadine hydrochloride</i>	13
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PROSOL INJ 20%	63	RISPERDAL CONSTA	38
<i>protriptyline hcl</i>	35	<i>risperidone</i>	38
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PURIXAN	17	RITUXAN INJ HYCELA	21
<i>pyrazinamide</i>	12	<i>rivastigmine</i>	34
<i>pyridostigmine bromide</i>	41	<i>rivastigmine tartrate</i>	34
Q		<i>rizatriptan benzoate</i>	40
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<i>quetiapine fumarate</i>	37, 38	<i>rosuvastatin calcium</i>	26
<i>quinapril hcl</i>	24	ROTARIX SUS	61
<i>quinapril-hydrochlorothiazide tab 10-</i>		ROTATEQ SOL	61
12.5 mg	23	<i>rowepra</i>	32
<i>quinapril-hydrochlorothiazide tab 20-</i>		<i>rowepra xr</i>	32
12.5 mg	23	ROZLYTREK	21
<i>quinapril-hydrochlorothiazide tab 20-25</i>		RUBRACA	21
mg	23	RUXIENCE	21
<i>quinidine sulfate</i>	26	RYBELSUS	44
<i>quinine sulfate</i>	10	RYDAPT	21
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<i>raloxifene hcl</i>	52	SANTYL	72
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<i>ranolazine</i>	29	<i>scopolamine</i>	54
<i>rasagiline mesylate</i>	36	SECUADO	38
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<i>reclipsen</i>	49	<i>selenium sulfide</i>	70
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RELISTOR	55	<i>sevelamer carbonate</i>	52
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<i>repaglinide</i>	43, 44	SIGNIFOR	52
RETEVMO	21	<i>sildenafil citrate (pulmonary</i>	
REVLIMID	18	<i>hypertension)</i>	30
REXULTI	38	<i>silver sulfadiazine</i>	69
REYATAZ	11	SIMBRINZA SUS 1-0.2%	65

<i>simliya</i>	49	<i>sulfamethoxazole-trimethoprim susp</i>	
<i>simvastatin</i>	26	200-40 mg/5ml	9
<i>sirolimus</i>	60	<i>sulfamethoxazole-trimethoprim tab</i>	
SIRTURO	13	400-80 mg	9
SIVEXTRO.....	9	<i>sulfamethoxazole-trimethoprim tab</i>	
SKYRIZI.....	59	800-160 mg	9
<i>sodium chloride</i>	62	SULFAMYLON	69
<i>sodium chloride (gu irrigant)</i>	72	<i>sulfasalazine</i>	54
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>		<i>sulindac</i>	6
mg/ml soln.....	63	<i>sumatriptan</i>	40
<i>sodium phenylbutyrate</i>	52	<i>sumatriptan succinate</i>	40
<i>sodium polystyrene sulfonate</i>	46	SUPREP BOWEL SOL PREP KIT	55
<i>sodium polystyrene sulfonate powder</i>		SUTENT	21
.....	46	<i>syeda</i>	49
<i>solifenacin succinate</i>	56	SYLATRON	18
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<i>sotalol hcl (afib/afl)</i>	26	SYMPAZAN	32, 33
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<i>spironolactone & hydrochlorothiazide</i>		SYNAREL	49
<i>tab 25-25 mg</i>	29	SYNERCID INJ 500MG	9
<i>sprintec 28</i>	49	SYNJARDY TAB 12.5-1000MG	44
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<i>ssd</i>	69	SYNJARDY XR TAB 12.5-1000MG.....	44
<i>stavudine</i>	11	SYNJARDY XR TAB 25-1000.....	44
STELARA.....	59	SYNJARDY XR TAB 5-1000MG	44
STIMATE.....	52	SYNRIBO	18
STIVARGA.....	21	SYNTHROID	53
<i>streptomycin sulfate</i>	9	T	
STRIBILD TAB	12	TABLOID.....	17
<i>subvenite</i>	32	TABRECTA.....	21
<i>sucralfate</i>	55	<i>tacrolimus</i>	60
<i>sulfacetamide sodium (acne)</i>	69	<i>tacrolimus (topical)</i>	71
<i>sulfacetamide sodium (ophth)</i>	64	TAFINLAR	21
<i>sulfacetamide sodium-prednisolone</i>		TAGRISO	21
<i>ophth soln 10-0.23(0.25)%</i>	64	TALTZ	59
SULFADIAZINE	9	TALZENNA	21
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>tamoxifen citrate</i>	17
400-80 mg/5ml	9	<i>tamsulosin hcl</i>	56

TARGRETIN	72	<i>tobramycin-dexamethasone ophth susp</i>	
<i>tarina fe 1/20 eq</i>	49	0.3-0.1%	64
TASIGNA	21	<i>tobramycin sulfate</i>	9
<i>tazarotene</i>	70	<i>tolterodine tartrate</i>	56
<i>tazicef</i>	14	<i>topiramate</i>	33
TAZORAC	70	<i>toposar</i>	18
<i>taztia xt</i>	28	<i>toremifene citrate</i>	17
TAZVERIK	21	<i>torseamide</i>	29
TDVAX INJ 2-2 LF	61	TOVIAZ	56
TECENTRIQ	21	TPN ELECTROL INJ	62
TEFLARO	14	TRADJENTA	44
<i>telmisartan</i>	25	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>temazepam</i>	40	<i>mg</i>	8
TEMIXYS TAB 300-300	12	<i>tramadol hcl</i>	8
TENIVAC INJ 5-2LF	61	<i>trandolapril</i>	24
<i>tenofovir disoproxil fumarate</i>	11	<i>tranexamic acid</i>	58
<i>terazosin hcl</i>	24	<i>tranylcypromine sulfate</i>	35
<i>terbinafine hcl</i>	10	TRAVASOL INJ 10%	63
<i>terbutaline sulfate</i>	67	TRAZIMERA	21
<i>terconazole vaginal</i>	56	<i>trazodone hcl</i>	35
<i>testosterone</i>	42	TRECATOR	13
<i>testosterone cypionate</i>	42	TRELEGY AER ELLIPTA	66
<i>testosterone enanthate</i>	42	TRELSTAR MIXJECT	17
<i>tetrabenazine</i>	41	<i>treprostinil</i>	30
<i>tetracycline hcl</i>	16	TRESIBA	45
THALOMID	18	TRESIBA FLEXTOUCH	45
THEO-24	68	<i>tretinoin</i>	69
<i>theophylline</i>	68	<i>tretinoin (chemotherapy)</i>	18
<i>thioridazine hcl</i>	38	<i>triamcinolone acetonide (mouth)</i>	72
<i>thiothixene</i>	38	<i>triamcinolone acetonide (topical)</i>	71
<i>tiadylt er</i>	28	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tiagabine hcl</i>	33	37.5-25 mg	29
TIBSOVO	21	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tigecycline</i>	16	37.5-25 mg	29
TIGECYCLINE	16	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tilia fe</i>	49	75-50 mg	29
<i>timolol maleate</i>	28	TRICARE TAB PRENATAL	63
<i>timolol maleate (ophth)</i>	65	<i>trientine hcl</i>	46
<i>timolol maleate (ophth) once-daily</i>	65	<i>tri-estarylla</i>	49
TIVICAY	11	<i>trifluoperazine hcl</i>	38
TIVICAY PD	11	<i>trifluridine</i>	64
<i>tizanidine hcl</i>	41	<i>trihexyphenidyl hcl</i>	36
TOBRADEX OIN 0.3-0.1%	64	TRIJARDY XR TAB ER 24HR 10-5-	
TOBRADEX ST SUS 0.3-0.05	64	1000MG	44
<i>tobramycin</i>	9	TRIJARDY XR TAB ER 24HR 12.5-2.5-	
<i>tobramycin (ophth)</i>	64	1000MG	44

TRIJARDY XR TAB ER 24HR 25-5-1000MG	44	<i>valganciclovir hcl</i>	13
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	44	<i>valproate sodium</i>	33
TRIKAFTA TAB	68	<i>valproic acid</i>	33
<i>tri-legest fe</i>	49	<i>valsartan</i>	25
<i>tri-linyah</i>	49	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	25
<i>tri-lo-estarylla</i>	49	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	25
<i>tri-lo-marzia</i>	49	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	25
<i>tri-lo-mili</i>	49	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	25
<i>tri-lo-sprintec</i>	49	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	25
<i>trilyte</i>	55	VALTOCO	33
<i>trimethoprim</i>	9	<i>vancomycin hcl</i>	9, 10
<i>tri-mili</i>	49	VANCOMYCIN INJ 1 GM	10
<i>trimipramine maleate</i>	35	VANCOMYCIN INJ 500MG	10
TRINTELLIX	35	VANCOMYCIN INJ 750MG	10
<i>tri-previfem</i>	49	<i>vandazole</i>	56
<i>tri-sprintec</i>	49	VAQTA	61
TRIUMEQ TAB	12	VARIVAX	61
<i>trivora-28</i>	49	VASCEPA	27
<i>tri-vylibra</i>	49	VELCADE	21
<i>tri-vylibra lo</i>	49	<i>velivet</i>	49
TROGARZO	11	VELTASSA	46
TROPHAMINE INJ 10%	63	VEMLIDY	13
<i>trospium chloride</i>	56	VENCLEXTA	21
TRULANCE	55	VENCLEXTA TAB START PK	22
TRULICITY	44	<i>venlafaxine hcl</i>	35
TRUMENBA INJ	61	VENTAVIS	30
TRUVADA TAB 100-150	12	VENTOLIN HFA	67
TRUVADA TAB 133-200	12	<i>verapamil hcl</i>	28
TRUVADA TAB 167-250	12	VERSACLOZ	38
TRUVADA TAB 200-300	12	VERZENIO	22
TRUXIMA	21	V-GO 20 KIT	45
TUKYSA	21	V-GO 30 KIT	45
<i>tulana</i>	49	V-GO 40 KIT	45
TURALIO	21	VICTOZA	44
TWINRIX INJ	61	<i>vienna</i>	49
TYBOST	11	<i>vigabatrin</i>	33
TYKERB	21	<i>vigadrone</i>	33
TYMLOS	45	VIIBRYD	35
TYPHIM VI	61	VIIBRYD KIT STARTER	35
U		VIMPAT	33
<i>unithroid</i>	53	<i>vincristine sulfate</i>	18
<i>ursodiol</i>	55	<i>vinorelbine tartrate</i>	18
V			
<i>valacyclovir hcl</i>	13		
VALCHLOR	72		

<i>viorele</i>	49	XPOVIO 60 MG TWICE WEEKLY	22
VIRACEPT	12	XPOVIO 80 MG ONCE WEEKLY	22
VIREAD	12	XPOVIO 80 MG TWICE WEEKLY	22
VITRAKVI.....	22	XTANDI	17
VIVITROL.....	42	<i>xulane</i>	49
VIZIMPRO	22	XULTOPHY INJ 100/3.6	45
<i>voriconazole</i>	10	XYREM.....	41
VOSEVI TAB	13	Y	
VOTRIENT	22	YF-VAX INJ.....	61
VRAYLAR	38	<i>yuvaferm</i>	50
VRAYLAR CAP 1.5-3MG	38	Z	
<i>vyfemla</i>	49	<i>zafirlukast</i>	67
<i>vylibra</i>	49	<i>zarah</i>	49
W		ZARXIO	57
<i>warfarin sodium</i>	57	ZEJULA	22
<i>water for irrigation, sterile irrigation</i>		ZELBORAF.....	22
<i>soln</i>	72	ZEMAIRA	68
<i>wera</i>	49	<i>zenatane</i>	69
X		ZENPEP CAP 10000UNT	55
XALKORI.....	22	ZENPEP CAP 15000UNT	55
XARELTO	57	ZENPEP CAP 20000UNT	55
XARELTO STAR TAB 15/20MG.....	57	ZENPEP CAP 25000	55
XATMEP	59	ZENPEP CAP 3000UNIT	55
XCOPRI	33	ZENPEP CAP 40000	55
XCOPRI PAK 12.5-25	33	ZENPEP CAP 5000UNIT	55
XCOPRI PAK 150-200MG		ZERVIAE	65
(MAINTENANCE)	33	<i>zidovudine</i>	12
XCOPRI PAK 150-200MG (TITRATION)		<i>ziprasidone hcl</i>	38
.....	33	<i>ziprasidone mesylate</i>	38
XCOPRI PAK 50-100MG.....	33	ZIRABEV	22
XCOPRI TAB 50-200MG.....	33	ZIRGAN	64
XELJANZ	59	<i>zoledronic acid</i>	45
XELJANZ XR	59	ZOLINZA.....	22
XGEVA.....	45	<i>zolmitriptan</i>	40
XIFAXAN	55	<i>zolpidem tartrate</i>	40
XIGDUO XR TAB 10-1000	44	<i>zonisamide</i>	33
XIGDUO XR TAB 10-500MG	44	ZORTRESS	60
XIGDUO XR TAB 2.5-1000	44	ZOSTAVAX	61
XIGDUO XR TAB 5-1000MG	44	<i>zovia 1/35e</i>	49
XIGDUO XR TAB 5-500MG	44	<i>zumandimine</i>	49
XIIDRA	66	ZYDELIG	22
XOLAIR.....	68	ZYKADIA.....	22
XOSPATA	22	ZYLET SUS 0.5-0.3%.....	64
XPOVIO 100 MG ONCE WEEKLY	22	ZYPREXA RELPREVV	38
XPOVIO 40 MG ONCE WEEKLY	22	ZYTIGA.....	18
XPOVIO 40 MG TWICE WEEKLY	22		
XPOVIO 60 MG ONCE WEEKLY	22		

NOTICE OF RIGHTS

NONDISCRIMINATION AND ACCESSIBILITY

Group MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Group MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Group MedicareBlue Rx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call customer service at 1-877-838-3827, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

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

Group MedicareBlue Rx Compliance Officer
3400 Yankee Drive, R400
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the Group MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-838-3827 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-838-3827 (TTY: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-838-3827 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-838-3827 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-838-3827 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-838-3827 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-838-3827 (TTY: 711).

Amharic: ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-838-3827 (መስማት ለተሳናቸው: 711).

Karen: ၵသုဉ်ၵသး- နမ့ၵတိၵ/ကညိ /ကျိၵအလိ, /နမၵန့ၵ/ကျိၵအတၵမၵၵၵၵလၵ/တလၵၵသုဉ်လၵၵၵ/နိတမံၵသုဉ်လိၵ/ကိ: 1-877-838-3827 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-838-3827 (TTY: 711).

Mon-Khmer, Cambodian: របបយ័តនៈ បើសិនជាអនកនិយាយភាសាខែមរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈន្ទូល គឺអាចមានសំរាប់បំរើអនក។ ចូរ ទូរស័ព្ទ 1-877-838-3827 (TTY: 711)។

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-838-3827 (رقم هاتف الصم والبكم: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-838-3827 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-838-3827 (TTY: 711)번으로 전화해 주십시오.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-838-3827 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Do you have a question or need more information?

This formulary was updated on 8/20/20. For more recent information or other questions, please contact Group MedicareBlue Rx.



Enrolled members call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain times (TTY hearing impaired users call **711**)



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Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

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