



MASSACHUSETTS

| Blue MedicareRx<sup>SM</sup> (PDP)

# Blue MedicareRx<sup>SM</sup> (PDP) 3-tier Select MIIA 2021 Formulary (List of Covered Drugs)

\$5 / \$10 / \$25- Option 40  
\$5 / \$15 / \$30- Option 43  
\$10 / \$20 / \$35- Option 41  
\$10 / \$20 / \$35- Option 37  
\$10 / \$30 / \$65- Option 36  
\$10 / \$25 / \$50- Option 44  
\$10 / \$30 / \$65- Option 42  
\$15 / \$30 / \$50- Option 45

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

This formulary was updated on 06/16/2021. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

**Note to existing members:** This formulary has changed since last year.

Please review this document to make sure that it still contains the drugs you take.

**Please note:** Your former employer provides enhanced coverage for some select drugs. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this drug list (formulary) refers to "we," "us," or "our," it means Blue MedicareRx<sup>SM</sup> (PDP). When it refers to "plan" or "our plan," it means Blue MedicareRx.

This document includes a list of the drugs (formulary) for our plan which is current as of June 16, 2021. 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 Blue MedicareRx Formulary?

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

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions.

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

**New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue MedicareRx 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, 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. The enclosed formulary is current as of June 16, 2021.

- 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 the information in the section below entitled “How do I request an exception to the Blue MedicareRx Formulary?”

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

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

## How do I use the Formulary?

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

### Medical Condition

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

### Alphabetical Listing

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

## What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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:** Blue MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for FLOVENT HFA. This may be in addition to a standard one-month or three-month supply.

**Step Therapy:** In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

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

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

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

You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

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

Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary.

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

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.

You can ask us to 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, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

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

## For more information

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

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

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

## Blue MedicareRx Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. Please note that the formulary is being supplemented by your former employer/union health plan and those drugs are not listed in the formulary. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

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

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

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

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



Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<b>ANALGESICS</b>					
<b>GOUT</b>					
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	Tier 1		<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	Tier 1	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	Tier 3	QL	<i>nabumetone</i> TABS 500mg, Tier 1 750mg		
<i>colchicine w/ probenecid tab</i> Tier 2 0.5-500 mg			<i>naproxen</i> TABS 250mg, Tier 1 375mg		
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL	<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1	
<i>probenecid</i> TABS 500mg	Tier 2		<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg, 500mg	Tier 1	
<b>NSAIDS</b>					
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 2	QL	<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL	<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 2	QL	<i>fentanyl</i> (generic of DURAGESIC) PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL	<i>hydrocodone bitartrate</i> (generic of HYSINGLA ER) T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>diclofenac potassium</i> TABS Tier 2 50mg QL (120 tabs / 30 days)			<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>diclofenac sodium</i> TB24 100mg	Tier 2		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 2	QL PA
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1		<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>diflunisal</i> TABS 500mg	Tier 2		<i>methadone hcl intensol</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	Tier 2	QL PA
<i>ec-naproxen</i> (generic of EC-Tier 1 NAPROSYN) TBEC 375mg, 500mg			<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>flurbiprofen</i> TABS 100mg	Tier 2				
<i>ibu</i> TABS 600mg, 800mg	Tier 1				
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2				
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1				

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

Drug Name	Drug Requirements/Tier	Requirements/Limits	Drug Name	Drug Requirements/Tier	Requirements/Limits
<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	Tier 3		<b>ANTI-INFECTIVES</b>		
<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	Tier 3	QL	<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>albendazole (generic of ALBENZA)</i> TABS 200mg	Tier 1	
<i>oxycodone hcl TABS 10mg, 20mg</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>ALINIA SUSR 100mg/5ml</i> QL (180 mL / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCO CET)</i> QL (360 tabs / 30 days)	Tier 2	QL	<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	Tier 3	
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCO CET)</i> QL (360 tabs / 30 days)	Tier 2	QL	<i>atovaquone (generic of MEPRON) SUSP 750mg/5ml</i>	Tier 1	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCO CET)</i> QL (240 tabs / 30 days)	Tier 2	QL	<i>aztreonam (generic of AZACTAM) SOLR 1gm, 2gm</i>	Tier 3	
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCO CET)</i> QL (180 tabs / 30 days)	Tier 2	QL	<i>CAYSTON SOLR 75mg</i>	Tier 2	NM LA PA
<i>tramadol hcl (generic of ULTRAM) TABS 50mg</i> QL (240 tabs / 30 days)	Tier 1	QL	<i>clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg</i>	Tier 1	
<b>ANESTHETICS</b>			<i>clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml</i>	Tier 3	
<b>LOCAL ANESTHETICS</b>			<i>clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	Tier 2	
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 3	
			<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 3	
			<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 3	
			<i>CLINDMYC/NAC INJ 300/50ML</i>	Tier 3	
			<i>CLINDMYC/NAC INJ 600/50ML</i>	Tier 3	
			<i>CLINDMYC/NAC INJ 900/50ML</i>	Tier 3	
			<i>colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg</i>	Tier 3	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
dapsone TABS 25mg, 100mg	Tier 2		<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 2	
DAPTO MYCIN SOLR 350mg	Tier 2		<i>metronidazole</i> TABS 250mg	Tier 1	
<i>daptomycin</i> (generic of DAPTO MYCIN) SOLR 350mg	Tier 1		<i>metronidazole</i> (generic of FLAGYL) TABS 500mg	Tier 1	
<i>daptomycin</i> (generic of CUBICIN) SOLR 500mg	Tier 1		<i>metronidazole</i> in nacl 0.79% iv soln 500 mg/100ml	Tier 2	
EMVERM CHEW 100mg QL (12 tabs / 365 days)	Tier 1	QL	<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>ertapenem sodium</i> (generic Tier 3 of INVANZ) SOLR 1gm			<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL
<i>gentamicin</i> in saline inj 0.8 mg/ml	Tier 2		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2	
<i>gentamicin</i> in saline inj 1 mg/ml	Tier 2		<i>nitrofurantoin monohyd</i> macro (generic of MACROBID) CAPS 100mg	Tier 2	
<i>gentamicin</i> in saline inj 1.2 mg/ml	Tier 2		<i>paromomycin sulfate</i> (generic of HUMATIN) CAPS 250mg	Tier 3	
<i>gentamicin</i> in saline inj 1.6 mg/ml	Tier 2		<i>pentamidine isethionate</i> inh (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D
<i>gentamicin</i> in saline inj 2 mg/ml	Tier 2		<i>pentamidine isethionate</i> inj (generic of PENTAM 300) SOLR 300mg	Tier 3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 2		<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Tier 3	
<i>imipenem-cilastatin</i> intravenous for soln 250 mg	Tier 3		SIVEXTRO SOLR 200mg; TABS 200mg	Tier 2	
<i>imipenem-cilastatin</i> intravenous for soln 500 mg (generic of PRIMAXIN IV)	Tier 3		<i>streptomycin sulfate</i> SOLR 1gm	Tier 1	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg	Tier 2		<i>SULFADIAZINE</i> TABS 500mg	Tier 3	
<i>linezolid</i> (generic of ZYVOX) Tier 3 SOLN 600mg/300ml			<i>sulfamethoxazole-</i> <i>trimethoprim</i> iv soln 400-80 mg/5ml	Tier 3	
<i>linezolid</i> (generic of ZYVOX) Tier 1 SUSR 100mg/5ml QL (1800 mL / 30 days)	QL		<i>sulfamethoxazole-</i> <i>trimethoprim susp</i> 200-40 mg/5ml	Tier 2	
<i>linezolid</i> (generic of ZYVOX) Tier 3 TABS 600mg QL (60 tabs / 30 days)	QL		<i>sulfamethoxazole-</i> <i>trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	Tier 1	
<i>linezolid</i> in sodium chloride iv soln 600 mg/300ml-0.9%	Tier 3				
<i>meropenem</i> SOLR 1gm, 500mg	Tier 3				

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	Tier 1		griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 3	
SYNERCID INJ 500MG	Tier 2		griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 3	
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA	itraconazole (generic of SPORANOX) CAPS 100mg	Tier 3	PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2		ketoconazole TABS 200mg	Tier 2	PA
trimethoprim TABS 100mg	Tier 1		micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg	Tier 1	
vancomycin hcl (generic of VANCOCIN HCL) CAPS 125mg	Tier 3	QL	NOXAFL SUSP 40mg/ml QL (630 mL / 30 days)	Tier 2	QL
QL (80 caps / 180 days)			nystatin TABS 500000unit	Tier 2	
vancomycin hcl (generic of VANCOCIN) CAPS 250mg	Tier 3	QL	posaconazole (generic of NOXAFL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL
QL (160 caps / 180 days)			terbinafine hcl (generic of LAMISIL) TABS 250mg QL (90 tabs / year)	Tier 1	QL
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 3		voriconazole (generic of VFEND IV) SOLR 200mg	Tier 1	PA
VANCOMYCIN INJ 1 GM	Tier 3		voriconazole (generic of VFEND) SUSR 40mg/ml	Tier 1	PA
VANCOMYCIN INJ 500MG	Tier 3		voriconazole (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL PA
VANCOMYCIN INJ 750MG	Tier 3		voriconazole (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL PA
<b>ANTIFUNGALS</b>			<b>ANTIMALARIALS</b>		
ABELCET SUSP 5mg/ml	Tier 3	B/D	atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	Tier 3	
AMBISOME SUSR 50mg	Tier 2	B/D	atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	Tier 3	
amphotericin b SOLR 50mg	Tier 3	B/D	chloroquine phosphate TABS 250mg, 500mg	Tier 2	
caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 1		COARTEM TAB 20-120MG	Tier 3	
fluconazole (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	Tier 2		mefloquine hcl TABS 250mg	Tier 2	
fluconazole (generic of DIFLUCAN) TABS 150mg	Tier 1		PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 2				
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 2				
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1				

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2		<i>nevirapine</i> TB24 100mg	Tier 3	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 3	PA	<i>nevirapine</i> (generic of VIRAMUNE XR) TB24 400mg	Tier 3	NM
<b>ANTIRETROVIRAL AGENTS</b>					
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM	<i>NORVIR</i> PACK 100mg; SOLN 80mg/ml	Tier 3	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS 300mg	Tier 2	NM	<i>PIFELTRO</i> TABS 100mg	Tier 2	NM
<i>APTIVUS</i> CAPS 250mg; SOLN 100mg/ml	Tier 2	NM	<i>PREZISTA</i> SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 150mg, 200mg, 300mg	Tier 3	NM	<i>PREZISTA</i> TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
<i>CRIXIVAN</i> CAPS 200mg, 400mg	Tier 3	NM	<i>PREZISTA</i> TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
<i>EDURANT</i> TABS 25mg	Tier 2	NM	<i>PREZISTA</i> TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	Tier 3	NM	<i>PREZISTA</i> TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 2	NM	<i>REYATAZ</i> PACK 50mg	Tier 2	NM
<i>EMTRIVA</i> SOLN 10mg/ml	Tier 2	NM	<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 1	NM	<i>RUKOBIA</i> TB12 600mg	Tier 2	NM
<i>FUZEON</i> SOLR 90mg	Tier 2	NM	<i>SELZENTRY</i> SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	Tier 2	NM
<i>INTELENCE</i> TABS 25mg	Tier 3	NM	<i>SELZENTRY</i> TABS 25mg	Tier 2	NM
<i>INTELENCE</i> TABS 100mg, 200mg	Tier 2	NM	<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	Tier 3	NM
<i>INVIRASE</i> TABS 500mg	Tier 2	NM	<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 2	NM
<i>ISENTRESS</i> CHEW 25mg; PACK 100mg	Tier 2	NM	<i>TIVICAY</i> TABS 10mg	Tier 2	NM
<i>ISENTRESS</i> CHEW 100mg; TABS 400mg	Tier 2	NM	<i>TIVICAY</i> TABS 25mg, 50mg	Tier 2	NM
<i>ISENTRESS HD</i> TABS 600mg	Tier 2	NM	<i>TIVICAY PD</i> TBSO 5mg	Tier 2	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM	<i>TYBOST</i> TABS 150mg	Tier 3	NM
<i>LEXIVA</i> SUSP 50mg/ml	Tier 3	NM	<i>VIRACEPT</i> TABS 250mg, 625mg	Tier 2	NM
<i>nevirapine</i> (generic of VIRAMUNE) SUSP 50mg/5ml	Tier 3	NM	<i>VIREAD</i> POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM
<i>nevirapine</i> TABS 200mg	Tier 2	NM	<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 3	NM
			<i>zidovudine</i> TABS 300mg	Tier 2	NM

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits																																																																																																																		
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>																																																																																																																							
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	Tier 2	NM	lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	Tier 3	NM																																																																																																																		
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)	Tier 1	NM	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	Tier 3	NM																																																																																																																		
BIKTARVY TAB	Tier 2	NM	ODEFSEY TAB	Tier 2	NM																																																																																																																		
CIMDUO TAB 300-300	Tier 2	NM	PREZCOBIX TAB 800-150	Tier 2	NM																																																																																																																		
COMPLERA TAB	Tier 2	NM	STRIBILD TAB	Tier 2	NM																																																																																																																		
DELSTRIGO TAB	Tier 2	NM	SYMTUZA TAB	Tier 2	NM																																																																																																																		
DESCOVY TAB 200/25MG	Tier 2	NM	TEMIXYS TAB 300-300	Tier 2	NM																																																																																																																		
DOVATO TAB 50-300MG	Tier 2	NM	TRIUMEQ TAB	Tier 2	NM																																																																																																																		
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)	Tier 1	NM	<b>ANTITUBERCULAR AGENTS</b>																																																																																																																				
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic of SYMFLO)	Tier 1	NM	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	Tier 1	NM	cycloserine CAPS 250mg	Tier 1		emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Tier 1	QL NM	ethambutol hcl TABS 100mg	Tier 2		QL (30 tabs / 30 days)			ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	Tier 2		emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Tier 1	QL NM	isoniazid SYRP 50mg/5ml	Tier 3		QL (30 tabs / 30 days)			isoniazid TABS 100mg, 300mg	Tier 1		emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Tier 1	QL NM	PASER PACK 4gm	Tier 3		QL (30 tabs / 30 days)			PRIFTIN TABS 150mg	Tier 3		emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	Tier 1	QL NM	pyrazinamide TABS 500mg	Tier 3		QL (30 tabs / 30 days)			rifabutin (generic of MYCOBUTIN) CAPS 150mg	Tier 3		evotaz TAB 300-150	Tier 2	NM	rifampin CAPS 150mg, 300mg	Tier 2		genvoya TAB	Tier 2	NM	rifampin (generic of RIFADIN) SOLR 600mg	Tier 3		juluca TAB 50-25MG	Tier 2	NM	SIRTURO TABS 20mg, 100mg	Tier 2	LA PA	KALETRA TAB 100-25MG	Tier 3	NM	TRECATOR TABS 250mg	Tier 3		KALETRA TAB 200-50MG	Tier 3	NM	<b>ANTIVIRALS</b>						EVOTAZ TAB 300-150	Tier 2	NM	acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1		GENVOYA TAB	Tier 2	NM	acyclovir sodium SOLN 50mg/ml	Tier 3	B/D	JULUCA TAB 50-25MG	Tier 2	NM	adefovir dipivoxil (generic of HEP SERA) TABS 10mg	Tier 1	NM	KALETRA TAB 100-25MG	Tier 3	NM	BARACLUDE SOLN .05mg/ml	Tier 2	NM	KALETRA TAB 200-50MG	Tier 3	NM	entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	Tier 1	NM	cycloserine CAPS 250mg	Tier 1																																																																																																																			
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Tier 1	QL NM	ethambutol hcl TABS 100mg	Tier 2																																																																																																																			
QL (30 tabs / 30 days)			ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	Tier 2																																																																																																																			
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Tier 1	QL NM	isoniazid SYRP 50mg/5ml	Tier 3																																																																																																																			
QL (30 tabs / 30 days)			isoniazid TABS 100mg, 300mg	Tier 1																																																																																																																			
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Tier 1	QL NM	PASER PACK 4gm	Tier 3																																																																																																																			
QL (30 tabs / 30 days)			PRIFTIN TABS 150mg	Tier 3																																																																																																																			
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	Tier 1	QL NM	pyrazinamide TABS 500mg	Tier 3																																																																																																																			
QL (30 tabs / 30 days)			rifabutin (generic of MYCOBUTIN) CAPS 150mg	Tier 3																																																																																																																			
evotaz TAB 300-150	Tier 2	NM	rifampin CAPS 150mg, 300mg	Tier 2																																																																																																																			
genvoya TAB	Tier 2	NM	rifampin (generic of RIFADIN) SOLR 600mg	Tier 3																																																																																																																			
juluca TAB 50-25MG	Tier 2	NM	SIRTURO TABS 20mg, 100mg	Tier 2	LA PA																																																																																																																		
KALETRA TAB 100-25MG	Tier 3	NM	TRECATOR TABS 250mg	Tier 3																																																																																																																			
KALETRA TAB 200-50MG	Tier 3	NM	<b>ANTIVIRALS</b>																																																																																																																				
EVOTAZ TAB 300-150	Tier 2	NM	acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1																																																																																																																			
GENVOYA TAB	Tier 2	NM	acyclovir sodium SOLN 50mg/ml	Tier 3	B/D																																																																																																																		
JULUCA TAB 50-25MG	Tier 2	NM	adefovir dipivoxil (generic of HEP SERA) TABS 10mg	Tier 1	NM																																																																																																																		
KALETRA TAB 100-25MG	Tier 3	NM	BARACLUDE SOLN .05mg/ml	Tier 2	NM																																																																																																																		
KALETRA TAB 200-50MG	Tier 3	NM	entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM																																																																																																																		

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
EPCLUSA TAB 200-50MG	Tier 2	NM PA
EPCLUSA TAB 400-100	Tier 2	NM PA
EPIVIR HBV SOLN 5mg/ml	Tier 3	NM
famciclovir TABS 125mg, 250mg, 500mg	Tier 2	
ganciclovir sodium SOLR	Tier 3	B/D 500mg
HARVONI PAK 33.75- 150MG	Tier 2	NM PA
HARVONI PAK 45-200MG	Tier 2	NM PA
HARVONI TAB 45-200MG	Tier 2	NM PA
HARVONI TAB 90-400MG	Tier 2	NM PA
lamivudine (hbv) (generic of EPIVIR HBV) TABS 100mg	Tier 3	NM
MAVYRET TAB 100-40MG	Tier 2	NM PA
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg	Tier 2	QL QL (168 caps / year)
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg	Tier 2	QL QL (84 caps / year)
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml	Tier 2	QL QL (1080 mL / year)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	Tier 2	NM PA
RELENZA DISKHALER AEPB 5mg/blister	Tier 2	QL QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg	Tier 2	NM
ribavirin (hepatitis c) TABS 200mg	Tier 3	NM
rimantadine hydrochloride TABS 100mg	Tier 3	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	Tier 2	
VEMLIDY TABS 25mg	Tier 2	NM PA
VOSEVI TAB	Tier 2	NM PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<b>CEPHALOSPORINS</b>		
cefaclor CAPS 250mg, 500mg	Tier 2	
cefadroxil CAPS 500mg	Tier 1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	Tier 2	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
cefazin sodium SOLR 1gm, 10gm, 500mg	Tier 2	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
cefdinir CAPS 300mg	Tier 1	
cefdinir SUSR 125mg/5ml, 250mg/5ml	Tier 2	
cefepime hcl SOLR 1gm, 2gm	Tier 3	
cefixime (generic of SUPRAX) SUSR 100mg/5ml, 200mg/5ml	Tier 3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 3	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	Tier 3	
cefpodoxime proxetil TABS 100mg, 200mg	Tier 2	
cefprozil TABS 250mg, 500mg	Tier 2	
ceftazidime (generic of FORTAZ) SOLR 1gm	Tier 3	
ceftazidime SOLR 2gm, 6gm	Tier 3	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
cefuroxime axetil TABS 250mg, 500mg	Tier 2	
cefuroxime sodium SOLR 1.5gm, 7.5gm, 750mg	Tier 2	
cephalexin CAPS 250mg, 500mg	Tier 1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	Tier 2	
tazicef (generic of FORTAZ) SOLR 1gm	Tier 3	
tazicef SOLR 1gm, 2gm, 6gm	Tier 3	
TEFLARO SOLR 400mg, 600mg	Tier 2	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<b>ERYTHROMYCINS/MACROLIDES</b>			
<i>azithromycin</i> PACK 1gm	Tier 2	<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	Tier 2
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2	<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	Tier 2
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1		
<i>azithromycin</i> TABS 600mg	Tier 1		
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	<b>PENICILLINS</b>	
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2	<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	Tier 2	<i>amoxicillin &amp; k clavulanate</i> chew tab 200-28.5 mg	Tier 3
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 3	<i>amoxicillin &amp; k clavulanate</i> chew tab 400-57 mg	Tier 3
<b>ERYTHROCIN</b> LACTOBIONATE SOLR 500mg	Tier 3	<i>amoxicillin &amp; k clavulanate</i> for susp 200-28.5 mg/5ml	Tier 2
<i>erythrocin stearate</i> TABS 250mg	Tier 3	<i>amoxicillin &amp; k clavulanate</i> for susp 250-62.5 mg/5ml (generic of AUGMENTIN)	Tier 3
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	<i>amoxicillin &amp; k clavulanate</i> for susp 400-57 mg/5ml	Tier 2
<i>erythromycin ethylsuccinate</i> TABS 400mg	Tier 3	<i>amoxicillin &amp; k clavulanate</i> for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 2
<b>FLUOROQUINOLONES</b>			
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 2	<i>amoxicillin &amp; k clavulanate</i> tab 250-125 mg	Tier 3
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 2	<i>amoxicillin &amp; k clavulanate</i> tab 500-125 mg (generic of AUGMENTIN)	Tier 1
<i>ciprofloxacin hcl</i> TABS 100mg	Tier 3	<i>amoxicillin &amp; k clavulanate</i> tab 875-125 mg	Tier 1
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	<i>ampicillin</i> CAPS 500mg	Tier 1
<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	<i>ampicillin &amp; sulbactam</i> sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	Tier 3
<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	<i>ampicillin &amp; sulbactam</i> sodium for inj 3 (2-1) gm (generic of UNASYN)	Tier 3
<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg	Tier 1	<i>ampicillin &amp; sulbactam</i> sodium for iv soln 1.5 (1-0.5) gm	Tier 3
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	Tier 2	<i>ampicillin &amp; sulbactam</i> sodium for iv soln 3 (2-1) gm	Tier 3

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>ampicillin &amp; sulbactam</i>	Tier 3	<b>TETRACYCLINES</b>	
<i>sodium for iv soln 15 (10-5)</i>		<i>doxy 100 SOLR 100mg</i>	Tier 3
<i>gm (generic of UNASYN BULK PACK)</i>		<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	Tier 1
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	Tier 3	<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	Tier 2
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	Tier 3	<i>doxycycline hyclate CAPS 50mg; TABS 20mg, 100mg</i>	Tier 2
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	Tier 2	<i>doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg</i>	Tier 2
<i>nafcillin sodium SOLR 1gm, Tier 3 2gm</i>		<i>doxycycline hyclate SOLR 100mg</i>	Tier 3
<i>nafcillin sodium SOLR 10gm</i>	Tier 1	<i>minocycline hcl CAPS 50mg, 75mg</i>	Tier 2
<i>PEN GK/DEXTR INJ 40000/ML</i>	Tier 3	<i>minocycline hcl (generic of MINOCIN) CAPS 100mg</i>	Tier 2
<i>PEN GK/DEXTR INJ 60000/ML</i>	Tier 3	<i>monodoxine nl CAPS 100mg</i>	Tier 1
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	Tier 3	<i>tetracycline hcl CAPS 250mg, 500mg</i>	Tier 3 PA
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	Tier 3	<i>TIGECYCLINE SOLR 50mg</i>	Tier 2
<i>penicillin g sodium SOLR 5000000unit</i>	Tier 3	<i>tigecycline (generic of TYGACIL) SOLR 50mg</i>	Tier 1
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	Tier 1	<b>ANTINEOPLASTIC AGENTS</b>	
<i>pfsizerpen SOLR 5000000unit, 20000000unit</i>	Tier 3	<b>ALKYLATING AGENTS</b>	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3	<i>cyclophosphamide CAPS 25mg, 50mg</i>	Tier 2 B/D
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3	<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	Tier 3 B/D
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3	<i>LEUKERAN TABS 2mg</i>	Tier 2
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3	<b>ANTIMETABOLITES</b>	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3	<i>mercaptopurine TABS 50mg</i>	Tier 2
		<i>methotrexate sodium SOLN</i>	Tier 2 B/D
		<i>1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm</i>	
		<i>ONUREG TABS 200mg, 300mg</i>	Tier 2 NM LA PA
		<i>PURIXAN SUSP 2000mg/100ml</i>	Tier 2 NM
		<i>TABLOID TABS 40mg</i>	Tier 3
		<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
		<i>abiraterone acetate (generic of ZYTIGA) TABS 250mg, 500mg</i>	NM PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
anastrozole (generic of ARIMIDEX) TABS 1mg	Tier 1		THALOMID CAPS 50mg, 100mg	Tier 2	QL NM PA
bicalutamide (generic of CASODEX) TABS 50mg	Tier 1		QL (28 caps / 28 days)		
EMCYT CAPS 140mg	Tier 3		THALOMID CAPS 150mg, 200mg	Tier 2	QL NM PA
ERLEADA TABS 60mg	Tier 2	NM LA PA	QL (56 caps / 28 days)		
exemestane (generic of AROMASIN) TABS 25mg	Tier 3		<b>MISCELLANEOUS</b>		
flutamide CAPS 125mg	Tier 2		bexarotene (generic of TARGRETIN) CAPS 75mg	Tier 1	NM PA
letrozole (generic of FEMARA) TABS 2.5mg	Tier 1		hydroxyurea (generic of HYDREA) CAPS 500mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 3	NM PA	INQOVI TAB 35-100MG	Tier 2	NM LA PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA	KISQALI 200 PAK FEMARA	Tier 2	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA	KISQALI 400 PAK FEMARA	Tier 2	NM PA
LYSODREN TABS 500mg	Tier 2		KISQALI 600 PAK FEMARA	Tier 2	NM PA
megestrol acetate TABS 20mg, 40mg	Tier 2		LONSURF TAB 15-6.14	Tier 2	NM PA
nilutamide (generic of NILANDRON) TABS 150mg	Tier 1		LONSURF TAB 20-8.19	Tier 2	NM PA
NUBEQA TABS 300mg	Tier 2	NM LA PA	MATULANE CAPS 50mg	Tier 2	NM LA
ORGOVYX TABS 120mg	Tier 2	NM LA PA	SYNRIBO SOLR 3.5mg	Tier 2	NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2		tretinoin (chemotherapy) CAPS 10mg	Tier 1	
tamoxifen citrate TABS 10mg, 20mg	Tier 1		<b>MOLECULAR TARGET AGENTS</b>		
toremifene citrate (generic of FARESTON) TABS 60mg	Tier 1		AFINITOR TABS 10mg	Tier 2	QL NM PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	Tier 2	NM PA	QL (30 tabs / 30 days)		
XTANDI CAPS 40mg; TABS 40mg, 80mg	Tier 2	NM LA PA	AFINITOR DISPERZ TBSO 2mg	Tier 2	QL NM PA
ZYTIGA TABS 500mg	Tier 2	NM LA PA	QL (150 tabs / 30 days)		
<b>IMMUNOMODULATORS</b>			AFINITOR DISPERZ TBSO 3mg	Tier 2	QL NM PA
POMALYST CAPS 1mg, 2mg	Tier 2	QL NM LA PA	QL (90 tabs / 30 days)		
QL (21 caps / 21 days)			AFINITOR DISPERZ TBSO 5mg	Tier 2	QL NM PA
POMALYST CAPS 3mg, 4mg	Tier 2	QL NM LA PA	QL (60 tabs / 30 days)		
QL (21 caps / 28 days)			ALECENSA CAPS 150mg	Tier 2	NM LA PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	Tier 2	QL NM LA PA	ALUNBRIG TABS 30mg, 90mg, 180mg	Tier 2	NM LA PA
QL (28 caps / 28 days)			ALUNBRIG PAK	Tier 2	NM LA PA
<b>PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access</b>			AYVAKIT TABS 100mg, 200mg, 300mg	Tier 2	QL NM LA PA
			QL (30 tabs / 30 days)		
			BALVERSA TABS 3mg, 4mg, 5mg	Tier 2	NM LA PA
			BOSULIF TABS 100mg, 400mg, 500mg	Tier 2	NM PA
			BRAFTOVI CAPS 75mg	Tier 2	NM LA PA
			BRUKINSA CAPS 80mg	Tier 2	NM LA PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
CABOMETYX TABS 20mg, Tier 2 40mg, 60mg QL (30 tabs / 30 days)			IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)		Tier 2 QL NM LA PA
CALQUENCE CAPS 100mg	Tier 2	NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
CAPRELSA TABS 100mg, Tier 2 300mg		NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 2	NM LA PA	IMBRUWICA CAPS 70mg QL (56 caps / 28 days)	Tier 2	QL NM LA PA
COMETRIQ KIT 100MG	Tier 2	NM LA PA	IMBRUWICA CAPS 140mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
COMETRIQ KIT 140MG	Tier 2	NM LA PA	IMBRUWICA TABS 140mg QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
COPIKTRA CAPS 15mg, 25mg	Tier 2	NM LA PA	IMBRUWICA TABS 280mg QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
COTELLIC TABS 20mg	Tier 2	NM LA PA	IMBRUWICA TABS 420mg, Tier 2 560mg QL (30 tabs / 30 days)	QL NM LA PA	
DAURISMO TABS 25mg, 100mg	Tier 2	NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
ERIVEDGE CAPS 150mg <i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	Tier 2 Tier 1	NM LA PA QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	INREBIC CAPS 100mg IRESSA TABS 250mg	Tier 2	NM LA PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
FARYDAK CAPS 10mg, 15mg, 20mg	Tier 2	NM LA PA	KISQALI TBPK 200mg <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	Tier 2	NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA	LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 2	NM LA PA
GAVRETO CAPS 100mg	Tier 2	NM LA PA	LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 2	NM LA PA
GILOTrif TABS 20mg, 30mg, 40mg	Tier 2	NM LA PA	LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 2	NM LA PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA	LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 2	NM LA PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM LA PA	LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 2	NM LA PA
ICLUSIG TABS 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA	LENVIMA CAP 14 MG LENVIMA CAP 18 MG	Tier 2	NM LA PA
ICLUSIG TABS 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA	Tier 2	NM LA PA	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
LENVIMA CAP 24 MG	Tier 2	NM LA PA	TAZVERIK TABS 200mg	Tier 2	NM LA PA
LORBRENA TABS 25mg, 100mg	Tier 2	NM LA PA	TEPMETKO TABS 225mg	Tier 2	NM LA PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA	TIBSOVO TABS 250mg	Tier 2	NM LA PA
MEKINIST TABS .5mg, 2mg	Tier 2	NM LA PA	TUKYSA TABS 50mg, 150mg	Tier 2	NM LA PA
MEKTOVI TABS 15mg	Tier 2	NM LA PA	TURALIO CAPS 200mg	Tier 2	NM LA PA
NERLYNX TABS 40mg	Tier 2	NM LA PA	UKONIQ TABS 200mg	Tier 2	NM LA PA
NEXAVAR TABS 200mg	Tier 2	NM LA PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3	QL NM LA PA
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 2	NM PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM LA PA
ODOMZO CAPS 200mg	Tier 2	NM LA PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 2	NM LA PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM LA PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 2	NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 2	NM LA PA
PIQRAY 250MG TAB DOSE	Tier 2	NM PA	VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	Tier 2	NM LA PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 2	NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 2	NM LA PA
QINLOCK TABS 50mg	Tier 2	NM LA PA	VOTRIENT TABS 200mg	Tier 2	NM LA PA
RETEVMO CAPS 40mg, 80mg	Tier 2	NM LA PA	XALKORI CAPS 200mg, 250mg	Tier 2	NM LA PA
ROZLYTREK CAPS 100mg, 200mg	Tier 2	NM LA PA	XOSPATA TABS 40mg	Tier 2	NM LA PA
RUBRACA TABS 200mg, 250mg, 300mg	Tier 2	NM LA PA	XPOVIO 40 MG ONCE WEEKLY TBPK 20mg	Tier 2	NM LA PA
RYDAPT CAPS 25mg	Tier 2	NM PA	XPOVIO 40 MG TWICE WEEKLY TBPK 20mg	Tier 2	NM LA PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Tier 2	NM PA	XPOVIO 60 MG ONCE WEEKLY TBPK 20mg	Tier 2	NM LA PA
STIVARGA TABS 40mg	Tier 2	NM LA PA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	Tier 2	NM LA PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA	XPOVIO 80 MG ONCE WEEKLY TBPK 20mg	Tier 2	NM LA PA
TABRECTA TABS 150mg, 200mg	Tier 2	NM PA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	Tier 2	NM LA PA
TAFINLAR CAPS 50mg, 75mg	Tier 2	NM LA PA	XPOVIO 100 MG ONCE WEEKLY TBPK 20mg	Tier 2	NM LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA	ZEJULA CAPS 100mg	Tier 2	NM LA PA
TALZENNA CAPS .25mg, 1mg	Tier 2	NM LA PA	ZELBORAF TABS 240mg	Tier 2	NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	Tier 2	NM PA	ZOLINZA CAPS 100mg	Tier 2	NM PA
			ZYDELIG TABS 100mg, 150mg	Tier 2	NM LA PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
ZYKADIA TABS 150mg	Tier 2	NM LA PA	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<b>PROTECTIVE AGENTS</b>					
leucovorin calcium TABS 5mg, 10mg	Tier 2		<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Tier 1	
leucovorin calcium TABS 15mg, 25mg	Tier 3		<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 2	
MESNEX TABS 400mg	Tier 2		<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 2	
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>					
amlodipine besylate- benazepril hcl cap 2.5-10 mg	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Tier 1	
amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)	Tier 1	QL	<i>quinapril- hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>quinapril- hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Tier 1	
amlodipine besylate- benazepril hcl cap 5-40 mg	Tier 1	QL	<i>quinapril- hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>benazepril hcl TABS 5mg</i>	Tier 1	
amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)	Tier 1	QL	<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	Tier 1	
QL (30 caps / 30 days)			<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	
benazepril & hydrochlorothiazide tab 5- 6.25 mg	Tier 2		<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)	Tier 2				
benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)	Tier 2				
benazepril & hydrochlorothiazide tab 20- 25 mg (generic of LOTENSIN HCT)	Tier 2				
benazepril & hydrochlorothiazide tab 20- 25 mg (generic of LOTENSIN HCT)	Tier 2				

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 30mg, 40mg	Tier 1		<i>amlodipine besylate-</i> <i>valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
<i>lisinopril</i> (generic of PRINIVIL) TABS 20mg	Tier 1		<i>amlodipine besylate-</i> <i>valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
<i>moexipril hcl</i> TABS 7.5mg, 15mg	Tier 2		<i>amlodipine besylate-</i> <i>valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL
<i>perindopril erbumine</i> TABS Tier 1 2mg, 4mg, 8mg	Tier 1		<i>ENTRESTO TAB 24-26MG</i> Tier 2		
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	Tier 1		<i>ENTRESTO TAB 49-51MG</i> Tier 2		
<i>ramipril</i> (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1		<i>ENTRESTO TAB 97-103MG</i> Tier 2		
<i>trandolapril</i> TABS 1mg, 2mg	Tier 1		<i>irbesartan-</i> <i>hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	Tier 1		<i>irbesartan-</i> <i>hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>					
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	Tier 2		<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	Tier 1		<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	Tier 1		<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<b>ALPHA BLOCKERS</b>					
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1		<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	Tier 2		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg	Tier 1				
<i>terazosin hcl</i> CAPS 10mg	Tier 1				
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>					
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil- hydrochlorothiazide tab 40- 25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 1	QL	telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL
valsartan- hydrochlorothiazide tab 80- 12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL
valsartan- hydrochlorothiazide tab 160- 12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
<b>ANTIARRHYTHMICS</b>					
valsartan- hydrochlorothiazide tab 160- 25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 200mg	Tier 1	
valsartan- hydrochlorothiazide tab 320- 12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	amiodarone hcl TABS 100mg, 400mg	Tier 3	
valsartan- hydrochlorothiazide tab 320- 25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 1	QL	disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM
irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL	flecainide acetate TABS 50mg, 100mg, 150mg	Tier 2	
losartan potassium (generic Tier 1 of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1		MULTAQ TABS 400mg	Tier 3	
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL	NORPACE CR CP12 100mg, 150mg	Tier 3	
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	pacerone TABS 100mg, 400mg	Tier 3	
			pacerone TABS 200mg	Tier 1	
			propafenone hcl (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	Tier 3	
			propafenone hcl TABS 150mg, 225mg, 300mg	Tier 2	
			quinidine sulfate TABS 200mg, 300mg	Tier 1	
			sorine (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
			sorine TABS 240mg	Tier 1	
			sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
			sotalol hcl TABS 240mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
sotalol hcl (afib/afl) (generic Tier 1 of BETAPACE AF) TABS 80mg, 120mg, 160mg			cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<b>ANTILIPEMICS, FIBRATES</b>			colesevelam hcl (generic of Tier 3 WELCHOL) PACK 3.75gm; TABS 625mg	Tier 3	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	Tier 2		colestipol hcl (generic of COLESTID) GRAN 5gm; PACK 5gm	Tier 3	
fenofibrate TABS 54mg, 160mg	Tier 2		colestipol hcl (generic of COLESTID) TABS 1gm	Tier 2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 2		ezetimibe (generic of ZETIA) TABS 10mg	Tier 2	
gemfibrozil (generic of LOPID) TABS 600mg	Tier 1		JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	Tier 2	NM LA PA
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>			niacin (antihyperlipidemic) (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg	Tier 2	QL
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	QL (60 tabs / 30 days)		
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL	PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 2	NM PA
pravastatin sodium TABS 10mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	prevalite PACK 4gm	Tier 2	
pravastatin sodium (generic Tier 1 of PRAVACHOL) TABS 20mg, 40mg QL (30 tabs / 30 days)		QL	prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL	VASCEPA CAPS .5gm, 1gm	Tier 3	
simvastatin TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	Tier 1	
<b>ANTILIPEMICS, MISCELLANEOUS</b>			atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	Tier 1	
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2		bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg (generic of ZIAC)	Tier 1	
cholestyramine light PACK 4gm	Tier 2		bisoprolol & hydrochlorothiazide tab 5- 6.25 mg (generic of ZIAC)	Tier 1	
			bisoprolol & hydrochlorothiazide tab 10- 6.25 mg (generic of ZIAC)	Tier 1	
			metoprolol & hydrochlorothiazide tab 50- 25 mg	Tier 2	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 2		<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 2		<i>amlodipine besylate</i>	Tier 1	
<b>BETA-BLOCKERS</b>					
<i>acebutolol hcl CAPS 200mg, 400mg</i>	Tier 1		(generic of NORVASC) TABS 2.5mg, 5mg, 10mg		
<i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>	Tier 1		<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	Tier 1		<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 2	
<i>BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)</i>	Tier 3	QL	<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 3	
<i>BYSTOLIC TABS 20mg QL (60 tabs / 30 days)</i>	Tier 3	QL	<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2	
<i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Tier 1		<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	Tier 2		<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>	Tier 1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	Tier 2		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 3	
<i>metoprolol tartrate TABS 25mg</i>	Tier 1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>	Tier 1		<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	
<i>pindolol TABS 5mg, 10mg</i>	Tier 2		<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
<i>propranolol hcl (generic of Inderal LA) CP24 60mg, 80mg, 120mg, 160mg</i>	Tier 2		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
<i>propranolol hcl SOLN 20mg/5ml, 40mg/5ml</i>	Tier 2		<i>nimodipine</i> CAPS 30mg	Tier 3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	Tier 1		<i>NYMALIZE</i> SOLN 6mg/ml	Tier 2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	Tier 2		<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
			<i>tiadylter</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
verapamil hcl (generic of VERELAN PM) CP24 100mg, 200mg	Tier 3		torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg	Tier 2		triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
verapamil hcl CP24 300mg, Tier 3 360mg; SOLN 2.5mg/ml			triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)		
verapamil hcl TABS 40mg, Tier 1 80mg, 120mg; TBCR 180mg			triamterene & hydrochlorothiazide tab 75- 50 mg (generic of MAXZIDE)		
verapamil hcl (generic of CALAN SR) TBCR 120mg, 240mg	Tier 1		<b>MISCELLANEOUS</b>		
<b>DIURETICS</b>			ADRENALIN SOLN 1mg/ml Tier 3		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 3		aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	Tier 3	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1		clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3	
amiloride hcl TABS 5mg	Tier 1		clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3	
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2		clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3	
bumetanide (generic of BUMEX) TABS .5mg	Tier 2		clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
chlorthalidone TABS 25mg, Tier 1 50mg			CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 3	
furosemide SOLN 8mg/ml, Tier 1 10mg/ml			digitek (generic of LANOXIN) TABS .125mg, .25mg	Tier 1	QL
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1				
furosemide inj SOLN 10mg/ml	Tier 2				
hydrochlorothiazide CAPS Tier 1 12.5mg; TABS 12.5mg, 25mg, 50mg			digox (generic of LANOXIN) Tier 1 TABS 125mcg, 250mcg QL (30 tabs / 30 days)	QL	
indapamide TABS 1.25mg, Tier 1 2.5mg			digoxin SOLN .05mg/ml Tier 3		
methazolamide TABS 25mg, 50mg	Tier 3		digoxin (generic of LANOXIN) SOLN .25mg/ml Tier 3		
metolazone TABS 2.5mg, Tier 2 5mg, 10mg			digoxin (generic of LANOXIN) TABS 125mcg, 250mcg	Tier 1	QL
spironolactone & hydrochlorothiazide tab 25- 25 mg (generic of ALDACTAZIDE)	Tier 2				
			droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	QL NM PA	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA	<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2	
<i>guanfacine hcl</i> TABS 1mg, Tier 2 2mg PA if 70 years and older			<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3		<i>ADEMPAS</i> TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1		<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM LA PA
<i>methyldopa</i> TABS 250mg, Tier 1 500mg PA if 70 years and older			<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg QL (120 tabs / 30 days)	Tier 1	QL NM LA PA
<i>metyrosine</i> (generic of DEMSER) CAPS 250mg	Tier 1	PA	<i>bosentan</i> (generic of TRACLEER) TABS 125mg QL (60 tabs / 30 days)	Tier 1	QL NM LA PA
<i>midodrine hcl</i> TABS 2.5mg, Tier 2 5mg			<i>OPSUMIT</i> TABS 10mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
<i>midodrine hcl</i> TABS 10mg Tier 3			<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>minoxidil</i> TABS 2.5mg, Tier 1 10mg NORTHERA CAPS 100mg Tier 2 QL (90 caps / 30 days)			<i>VENTAVIS</i> SOLN 10mcg/ml, 20mcg/ml	Tier 2	NM PA
NORTHERA CAPS 200mg, Tier 2 300mg QL (180 caps / 30 days)			<b>CENTRAL NERVOUS SYSTEM</b>		
<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	Tier 3		<b>ANTIANXIETY</b>		
<b>NITRATES</b>			<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>isosorbide dinitrate</i> (generic Tier 2 of ISORDIL TITRADOSE) TABS 5mg			<i>buspirone hcl</i> TABS 5mg, Tier 1 10mg, 15mg	Tier 1	
<i>isosorbide dinitrate</i> TABS Tier 2 10mg, 20mg, 30mg			<i>buspirone hcl</i> TABS 7.5mg, Tier 2 30mg	Tier 2	
<i>isosorbide mononitrate</i> Tier 1 TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg			<i>fluvoxamine maleate</i> TABS Tier 2 25mg, 50mg, 100mg	Tier 2	
<i>minitran</i> (generic of NITRO- Tier 2 DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr			<i>lorazepam</i> CONC 2mg/ml Tier 2 QL (150 mL / 30 days)	QL	
NITRO-BID OINT 2% Tier 2			<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	Tier 1	
<i>nitroglycerin</i> PT24 .1mg/hr, Tier 2 .2mg/hr, .4mg/hr, .6mg/hr					

Drug Name	Drug Requirements/Tier	Requirements/Limits	Drug Name	Drug Requirements/Tier	Requirements/Limits
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<b>ANTICONVULSANTS</b>			<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	QL PA
APTIOM TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL	DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	Tier 2	NM LA PA
BANZEL TABS 200mg, 400mg	Tier 3	PA	<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA	<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL PA
BRIVIACT SOLN 50mg/5ml	Tier 3	PA	<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 3	
<i>carbamazepine</i> CHEW 100mg	Tier 2		<i>diazepam inj</i> SOLN 5mg/ml	Tier 3	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3		DILANTIN CAPS 30mg, 100mg	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3		DILANTIN INFATABS CHEW 50mg	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 2		DILANTIN-125 SUSP 125mg/5ml	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3		<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
CELONTIN CAPS 300mg	Tier 3		<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2	
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA	EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	NM LA PA
<i>clonazepam</i> (generic of KLOONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL			
<i>clonazepam</i> (generic of KLOONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL			

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg	Tier 2	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg	Tier 3				QL (120 tabs / 30 days)
<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	Tier 2		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	Tier 1		<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 3		<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Tier 2	
FINTEPLA SOLN 2.2mg/ml	Tier 3	QL NM LA PA QL (360 mL / 30 days)	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
FYCOMPA SUSP .5mg/ml	Tier 3	QL PA QL (720 mL / 30 days)	<i>levetiracetam</i> in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM)	Tier 3	
FYCOMPA TABS 2mg, 4mg, 6mg	Tier 3	QL PA QL (60 tabs / 30 days)	<i>levetiracetam</i> in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM)	Tier 3	
FYCOMPA TABS 8mg, 10mg, 12mg	Tier 3	QL PA QL (30 tabs / 30 days)	<i>levetiracetam</i> in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM)	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg	Tier 1	QL QL (1080 caps / 30 days)	NAYZILAM SOLN 5mg/0.1ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg	Tier 1	QL QL (360 caps / 30 days)	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg	Tier 1	QL QL (270 caps / 30 days)	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml	Tier 2	QL QL (2160 mL / 30 days)	PEGANONE TABS 250mg	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg	Tier 2	QL QL (180 tabs / 30 days)	<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	Tier 3	PA
			<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	Tier 2	PA

Drug Name	Drug Requirements/Tier	Requirements/Limits	Drug Name	Drug Requirements/Tier	Requirements/Limits
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 3	PA	<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA
<i>PHENYTEK</i> CAPS 200mg, Tier 3 300mg			<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	Tier 3	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2		<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2		<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2		<i>valproate sodium</i> SOLN 100mg/ml	Tier 3	
<i>phenytoin sodium extended</i> Tier 2 (generic of DILANTIN) CAPS 100mg			<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2	
<i>phenytoin sodium extended</i> Tier 2 (generic of PHENYTEK) CAPS 200mg, 300mg			<i>valproic acid</i> CAPS 250mg	Tier 2	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA	<i>VALTOCO</i> LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	Tier 3	
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM LA PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>vigadron</i> e (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1		<i>VIMPAT</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	Tier 2		<i>VIMPAT</i> SOLN 200mg/20ml	Tier 3	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml	Tier 3	PA	<i>VIMPAT</i> TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL
<i>SPRITAM</i> TB3D 250mg, 500mg, 750mg, 1000mg	Tier 3		<i>VIMPAT</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		<i>XCOPRI</i> TABS 50mg QL (90 tabs / 30 days)	Tier 3	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	Tier 3	PA
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL	<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	Tier 2	PA
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 7-10MG	Tier 3	
XCOPRI PAK 50-200MG QL (56 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 14-10MG	Tier 3	
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 21-10MG	Tier 3	
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP 28-10MG	Tier 3	
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL	NAMZARIC CAP PACK	Tier 3	
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1		<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>zonisamide</i> CAPS 50mg	Tier 1		<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg QL (90 caps / 30 days)	Tier 3	QL
<b>ANTIDEMENTIA</b>			<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL	<b>ANTIDEPRESSANTS</b>		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1		<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 2	
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1		<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	Tier 1	
<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 3		<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Tier 2	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2	
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	Tier 3	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
			<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3		<i>maprotiline hcl</i> TABS 25mg, Tier 2 50mg, 75mg	Tier 2	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3		MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL PA	<i>mirtazapine</i> TABS 7.5mg	Tier 2	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	Tier 2		<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	
<i>doxepin hcl</i> CAPS 150mg	Tier 3		<i>mirtazapine</i> TABS 45mg	Tier 1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 3		<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1		<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA	PAXIL SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA	<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2	
FETZIMA CAP TITRATIO	Tier 3	PA	<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg	Tier 1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	Tier 1		<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2		<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 1		<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
			<i>trimipramine maleate</i> CAPS 25mg	Tier 3	QL
			QL (240 caps / 30 days)		
			<i>trimipramine maleate</i> CAPS 50mg	Tier 3	QL
			QL (120 caps / 30 days)		

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>trimipramine maleate CAPS</i> Tier 3 100mg QL (60 caps / 30 days)		QL	<i>carbidopa &amp; levodopa tab</i> Tier 1 10-100 mg (generic of SINEMET)		
<i>TRINTELLIX TABS</i> 5mg Tier 3 QL (120 tabs / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab</i> Tier 1 25-100 mg (generic of SINEMET)	Tier 1	
<i>TRINTELLIX TABS</i> 10mg Tier 3 QL (60 tabs / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab</i> Tier 1 25-250 mg	Tier 1	
<i>TRINTELLIX TABS</i> 20mg Tier 3 QL (30 tabs / 30 days)	Tier 3	QL	<i>carbidopa &amp; levodopa tab er</i> Tier 2 25-100 mg	Tier 2	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1		<i>carbidopa &amp; levodopa tab er</i> Tier 2 50-200 mg	Tier 2	
<i>venlafaxine hcl</i> TABS Tier 2 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2		<i>carbidopa-levodopa-</i> Tier 3 <i>entacapone tabs</i> 12.5-50- 200 mg (generic of STALEVO 50)	Tier 3	
<i>VIIBRYD TABS</i> 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL	<i>carbidopa-levodopa-</i> Tier 3 <i>entacapone tabs</i> 18.75-75- 200 mg (generic of STALEVO 75)	Tier 3	
<i>VIIBRYD KIT STARTER</i> Tier 3			<i>carbidopa-levodopa-</i> Tier 3 <i>entacapone tabs</i> 25-100- 200 mg (generic of STALEVO 100)	Tier 3	
<b>ANTIPARKINSONIAN AGENTS</b>					
<i>amantadine hcl</i> CAPS Tier 2 100mg QL (120 caps / 30 days)	Tier 2	QL	<i>carbidopa-levodopa-</i> Tier 3 <i>entacapone tabs</i> 31.25-125- 200 mg (generic of STALEVO 125)	Tier 3	
<i>amantadine hcl</i> SYRP Tier 1 50mg/5ml	Tier 1		<i>carbidopa-levodopa-</i> Tier 3 <i>entacapone tabs</i> 37.5-150- 200 mg (generic of STALEVO 150)	Tier 3	
<i>amantadine hcl</i> TABS Tier 2 100mg	Tier 2		<i>carbidopa-levodopa-</i> Tier 3 <i>entacapone tabs</i> 50-200- 200 mg	Tier 3	
<i>APOKYN SOCT</i> 30mg/3ml Tier 2 QL (20 cartridges / 30 days)	QL NM LA PA		<i>entacapone</i> (generic of COMTAN) TABS 200mg Tier 3		
<i>benztropine mesylate</i> Tier 3 (generic of COGENTIN) SOLN 1mg/ml	Tier 3		<i>KYNMOBI FILM</i> 10mg, 15mg, 20mg, 25mg, 30mg Tier 2 QL NM PA		
<i>benztropine mesylate</i> TABS Tier 2 .5mg, 1mg, 2mg PA if 70 years and older	Tier 2	PA	QL (150 films / 30 days)		
<i>bromocriptine mesylate</i> Tier 3 (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	Tier 3		<i>NEUPRO PT24</i> 1mg/24hr, Tier 3 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr		
<i>carbidopa &amp; levodopa orally</i> Tier 3 <i>disintegrating tab</i> 10-100 mg	Tier 3		<i>pramipexole dihydrochloride</i> Tier 1 TABS .25mg, 1.5mg		
<i>carbidopa &amp; levodopa orally</i> Tier 3 <i>disintegrating tab</i> 25-100 mg	Tier 3				
<i>carbidopa &amp; levodopa orally</i> Tier 3 <i>disintegrating tab</i> 25-250 mg	Tier 3				

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>pramipexole dihydrochloride</i> Tier 1 (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg			CAPLYTA CAPS 42mg QL (30 caps / 30 days)	Tier 3	QL
<i>rasagiline mesylate</i> (generic Tier 3 of AZILECT) TABS 1mg QL (30 tabs / 30 days)		QL	<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3	
<i>rasagiline mesylate</i> (generic Tier 3 of AZILECT) TABS .5mg QL (60 tabs / 30 days)		QL	<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2	
<i>ropinirole hydrochloride</i> Tier 1 TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg			<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL
<i>selegiline hcl</i> CAPS 5mg Tier 3			<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (135 tabs / 30 days)	Tier 3	QL
<i>selegiline hcl</i> TABS 5mg Tier 2			<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	PA
<i>trihexyphenidyl hcl</i> SOLN Tier 2 .4mg/ml; TABS 2mg, 5mg PA if 70 years and older		PA	<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
<b>ANTIPSYCHOTICS</b>			<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
ABILITY MAINTENA PRSY Tier 3 300mg, 400mg; SRER 300mg, 400mg QL (1 injection / 28 days)		QL	<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	Tier 1	QL PA
<i>aripiprazole</i> SOLN 1mg/ml Tier 1 QL (900 mL / 30 days)		QL	FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>aripiprazole</i> (generic of ABILITY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)		QL	FANAPT PAK Tier 3 PA	Tier 3	PA
<i>aripiprazole</i> TBDP 10mg, Tier 1 15mg QL (60 tabs / 30 days)		QL	<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3	
ARISTADA PRSY Tier 3 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)		QL	<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3	
ARISTADA PRSY Tier 3 1064mg/3.9ml QL (1 injection / 56 days)		QL	<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
ARISTADA INITIO PRSY Tier 3 675mg/2.4ml			<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2	
<i>asenapine maleate</i> (generic Tier 3 of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)		QL			

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>haloperidol lactate</i> CONC 2mg/ml	Tier 2		<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL
<i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml	Tier 2		<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 injection / 28 days)	Tier 3	QL	<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml QL (1 injection / 90 days)	Tier 3	QL	PERSERIS PRSY 90mg, 120mg QL (1 injection / 30 days)	Tier 3	QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL	<i>pimozide</i> TABS 1mg, 2mg	Tier 3	
LATUDA TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	Tier 2	
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM LA PA	REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM LA PA	REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL	RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL	<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL	<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	<i>risperidone</i> TABS .25mg	Tier 1	

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

Drug Name	Drug Requirements/Tier	Requirements/Limits	Drug Name	Drug Requirements/Tier	Requirements/Limits
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 3	QL	<i>amphetamine-dextroamphetamine tab</i> 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL	<i>amphetamine-dextroamphetamine tab</i> 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL	<i>amphetamine-dextroamphetamine tab</i> 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2		<i>amphetamine-dextroamphetamine tab</i> 15 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3		<i>amphetamine-dextroamphetamine tab</i> 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2		<i>amphetamine-dextroamphetamine tab</i> 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL PA	<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
VRAYLAR CAP 1.5-3MG	Tier 3	PA	<i>dexamethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA
<i>ziprasidone hcl</i> (generic of GEODON) GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL	<i>dexamethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL			
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL PA			
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL PA			
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
<i>amphetamine-dextroamphetamine tab</i> 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA			

<b>Drug Name</b>	<b>Drug Requirements/Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/Tier</b>	<b>Requirements/Limits</b>
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA	temazepam (generic of RESTORIL) CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
metadate er TBCR 20mg QL (90 tabs / 30 days)	Tier 3	QL PA	zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA	<b>MIGRAINE</b>		
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA	dihydroergotamine mesylate (generic of D.H.E. 45) SOLN 1mg/ml QL (8 mL / 30 days)	Tier 1	
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA	dihydroergotamine mesylate (generic of MIGRAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA	ergotamine w/ caffeine tab 1-100 mg (generic of CAFERGOT)	Tier 2	
<b>HYPNOTICS</b>			rizatriptan benzoate TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL	rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
HETLIOZ CAPS 20mg temazepam (generic of RESTORIL) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 2 Tier 3	NM LA PA QL PA	sumatriptan (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 3	QL
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA	sumatriptan (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 3	QL
			sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	LYRICA CR TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	Tier 2	QL PA
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	pregabalin (once-daily) (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg QL (60 tabs / 30 days)	Tier 2	QL PA
sumatriptan succinate (generic of IMITREX) SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	pyridostigmine bromide (generic of MESTINON) TABS 60mg	Tier 2	
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL	riluzole (generic of RILUTEK) TABS 50mg	Tier 3	
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 3	QL PA	tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<b>MISCELLANEOUS</b>			tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA	BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA
INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	Tier 2	QL NM PA	dalfampridine (generic of AMPYRA) TB12 10mg	Tier 2	NM PA
INGREZZA CAP 40-80MG QL (28 caps / 28 days)	Tier 2	QL NM PA	GILENYA CAPS .5mg QL (28 caps / 28 days)	Tier 2	QL NM PA
LITHIUM SOLN 8meq/5ml	Tier 3		glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1		glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
lithium carbonate (generic of LITHOBID) TBCR 300mg			glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>buprenorphine hcl-naloxone</i> hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			<i>buprenorphine hcl-naloxone</i> hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 2		<i>buprenorphine hcl-naloxone</i> hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	Tier 1	QL
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA	<i>buprenorphine hcl-naloxone</i> hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	Tier 1	QL
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	Tier 3		<i>bupropion hcl</i> (smoking deterrent) TB12 150mg	Tier 2	
<i>dantrolene sodium</i> CAPS 100mg	Tier 3		<i>CHANTIX</i> TABS .5mg, 1mg	Tier 3	PA
<i>tizanidine hcl</i> TABS 2mg	Tier 1		<i>CHANTIX</i> CONTINUING MONTH TABS 1mg	Tier 3	PA
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1		<i>CHANTIX PAK</i> 0.5& 1MG	Tier 3	PA
<b>NARCOLEPSY/CATAPLEXY</b>			<i>disulfiram</i> TABS 250mg, 500mg	Tier 2	
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1	
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL PA	<i>naltrexone hcl</i> TABS 50mg	Tier 2	
<i>XYREM</i> SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM LA PA	<i>NARCAN</i> LIQD 4mg/0.1ml	Tier 2	
<b>PSYCHOTHERAPEUTIC-MISC</b>			<i>NICOTROL INHALER</i> INHA 10mg	Tier 3	
<i>acamprosate calcium</i> TBECT Tier 3 333mg	Tier 3		<i>NICOTROL NS</i> SOLN 10mg/ml	Tier 3	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL PA	<i>VIVITROL</i> SUSR 380mg	Tier 2	NM
<i>buprenorphine hcl-naloxone</i> hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL	<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
<i>buprenorphine hcl-naloxone</i> hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL	<i>ANDRODERM</i> PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)	Tier 3	QL PA
			<i>oxandrolone</i> TABS 2.5mg QL (120 tabs / 30 days)	Tier 2	QL PA
			<i>oxandrolone</i> TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL PA

Drug Name	Drug Requirements/Tier	Requirements/Limits	Drug Name	Drug Requirements/Tier	Requirements/Limits
testosterone GEL 1% QL (300 gm / 30 days)	Tier 3	QL PA	glipizide xl (generic of GLUCOTROL XL) TB24	Tier 1	QL
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA	2.5mg, 5mg QL (90 tabs / 30 days)		
testosterone cypionate (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	Tier 2	PA	glipizide xl (generic of GLUCOTROL XL) TB24	Tier 1	QL
testosterone enanthate SOLN 200mg/ml	Tier 2	PA	10mg QL (60 tabs / 30 days)		
<b>ANTIDIABETICS</b>			glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg	Tier 2		glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 2	QL	glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
BYDUREON PEN PEN 2mg QL (4 pens / 28 days)	Tier 2	QL	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 3	QL	GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL	JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
glimepiride (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL	JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
glimepiride (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 2	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 100- 1000 QL (30 tabs / 30 days)	Tier 2	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL	JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	JARDIANCE TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL
			JARDIANCE TABS 25mg QL (30 tabs / 30 days)	Tier 2	QL
			JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
			JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Requirements/Tier	Requirements/Limits	Drug Name	Drug Requirements/Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	Tier 2	QL QL (60 tabs / 30 days)	repaglinide TABS .5mg, 1mg	Tier 2	QL QL (120 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 2	QL QL (60 tabs / 30 days)	RYBELSUS TABS 3mg, 7mg, 14mg	Tier 2	QL QL (30 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	Tier 2	QL QL (30 tabs / 30 days)	SYNJARDY TAB 5-500MG	Tier 2	QL QL (120 tabs / 30 days)
metformin hcl TABS 500mg	Tier 1	QL QL (150 tabs / 30 days)	SYNJARDY TAB 5-1000MGT	Tier 2	QL QL (60 tabs / 30 days)
metformin hcl TABS 850mg	Tier 1	QL QL (90 tabs / 30 days)	SYNJARDY TAB 12.5-500	Tier 2	QL QL (60 tabs / 30 days)
metformin hcl TABS 1000mg	Tier 1	QL QL (75 tabs / 30 days)	SYNJARDY TAB 12.5-1000MG	Tier 2	QL QL (60 tabs / 30 days)
metformin hcl TB24 500mg	Tier 1	QL QL (120 tabs / 30 days)	SYNJARDY XR TAB 5-1000MG	Tier 2	QL QL (60 tabs / 30 days)
(generic of GLUCOPHAGE XR)			SYNJARDY XR TAB 10-1000	Tier 2	QL QL (60 tabs / 30 days)
metformin hcl TB24 750mg	Tier 1	QL QL (60 tabs / 30 days)	SYNJARDY XR TAB 12.5-1000MG	Tier 2	QL QL (60 tabs / 30 days)
(generic of GLUCOPHAGE XR)			SYNJARDY XR TAB 25-1000	Tier 2	QL QL (30 tabs / 30 days)
nateglinide TABS 60mg, 120mg	Tier 2	QL QL (90 tabs / 30 days)	TRADJENTA TABS 5mg	Tier 2	QL QL (30 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	Tier 2	QL QL (1 pen / 28 days)	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 2	QL QL (60 tabs / 30 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	Tier 2	QL QL (2 pens / 28 days)	TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 2	QL QL (30 tabs / 30 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	Tier 2	QL QL (1 pen / 28 days)	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 2	QL QL (60 tabs / 30 days)
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	Tier 1	QL QL (30 tabs / 30 days)	TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 2	QL QL (30 tabs / 30 days)
repaglinide TABS 2mg	Tier 2	QL QL (240 tabs / 30 days)	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 2	QL QL (4 pens / 28 days)

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	Tier 2	QL
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10- 500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL
<b>ANTIDIABETICS, INSULINS</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2	
BD ALCOHOL SWABS	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRI VIDIA/MHC	Tier 2	
LEVEMIR SOLN 100unit/ml	Tier 2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	Tier 2	
NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
NOVOLIN N FLEXPEN	Tier 2	
SUPN 100unit/ml (brand RELION not covered)		
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG SOLN 100unit/ml	Tier 2	
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
OMNIPOD KIT STARTER QL (1 kit / year)	Tier 3	QL PA
OMNIPOD MIS 5 PACK QL (10 boxes / 30 days)	Tier 3	QL PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN /TRIVIDIA	Tier 2	
SOLIQUA INJ 100/33 QL (10 pens / 30 days)	Tier 2	QL
TRESIBA SOLN 100unit/ml	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2	
V-GO 20 KIT QL (1 kit / 30 days)	Tier 3	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	Tier 3	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	Tier 3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
<b>CALCIUM REGULATORS</b>		
alendronate sodium TABS 10mg, 35mg	Tier 1	
alendronate sodium (generic Tier 1 of FOSAMAX) TABS 70mg		

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
calcitonin (salmon) (generic Tier 2 of MIACALCIN) SOLN 200unit/act		B/D
FORTEO SOPN 620mcg/2.48ml	Tier 2	NM PA
ibandronate sodium (generic Tier 2 of BONIVA) TABS 150mg		B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 2	NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	Tier 2	B/D
PROLIA SOSY 60mg/ml QL (1 injection / 180 days)	Tier 3	QL NM
TYMLOS SOPN 3120mcg/1.56ml	Tier 2	NM PA
XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml	Tier 3	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg	Tier 3	
cloquique (generic of SYPRINE) CAPS 250mg	Tier 1	PA
deferasirox (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	Tier 1	NM PA
deferasirox (generic of JADENU) TABS 90mg, 180mg, 360mg	Tier 1	NM PA
LOKELMA PACK 5gm, 10gm	Tier 2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	
sodium polystyrene sulfonate powder	Tier 2	
sps SUSP 15gm/60ml	Tier 2	
trientine hcl (generic of SYPRINE) CAPS 250mg	Tier 1	PA

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 3	PA
<b>CONTRACEPTIVES</b>		
afirmelle	Tier 2	
altavera	Tier 2	
alyacen 1/35	Tier 2	
alyacen 7/7/7	Tier 2	
apri	Tier 2	
aranelle	Tier 2	
aubra eq	Tier 2	
aurovela 1/20	Tier 2	
aurovela fe 1.5/30	Tier 2	
aurovela fe 1/20	Tier 2	
aviane	Tier 2	
ayuna	Tier 2	
azurette (generic of MIRCETTE)	Tier 2	
balziva	Tier 2	
bekyree (generic of MIRCETTE)	Tier 2	
blisovi fe 1.5/30	Tier 2	
briellyn	Tier 2	
camila TABS .35mg	Tier 2	
caziant	Tier 2	
chateal	Tier 2	
cryselle-28	Tier 2	
cyclafem 1/35	Tier 2	
cyclafem 7/7/7	Tier 2	
cyred eq	Tier 2	
dasetta 1/35	Tier 2	
dasetta 7/7/7	Tier 2	
deblitane TABS .35mg	Tier 2	
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)	Tier 2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	Tier 2	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	Tier 2	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
elinest	Tier 2	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 2
ELLA TABS 30mg	Tier 2	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 2
emoquette	Tier 2	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 2
enpresse-28	Tier 2	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 2
enskyce	Tier 2	levora 0.15/30-28	Tier 2
errin TABS .35mg	Tier 2	lillow	Tier 2
estarrylla	Tier 2	loestrin 1.5/30-21	Tier 2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 2	loestrin 1/20-21	Tier 2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 2	loestrin fe 1.5/30	Tier 2
falmina	Tier 2	loestrin fe 1/20	Tier 2
femynor	Tier 2	loryna (generic of YAZ)	Tier 2
gianvi (generic of YAZ)	Tier 2	low-ogestrel	Tier 2
hailey 1.5/30	Tier 2	lulera	Tier 2
heather TABS .35mg	Tier 2	lyleq TABS .35mg	Tier 2
iclevia	Tier 2	lyza TABS .35mg	Tier 2
incassia TABS .35mg	Tier 2	marlissa	Tier 2
introvale	Tier 2	medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2
isibloom	Tier 2	microgestin 1.5/30	Tier 2
jasmiel (generic of YAZ)	Tier 2	microgestin 1/20	Tier 2
jolessa	Tier 2	microgestin fe 1.5/30	Tier 2
juleber	Tier 2	microgestin fe 1/20	Tier 2
junel 1.5/30	Tier 2	mili	Tier 2
junel 1/20	Tier 2	mono-linyah	Tier 2
junel fe 1.5/30	Tier 2	necon 0.5/35-28	Tier 2
junel fe 1/20	Tier 2	nikki (generic of YAZ)	Tier 2
kariva (generic of MIRCETTE)	Tier 2	nora-be TABS .35mg	Tier 2
kelnor 1/35	Tier 2	norethindrone (contraceptive) TABS .35mg	Tier 2
kelnor 1/50	Tier 2	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 2
kurvelo	Tier 2	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 2
larin 1.5/30	Tier 2		
larin 1/20	Tier 2		
larin fe 1.5/30	Tier 2		
larin fe 1/20	Tier 2		
larissa	Tier 2		
leena	Tier 2		
lessina	Tier 2		
levonest	Tier 2		

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg		Tier 2	tri-lo-estarrylla (generic of ORTHO TRI-CYCLEN LO)		Tier 2
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg		Tier 2	tri-lo-marzia (generic of ORTHO TRI-CYCLEN LO)		Tier 2
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)		Tier 2	tri-lo-mili (generic of ORTHO Tier 2 TRI-CYCLEN LO)		Tier 2
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg		Tier 2	tri-lo-sprintec (generic of ORTHO TRI-CYCLEN LO)		Tier 2
norlyroc TABS .35mg		Tier 2	tri-mili		Tier 2
nortrel 0.5/35 (28)		Tier 2	tri-nymyo		Tier 2
nortrel 1/35 (21)		Tier 2	tri-previfem		Tier 2
nortrel 1/35 (28)		Tier 2	tri-sprintec		Tier 2
nortrel 7/7/7		Tier 2	tri-vylibra		Tier 2
nylia 7/7/7		Tier 2	tri-vylibra lo (generic of ORTHO TRI-CYCLEN LO)		Tier 2
nymyo		Tier 2	trivora-28		Tier 2
ocella (generic of YASMIN 28)		Tier 2	tulana TABS .35mg		Tier 2
orsythia		Tier 2	velivet		Tier 2
philith		Tier 2	vestura (generic of YAZ)		Tier 2
pimtrea (generic of MIRCETTE)		Tier 2	vienna		Tier 2
permella 1/35		Tier 2	viorele (generic of MIRCETTE)		Tier 2
portia-28		Tier 2	vyfemla		Tier 2
previfem		Tier 2	vylibra		Tier 2
reclipsen		Tier 2	wera		Tier 2
setlakin		Tier 2	xulane		Tier 3
sharobel TABS .35mg		Tier 2	zafemy		Tier 3
simliya (generic of MIRCETTE)		Tier 2	zarah (generic of YASMIN 28)		Tier 2
sprintec 28		Tier 2	zovia 1/35e		Tier 2
sronyx		Tier 2	zumandimine (generic of YASMIN 28)		Tier 2
syeda (generic of YASMIN 28)		Tier 2	<b>ENDOMETRIOSIS</b>		
tarina fe 1/20 eq		Tier 2	danazol CAPS 50mg, 100mg, 200mg		Tier 3
tilia fe (generic of ESTROSTEP FE)		Tier 2	SYNAREL SOLN 2mg/ml		Tier 2
tri-estarrylla		Tier 2	<b>ESTROGENS</b>		
tri-legest fe (generic of ESTROSTEP FE)		Tier 2	amabelz		Tier 2
tri-linyah		Tier 2	amabelz (generic of ACTIVELLA)		Tier 2
			DELESTROGEN OIL 10mg/ml		Tier 3
			dotti (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		Tier 2

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<b>GLUCOCORTICOIDS</b>		
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2		cortisone acetate TABS 25mg	Tier 3	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1		dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 2		DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 3	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	Tier 2		dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	Tier 2		fludrocortisone acetate TABS .1mg	Tier 1	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	Tier 3		hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
estradiol valerate (generic of Tier 3 DELESTROGEN) OIL 20mg/ml, 40mg/ml	Tier 3		methylprednisolone (generic Tier 2 of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	Tier 2	B/D
fyavolv tab 0.5mg-2.5mcg (generic of FEMHRT)	Tier 2		methylprednisolone (generic Tier 1 of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
fyavolv tab 1mg-5mcg	Tier 2		methylprednisolone acetate Tier 2 (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
jinteli	Tier 2		methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 1000mg	Tier 2	B/D
lopreeza (generic of ACTIVELLA)	Tier 2		prednisolone SOLN 15mg/5ml	Tier 1	B/D
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	Tier 2	B/D
mimvey (generic of ACTIVELLA)	Tier 2		prednisolone sodium phosphate SOLN 15mg/5ml	Tier 1	B/D
norethindrone acetate- ethinyl estradiol tab 0.5 mg- 2.5 mcg (generic of FEMHRT)	Tier 2		prednisolone sodium phosphate SOLN 25mg/5ml	Tier 2	B/D
norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg	Tier 2		prednisone SOLN 5mg/5ml	Tier 3	B/D
yuvafem (generic of VAGIFEM) TABS 10mcg	Tier 3		prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
			prednisone TBPK 5mg, 10mg	Tier 2	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
PREDNISONE INTENSOL CONC 5mg/ml	Tier 3	B/D	INCRELEX SOLN 40mg/4ml	Tier 2	NM LA PA
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3		KORLYM TABS 300mg levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 2 Tier 3	NM LA PA B/D
<b>GLUCOSE ELEVATING AGENTS</b>			<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1		<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	Tier 1	NM PA
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2		<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 2		<i>octreotide acetate</i> SOLN 200mcg/ml	Tier 3	NM PA
<b>MISCELLANEOUS</b>			<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
<i>cabergoline</i> TABS .5mg	Tier 2		<i>octreotide acetate</i> SOLN 1000mcg/ml	Tier 1	NM PA
CARBAGLU TABS 200mg	Tier 2	NM LA PA	OSPHENA TABS 60mg	Tier 2	PA
CERDELGA CAPS 84mg	Tier 2	NM PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2	
<i>cinacalcet hcl</i> (generic of SENSIPIAR) TABS 30mg QL (120 tabs / 30 days)	Tier 3	B/D QL NM	<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPIAR) TABS 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPIAR) TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM	<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
CYSTADANE POW CYSTAGON CAPS 50mg, 150mg	Tier 2 Tier 3	NM LA PA	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 1		SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2		STIMATE SOLN 1.5mg/ml	Tier 2	NM
<i>desmopressin acetate spray</i> SOLN .01%	Tier 3		<b>PHOSPHATE BINDER AGENTS</b>		
<i>desmopressin acetate spray</i> refrigerated SOLN .01%	Tier 3		AURYXIA TABS 210mg QL (360 tabs / 30 days)	Tier 3	QL PA
GENOTROPIN SOLR 5mg, 12mg	Tier 2	NM PA			
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA			

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS 667mg	Tier 2	QL (360 caps / 30 days)	levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
calcium acetate (phosphate binder) TABS 667mg	Tier 3	QL (360 tabs / 30 days)	levoxyd (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
sevelamer carbonate (generic of RENVELA) PACK 2.4gm	Tier 1	QL (180 packets / 30 days)	liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
sevelamer carbonate (generic of RENVELA) PACK .8gm	Tier 1	QL (540 packets / 30 days)	methimazole (generic of TAPAZOLE) TABS 5mg, 10mg	Tier 1	
sevelamer carbonate (generic of RENVELA) TABS 800mg	Tier 3	QL (540 tabs / 30 days)	propylthiouracil TABS 50mg	Tier 2	
<b>PROGESTINS</b>			SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1		unitriod (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
megestrol acetate SUSP 40mg/ml	SUSP	Tier 2	<b>VITAMIN D ANALOGS</b>		
megestrol acetate (appetite) SUSP 625mg/5ml	Tier 3	PA	calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
norethindrone acetate (generic of AYGESTIN) TABS 5mg	Tier 2		calcitriol SOLN 1mcg/ml	Tier 3	B/D
<b>THYROID AGENTS</b>			calcitriol (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D
euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1		paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1		paricalcitol CAPS 4mcg	Tier 3	B/D
			RAYALDEE CPCR 30mcg	Tier 2	
			<b>GASTROINTESTINAL ANTIEMETICS</b>		
			aprepitant CAPS 40mg, 125mg	Tier 3	B/D

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	Tier 3	B/D	<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days	Tier 3	QL PA
<i>aprepitant capsule therapy</i> <i>pack 80 &amp; 125 mg</i>	Tier 3	B/D	QL (10 patches / 30 days)		
<i>compro</i> SUPP 25mg	Tier 3		<b>PA if 70 years and older</b>		
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL	<b>ANTISPASMODICS</b>		
<i>EMEND</i> SUSR 125mg/5ml	Tier 3	B/D	<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 2	
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	Tier 2		<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 3	
<i>granisetron hcl</i> TABS 1mg	Tier 3	B/D	<i>glycopyrrolate</i> TABS 1mg, 2mg	Tier 2	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 1		<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 2		<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 2	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1		<i>famotidine</i> SUSR 40mg/5ml QL (300 mL / 30 days)	Tier 3	QL
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 2	B/D	<i>famotidine</i> (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	Tier 1	QL
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	Tier 2		<i>famotidine</i> (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>ondansetron hcl</i> SOLN 4mg/5ml	Tier 3	B/D	<i>famotidine in nacl 0.9% iv</i> <i>soln 20 mg/50ml</i>	Tier 2	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg	Tier 2	B/D	<i>nizatidine</i> CAPS 150mg, 300mg	Tier 2	
<i>ondansetron hcl</i> TABS 8mg, 24mg	Tier 2	B/D	<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>prochlorperazine</i> SUPP 25mg	Tier 3		<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	Tier 2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 3		<i>budesonide</i> (generic of ENTOCORT EC) CPEP 3mg	Tier 3	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1		<i>budesonide</i> (generic of UCERIS) TB24 9mg	Tier 1	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	Tier 2	PA	<i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	Tier 2	PA	<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
mesalamine (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL	<b>MISCELLANEOUS</b>		
mesalamine ENEM 4gm	Tier 3		alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	Tier 1	QL PA
mesalamine (generic of CANASA) SUPP 1000mg	Tier 3		alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	Tier 3	QL PA
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL	cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm	Tier 3		diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 3	
sulfasalazine (generic of AZULFIDINE) TABS 500mg	Tier 1		diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 2	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2		GATTEX KIT 5mg	Tier 2	NM LA PA
<b>LAXATIVES</b>			LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
constulose SOLN 10gm/15ml	Tier 2		loperamide hcl CAPS 2mg	Tier 2	
enulose SOLN 10gm/15ml	Tier 2		misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
gavilyte-c	Tier 1		MOVANTIK TABS 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
gavilyte-g (generic of GOLYTELY)	Tier 1		MOVANTIK TABS 25mg QL (30 tabs / 30 days)	Tier 2	QL
gavilyte-n/flavorpack (generic of NULYTELY)	Tier 1		RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 2	PA
generlac SOLN 10gm/15ml	Tier 2		sucralfate (generic of CARAFATE) TABS 1gm	Tier 2	
GOLYTELY SOL	Tier 2		TRULANCE TABS 3mg QL (30 tabs / 30 days)	Tier 3	QL
lactulose SOLN 10gm/15ml	Tier 2		ursodiol CAPS 300mg	Tier 2	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 2		ursodiol (generic of URSO 250) TABS 250mg	Tier 3	
NULYTELY SOL LMN/LIME	Tier 2		ursodiol (generic of URSO FORTE) TABS 500mg	Tier 3	
peg 3350-kcl-na bicarb-nad-Tier 1 na sulfate for soln 236 gm (generic of GOLYTELY)			XIFAXAN TABS 550mg	Tier 2	PA
peg 3350-kcl-sod bicarb- nacl for soln 420 gm (generic of NULYTELY)	Tier 1		<b>PANCREATIC ENZYMEs</b>		
PLENUV SOL	Tier 3		CREON CAP 3000UNIT	Tier 2	
SUPREP BOWEL SOL PREP KIT	Tier 3		CREON CAP 6000UNIT	Tier 2	
trilyte (generic of NULYTELY)	Tier 1		CREON CAP 12000UNT	Tier 2	
			CREON CAP 24000UNT	Tier 2	
			CREON CAP 36000UNT	Tier 2	
			ZENPEP CAP 3000UNIT	Tier 3	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits			
ZENPEP CAP 5000UNIT	Tier 3		<i>potassium citrate</i>	Tier 3				
ZENPEP CAP 10000UNT	Tier 3		( <i>alkalinizer</i> ) (generic of UROCIT-K 5) TBCR 540mg					
ZENPEP CAP 15000UNT	Tier 3		<i>potassium citrate</i>	Tier 3				
ZENPEP CAP 20000UNT	Tier 3		( <i>alkalinizer</i> ) (generic of UROCIT-K 10) TBCR					
ZENPEP CAP 25000	Tier 3		1080mg					
ZENPEP CAP 40000	Tier 3							
<b>PROTON PUMP INHIBITORS</b>								
DEXILANT CPDR 30mg, 60mg	Tier 3	QL						
QL (30 caps / 30 days)								
<i>esomeprazole magnesium</i>	Tier 3	QL ST	<i>oxybutynin chloride</i>	Tier 2				
(generic of NEXIUM) CPDR			5mg/5ml; TABS 5mg					
20mg, 40mg			<i>oxybutynin chloride</i> (generic Tier 2 of DITROPAN XL) TB24		QL			
QL (30 caps / 30 days)			5mg					
<i>lansoprazole</i> (generic of PREVACID) CPDR 15mg, 30mg	Tier 2	QL	QL (30 tabs / 30 days)					
QL (60 caps / 30 days)			<i>oxybutynin chloride</i> (generic Tier 2 of DITROPAN XL) TB24		QL			
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1		10mg					
QL (60 tabs / 30 days)			<i>oxybutynin chloride</i> TB24	Tier 2	QL			
<i>pantoprazole sodium</i>	Tier 3		15mg					
(generic of PROTONIX) SOLR 40mg			QL (60 tabs / 30 days)					
<i>pantoprazole sodium</i>	Tier 1		<i>solifenacine succinate</i>	Tier 2	QL			
(generic of PROTONIX) TBEC 20mg, 40mg			(generic of VESICARE) TABS 5mg, 10mg					
QL (60 tabs / 30 days)			QL (30 tabs / 30 days)					
<b>GENITOURINARY</b>								
<b>BENIGN PROSTATIC HYPERPLASIA</b>								
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	Tier 1	QL	<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	Tier 3	QL ST			
QL (30 tabs / 30 days)			QL (30 caps / 30 days)					
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	Tier 2	QL	<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	Tier 3	QL ST			
QL (30 caps / 30 days)			QL (60 tabs / 30 days)					
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1		<i>TOVIAZ</i> TB24 4mg, 8mg	Tier 2	QL			
QL (30 tabs / 30 days)			QL (30 tabs / 30 days)					
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	Tier 1		<i>trospium chloride</i> TABS	Tier 2	QL			
QL (30 tabs / 30 days)			20mg					
<b>MISCELLANEOUS</b>								
<i>acetic acid</i> SOLN .25%	Tier 1		QL (60 tabs / 30 days)					
<i>bethanechol chloride</i> TABS	Tier 2		<b>VAGINAL ANTI-INFECTIVES</b>					
5mg, 10mg, 25mg, 50mg			<i>clindamycin phosphate</i>	Tier 2				
<i>potassium citrate</i>	Tier 3		<i>vaginal</i> (generic of CLEOCIN) CREA 2%					
( <i>alkalinizer</i> ) (generic of UROCIT-K 15) TBCR			<i>metronidazole vaginal</i> GEL	Tier 2				
15meq			.75%					

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	Tier 2		<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>vandazole</i> GEL .75%	Tier 2		<i>XARELTO</i> TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
<b>HEMATOLOGIC ANTICOAGULANTS</b>					
<i>ELIQUIS</i> TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	<i>XARELTO</i> TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>ELIQUIS</i> TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL	<i>XARELTO</i> STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
<i>ELIQUIS</i> STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 2	QL			
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	Tier 3				
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 3				
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1				
<i>HEP SOD/NACL INJ</i> 25000UNT	Tier 2		<i>ZARXIO</i> SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D			
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	Tier 2				
<i>heparin sodium (porcine)- dextrose iv sol</i> 20000 unit/500ml-5%	Tier 2		<i>MISCELLANEOUS</i>		
<i>heparin sodium (porcine)- dextrose iv sol</i> 25000 unit/500ml-5%	Tier 2		<i>anagrelide hcl</i> CAPS 1mg (generic of AGRYLIN) CAPS .5mg	Tier 3	
<i>HEPARIN/NACL INJ</i> 25000UNT	Tier 2		<i>BERINERT</i> KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM LA PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
<i>PRADAXA</i> CAPS 75mg, 110mg, 150mg QL (60 caps / 30 days)	Tier 3	QL	<i>DOPTELET</i> TABS 20mg <i>DROXIA</i> CAPS 200mg, 300mg, 400mg	Tier 2	NM LA PA
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Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 2	QL NM LA PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	Tier 2	QL NM PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA	HUMIRA PSKT 40mg/0.4ml QL (6 injections / 28 days)	Tier 2	QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA	HUMIRA PSKT 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml</i>	Tier 3		HUMIRA PEDIA INJ CROHNS	Tier 2	NM PA
<i>tranexamic acid (generic of LYSTEDA) TABS 650mg</i>	Tier 2		HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 2	NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>			HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 3		HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
BRILINTA TABS 60mg, 90mg	Tier 3		HUMIRA PEN KIT PS/UV	Tier 2	NM PA
<i>clopidogrel bisulfate (generic of PLAVIX) TABS 75mg</i>	Tier 1		HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Tier 2	NM PA
<i>dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older</i>	Tier 2	PA	HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 2	NM PA
<i>prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg</i>	Tier 2		HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 2	NM PA
<b>IMMUNOLOGIC AGENTS</b>			RINVOQ TB24 15mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<b>AUTOIMMUNE AGENTS</b>			SKYRIZI PSKT 75mg/0.83ml QL (7 kits / year)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	Tier 2	QL NM PA	SKYRIZI SOSY 150mg/ml QL (7 syringes / year)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA	SKYRIZI PEN SOAJ 150mg/ml QL (7 pens / year)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA	STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM LA PA
ENBREL MINI SOCT 50mg/ml QL (8 injections / 28 days)	Tier 2	QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 injections / 28 days)	Tier 2	QL NM PA			

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 2	QL NM LA PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
XELJANZ SOLN 1mg/ml QL (240 mL / 24 days)	Tier 2	QL 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	Tier 2	NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>					
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	Tier 2		<b>IMMUNOMODULATORS</b>		
leflunomide (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 2	NM LA PA
methotrexate sodium TABS Tier 2 2.5mg	Tier 2		ARCALYST SOLR 220mg	Tier 2	NM PA
XATMEP SOLN 2.5mg/ml	Tier 3	B/D	INTRON A SOLN 10mu/ml, Tier 2 6000000unit/ml; SOLR 10mu, 18mu, 50mu	B/D NM	
<b>IMMUNOGLOBULINS</b>					
BIVIGAM SOLN 5gm/50ml	Tier 2	NM PA	<b>IMMUNOSUPPRESSANTS</b>		
FLEBOGAMMA DIF SOLN Tier 2 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	NM PA	azathioprine (generic of IMURAN) TABS 50mg	Tier 2	B/D	
GAMASTAN INJ Tier 3	B/D NM	BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	Tier 2	NM PA	
GAMMAGARD LIQUID Tier 2 SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM PA	cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM	
GAMMAGARD S/D IGA Tier 2 LESS TH SOLR 5gm, 10gm	NM PA	cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM	
GAMMAKED SOLN Tier 2 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	NM PA	cyclosporine modified (for microemulsion) CAPS 50mg	Tier 3	B/D NM	
GAMMAPLEX SOLN Tier 2 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	NM PA	everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg	Tier 1	B/D NM	
<b>PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D   LA - Limited Access</b>					

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM	MENACTRA INJ	Tier 3	
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM	MENQUADFI INJ	Tier 3	
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM	MENVEO INJ	Tier 3	
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM	PEDIARIX INJ 0.5ML	Tier 2	
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM	PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 2	
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NM	PENTACEL INJ	Tier 3	
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml; TABS 2mg	Tier 1	B/D NM	PROQUAD INJ	Tier 2	
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 3	B/D NM	QUADRACEL INJ	Tier 2	
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM	RABAVERT INJ	Tier 3	B/D
ZORTRESS TABS 1mg	Tier 2	B/D NM	RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	Tier 2	B/D
<b>VACCINES</b>					
ACTHIB INJ	Tier 2		ROTARIX SUS	Tier 2	
ADACEL INJ	Tier 2		ROTATEQ SOL	Tier 2	
BCG VACCINE INJ	Tier 3		SHINGRIX SUSR 50mcg/0.5ml	Tier 2	QL
BEXSERO INJ	Tier 3		QL (2 vials per lifetime)		
BOOSTRIX INJ	Tier 2		TDVAX INJ 2-2 LF	Tier 2	B/D
DAPTACEL INJ	Tier 2		TENIVAC INJ 5-2LF	Tier 2	B/D
DIP/TET PED INJ 25-5LFU	Tier 2	B/D	TRUMENBA INJ	Tier 3	
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	Tier 2	B/D	TWINRIX INJ	Tier 3	
GARDASIL 9 INJ	Tier 3		TYPHIM VI SOLN 25mcg/0.5ml	Tier 3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 2		VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 2	
HIBERIX SOLR 10mcg	Tier 2		VARIVAX INJ 1350pfu/0.5ml	Tier 3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	Tier 3	B/D	YF-VAX INJ	Tier 3	
INFANRIX INJ	Tier 2		ZOSTAVAX SUSR 19400unt/0.65ml	Tier 3	QL
IPOL INJ INACTIVE	Tier 2		QL (1 vial per lifetime)		
IXIARO INJ	Tier 3		<b>NUTRITIONAL/SUPPLEMENTS</b>		
KINRIX INJ	Tier 2		<b>ELECTROLYTES/MINERALS, INJECTABLE</b>		
M-M-R II INJ	Tier 2		D2.5W/NACL INJ 0.45%	Tier 2	
<i>chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)</i>					
<i>dextrose 5% in lactated ringers</i>					

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
dextrose 5% w/ sodium chloride 0.2%	Tier 2	magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	Tier 2
dextrose 5% w/ sodium chloride 0.9%	Tier 2	MG SO4/D5W INJ 10MG/ML	Tier 2
dextrose 5% w/ sodium chloride 0.45%	Tier 2	PLASMA-LYTE INJ -148	Tier 3
dextrose 10% w/ sodium chloride 0.45%	Tier 2	PLASMA-LYTE INJ -A	Tier 3
ISOLYTE-P INJ /D5W	Tier 3	POT CHL/NACL INJ 20MEQ/L	Tier 2
ISOLYTE-S INJ	Tier 3	POT CHL/NACL INJ 40MEQ/L	Tier 2
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 2	potassium chloride SOLN 2meq/ml	Tier 2
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 2	POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 2	potassium chloride 20 meq/Tier 2 (0.15%) in dextrose 5% inj	Tier 2
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 2	sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 2
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	Tier 2	TPN ELECTROL INJ Tier 3 B/D	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 2	<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 2	klor-con PACK 20meq Tier 3	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	klor-con 8 TBCR 8meq Tier 1	
KCL/D5W/NACL INJ 0.15/0.2	Tier 3	klor-con 10 TBCR 10meq Tier 1	
lactated ringer's solution	Tier 2	klor-con m10 TBCR 10meq Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	klor-con m15 TBCR 15meq Tier 1	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	klor-con m20 TBCR 20meq Tier 1	
magnesium sulfate SOLN 50%	Tier 2	M-NATAL PLUS TAB Tier 2	
		PNV FOLIC AC TAB + IRON Tier 2	
		potassium chloride CPCR 8meq, 10meq Tier 2	
		potassium chloride PACK 20meq; SOLN 10%, 20% Tier 3	
		potassium chloride TBCR 8meq, 10meq Tier 1	
		potassium chloride (generic of K-TAB) TBCR 20meq Tier 1	
		potassium chloride microencapsulated crystals er TBCR 10meq, 20meq Tier 1	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
PRENATAL TAB 27-1MG	Tier 2		sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
PRENATAL TAB PLUS	Tier 2		TOBRADEX OIN 0.3-0.1%	Tier 2	
PRENATAL VIT TAB LOW	Tier 2		TOBRADEX ST SUS 0.3-0.05	Tier 2	
IRON			tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)	Tier 3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1		ZYLET SUS 0.5-0.3%	Tier 2	
TRICARE TAB PRENATAL	Tier 2				
<b>IV NUTRITION</b>					
AMINOSYN-PF INJ 7%	Tier 3	B/D	bacitracin (ophthalmic) OINT 500unit/gm	Tier 2	
CLINIMIX INJ 4.25/D5W	Tier 3	B/D	bacitracin-polymyxin b ophth oint	Tier 1	
CLINIMIX INJ 4.25/D10	Tier 3	B/D	BESIVANCE SUSP .6%	Tier 2	
CLINIMIX INJ 5%/D15W	Tier 3	B/D	CILOXAN OINT .3%	Tier 2	
CLINIMIX INJ 5%/D20W	Tier 3	B/D	ciprofloxacin hcl (ophth) SOLN .3% (generic of CILOXAN)	Tier 1	
CLINIMIX INJ 6/5	Tier 3	B/D	erythromycin (ophth) OINT 5mg/gm	Tier 1	
CLINIMIX INJ 8/10	Tier 3	B/D	gentak OINT .3%	Tier 2	
CLINIMIX INJ 8/14	Tier 3	B/D	gentamicin sulfate (ophth) SOLN .3%	Tier 1	
clinisol sf 15%	Tier 3	B/D	moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%	Tier 2	
CLINOLIPID EMU 20%	Tier 3	B/D	NATACYN SUSP 5%	Tier 3	
dextrose SOLN 5%, 10%	Tier 2		neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2	
dextrose SOLN 50%, 70%	Tier 2	B/D	neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unit-mg/ml	Tier 2	
FREAMINE HBC INJ 6.9%	Tier 3	B/D	ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	Tier 1	
FREAMINE III INJ 10%	Tier 3	B/D	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	Tier 1	
hepatamine	Tier 3	B/D	sulfacetamide sodium (ophth) OINT 10%	Tier 2	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D	sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN 10%	Tier 2	
NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D	tobramycin (ophth) (generic of TOBREX) SOLN .3%	Tier 1	
plenamine	Tier 3	B/D			
PREMASOL SOL 10%	Tier 3	B/D			
PROCALAMINE INJ 3%	Tier 3	B/D			
PROSOL INJ 20%	Tier 3	B/D			
TRAVASOL INJ 10%	Tier 3	B/D			
TROPHAMINE INJ 10%	Tier 3	B/D			
<b>OPHTHALMIC</b>					
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>					
bacitracin-polymyxin-	Tier 2				
neomycin-hc ophth oint 1%					
BLEPHAMIDE OIN S.O.P.	Tier 3				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 1				

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
trifluridine SOLN 1%	Tier 3		<i>brimonidine tartrate</i> SOLN .2%	Tier 1	
ZIRGAN GEL .15%	Tier 3		<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	Tier 3	
<b>ANTI-INFLAMMATORIES</b>					
ALREX SUSP .2%	Tier 2		<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	Tier 2	
BROMSITE SOLN .075%	Tier 3		<i>carteolol hcl</i> (ophth) SOLN 1%	Tier 1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	Tier 2		COMBIGAN SOLN 0.2/0.5%	Tier 2	
<i>diclofenac sodium (ophth)</i> SOLN .1%	Tier 1		<i>dorzolamide hcl</i> (generic of TRUSOPT) SOLN 2%	Tier 1	
DUREZOL EMUL .05%	Tier 2		<i>dorzolamide hcl-timolol maleate</i> ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	Tier 1	
FLAREX SUSP .1%	Tier 3		<i>latanoprost</i> (generic of XALATAN) SOLN .005%	Tier 1	
<i>fluorometholone (ophth)</i> SUSP .1%	Tier 2		<i>levobunolol hcl</i> SOLN .5%	Tier 1	
<i>flurbiprofen sodium</i> SOLN .03%	Tier 2		LUMIGAN SOLN .01%	Tier 2	
ILEVRO SUSP .3%	Tier 2		PHOSPHOLINE IODIDE SOLR .125%	Tier 3	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) SOLN .4%	Tier 2		<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%	Tier 2	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) SOLN .5%	Tier 1		RHOPRESSA SOLN .02%	Tier 2	
LOTEMAX OINT .5%	Tier 2		SIMBRINZA SUS 1-0.2%	Tier 2	
<i>prednisolone acetate</i> (ophth) (generic of PRED FORTE) SUSP 1%	Tier 2		<i>timolol maleate</i> (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5%	Tier 3	
PREDNISOLONE SODIUM	Tier 2		<i>timolol maleate</i> (ophth) (generic of TIMOPTIC) SOLN .25%, .5%	Tier 1	
PHOSP SOLN 1%			<i>timolol maleate</i> (ophth) once-daily (generic of ISTALOL) SOLN .5%	Tier 3	
PROLENSA SOLN .07%	Tier 2		VYZULTA SOLN .024%	Tier 3	
<b>ANTIALLERGICS</b>					
<i>azelastine hcl</i> (ophth) SOLN .05%	Tier 2		<b>MISCELLANEOUS</b>		
BEPREVE SOLN 1.5%	Tier 2		ATROPINE SULFATE SOLN 1%	Tier 2	
<i>cromolyn sodium</i> (ophth) SOLN 4%	Tier 1		CYSTADROPS SOLN .37%	Tier 2	NM LA PA
LASTACAFT SOLN .25%	Tier 3		CYSTARAN SOLN .44%	Tier 2	NM LA PA
<i>olopatadine hcl</i> SOLN .2%	Tier 2		<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 2	
PAZEO SOLN .7%	Tier 2		RESTASIS EMUL .05%	Tier 2	
ZERVIATE SOLN .24%	Tier 3		RESTASIS MULTIDOSE EMUL .05%	Tier 2	
<b>ANTIGLAUCOMA</b>					
ALPHAGAN P SOLN .1%	Tier 2				
AZOPT SUSP 1%	Tier 2				
<i>betaxolol hcl</i> (ophth) SOLN .5%	Tier 2				
BETOPTIC-S SUSP .25%	Tier 2				

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
XIIDRA SOLN 5%	Tier 2	
<b>RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5- 25		
	QL (60 blisters / 30 days)	
BEVESPI AER 9-4.8MCG	Tier 2	QL
	QL (1 inhaler / 30 days)	
BREZTRI AERO AER SPHERE	Tier 2	QL
	QL (1 inhaler / 30 days)	
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL
	QL (4 inhalers / 28 days)	
COMBIVENT AER 20-100	Tier 3	QL
	QL (2 inhalers / 30 days)	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL
	QL (60 blisters / 30 days)	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL
	QL (60 blisters / 30 days)	
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act	Tier 3	QL
	QL (2 inhalers / 30 days)	
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 2	QL
	QL (30 blisters / 30 days)	
ipratropium bromide SOLN .02%	Tier 1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 2	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<b>ANTIHISTAMINES</b>		
azelastine hcl SOLN .1%, .15%	Tier 2	
cetirizine hcl SOLN 1mg/ml	Tier 1	
cypheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 2	PA
	PA if 70 years and older	
diphenhydramine hcl SOLN 50mg/ml	Tier 2	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 3	PA
	PA if 70 years and older	
hydroxyzine hcl SYRP 10mg/5ml	Tier 2	PA
	PA if 70 years and older	
hydroxyzine hcl TABS 10mg, 25mg, 50mg	Tier 1	PA
	PA if 70 years and older	
hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg	Tier 1	PA
	PA if 70 years and older	
levocetirizine dihydrochloride TABS 5mg	Tier 1	
<b>BETA AGONISTS</b>		
albuterol sulfate AERS 108mcg/act	Tier 2	QL
	QL (2 inhalers / 30 days)	
	(generic of Ventolin HFA)	
albuterol sulfate (generic of PROAIR HFA) AERS 108mcg/act	Tier 2	QL
	QL (2 inhalers / 30 days)	
	(generic of Proair HFA)	
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D
albuterol sulfate NEBU .083%	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml	Tier 1	
albuterol sulfate TABS 2mg, 4mg	Tier 3	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL	<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL	ESBRIET CAPS 267mg QL (270 caps / 30 days)	Tier 2	QL NM PA
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3		ESBRIET TABS 267mg QL (270 tabs / 30 days)	Tier 2	QL NM PA
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL	ESBRIET TABS 801mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL	FASENRA SOSY 30mg/ml	Tier 2	NM LA PA
<b>LEUKOTRIENE MODULATORS</b>			FASENRA PEN SOAJ 30mg/ml	Tier 2	NM LA PA
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1		KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 2	QL NM PA
<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3		KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2		OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
<b>MISCELLANEOUS</b>			ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 2	QL NM PA
<i>acetylcysteine</i> SOLN 10%, Tier 2 20%	B/D		ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 2	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM LA PA	ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D	ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
DALIRESP TABS 250mcg, Tier 3 500mcg			PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Tier 2	NM LA PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2		PULMOZYME SOLN 1mg/ml	Tier 2	NM PA
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2		SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
			SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM LA PA
			SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 3	

Drug Name	Drug Requirements/ Tier	Limits
<i>theophylline</i> TB12 300mg, 450mg	Tier 3	
<i>theophylline</i> TB24 400mg, 600mg	Tier 2	
TRIKAFTA TAB QL (84 tabs / 28 days)	Tier 2	QL NM LA PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 2	NM LA PA
ZEMAIRA SOLR 1000mg	Tier 2	NM LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025%	Tier 2	QL
QL (3 bottles / 30 days)		
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> Tier 3 (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	B/D	
FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	Tier 3	QL

Drug Name	Drug Requirements/ Tier	Limits
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 Tier 2 QL (60 blisters / 30 days)	QL	
BREO ELLIPTA INH 200-25 Tier 2 QL (60 blisters / 30 days)	QL	
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	Tier 2	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	Tier 2	QL
<b>TOPICAL DERMATOLOGY, ACNE</b>		
accutane CAPS 20mg, 30mg, 40mg	Tier 3	PA
amnesteem CAPS 10mg, 20mg, 40mg	Tier 3	PA
avita (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	Tier 3	QL PA
avita GEL .025% QL (45 gm / 30 days)	Tier 3	QL PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)</i>	Tier 2	QL	<i>ketoconazole (topical) CREA 2% QL (60 gm / 30 days)</i>	Tier 2	QL
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)</i>	Tier 2	QL	<i>nyamyc POWD 100000unit/gm QL (60 gm / 30 days)</i>	Tier 2	QL
<i>clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)</i>	Tier 2	QL	<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)</i>	Tier 2	QL
<i>erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)</i>	Tier 2	QL	<i>nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)</i>	Tier 2	QL
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA	<i>nystop POWD 100000unit/gm QL (60 gm / 30 days)</i>	Tier 2	QL
<i>myorisan CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA	<b>DERMATOLOGY, ANTIPOSIATICS</b>		
<i>sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%</i>	Tier 3		<i>acitretin (generic of SORIATANE) CAPS 10mg, 25mg</i>	Tier 3	PA
<i>tretinoin (generic of RETIN- A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)</i>	Tier 3	QL PA	<i>acitretin CAPS 17.5mg</i>	Tier 3	PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA	<i>calcipotriene (generic of DOVONEX) CREA .005% QL (120 gm / 30 days)</i>	Tier 3	QL PA
<b>DERMATOLOGY, ANTIBIOTICS</b>			<i>calcipotriene OINT .005% QL (120 gm / 30 days)</i>	Tier 3	QL PA
<i>gentamicin sulfate (topical) CREA .1% QL (30 gm / 30 days)</i>	Tier 3	QL	<i>calcipotriene SOLN .005% QL (120 mL / 30 days)</i>	Tier 3	QL PA
<i>gentamicin sulfate (topical) OINT .1%</i>	Tier 2		<i>calcitrene OINT .005% QL (120 gm / 30 days)</i>	Tier 3	QL PA
<i>mupirocin OINT 2% QL (220 gm / 30 days)</i>	Tier 1	QL	<i>tazarotene (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)</i>	Tier 2	QL PA
<i>silver sulfadiazine (generic of SILVADENE) CREA 1%</i>	Tier 1		<i>TAZORAC CREA .05% QL (60 gm / 30 days)</i>	Tier 3	QL PA
<i>ssd (generic of SILVADENE) CREA 1%</i>	Tier 1		<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>SULFAMYLYON CREA 85mg/gm</i>	Tier 3		<i>ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)</i>	Tier 1	QL
<b>DERMATOLOGY, ANTIFUNGALS</b>			<i>selenium sulfide LOTN 2.5%</i>	Tier 1	
<i>clotrimazole (topical) CREA Tier 2 1% QL (45 gm / 30 days)</i>	Tier 2	QL	<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>clotrimazole w/ betamethasone cream 1- .05% QL (45 gm / 30 days)</i>	Tier 2	QL	<i>ala-cort CREA 1%, 2.5% Tier 1</i>		
			<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	Tier 2	
			<i>betamethasone dipropionate (topical) CREA .05%; LOTN .05%</i>	Tier 2	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
<i>betamethasone dipropionate</i> Tier 3 <i>(topical)</i> OINT .05%			<i>fluocinonide emulsified base</i> Tier 2 CREA .05% QL (120 gm / 30 days)		QL
<i>betamethasone dipropionate</i> Tier 2 <i>augmented</i> (generic of DIPROLENE AF) CREA .05%			<i>fluticasone propionate</i> Tier 2 CREA .05%; OINT .005%		
<i>betamethasone dipropionate</i> Tier 3 <i>augmented</i> GEL .05%; LOTN .05%			<i>halobetasol propionate</i> Tier 3 CREA .05%; OINT .05% QL (50 gm / 30 days)		QL
<i>betamethasone dipropionate</i> Tier 3 <i>augmented</i> (generic of DIPROLENE) OINT .05%			<i>hydrocortisone (topical)</i> Tier 1 CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%		
<i>betamethasone valerate</i> Tier 2 CREA .1%; LOTN .1%; OINT .1%			<i>mometasone furoate</i> CREA Tier 2 .1%; OINT .1%; SOLN .1%		
<i>clobetasol propionate</i> Tier 2 (generic of TEMOVATE) CREA .05%; OINT .05% QL (60 gm / 30 days)			<i>triamcinolone acetonide</i> Tier 1 <i>(topical)</i> CREA .1% QL (454 gm / 30 days)		QL
<i>clobetasol propionate</i> GEL Tier 3 .05% QL (60 gm / 30 days)			<i>triamcinolone acetonide</i> Tier 1 <i>(topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%		
<i>clobetasol propionate</i> Tier 2 SOLN .05% QL (50 mL / 30 days)			<i>triamcinolone acetonide</i> Tier 2 <i>(topical)</i> LOTN .025%, .1%		
<i>clobetasol propionate e</i> Tier 2 CREA .05% QL (60 gm / 30 days)			<i>triderm</i> CREA .5% Tier 1		
<i>ENSTILAR AER</i> Tier 3 QL (120 gm / 30 days)			<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>fluocinolone acetonide</i> Tier 2 CREA .01%			<i>glydo</i> PRSY 2% Tier 2 QL (60 mL / 30 days)		QL PA
<i>fluocinolone acetonide</i> Tier 2 (generic of SYNALAR) CREA .025%; OINT .025%			<i>lidocaine</i> OINT 5% Tier 3 QL (50 gm / 30 days)		QL PA
<i>fluocinolone acetonide</i> Tier 3 (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)			<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)		QL PA
<i>fluocinonide</i> CREA .05% Tier 2 QL (120 gm / 30 days)			<i>lidocaine hcl</i> GEL 2% Tier 2 QL (30 mL / 30 days)		QL PA
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)			<i>lidocaine hcl</i> SOLN 4% Tier 2 QL (50 mL / 30 days)		QL PA
<i>fluocinonide</i> SOLN .05% Tier 2 QL (60 mL / 30 days)			<i>lidocaine-prilocaine cream</i> Tier 2 2.5-2.5% QL (30 gm / 30 days)		QL PA
			<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
			<i>diclofenac sodium (topical)</i> Tier 2 (generic of VOLTAREN) GEL 1% QL (1000 gm / 30 days)		QL PA
			<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)		QL

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL	<i>permethrin (generic of ELIMITE)</i> CREA 5%	Tier 2	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2		<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>imiquimod (generic of ALDARA)</i> CREA 5% QL (24 packets / 30 days)	Tier 2	QL	<i>REGRANEX GEL .01%</i> QL (30 gm / 30 days)	Tier 2	QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%	Tier 1		<i>SANTYL OINT 250unit/gm</i>	Tier 3	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	Tier 2		<i>sodium chloride (gu irrigant)</i> Tier 2 SOLN .9%		
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	Tier 3		<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<i>metronidazole (topical)</i> GEL .75%	Tier 2		<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>PICATO GEL .05%</i> QL (2 tubes / 30 days)	Tier 3	QL	<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>PICATO GEL .015%</i> QL (3 tubes / 30 days)	Tier 3	QL	<i>clotrimazole TROC 10mg</i> QL (150 lozenges / 30 days)	Tier 3	QL
<i>podofilox</i> SOLN .5%	Tier 2		<i>lidocaine hcl (mouth-throat)</i> Tier 1 SOLN 2%		
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2		<i>nystatin (mouth-throat)</i> Tier 2 SUSP 100000unit/ml		
<i>procto-pak (generic of PROCTOCORT)</i> CREA 1%	Tier 2		<i>paroex (generic of PERIDEX)</i> SOLN .12%	Tier 1	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2		<i>periogard (generic of PERIDEX)</i> SOLN .12%	Tier 1	
<i>protozozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2		<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 3	
<i>RECTIV OINT .4%</i> QL (30 gm / 30 days)	Tier 3	QL	<i>triamcinolone acetonide (mouth)</i> PSTE .1%	Tier 2	
<i>rosadan (generic of METROCREAM)</i> CREA .75%	Tier 3		<b>OTIC</b>		
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL	<i>acetic acid (otic)</i> SOLN 2%	Tier 2	
<i>TARGETIN GEL 1%</i> QL (60 gm / 30 days)	Tier 2	QL NM PA	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% (generic of CIPRODEX)	Tier 2	
<i>VALCHLOR GEL .016%</i> QL (60 gm / 30 days)	Tier 2	QL NM LA PA	<i>neomycin-polymyxin-hc otic</i> Tier 2 soln 1%		
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>			<i>neomycin-polymyxin-hc otic</i> Tier 2 susp 3.5 mg/ml-10000 unit/ml-1%		
<i>malathion</i> LOTN .5%	Tier 3		<i>ofloxacin (otic)</i> SOLN .3%	Tier 3	

**Index**

<b>A</b>	
abacavir sulfate.....	6
abacavir sulfate-lamivudine tab 600-300 mg.....	7
abacavir sulfate- lamivudine-zidovudine tab 300-150-300 mg .....	7
ABELCET .....	5
ABILIFY see aripiprazole.....	27
ABILIFY MAINTENA .....	27
abiraterone acetate.....	10
acamprosate calcium .....	32
acarbose .....	33
ACCOLATE see zafirlukast .....	53
ACCUPRIL see quinapril hcl.....	15
ACCURETIC see quinapril- hydrochlorothiazide tab 10-12.5 mg .....	14
see quinapril- hydrochlorothiazide tab 20-12.5 mg .....	14
see quinapril- hydrochlorothiazide tab 20-25 mg.....	14
accutane.....	54
acebutolol hcl.....	18
acetaminophen w/ codeine soln 120-12 mg/5ml .....	2
acetaminophen w/ codeine tab 300-15 mg.....	2
acetaminophen w/ codeine tab 300-30 mg.....	2
acetaminophen w/ codeine tab 300-60 mg.....	2
acetazolamide.....	19
acetic acid .....	44
acetic acid (otic).....	57
acetylcysteine .....	53
acitretin.....	55
ACTHIB INJ .....	48
ACTIMMUNE .....	47
ACTIQ see fentanyl citrate.....	2
ACTIVELLA	
see amabelz .....	38
see estradiol & norethindrone acetate tab 1-0.5 mg.....	39
see lopreeza .....	39
see mimvey .....	39
ACTOS	
see pioglitazone hcl ....	34
ACULAR	
see ketorolac tromethamine (ophth) .....	51
ACULAR LS	
see ketorolac tromethamine (ophth) .....	51
acyclovir.....	7
acyclovir sodium .....	7
ADACEL INJ .....	48
ADDERALL see amphetamine- dextroamphetamine tab 10 mg .....	29
see amphetamine- dextroamphetamine tab 12.5 mg .....	29
see amphetamine- dextroamphetamine tab 15 mg .....	29
see amphetamine- dextroamphetamine tab 20 mg .....	29
see amphetamine- dextroamphetamine tab 30 mg .....	29
see amphetamine- dextroamphetamine tab 5 mg .....	29
see amphetamine- dextroamphetamine tab 7.5 mg .....	29
adefovir dipivoxil .....	7
ADEMPAS.....	20
ADRENALIN.....	19
ADVAIR DISKU AER 100/50 .....	54
ADVAIR DISKU AER 500/50 .....	54
ADVAIR HFA AER 115/21 .....	54
ADVAIR HFA AER 230/21 .....	54
ADVAIR HFA AER 45/21	54
AFINITOR .....	11
see everolimus .....	12
AFINITOR DISPERZ.....	11
afirmelle .....	36
AGRYLIN see anagrelide hcl .....	45
AIMOVIG.....	30
ala-cort .....	55
albendazole .....	3
ALBENZA see albendazole .....	3
albuterol sulfate .....	52
ALCAINE see proparacaine hcl ...	51
alclometasone dipropionate .....	55
ALDACTAZIDE see spironolactone & hydrochlorothiazide tab 25-25 mg .....	19
ALDACTONE see spironolactone .....	15
ALDARA see imiquimod.....	57
ALECENSA.....	11
alendronate sodium.....	35
alfuzosin hcl .....	44
ALINIA.....	3
see nitazoxanide.....	4
aliskiren fumarate .....	19
allopurinol.....	1
alosetron hcl .....	43
ALPHAGAN P.....	51
see brimonidine tartrate .....	51
alprazolam .....	20
ALREX .....	51
ALTACE	

see <i>ramipril</i> .....15	<i>amlodipine besylate-</i>	<i>amphetamine-</i>
<i>altavera</i> .....36	<i>valsartan tab 5-160 mg</i> 15	<i>dextroamphetamine tab</i>
<i>ALUNBRIG</i> .....11	<i>amlodipine besylate-</i>	7.5 mg .....29
<i>ALUNBRIG PAK</i> .....11	<i>valsartan tab 5-320 mg</i> 15	<i>amphotericin b</i> .....5
<i>alyacen 1/35</i> .....36	<i>amnesteem</i> .....54	<i>ampicillin</i> .....9
<i>alyacen 7/7/7</i> .....36	<i>amoxapine</i> .....24	<i>ampicillin &amp; sulbactam</i>
<i>amabelz</i> .....38	<i>amoxicillin</i> .....9	sodium for inj 1.5 (1-0.5)
<i>amantadine hcl</i> .....26	<i>amoxicillin &amp; k clavulanate</i>	gm.....9
<i>AMARYL</i>	chew tab 200-28.5 mg ..9	<i>ampicillin &amp; sulbactam</i>
see <i>glimepiride</i> .....33	<i>amoxicillin &amp; k clavulanate</i>	sodium for inj 3 (2-1) gm
<i>AMBIEN</i>	chew tab 400-57 mg ....9	.....9
see <i>zolpidem tartrate</i> ...30	<i>amoxicillin &amp; k clavulanate</i>	<i>ampicillin &amp; sulbactam</i>
<i>AMBISOME</i> .....5	for susp 200-28.5 mg/5ml	sodium for iv soln 1.5 (1-
<i>ambrisentan</i> .....20	.....9	0.5) gm .....9
<i>amikacin sulfate</i> .....3	<i>amoxicillin &amp; k clavulanate</i>	<i>ampicillin &amp; sulbactam</i>
<i>amiloride &amp;</i>	for susp 250-62.5 mg/5ml	sodium for iv soln 15 (10-
<i>hydrochlorothiazide tab</i>	.....9	5) gm .....10
5-50 mg .....19	<i>amoxicillin &amp; k clavulanate</i>	<i>ampicillin &amp; sulbactam</i>
<i>amiloride hcl</i> .....19	for susp 400-57 mg/5ml 9	sodium for iv soln 3 (2-1)
<i>AMINOSYN-PF INJ 7%</i> ...50	<i>amoxicillin &amp; k clavulanate</i>	gm.....9
<i>amiodarone hcl</i> .....16	for susp 600-42.9 mg/5ml	<i>ampicillin sodium</i> .....10
<i>amitriptyline hcl</i> .....24	.....9	<i>AMPYRA</i>
<i>amlodipine besylate</i> .....18	<i>amoxicillin &amp; k clavulanate</i>	see <i>dalfampridine</i> .....31
<i>amlodipine besylate-</i>	tab 250-125 mg .....9	<i>ANAFRANIL</i>
<i>benazepril hcl cap 10-20</i>	<i>amoxicillin &amp; k clavulanate</i>	see <i>clomipramine hcl</i> ...24
mg.....14	tab 500-125 mg .....9	<i>anagrelide hcl</i> .....45
<i>amlodipine besylate-</i>	<i>amoxicillin &amp; k clavulanate</i>	<i>anastrozole</i> .....11
<i>benazepril hcl cap 10-40</i>	tab 875-125 mg .....9	<i>ANCOBON</i>
mg.....14	<i>amphetamine-</i>	see <i>flucytosine</i> .....5
<i>amlodipine besylate-</i>	<i>dextroamphetamine tab</i>	<i>ANDRODERM</i> .....32
<i>benazepril hcl cap 2.5-10</i>	10 mg .....29	<i>ANDROGEL</i>
mg.....14	<i>amphetamine-</i>	see <i>testosterone</i> .....33
<i>amlodipine besylate-</i>	<i>dextroamphetamine tab</i>	<i>ANORO ELLIPT AER 62.5-</i>
<i>benazepril hcl cap 5-10</i>	12.5 mg .....29	25.....52
mg.....14	<i>amphetamine-</i>	<i>ANUSOL-HC</i>
<i>amlodipine besylate-</i>	<i>dextroamphetamine tab</i>	see <i>hydrocortisone</i>
<i>benazepril hcl cap 5-20</i>	15 mg .....29	(rectal) .....57
mg.....14	<i>amphetamine-</i>	see <i>procto-med hc</i> .....57
<i>amlodipine besylate-</i>	<i>dextroamphetamine tab</i>	see <i>proctosol hc</i> .....57
<i>benazepril hcl cap 5-40</i>	20 mg .....29	see <i>protozone-hc</i> .....57
mg.....14	<i>amphetamine-</i>	<i>APOKYN</i> .....26
<i>amlodipine besylate-</i>	<i>dextroamphetamine tab</i>	<i>aprepitant</i> .....41, 42
<i>valsartan tab 10-160 mg</i>	30 mg .....29	<i>aprepitant capsule therapy</i>
.....15	<i>amphetamine-</i>	<i>pack 80 &amp; 125 mg</i> .....42
<i>amlodipine besylate-</i>	<i>dextroamphetamine tab 5</i>	<i>apri</i> .....36
<i>valsartan tab 10-320 mg</i>	mg .....29	<i>APRISO</i>
.....15	<i>see mesalamine</i> .....42	
		<i>APTIOM</i> .....21

APTIVUS.....	6	see <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	9	see <i>sulfasalazine</i> .....	43
ARALAST NP.....	53	<i>azurette</i> .....	36		
aranelle.....	36				
ARAVA		<b>B</b>			
see <i>leflunomide</i> .....	47	<i>bacitracin (ophthalmic)</i> .....	50		
ARCALYST .....	47	<i>bacitracin-polymyxin b ophth oint</i> .....	50		
ARICEPT		<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	50		
see <i>donepezil hydrochloride</i> .....	24	<i>baclofen</i> .....	32		
ARIMIDEX		<b>BACTRIM</b>			
see <i>anastrozole</i> .....	11	see <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	4		
aripiprazole .....	27				
ARISTADA .....	27				
ARISTADA INITIO .....	27	<b>BACTRIM DS</b>			
ARIXTRA		see <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	5		
see <i>fondaparinux sodium</i> .....	45	<i>balsalazide disodium</i> .....	42		
armodafinil.....	32	<b>BALVERSA</b> .....	11		
ARNUITY ELLIPTA .....	54	<i>balziva</i> .....	36		
AROMASIN		<b>BANZEL</b> .....	21		
see <i>exemestane</i> .....	11	see <i>rufinamide</i> .....	23		
asenapine maleate .....	27				
aspirin-dipyridamole cap er		<b>BARACLUDE</b> .....	7		
12hr 25-200 mg.....	46	see <i>entecavir</i> .....	7		
atazanavir sulfate .....	6				
atenolol.....	18	<b>BASAGLAR KWIKPEN</b> .....	35		
atenolol & chlorthalidone		<b>BCG VACCINE INJ</b> .....	48		
tab 100-25 mg.....	17	<b>BD ALCOHOL SWABS</b> .....	35		
atenolol & chlorthalidone		<i>bekyree</i> .....	36		
tab 50-25 mg .....	17	<b>BELSOMRA</b> .....	30		
ATIVAN		<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	14		
see <i>lorazepam</i> .....	20, 21				
atomoxetine hcl.....	29	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	14		
atorvastatin calcium.....	17				
atovaquone .....	3				
atovaquone-proguanil hcl		<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	14		
tab 250-100 mg.....	5				
atovaquone-proguanil hcl		<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	14		
tab 62.5-25 mg.....	5				
ATRIPLA		<i>benazepril hcl</i> .....	14		
see <i>efavirenz- emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	7				
ATROPINE SULFATE .....	51				
ATROVENT HFA .....	52				
aubra eq .....	36				
AUGMENTIN					
		<b>BENICAR</b> .....			
		see <i>olmesartan medoxomil</i> .....	16		
		<b>BENICAR HCT</b>			

see <i>olmesartan</i>	<i>bisoprolol &amp; hydrochlorothiazide tab</i>	<i>buprenorphine hcl-naloxone hcl sl film</i>
<i>medoxomil-hydrochlorothiazide tab</i>	2.5-6.25 mg .....	12-3
20-12.5 mg .....	17	<i>mg (base equiv)</i> .....
see <i>olmesartan</i>	<i>bisoprolol &amp; hydrochlorothiazide tab</i>	<i>buprenorphine hcl-naloxone hcl sl film</i>
<i>medoxomil-hydrochlorothiazide tab</i>	5-6.25 mg .....	2-0.5
40-12.5 mg .....	17	<i>mg (base equiv)</i> .....
see <i>olmesartan</i>	<i>bisoprolol fumarate</i>	<i>buprenorphine hcl-naloxone hcl sl film</i>
<i>medoxomil-hydrochlorothiazide tab</i>	18	4-1
40-25 mg.....	47	<i>mg (base equiv)</i> .....
BENLYSTA .....	BLEPH-10	<i>buprenorphine hcl-naloxone hcl sl film</i>
benztropine mesylate .....	<i>see sulfacetamide sodium (ophth)</i>	8-2
BEPREVE .....	50	<i>mg (base equiv)</i> .....
BERINERT .....	BLEPHAMIDE OIN S.O.P.	<i>buprenorphine hcl-naloxone hcl sl tab</i>
BESIVANCE .....	50	2-0.5
betamethasone	<i>blisovi fe 1.5/30</i>	<i>mg (base equiv)</i> .....
<i>dipropionate (topical)</i> ..55,		32
56		
betamethasone	<i>BONIVA</i>	<i>buprenorphine hcl-naloxone hcl sl tab</i>
<i>dipropionate augmented</i>	<i>see ibandronate sodium</i>	8-2
.....	36	<i>mg (base equiv)</i> .....
betamethasone valerate..56	BOOSTRIX INJ	32
BETAPACE	<i>bosentan</i>	<i>bupropion hcl</i> .....
<i>see sorine</i> .....	20	24
<i>see sotalol hcl</i> .....	BOSULIF	<i>bupropion hcl (smoking deterrent)</i> .....
BETAPACE AF	<i>BRAFTOVI</i>	32
<i>see sotalol hcl (afib/afl)</i> 17	BREO ELLIPTA INH 100-	<i>buspirone hcl</i> .....
BETASERON.....	25	20
54	BREO ELLIPTA INH 200-	BYDUREON BCISE .....
betaxolol hcl (ophth) .....	25	33
bethanechol chloride .....	BREZTRI AERO AER	BYDUREON PEN .....
BETOPTIC-S .....	SPHERE	33
BEVESPI AER 9-4.8MCG	<i>SPHERE</i>	BYSTOLIC .....
.....	<i>(INSTITUTIONAL PACK)</i>	18
bexarotene .....	52	<b>C</b>
32	<i>briellyn</i>	<i>cabergoline</i> .....
BEXSERO INJ .....	46	40
BIAXIN XL	<i>BRILINTA</i>	<i>CABOMETYX</i> .....
<i>see clarithromycin</i> .....	51	12
9	<i>brimonidine tartrate</i>	<i>CAFERGOT</i>
bicalutamide.....	51	<i>see ergotamine w/ caffeine tab 1-100 mg</i>
11	<i>brinzolamide</i>	.....
BICILLIN L-A .....	21	30
10	<i>BRIVIACT</i>	<i>CALAN SR</i>
BIKTARVY TAB .....	26	<i>see verapamil hcl</i> .....
7	<i>bromocriptine mesylate</i> ..	19
BILTRICIDE	51	<i>calcipotriene</i> .....
<i>see praziquantel</i> .....	11	55
4	<i>BROMSITE</i>	<i>calcitonin (salmon)</i> .....
bisoprolol &	<i>BRUKINSA</i>	36
<i>hydrochlorothiazide tab</i>	42	<i>calcitrene</i> .....
10-6.25 mg .....	<i>budesonide</i>	55
17	<i>budesonide (inhalation)</i> ..	41
	54	<i>calcium acetate (phosphate binder)</i> .....
	19	41
	<i>BUMEX</i>	<i>CALQUENCE</i> .....
	<i>see bumetanide</i> .....	12
	19	<i>camila</i> .....
	<i>BUPHENYL</i>	36
	<i>see sodium phenylbutyrate</i> ..	<i>CANASA</i>
	40	<i>see mesalamine</i> .....
	<i>buprenorphine hcl</i> .....	43
	32	<i>CANCIDAS</i>
		<i>see caspofungin acetate</i>
		.....
		5

CAPLYTA .....	27	see <i>cartia xt</i> .....	18	see <i>mycophenolate mofetil</i> .....
CAPRELSA .....	12	see <i>diltiazem hcl coated beads</i> .....	18	48
CARAFATE		CARDURA		CELONTIN .....
<i>see sucralfate</i> .....	43	<i>see doxazosin mesylate</i>		<i>cephalexin</i> .....
CARBAGLU .....	40	.....	15	8
<i>carbamazepine</i> .....	21	CARNITOR		CERDELGA .....
CARBATROL		<i>see levocarnitine (metabolic modifiers)</i>		<i>cetirizine hcl</i> .....
<i>see carbamazepine</i> .....	21	.....	40	52
<i>carbidopa &amp; levodopa orally disintegrating tab</i> 10-100 mg .....	26	carteolol hcl (ophth) .....	51	CHANTIX .....
<i>carbidopa &amp; levodopa orally disintegrating tab</i> 25-100 mg .....	26	cartia xt .....	18	32
<i>carbidopa &amp; levodopa orally disintegrating tab</i> 25-250 mg .....	26	carvedilol .....	18	CHANTIX CONTINUING MONTH .....
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	26	CASODEX		32
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	26	<i>see bicalutamide</i> .....	11	<i>chateal</i> .....
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	26	caspofungin acetate .....	5	36
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	26	CATAPRES-TTS-1		CHEMET .....
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	26	<i>see clonidine</i> .....	19	<i>chlorhexidine gluconate (mouth-throat)</i> .....
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg .....	26	CATAPRES-TTS-2		57
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg .....	26	<i>see clonidine</i> .....	19	<i>chloroquine phosphate</i> .....
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg .....	26	CATAPRES-TTS-3		5
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg .....	26	<i>see clonidine</i> .....	19	<i>chlorpromazine hcl</i> .....
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg .....	26	CAYSTON .....	3	27
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg .....	26	caziant .....	36	<i>chlorthalidone</i> .....
CARDIZEM		cefaclor .....	8	19
<i>see diltiazem hcl</i> .....	18	cefadroxil .....	8	<i>cholestyramine</i> .....
CARDIZEM CD		CEFAZOLIN INJ		17
		1GM/50ML .....	8	<i>cholestyramine light</i> .....
		cefazolin sodium .....	8	17
		CEFAZOLIN SOLN		<i>cilostazol</i> .....
		2GM/100ML-4% .....	8	45
		cefdinir .....	8	CILOXAN .....
		cefepime hcl .....	8	50
		cefixime .....	8	<i>see ciprofloxacin hcl</i> .....
		cefoxitin sodium .....	8	50
		cefpodoxime proxetil .....	8	(ophth) .....
		ceprozil .....	8	50
		ceftazidime .....	8	CIMDUO TAB 300-300 .....
		ceftriaxone sodium .....	8	7
		cefuroxime axetil .....	8	<i>cinacalcet hcl</i> .....
		cefuroxime sodium .....	8	40
		CELEBREX		CIPRO
		<i>see celecoxib</i> .....	1	<i>see ciprofloxacin hcl</i> .....
		celecoxib .....	1	9
		CELEXA		CIPRODEX
		<i>see citalopram hydrobromide</i>		<i>see ciprofloxacin-</i>
		.....		<i>dexamethasone otic susp</i>
		CELLCEPT		0.3-0.1% .....
				57
				<i>ciprofloxacin 200 mg/100ml in d5w</i> .....
				9
				<i>ciprofloxacin 400 mg/200ml in d5w</i> .....
				9
				<i>ciprofloxacin hcl</i> .....
				9
				<i>ciprofloxacin hcl (ophth)</i> .....
				50
				<i>ciprofloxacin-</i>
				<i>dexamethasone otic susp 0.3-0.1%</i> .....
				57
				<i>citalopram hydrobromide</i> .....
				24
				<i>claravis</i> .....
				54
				<i>clarithromycin</i> .....
				9
				CLEOCIN
				<i>see clindamycin hcl</i> .....
				3
				<i>see clindamycin phosphate vaginal</i> ....
				44

CLEOCIN PEDIATRIC GRANULE see <i>clindamycin</i> <i>palmitate hydrochloride</i> .....3	<i>clomipramine hcl</i> .....24 <i>clonazepam</i> .....21 <i>clonidine</i> .....19 <i>clonidine hcl</i> .....19 <i>clopidoget bisulfate</i> .....46 <i>clorazepate dipotassium</i> . 21 <i>clotrimazole</i> .....57 <i>clotrimazole (topical)</i> .....55 <i>clotrimazole w/</i> <i>betamethasone cream 1-</i> <i>0.05%</i> .....55 <i>clovique</i> .....36 <i>clozapine</i> .....27	<i>COMPLERA TAB</i> .....7 <i>compro</i> .....42 <b>COMTAN</b> see <i>entacapone</i> .....26 <i>constulose</i> .....43
CLEOCIN PHOSPHATE see <i>clindamycin</i> <i>phosphate</i> .....3	<i>clotrimazole (topical)</i> .....55 <i>clotrimazole w/</i> <i>betamethasone cream 1-</i> <i>0.05%</i> .....55 <i>clovique</i> .....36 <i>clozapine</i> .....27	<b>COPAXONE</b> see <i>glatiramer acetate</i> .31 see <i>glatopa</i> .....31, 32 <b>COPIKTRA</b> .....12
CLEOCIN-T see <i>clindamycin</i> <i>phosphate (topical)</i> ..55	<b>COREG</b> see <i>carvedilol</i> .....18	
CLIMARA see <i>estradiol</i> .....39	<b>CORLANOR</b> .....19	
<i>clindamycin hcl</i> .....3	<b>CORTEF</b> see <i>hydrocortisone</i> .....39	
<i>clindamycin palmitate</i> <i>hydrochloride</i> .....3	<b>CORTENEMA</b> see <i>hydrocortisone</i> <i>(intrarectal)</i> .....42	
<i>clindamycin phosphate</i> ....3	<b>COSOPT</b> see <i>dorzolamide hcl-</i> <i>timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i> .51	
<i>clindamycin phosphate</i> <i>(topical)</i> .....55	<b>COTELLIC</b> .....12	
<i>clindamycin phosphate in</i> <i>d5w iv soln 300 mg/50ml</i> .....3	<b>COZAAR</b> see <i>losartan potassium</i> .....16	
<i>clindamycin phosphate in</i> <i>d5w iv soln 600 mg/50ml</i> .....3	<b>CREON CAP 12000UNT</b> 43	
<i>clindamycin phosphate in</i> <i>d5w iv soln 900 mg/50ml</i> .....3	<b>CREON CAP 24000UNT</b> 43	
<i>clindamycin phosphate</i> <i>vaginal</i> .....44	<b>CREON CAP 3000UNIT</b> .43	
CLINDMYC/NAC INJ 300/50ML .....3	<b>CREON CAP 36000UNT</b> 43	
CLINDMYC/NAC INJ 600/50ML .....3	<b>CREON CAP 6000UNIT</b> .43	
CLINDMYC/NAC INJ 900/50ML .....3	<b>CRESTOR</b> see <i>rosuvastatin calcium</i> .....17	
CLINIMIX INJ 4.25/D10...50	<b>CRIXIVAN</b> .....6	
CLINIMIX INJ 4.25/D5W .50	<i>cromolyn sodium</i> .....53	
CLINIMIX INJ 5%/D15W .50	<i>cromolyn sodium</i> <i>(mastocytosis)</i> .....43	
CLINIMIX INJ 5%/D20W .50	<i>cromolyn sodium (ophth)</i> 51	
CLINIMIX INJ 6/5.....50	<i>cryselle-28</i> .....36	
CLINIMIX INJ 8/10.....50	<b>CUBICIN</b> see <i>daptomycin</i> .....4	
CLINIMIX INJ 8/14.....50	<i>cyclafem 1/35</i> .....36	
<i>clinisol sf 15%</i> .....50	<i>cyclafem 7/7/7</i> .....36	
CLINOLIPID EMU 20% ...50	<i>cyclobenzaprine hcl</i> .....32	
<i>clobazam</i> .....21	<i>cyclophosphamide</i> .....10	
<i>clobetasol propionate</i> ....56	<b>CYCLOPHOSPHAMIDE</b> .10	
<i>clobetasol propionate e</i> ...56	<i>cycloserine</i> .....7	

<i>cyclosporine</i> .....47	DELZICOL see <i>mesalamine</i> ..... 43	<i>dexamethasone sodium phosphate (ophth)</i> .....51
<i>cyclosporine modified (for microemulsion)</i> .....47	DEM SER see <i>metyrosine</i> ..... 20	DEXILANT .....44
CYKLOKAPRON see <i>tranexamic acid</i> .....46	DEPAKOTE see <i>divalproex sodium</i> 21	<i>dexamethylphenidate hcl</i> ..29
CYMBALTA see <i>duloxetine hcl</i> .....25	DEPAKOTE ER see <i>divalproex sodium</i> 21	<i>dextrose</i> .....50
<i>cyproheptadine hcl</i> .....52	DEPAKOTE SPRINKLES see <i>divalproex sodium</i> 21	<i>dextrose 10% w/ sodium chloride 0.45%</i> .....49
<i>cyred eq</i> .....36	DEPEN TITRATABS see <i>penicillamine</i> ..... 36	<i>dextrose 2.5% w/ sodium chloride 0.45%</i> .....48
CYSTADANE POW .....40	DEPO-MEDROL see <i>methylprednisolone acetate</i> ..... 39	DEXTROSE 2.5%/NACL 0.45% see <i>dextrose 2.5% w/ sodium chloride 0.45%</i> .....48
CYSTADROPS .....51	DEPO-PROVERA CONTRACEPTIV see <i>medroxyprogesterone acetate (contraceptive)</i> ..... 37	<i>dextrose 5% in lactated ringers</i> .....48
CYSTAGON .....40	DEPO-TESTOSTERONE see <i>testosterone cypionate</i> ..... 33	<i>dextrose 5% w/ sodium chloride 0.2%</i> .....49
CYSTARAN .....51	DESCOVY TAB 200/25MG ..... 7	<i>dextrose 5% w/ sodium chloride 0.45%</i> .....49
CYTOMEL see <i>liothyronine sodium</i> .....41	<i>desipramine hcl</i> .....25	<i>dextrose 5% w/ sodium chloride 0.9%</i> .....49
CYTOTEC see <i>misoprostol</i> .....43	<i>desmopressin acetate</i> .... 40	DIACOMIT .....21
<b>D</b>	<i>desmopressin acetate</i> <i>spray</i> ..... 40	<i>diazepam</i> .....21
D.H.E. 45 see <i>dihydroergotamine mesylate</i> .....30	<i>desogestrel eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(2 1/5)</i> ..... 36	<i>diazepam (anticonvulsant)</i> .....21
D10W/NACL INJ 0.2% ....48	<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> ..... 36	<i>diazepam inj</i> .....21
D2.5W/NACL INJ 0.45% .48	<i>desvenlafaxine succinate</i> 25	<i>diazoxide</i> .....40
D5W/LYTES INJ #48.....48	DETROL see <i>tolterodine tartrate</i> 44	<i>diclofenac potassium</i> .....1
D5W/NACL INJ 0.3% .....48	DETROL LA see <i>tolterodine tartrate</i> 44	<i>diclofenac sodium</i> .....1
<i>dalfampridine</i> .....31	<i>dexamethasone</i> ..... 39	<i>diclofenac sodium (ophth)</i> .....51
DALIRESP .....53	DEXAMETHASONE INTENSOL..... 39	<i>diclofenac sodium (topical)</i> .....56
<i>danazol</i> .....38	<i>dexamethasone sodium phosphate</i> ..... 39	<i>dicloxacillin sodium</i> .....10
DANTRIUM see <i>dantrolene sodium</i> 32	DIFLUCAN see <i>fluconazole</i> .....5	
<i>dantrolene sodium</i> .....32	diflunisal .....1	
<i>dapsone</i> .....4	digitek .....19	
DAPTACEL INJ .....48	digox .....19	
<i>daptomycin</i> .....4	digoxin .....19	
DAPTOMYCIN.....4	<i>dihydroergotamine mesylate</i> .....30	
see <i>daptomycin</i> .....4	DILANTIN .....21	
<i>dasetta 1/35</i> .....36	see <i>phenytoin sodium extended</i> .....23	
<i>dasetta 7/7/7</i> .....36	DILANTIN INFATABS .....21	
DAURISMO.....12		
DDAVP see <i>desmopressin acetate</i> .....40		
<i>deblitane</i> .....36		
<i>deferasirox</i> .....36		
DELESTROGEN.....38		
see <i>estradiol valerate</i> ..39		
DELSTRIGO TAB.....7		

<p>see <i>phenytoin</i> ..... 23</p> <p>DILANTIN-125 ..... 21</p> <p>  see <i>phenytoin</i> ..... 23</p> <p>DILAUDID</p> <p>  see <i>hydromorphone hcl</i> 2</p> <p>diltiazem hcl ..... 18</p> <p>diltiazem hcl coated beads</p> <p>  ..... 18</p> <p>diltiazem hcl extended release beads ..... 18</p> <p>dilt-xr ..... 18</p> <p>DIOVAN</p> <p>  see <i>valsartan</i> ..... 16</p> <p>DIOVAN HCT</p> <p>  see <i>valsartan-</i></p> <p>    <i>hydrochlorothiazide tab 160-12.5 mg</i> ..... 16</p> <p>  see <i>valsartan-</i></p> <p>    <i>hydrochlorothiazide tab 160-25 mg</i> ..... 16</p> <p>  see <i>valsartan-</i></p> <p>    <i>hydrochlorothiazide tab 320-12.5 mg</i> ..... 16</p> <p>  see <i>valsartan-</i></p> <p>    <i>hydrochlorothiazide tab 320-25 mg</i> ..... 16</p> <p>  see <i>valsartan-</i></p> <p>    <i>hydrochlorothiazide tab 80-12.5 mg</i> ..... 16</p> <p>DIP/TET PED INJ 25-5LFU</p> <p>  ..... 48</p> <p>diphenhydramine hcl ..... 52</p> <p>diphenoxylate w/ atropine</p> <p>  <liq 2.5-0.025="" 5ml<="" liq="" mg=""> ..... 43</liq></p> <p>diphenoxylate w/ atropine</p> <p>  tab 2.5-0.025 mg ..... 43</p> <p>DIPROLENE</p> <p>  see <i>betamethasone dipropionate augmented</i> ..... 56</p> <p>DIPROLENE AF</p> <p>  see <i>betamethasone dipropionate augmented</i> ..... 56</p> <p>dipyridamole ..... 46</p> <p>disopyramide phosphate ..... 16</p> <p>disulfiram ..... 32</p> <p>DITROPAN XL</p>	<p>see <i>oxybutynin chloride</i></p> <p>  ..... 44</p> <p>divalproex sodium ..... 21</p> <p>dofetilide ..... 16</p> <p>donepezil hydrochloride .. 24</p> <p>DOPTELET ..... 45</p> <p>dorzolamide hcl ..... 51</p> <p>dorzolamide hcl-timolol</p> <p>  <i>maleate ophth soln 22.3-6.8 mg/ml</i> ..... 51</p> <p>dotti ..... 38</p> <p>DOVATO TAB 50-300MG 7</p> <p>DOVONEX</p> <p>  see <i>calcipotriene</i> ..... 55</p> <p>doxazosin mesylate ..... 15</p> <p>doxepin hcl ..... 25</p> <p>doxepin hcl (sleep) ..... 30</p> <p>doxy 100 ..... 10</p> <p>doxycycline (monohydrate)</p> <p>  ..... 10</p> <p>doxycycline hyclate ..... 10</p> <p>DRIZALMA SPRINKLE ..... 25</p> <p>dronabinol ..... 42</p> <p>drospirenone-ethinyl</p> <p>  estradiol tab 3-0.02 mg 36</p> <p>drospirenone-ethinyl</p> <p>  estradiol tab 3-0.03 mg 36</p> <p>DROXIA ..... 45</p> <p>droxidopa ..... 19, 20</p> <p> duloxetine hcl ..... 25</p> <p>DURAGESIC</p> <p>  see <i>fentanyl</i> ..... 1</p> <p>DUREZOL ..... 51</p> <p>dutasteride ..... 44</p> <p><b>E</b></p> <p>EC-NAPROSYN</p> <p>  see <i>ec-naproxen</i> ..... 1</p> <p>  see <i>naproxen</i> ..... 1</p> <p>ec-naproxen ..... 1</p> <p>EDURANT ..... 6</p> <p>efavirenz ..... 6</p> <p>efavirenz-emtricitabine-</p> <p>  <i>tenofovir df tab 600-200-300 mg</i> ..... 7</p> <p>efavirenz-lamivudine-</p> <p>  <i>tenofovir df tab 400-300-300 mg</i> ..... 7</p>	<p>efavirenz-lamivudine-</p> <p>  <i>tenofovir df tab 600-300-300 mg</i> ..... 7</p> <p>EFFEXOR XR</p> <p>  see <i>venlafaxine hcl</i> ..... 26</p> <p>EFFIENT</p> <p>  see <i>prasugrel hcl</i> ..... 46</p> <p>EFUDEX</p> <p>  see <i>fluorouracil (topical)</i></p> <p>  ..... 56</p> <p>ELIMITE</p> <p>  see <i>permethrin</i> ..... 57</p> <p>elinet ..... 37</p> <p>ELIQUIS ..... 45</p> <p>ELIQUIS STARTER PACK</p> <p>  ..... 45</p> <p>ELLA ..... 37</p> <p>EMCYT ..... 11</p> <p>EMEND ..... 42</p> <p>  see <i>aprepitant</i> ..... 42</p> <p>emoquette ..... 37</p> <p>EMSAM ..... 25</p> <p>emtricitabine ..... 6</p> <p>emtricitabine-tenofovir</p> <p>  <i>disoproxil fumarate tab 100-150 mg</i> ..... 7</p> <p>emtricitabine-tenofovir</p> <p>  <i>disoproxil fumarate tab 133-200 mg</i> ..... 7</p> <p>emtricitabine-tenofovir</p> <p>  <i>disoproxil fumarate tab 167-250 mg</i> ..... 7</p> <p>emtricitabine-tenofovir</p> <p>  <i>disoproxil fumarate tab 200-300 mg</i> ..... 7</p> <p>EMTRIVA ..... 6</p> <p>  see <i>emtricitabine</i> ..... 6</p> <p>EMVERM ..... 4</p> <p>enalapril maleate ..... 14</p> <p>enalapril maleate &amp;</p> <p>  <i>hydrochlorothiazide tab 10-25 mg</i> ..... 14</p> <p>enalapril maleate &amp;</p> <p>  <i>hydrochlorothiazide tab 5-12.5 mg</i> ..... 14</p> <p>ENBREL ..... 46</p> <p>ENBREL MINI ..... 46</p> <p>ENBREL SURECLICK .... 46</p>
--	--	---

ENDARI.....	45	errin.....	37	see amlodipine besylate-																																										
endocet tab 10-325mg .....	2	ertapenem sodium.....	4	valsartan tab 10-160																																										
endocet tab 2.5-325mg .....	2	ery-tab .....	9	mg.....																																										
endocet tab 5-325mg .....	2	ERYTHROCIN		15																																										
endocet tab 7.5-325mg .....	2	LACTOBIONATE .....	9	see amlodipine besylate-																																										
ENGERIX-B .....	48	erythrocin stearate .....	9	valsartan tab 10-320																																										
exoxaparin sodium .....	45	erythromycin (acne aid) ..	55	mg.....																																										
enpresse-28.....	37	erythromycin (ophth).....	50	15																																										
enskyce.....	37	erythromycin base .....	9	see amlodipine besylate-																																										
ENSTILAR AER .....	56	erythromycin ethylsuccinate		valsartan tab 5-160 mg																																										
entacapone .....	26	.....	9	.....																																										
entecavir.....	7	ESBRIET .....	53	15																																										
ENTOCORT EC		escitalopram oxalate.....	25	ezetimibe.....																																										
see budesonide.....	42	esomeprazole magnesium		17																																										
ENTRESTO TAB 24-26MG		.....	44	F																																										
.....	15	estarryla .....	37	falmina.....																																										
ENTRESTO TAB 49-51MG		ESTRACE		37																																										
.....	15	see estradiol .....	39	famciclovir.....																																										
ENTRESTO TAB 97-		see estradiol vaginal ..	39	famotidine .....																																										
103MG .....	15	estradiol.....	39	42																																										
enulose.....	43	estradiol & norethindrone		famotidine in nacl 0.9% iv																																										
EPCLUSA TAB 200-50MG		acetate tab 0.5-0.1 mg	39	soln 20 mg/50ml .....																																										
.....	8	estradiol & norethindrone		42																																										
EPCLUSA TAB 400-100 ...	8	acetate tab 1-0.5 mg...	39	FANAPT .....																																										
EPIDIOLEX .....	21	estradiol vaginal .....	39	FANAPT PAK .....																																										
epinephrine (anaphylaxis)		estradiol valerate.....	39	FARESTON																																										
.....	53	ESTROSTEP FE																																												
EPIPEN 2-PAK		see tilia fe .....	38	see toremifene citrate..																																										
see epinephrine		see tri-legest fe.....	38	11																																										
(anaphylaxis) .....	53	ethambutol hcl.....	7	FARXIGA .....																																										
EPIPEN-JR 2-PAK		ethosuximide .....	22	FARYDAK .....																																										
see epinephrine		ethynodiol diacetate &		FASENRA .....																																										
(anaphylaxis) .....	53	ethinyl estradiol tab 1		53																																										
epitol.....	22	mg-35 mcg.....	37	FASENRA PEN .....																																										
EPIVIR		ethynodiol diacetate &		53																																										
see lamivudine .....	6	ethinyl estradiol tab 1		felbamate .....																																										
EPIVIR HBV .....	8	mg-50 mcg.....	37	22																																										
see lamivudine (hbv).....	8	euthyrox.....	41	FELBATOL																																										
ezplerenone .....	15	everolimus .....	12	EPZICOM		everolimus		see felbamate .....	see abacavir sulfate-		(immunosuppressant) .	47	22	lamivudine tab 600-		EVISTA		felodipine.....	300 mg.....	7	see raloxifene hcl .....	40	18	ergotamine w/ caffeine tab		EVOTAZ TAB 300-150 ....	7	1-100 mg .....	30	EXELON		FEMARA	ERIVEDGE .....	12	see rivastigmine .....	24	ERLEADA .....	11	exemestane.....	11	see letrozole.....	erlotinib hcl.....	12	EXFORGE		11
EPZICOM		everolimus		see felbamate .....																																										
see abacavir sulfate-		(immunosuppressant) .	47	22																																										
lamivudine tab 600-		EVISTA		felodipine.....																																										
300 mg.....	7	see raloxifene hcl .....	40	18																																										
ergotamine w/ caffeine tab		EVOTAZ TAB 300-150 ....	7	1-100 mg .....	30	EXELON		FEMARA	ERIVEDGE .....	12	see rivastigmine .....	24	ERLEADA .....	11	exemestane.....	11	see letrozole.....	erlotinib hcl.....	12	EXFORGE		11																								
1-100 mg .....	30	EXELON		FEMARA																																										
ERIVEDGE .....	12	see rivastigmine .....	24	ERLEADA .....	11	exemestane.....	11	see letrozole.....	erlotinib hcl.....	12	EXFORGE		11																																	
ERLEADA .....	11	exemestane.....	11	see letrozole.....																																										
erlotinib hcl.....	12	EXFORGE		11																																										

FIASP FLEX INJ TOUCH35	FORTEO.....	36	generlac .....	43
FIASP INJ 100/ML .....	FOSAMAX		genengraf.....	48
FIASP PENFIL INJ U-100	see <i>alendronate sodium</i>		GENOTROPIN .....	40
.....	.....	35	GENOTROPIN MINIQUICK	
<i>finasteride</i> .....	<i>fosamprenavir calcium</i> .....	6	.....	40
FINTEPLA .....	<i>fosinopril sodium</i> .....	14	gentak .....	50
FIRAZYR	<i>fosinopril sodium &amp;</i>		<i>gentamicin in saline inj 0.8</i>	
see <i>icatibant acetate</i> ....	<i>hydrochlorothiazide tab</i>		<i>mg/ml</i> .....	4
FLAGYL	10-12.5 mg .....	14	<i>gentamicin in saline inj 1</i>	
see <i>metronidazole</i> .....	<i>fosinopril sodium &amp;</i>		<i>mg/ml</i> .....	4
FLAREX .....	<i>hydrochlorothiazide tab</i>		<i>gentamicin in saline inj 1.2</i>	
FLEBOGAMMA DIF .....	20-12.5 mg .....	14	<i>mg/ml</i> .....	4
flecainide acetate.....	FOTIVDA.....	12	<i>gentamicin in saline inj 1.6</i>	
FLOMAX	FREAMINE HBC INJ 6.9%		<i>mg/ml</i> .....	4
see <i>tamsulosin hcl</i> .....	.....	50	<i>gentamicin in saline inj 2</i>	
FLOVENT DISKUS.....	FREAMINE III INJ 10% ..	50	<i>mg/ml</i> .....	4
FLOVENT HFA .....	<i>furosemide</i> .....	19	<i>gentamicin sulfate</i> .....	4
fluconazole.....	<i>furosemide inj</i> .....	19	<i>gentamicin sulfate (ophth)</i>	
fluconazole <i>in nacl 0.9% inj</i>	FUZEON.....	6	.....	50
200 mg/100ml .....	<i>fyavolv tab 0.5mg-2.5mcg</i>		<i>gentamicin sulfate (topical)</i>	
fluconazole <i>in nacl 0.9% inj</i>	.....	39	.....	55
400 mg/200ml .....	<i>fyavolv tab 1mg-5mcg</i> ..	39	GENVOYA TAB.....	7
flucytosine .....	FYCOMPA.....	22	GEODON	
fludrocortisone acetate....	<b>G</b>		see <i>ziprasidone hcl</i> .....	29
flunisolide (nasal).....	<i>gabapentin</i> .....	22	see <i>ziprasidone mesylate</i>	
fluocinolone acetonide....	GABITRIL		.....	29
fluocinonide.....	see <i>tiagabine hcl</i> .....	23	<i>gianvi</i> .....	37
fluocinonide emulsified	<i>galantamine hydrobromide</i>		GILENYA .....	31
base.....	.....	24	GILOTrif .....	12
fluorometholone (ophth) ..	GAMASTAN INJ .....	47	<i>glatiramer acetate</i> .....	31
fluorouracil (topical) ..	GAMMAGARD LIQUID...	47	<i>glatopa</i> .....	31, 32
fluoxetine hcl.....	GAMMAGARD S/D IGA		GLEEVEC	
fluphenazine decanoate ..	LESS TH.....	47	see <i>imatinib mesylate</i> ..	12
fluphenazine hcl.....	GAMMAKED.....	47	glimepiride .....	33
flurbiprofen .....	GAMMAPLEX .....	47	glipizide .....	33
flurbiprofen sodium.....	GAMUNEX-C.....	47	glipizide xl .....	33
flutamide.....	<i>ganciclovir sodium</i> .....	8	glipizide-metformin <i>hcl tab</i>	
fluticasone propionate ..	GARDASIL 9 INJ .....	48	2.5-250 mg .....	33
fluticasone propionate	GASTROCROM		glipizide-metformin <i>hcl tab</i>	
(nasal).....	see <i>cromolyn sodium</i>		2.5-500 mg .....	33
fluvoxamine maleate .....	( <i>mastocytosis</i> ) .....	43	glipizide-metformin <i>hcl tab</i>	
FOCALIN	GATTEX .....	43	5-500 mg .....	33
see <i>dexmethylphenidate</i>	GAUZE PADS 2.....	35	GLUCOTROL XL	
hcl.....	<i>gavilyte-c</i> .....	43	see <i>glipizide</i> .....	33
fondaparinux sodium .....	<i>gavilyte-g</i> .....	43	see <i>glipizide xl</i> .....	33
FORTAZ	<i>gavilyte-n/flavor pack</i> .....	43	glycopyrrolate .....	42
see <i>ceftazidime</i> .....	GAVRETO.....	12	glydo.....	56
see <i>tazicef</i> .....	gemfibrozil.....	17		

GLYXAMBI TAB 10-5 MG .....	33	<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> ..... 45	<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....2
GLYXAMBI TAB 25-5 MG .....	33	<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> ..... 45	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....2
GOLYTELY		HEPARIN/NACL INJ	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....2
<i>see gavilyte-g</i> .....43		25000UNT ..... 45	<i>hydrocortisone</i> .....39
<i>see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....43		<i>hepatamine</i> .....50	<i>hydrocortisone (intrarectal)</i> .....42
GOLYTELY SOL.....43		HEPSERA	<i>hydrocortisone (rectal)</i> ....57
granisetron hcl .....	42	<i>see adefovir dipivoxil</i> .... 7	<i>hydrocortisone (topical)</i> ....56
griseofulvin microsize .....	5	HETLIOZ ..... 30	<i>hydromorphone hcl</i> .....2
griseofulvin ultramicrosize.5		HIBERIX ..... 48	<i>hydroxychloroquine sulfate</i> .....47
guanfacine hcl.....20		HIPREX	<i>hydroxyurea</i> .....11
guanfacine hcl (adhd).....30		<i>see methenamine hippurate</i> ..... 4	<i>hydroxyzine hcl</i> .....52
GVOKE HYPOOPEN 2- PACK .....	40	HUMATIN	<i>hydroxyzine pamoate</i> .....52
GVOKE PFS .....	40	<i>see paromomycin sulfate</i> ..... 4	HYSINGLA ER .....1
<b>H</b>		HUMIRA	<i>see hydrocodone bitartrate</i> .....1
HAEGARDA.....45		<i>see losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....15	
hailey 1.5/30.....37		HUMIRA PEDIA INJ	<i>see losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....15
HALDOL		CROHNS ..... 46	<i>see losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....15
<i>see haloperidol lactate</i> .28		HUMIRA PEDIATRIC	
HALDOL DECANOATE		<i>see CROHNS D</i> ..... 46	
100		HUMIRA PEN..... 46	
<i>see haloperidol decanoate</i> .....28		<i>see HUMIRA PEN KIT PS/UV</i> ..... 46	
HALDOL DECANOATE 50		HUMIRA PEN-CD/UC/HS	
<i>see haloperidol decanoate</i> .....27		<i>START</i> ..... 46	
halobetasol propionate....56		HUMIRA PEN-PEDIATRIC	
haloperidol.....27		<i>UC S</i> ..... 46	
haloperidol decanoate....27, 28		HUMIRA PEN-PS/UV	
haloperidol lactate .....28		<i>STARTER</i> ..... 46	
HARVONI PAK 33.75- 150MG .....	8	HUMULIN R U-500	
HARVONI PAK 45-200MG		<i>(CONCENTR</i> ..... 35	
.....8		HUMULIN R U-500	
HARVONI TAB 45-200MG8		<i>KWIKPEN</i> ..... 35	
HARVONI TAB 90-400MG8		<i>hydralazine hcl</i> ..... 20	
HAVRIX.....48		HYDREA	
heather .....	37	<i>see hydroxyurea</i> ..... 11	
HEP SOD/NACL INJ		<i>hydrochlorothiazide</i> ..... 19	
25000UNT .....	45	<i>hydrocodone bitartrate</i> ..... 1	
heparin sodium (porcine) 45		<i>hydrocodone-</i>	
heparin sodium (porcine) 100 unit/ml in d5w.....45		<i>acetaminophen soln 7.5-325 mg/15ml</i> ..... 2	
		<i>hydrocodone-</i>	
		<i>acetaminophen tab 10-325 mg</i> ..... 2	

<i>imipenem-cilastatin</i>	INVANZ	JANUMET TAB 50-1000 ..33
intravenous for soln 500 mg.....4	see <i>ertapenem sodium</i> ..4	JANUMET TAB 50-500MG ..33
<i>imipramine hcl</i> .....25	INVEGA	JANUMET XR TAB 100-1000.....33
<i>imiquimod</i> .....57	see <i>paliperidone</i> .....28	JANUMET XR TAB 50-1000.....33
IMITREX	INVEGA SUSTENNA ....28	JANUVIA.....33
see <i>sumatriptan</i> .....30	INVEGA TRINZA .....28	JARDIANCE .....33
see <i>sumatriptan succinate</i> .....31	INVIRASE.....6	jasmiel.....37
IMITREX STATDOSE	IPOL INJ INACTIVE.....48	JENTADUETO TAB 2.5-1000.....34
REFILL	<i>ipratropium bromide</i> .....52	JENTADUETO TAB 2.5-500.....33
see <i>sumatriptan succinate</i> .....31	<i>ipratropium bromide (nasal)</i> ..52	JENTADUETO TAB 2.5-850.....33
IMITREX STATDOSE	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> 52	JENTADUETO TAB XR 2.5-1000MG ..34
SYSTEM	<i>irbesartan</i> .....16	JENTADUETO TAB XR 5-1000MG ..34
see <i>sumatriptan succinate</i> .....30, 31	<i>irbesartan-</i>	jinteli ..39
IMOVAX RABIES	<i>hydrochlorothiazide tab 300-12.5 mg</i> .....15	jolessa ..37
(H.D.C.V.).....48	IRESSA ..12	juleber ..37
IMURAN	ISENTRESS ..6	JULUCA TAB 50-25MG ..7
see <i>azathioprine</i> .....47	ISENTRESS HD ..6	junel 1.5/30 ..37
incassia ..37	<i>isibloom</i> ..37	junel 1/20 ..37
INCRELEX ..40	ISOLYTE-P INJ /D5W ....49	junel fe 1.5/30 ..37
INCRUSE ELLIPTA ..52	ISOLYTE-S INJ ..49	junel fe 1/20 ..37
<i>indapamide</i> ..19	<i>isoniazid</i> ..7	JUXTAPID ..17
INDERAL LA	ISOPTO CARPINE	K
see <i>propranolol hcl</i> ..18	see <i>pilocarpine hcl</i> ..51	KALETRA
INFANRIX INJ ..48	ISORDIL TITRADOSE	see <i>lopinavir-ritonavir</i>
INGREZZA ..31	see <i>isosorbide dinitrate</i>	<i>soln 400-100 mg/5ml</i>
INGREZZA CAP 40-80MG ..31	.....20	<i>(80-20 mg/ml)</i> ..7
INLYTA ..12	<i>isosorbide dinitrate</i> ..20	KALETRA TAB 100-25MG7
INQOVI TAB 35-100MG..11	<i>isosorbide mononitrate</i> ..20	KALETRA TAB 200-50MG7
INREBIC ..12	<i>isotretinoin</i> ..55	KALYDECO ..53
INSPIRA	ISTALOL	<i>kariva</i> ..37
see <i>eplerenone</i> ..15	see <i>timolol maleate</i>	<i>kcl 10 meq/l (0.075%) in</i>
INSULIN SAFETY NEEDLES ..35	<i>(ophth) once-daily</i> ....51	<i>dextrose 5% &amp; nacl 0.45% inj</i> ..49
INSULIN SYRINGES:	<i>itraconazole</i> ..5	<i>kcl 20 meq/l (0.15%) in</i>
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC ..35	<i>ivermectin</i> ..4	<i>dextrose 5% &amp; nacl 0.2% inj</i> ..49
INTELENCE ..6	IXIARO INJ ..48	
INTRALIPID ..50	J	
INTRON A ..47	JADENU	
<i>introvale</i> ..37	see <i>deferasirox</i> ..36	
INTUNIV	JADENU SPRINKLE	
see <i>guanfacine hcl (adhd)</i> ..30	see <i>deferasirox</i> ..36	
	JAKAFI ..12	
	<i>jantoven</i> ..45	

<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....49	<i>klor-con m15</i> .....49	<i>leflunomide</i> .....47
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....49	<i>klor-con m20</i> .....49	<b>LENVIMA 10 MG DAILY DOSE</b> .....12
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....49	<b>KORLYM</b> .....40	<b>LENVIMA 12MG DAILY DOSE</b> .....12
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....49	<b>K-TAB</b>	<b>LENVIMA 20 MG DAILY DOSE</b> .....12
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....49	see <i>potassium chloride</i> 49	<b>LENVIMA 4 MG DAILY DOSE</b> .....12
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....49	<i>kurvelo</i> .....37	<b>LENVIMA 8 MG DAILY DOSE</b> .....12
<b>KCL/D5W/NACL INJ 0.15/0.2</b> .....49	<b>KUVAN</b>	<b>LETAIRIS</b>
<b>KCL/D5W/NACL INJ 0.3/0.9%</b> .....49	see <i>sapropterin dihydrochloride</i> .....40	see <i>ambrisentan</i> .....20
<i>kelnor 1/35</i> .....37	<b>KYNMOBI</b> .....26	<i>letrozole</i> .....11
<i>kelnor 1/50</i> .....37	<b>L</b>	<i>leucovorin calcium</i> .....14
<b>KEPPRA</b>	<i>labetalol hcl</i> .....18	<b>LEUKERAN</b> .....10
see <i>levetiracetam</i> .....22	<i>lactated ringer's solution</i> .....49	<i>leuprolide acetate</i> .....11
see <i>roweepra</i> .....23	<i>lactic acid (ammonium lactate)</i> .....57	<i>levalbuterol tartrate</i> .....53
<i>ketoconazole</i> .....5	<i>lactulose</i> .....43	<b>LEVAQUIN</b>
<i>ketoconazole (topical)</i> .....55	see <i>lactulose (encephalopathy)</i> .....43	see <i>levofloxacin</i> .....9
<i>ketorolac tromethamine (ophth)</i> .....51	<b>LAMICTAL</b>	<b>LEVEMIR</b> .....35
<b>KINRIX INJ</b> .....48	see <i>lamotrigine</i> .....22	<b>LEVEMIR FLEXTOUCH</b> .....35
<b>KISQALI</b> .....12	see <i>subvenite</i> .....23	<i>levetiracetam</i> .....22
<b>KISQALI 200 PAK</b>	<b>LAMICTAL CHEWABLE DISPERS</b>	<b>LEVETIRACETAM</b>
<b>FEMARA</b> .....11	see <i>lamotrigine</i> .....22	see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....22
<b>KISQALI 400 PAK</b>	<b>LAMISIL</b>	see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....22
<b>FEMARA</b> .....11	see <i>terbinafine hcl</i> .....5	see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....22
<b>KISQALI 600 PAK</b>	<i>lamivudine</i> .....6	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> .....22
<b>FEMARA</b> .....11	<i>lamivudine (hbv)</i> .....8	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> .....22
<b>KITABIS PAK</b>	<i>lamivudine-zidovudine tab 150-300 mg</i> .....7	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> .....22
see <i>tobramycin</i> .....5	<i>lamotrigine</i> .....22	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
<b>KLARON</b>	<b>LANOXIN</b>	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
see <i>sulfacetamide sodium (acne)</i> .....55	see <i>digitek</i> .....19	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
<b>KLONOPIN</b>	see <i>digox</i> .....19	<b>levetiracetam in sodium chloride iv soln 1500 mg/100ml</b> .....22
see <i>clonazepam</i> .....21	see <i>digoxin</i> .....19	<b>levetiracetam in sodium chloride iv soln 1500 mg/100ml</b> .....22
<i>klor-con</i> .....49	<i>lansoprazole</i> .....44	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
<i>klor-con 10</i> .....49	<i>lapatinib ditosylate</i> .....12	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
<i>klor-con 8</i> .....49	<i>larin 1.5/30</i> .....37	<b>levetiracetam in sodium chloride iv soln 1500 mg/100ml</b> .....22
<i>klor-con m10</i> .....49	<i>larin 1/20</i> .....37	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
	<i>larin fe 1.5/30</i> .....37	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
	<i>larin fe 1/20</i> .....37	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
	<i>larissia</i> .....37	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
	<b>LASIX</b>	<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....22
	see <i>furosemide</i> .....19	<b>levobunolol hcl</b> .....51
	<b>LASTACAFT</b> .....51	
	<i>latanoprost</i> .....51	
	<b>LATUDA</b> .....28	
	<i>leena</i> .....37	

<i>levocarnitine (metabolic modifiers)</i> .....40	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i> .....4	<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....15
<i>levocetirizine dihydrochloride</i> .....52	<i>LINZESS</i> .....43	<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....15
<i>levofloxacin</i> .....9	<i>liothyronine sodium</i> .....41	<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....15
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .....9	<i>LIPITOR</i> see <i>atorvastatin calcium</i> .....17	<i>LOTEMAX</i> .....51
<i>levofloxacin in d5w iv soln 500 mg/100ml</i> .....9	<i>lisinopril</i> .....15	<i>LOTENSIN</i>
<i>levofloxacin in d5w iv soln 750 mg/150ml</i> .....9	<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....14	see <i>benazepril hcl</i> .....14
<i>levonest</i> .....37	<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....14	<i>LOTENSIN HCT</i>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....37	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....14	see <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....14
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....37	<i>LITHIUM</i> .....31	see <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....14
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....37	<i>lithium carbonate</i> .....31	see <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....14
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> .....37	<i>LITHOBID</i> see <i>lithium carbonate</i> ..31	<i>LOTREL</i>
<i>levora 0.15/30-28</i> .....37	<i>loestrin 1.5/30-21</i> .....37	see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....14
<i>levo-t</i> .....41	<i>loestrin 1/20-21</i> .....37	see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....14
<i>levothyroxine sodium</i> .....41	<i>loestrin fe 1.5/30</i> .....37	see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....14
<i>levoxyl</i> .....41	<i>loestrin fe 1/20</i> .....37	see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....14
<b>LEXAPRO</b> see <i>escitalopram oxalate</i> .....25	<i>LOKELMA</i> .....36	<b>LOTRONEX</b>
<b>LEXIVA</b> .....6 see <i>fosamprenavir calcium</i> .....6	<b>LOMOTIL</b> see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....43	see <i>alosetron hcl</i> .....43
<b>LIALDA</b> see <i>mesalamine</i> .....43	<b>LONSURF TAB 15-6.14 .11</b>	<i>lovastatin</i> .....17
<i>lidocaine</i> .....56	<b>LONSURF TAB 20-8.19 .11</b>	<b>LOVENOX</b>
<i>lidocaine hcl</i> .....56	<i>loperamide hcl</i> .....43	see <i>enoxaparin sodium</i> .....45
<i>lidocaine hcl (local anesth.)</i> .....3	<b>LOPID</b> see <i>gemfibrozil</i> .....17	<i>low-ogestrel</i> .....37
<i>lidocaine hcl (mouth-throat)</i> .....57	<b>lopreeza</b> .....39	<i>loxapine succinate</i> .....28
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....56	<b>LOPRESSOR</b> see <i>metoprolol tartrate</i> 18	<i>LUMIGAN</i> .....51
<b>LIDODERM</b> see <i>lidocaine</i> .....56	<i>lorazepam</i> .....20, 21	<b>LUPRON DEPOT (1-MONTH)</b> .....11
<i>lillow</i> .....37	<i>lorazepam intensol</i> .....21	<b>LUPRON DEPOT (3-MONTH)</b> .....11
<i>linezolid</i> .....4	<i>LORBRENA</i> .....13	
	<i>loryna</i> .....37	
	<i>losartan potassium</i> .....16	

<i>lulera</i> .....	37	MAVYRET TAB 100-40MG .....	8	<i>meropenem</i> .....	4
<i>lyleq</i> .....	37	MAXALT see <i>rizatriptan benzoate</i>	30	<i>mesalamine</i> .....	42, 43
<i>lyllana</i> .....	39	MAXALT-MLT see <i>rizatriptan benzoate</i>	30	<i>mesalamine w/ cleanser</i> .....	43
LYNPARZA .....	13	MAXITROL see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	50	MESNEX .....	14
LYRICA see <i>pregabalin</i> .....	23	see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	50	MESTINON see <i>pyridostigmine bromide</i> .....	31
LYRICA CR .....	31	MAXZIDE see <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	19	metadate er .....	30
LYRICA (once-daily) .....	31	MAXZIDE-25 see <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	19	metformin hcl .....	34
LYSODREN .....	11	meclizine hcl .....	42	methadone hcl .....	1
LYSTEDA see <i>tranexamic acid</i> .....	46	MEDROL see <i>methylprednisolone</i>	39	methadone hcl intensol .....	1
lyza .....	37	MEDROL DOSEPAK see <i>methylprednisolone</i>	39	METHADOSE see <i>methadone hcl intensol</i> .....	1
<b>M</b>		medroxyprogesterone acetate .....	41	methazolamide .....	19
MACROBID see <i>nitrofurantoin monohyd macro</i> .....	4	medroxyprogesterone acetate (contraceptive) .....	37	methenamine hippurate .....	4
MACRODANTIN see <i>nitrofurantoin macrocrystal</i> .....	4	mefloquine hcl .....	5	methimazole .....	41
<i>magnesium sulfate</i> .....	49	megestrol acetate .....	11, 41	methotrexate sodium .....	10, 47
MAGNESIUM SULFATE .....	49	megestrol acetate (appetite) .....	41	methyldopa .....	20
see <i>magnesium sulfate</i> .....	49	MEKINIST .....	13	METHYLIN see <i>methylphenidate hcl</i>	
MAGNESIUM SULFATE IN D5W see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	49	MEKTOVI .....	13	.....	30
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	49	meloxicam .....	1	<i>methylphenidate hcl</i> .....	30
MALARONE see <i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	5	memantine hcl .....	24	<i>methylprednisolone</i> .....	39
see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	5	MENACTRA INJ .....	48	<i>methylprednisolone acetate</i> .....	39
malathion .....	57	MENQUADFI INJ .....	48	<i>methylprednisolone sod succ</i> .....	39
maprotiline hcl .....	25	MENVEO INJ .....	48	<i>metoclopramide hcl</i> .....	42
MARINOL see <i>dronabinol</i> .....	42	MEPRON see <i>atovaquone</i> .....	3	<i>metolazone</i> .....	19
marlissa .....	37	mercaptopurine .....	10	<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	18
MARPLAN .....	25			<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	18
MATULANE .....	11			<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	17
MAVIK see <i>trandolapril</i> .....	15			<i>metoprolol succinate</i> .....	18
				<i>metoprolol tartrate</i> .....	18
				METROCREAM see <i>metronidazole (topical)</i> .....	
				.....	57
				see <i>rosadan</i> .....	57
				<i>metronidazole</i> .....	4
				<i>metronidazole (topical)</i> .....	57

<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> .....4	M-M-R II INJ.....48	NAMZARIC CAP 28-10MG .....
<i>metronidazole vaginal</i> .....44	M-NATAL PLUS TAB .....49	.....24
<i>metyrosine</i> .....20	MOBIC	NAMZARIC CAP 7-10MG .....
<i>MG SO4/D5W INJ 10MG/ML</i> .....49	see <i>meloxicam</i> .....1	.....24
<b>MIACALCIN</b>	<i>moexipril hcl</i> .....15	NAMZARIC CAP PACK..24
<i>see calcitonin (salmon)</i> 36	<i>molindone hcl</i> .....28	NAPROSYN
<i>micafungin sodium</i> .....5	<i>mometasone furoate</i> .....56	<i>see naproxen</i> .....1
<b>MICARDIS</b>	<i>monodoxyne nl</i> .....10	<i>naproxen</i> .....1
<i>see telmisartan</i> .....16	<i>mono-linyah</i> .....37	NARCAN.....32
<i>microgestin 1.5/30</i> .....37	<i>montelukast sodium</i> .....53	NARDIL
<i>microgestin 1/20</i> .....37	<i>morphine sulfate</i> .....1, 2, 3	<i>see phenelzine sulfate</i> .25
<i>microgestin fe 1.5/30</i> .....37	MORPHINE SULFATE .....2	NATACYN.....50
<i>microgestin fe 1/20</i> .....37	<i>see morphine sulfate</i> ....2	<i>nateglinide</i> .....34
<i>midodrine hcl</i> .....20	MOVANTIK.....43	NATPARA.....36
<i>miglustat</i> .....40	<i>moxifloxacin hcl (ophth)</i> ..50	NAYZILAM .....22
<b>MIGRALAN</b>	MS CONTIN	NEBUPENT
<i>see dihydroergotamine mesylate</i> .....30	<i>see morphine sulfate</i> ....1	<i>see pentamidine isethionate inh</i> .....4
<i>mihi</i> .....37	MULTAQ .....16	<i>necon 0.5/35-28</i> .....37
<i>mimvey</i> .....39	<i>mupirocin</i> .....55	<i>nefazodone hcl</i> .....25
<b>MINIPRESS</b>	MYAMBUTOL	<i>neomycin sulfate</i> .....4
<i>see prazosin hcl</i> .....15	<i>see ethambutol hcl</i> .....7	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i> .....
<i>minitran</i> .....20	MYCAMINE	.....50
<b>MINIVELLE</b>	<i>see micafungin sodium</i> .5	<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ....50
<i>see lyllana</i> .....39	MYCOBUTIN	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....50
<b>MINOCIN</b>	<i>see rifabutin</i> .....7	<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i> .....50
<i>see minocycline hcl</i> .....10	<i>mycophenolate mofetil</i> ....48	<i>neomycin-polymyxin-hc otic soln 1%</i> .....57
<i>minocycline hcl</i> .....10	<i>mycophenolate sodium</i> ...48	<i>neomycin-polomyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....57
<i>minoxidil</i> .....20	MYFORTIC	
<b>MIRAPEX</b>	<i>see mycophenolate sodium</i> .....48	
<i>see pramipexole dihydrochloride</i> .....27	<i>myorisan</i> .....55	
<b>MIRCETTE</b>	MYRBETRIQ.....44	
<i>see azurette</i> .....36	mysoline	
<i>see bekyree</i> .....36	<i>see primidone</i> .....23	
<i>see desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> ...36	<b>N</b>	
<i>see kariva</i> .....37	<i>nabumetone</i> .....1	
<i>see pimtrea</i> .....38	<i>nafcillin sodium</i> .....10	
<i>see simliya</i> .....38	<i>nalbuphine hcl</i> .....3	
<i>see viorele</i> .....38	<i>naloxone hcl</i> .....32	
<i>mirtazapine</i> .....25	<i>naltrexone hcl</i> .....32	
<i>misoprostol</i> .....43	<b>NAMENDA</b>	
<b>MITIGARE</b> .....1	<i>see memantine hcl</i> .....24	
	<b>NAMENDA XR</b>	
	<i>see memantine hcl</i> .....24	
	<b>NAMZARIC CAP 14-10MG</b>	
	.....24	
	<b>NAMZARIC CAP 21-10MG</b>	
	.....24	
	<b>NAMZARIC CAP 28-10MG</b>	
	.....24	
	<b>NAMZARIC CAP 7-10MG</b>	
	.....24	
	<b>NAPROSYN</b>	
	<i>see naproxen</i> .....1	
	<b>NARCAN</b> .....32	
	<b>NARDIL</b>	
	<i>see phenelzine sulfate</i> .25	
	<b>NATACYN</b> .....50	
	<b>nateglinide</b> .....34	
	<b>NATPARA</b> .....36	
	<b>NAYZILAM</b> .....22	
	<b>NEBUPENT</b>	
	<i>see pentamidine isethionate inh</i> .....4	
	<i>necon 0.5/35-28</i> .....37	
	<i>nefazodone hcl</i> .....25	
	<i>neomycin sulfate</i> .....4	
	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i> .....	
	.....50	
	<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ....50	
	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....50	
	<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i> .....50	
	<i>neomycin-polymyxin-hc otic soln 1%</i> .....57	
	<i>neomycin-polomyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....57	
	<b>NEORAL</b>	
	<i>see cyclosporine modified (for microemulsion)</i> .....47	
	<i>see gengraf</i> .....48	
	<b>NERLYNX</b> .....13	
	<b>NEUPRO</b> .....26	
	<b>NEURONTIN</b>	
	<i>see gabapentin</i> .....22	

<i>nevirapine</i> .....6	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....39	<b>NUEDEXTA CAP 20-10MG</b> .....31
NEXAVAR.....13	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....38	<b>NULYTELY</b>
NEXIUM	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....38	<i>see gavilyte-n/flavor pack</i> .....43
<i>see esomeprazole magnesium</i> .....44	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....38	<i>see peg 3350-kcl-sod bicarb-nacl for soln</i>
<i>niacin (antihyperlipidemic)</i> .....17	<i>norlyroc</i> .....38	<i>420 gm</i> .....43
NIASPAN	<b>NORPACE</b>	<i>see trilite</i> .....43
<i>see niacin (antihyperlipidemic)</i> ..17	<i>see disopyramide phosphate</i> .....16	<b>NULYTELY SOL</b>
NICOTROL INHALER ....32	<b>NORPACE CR</b> .....16	<b>LMN/LIME</b> .....43
NICOTROL NS .....32	<b>NORPRAMIN</b>	<b>NUPLAZID</b> .....28
<i>nifedipine</i> .....18	<i>see desipramine hcl</i> ....25	<b>NUTRILIPID</b> .....50
<i>nikki</i> .....37	<b>NORTHERA</b> .....20	<b>NUVIGIL</b>
<b>NILANDRON</b>	<i>see droxidopa</i> .....19, 20	<i>see armodafinil</i> .....
<i>see nilutamide</i> .....11	<i>nortrel 0.5/35 (28)</i> .....38	<b>nyamyc</b> .....55
<i>nilutamide</i> .....11	<i>nortrel 1/35 (21)</i> .....38	<b>nylia 7/7/7</b> .....38
<i>nimodipine</i> .....18	<i>nortrel 1/35 (28)</i> .....38	<b>NYMALIZE</b> .....18
<b>NINLARO</b> .....13	<i>nortrel 7/7/7</i> .....38	<i>nymyo</i> .....38
<i>nitazoxanide</i> .....4	<i>nortriptyline hcl</i> .....25	<i>nystatin</i> .....5
<i>nitisinone</i> .....40	<b>NORVASC</b>	<i>nystatin (mouth-throat)</i> ....57
<b>NITRO-BID</b> .....20	<i>see amlodipine besylate</i> .....18	<i>nystatin (topical)</i> .....
<b>NITRO-DUR</b>	<b>NORVIR</b> .....6	<i>nystop</i> .....55
<i>see minitran</i> .....20	<i>see ritonavir</i> .....6	<b>O</b>
<i>nitrofurantoin macrocrystal4</i>	<b>NOVOLIN INJ 70/30</b> ..35	<i>ocella</i> .....38
<i>nitrofurantoin monohyd macro</i> .....4	<b>NOVOLIN INJ 70/30 FP</b> ..35	<b>OCTAGAM</b> .....47
<i>nitroglycerin</i> .....20	<b>NOVOLIN N</b> .....	<i>octreotide acetate</i> .....40
<b>NITROSTAT</b>	<b>NOVOLIN N FLEXPEN</b> ..35	<b>OCUFLOX</b>
<i>see nitroglycerin</i> .....20	<b>NOVOLIN R</b> .....	<i>see ofloxacin (ophth)</i> ...50
<i>nizatidine</i> .....42	<b>NOVOLIN R FLEXPEN</b> ..35	<b>ODEFSEY TAB</b> .....
<i>nora-be</i> .....37	<b>NOVOLOG</b> .....	<b>ODOMZO</b> .....13
<i>norethindrone</i>	<b>NOVOLOG FLEXPEN</b> ..35	<b>OFEV</b> .....
<i>(contraceptive)</i> .....	<b>NOVOLOG MIX INJ 70/30</b> .....	<i>ofloxacin (ophth)</i> .....50
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....37	<b>NOVOLOG MIX INJ FLEXPEN</b> ..35	<i>ofloxacin (otic)</i> .....
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....37	<b>NOVOLOG PENFILL</b> .....35	<i>olanzapine</i> .....
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....38	<b>NOXAFIL</b> .....5	<i>olmesartan medoxomil</i> ....16
<i>norethindrone acetate</i> ....41	<i>see posaconazole</i> .....	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....15
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....	<b>NUBEQA</b> .....11	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....15

OMNIPOD KIT STARTER	
	.....35
OMNIPOD MIS 5 PACK	..35
ondansetron	.....42
ondansetron hcl	.....42
ONFI	
see clobazam	.....21
ONUREG	.....10
OPSUMIT	.....20
ORFADIN	
see nitisinone	.....40
ORGOVYX	.....11
ORKAMBI GRA 100-125	.53
ORKAMBI GRA 150-188	.53
ORKAMBI TAB 100-125	.53
ORKAMBI TAB 200-125	.53
orsythia	.....38
ORTHO TRI-CYCLEN LO	
see norgestimate-eth	
estradiol tab 0.18-	
25/0.215-25/0.25-25	
mg-mcg	.....38
see tri-lo-estarylla	.....38
see tri-lo-marzia	.....38
see tri-lo-mili	.....38
see tri-lo-sprintec	.....38
see tri-vylitra lo	.....38
oseltamivir phosphate	.....8
OSPHENA	.....40
oxandrolone	.....32
oxcarbazepine	.....22
oxybutynin chloride	.....44
oxycodone hcl	.....3
oxycodone w/	
acetaminophen tab 10-	
325 mg	.....3
oxycodone w/	
acetaminophen tab 2.5-	
325 mg	.....3
oxycodone w/	
acetaminophen tab 5-325	
mg	.....3
oxycodone w/	
acetaminophen tab 7.5-	
325 mg	.....3
OZEMPIC (0.25 OR	
0.5MG/DOSE)	.....34
OZEMPIC (1MG/DOSE)	.34

<b>P</b>	
pacerone	.....16
paliperidone	.....28
PAMELOR	
see nortriptyline hcl	....25
pamidronate disodium	....36
PAMIDRONATE	
DISODIUM	.....36
pantoprazole sodium	....44
PANZYGA	.....47
paricalcitol	.....41
PARLODEL	
see bromocriptine	
mesylate	.....26
PARNATE	
see tranylcypromine	
sulfate	.....25
paroex	.....57
paromomycin sulfate	....4
paroxetine hcl	.....25
PASER	.....7
PAXIL	.....25
see paroxetine hcl	....25
PAZEO	.....51
PEDIAFRED	
see prednisolone sodium	
phosphate	.....39
PEDIARIX INJ 0.5ML	....48
PEDVAX HIB	.....48
peg 3350-kcl-na bicarb-	
nacl-na sulfate for soln	
236 gm	.....43
peg 3350-kcl-sod bicarb-	
nacl for soln 420 gm	....43
PEGANONE	.....22
PEGASYS	.....8
PEMAZYRE	.....13
PEN GK/DEXTR INJ	
40000/ML	.....10
PEN GK/DEXTR INJ	
60000/ML	.....10
PEN NEEDLES:	
NOVO/BD/ULTIMED/OW	
EN/TRIVIDIA	.....35
penicillamine	.....36
penicillin g potassium	....10
PENICILLIN G PROCAINE	
	.....10
penicillin g sodium	.....10
penicillin v potassium	.....10
PENTACEL INJ	.....48
PENTAM 300	
see pentamidine	
isethionate inj	.....4
pentamidine isethionate inh	
	.....4
pentamidine isethionate inj	
	.....4
pentoxifylline	.....45
PEPCID	
see famotidine	.....42
PERCOCET	
see endocet tab 10-	
325mg	.....2
see endocet tab 2.5-	
325mg	.....2
see endocet tab 5-325mg	
	.....2
see endocet tab 7.5-	
325mg	.....2
see oxycodone w/	
acetaminophen tab 10-	
325 mg	.....3
see oxycodone w/	
acetaminophen tab	
2.5-325 mg	.....3
see oxycodone w/	
acetaminophen tab 5-	
325 mg	.....3
see oxycodone w/	
acetaminophen tab	
7.5-325 mg	.....3
PERIDEX	
see chlorhexidine	
gluconate (mouth-	
throat)	.....57
see paroex	.....57
see periogard	.....57
perindopril erbumine	.....15
periogard	.....57
permethrin	.....57
perphenazine	.....28
PERSERIS	.....28
pfizerpen	.....10
phenelzine sulfate	....25
PHENERGAN	

<i>see promethazine hcl</i> ..42	PLASMA-LYTE INJ -148 49	<i>pravastatin sodium</i> .....17
phenobarbital.....22	PLASMA-LYTE INJ -A.... 49	<i>praziquantel</i> .....4
phenobarbital sodium ..23	PLAVIX	<i>prazosin hcl</i> .....15
PHENYTEK.....23	<i>see clopidogrel bisulfate</i>	PRECOSE
<i>see phenytoin sodium</i>	.....46	<i>see acarbose</i> .....33
extended.....23	plenamine.....50	PRED FORTE
phenytoin.....23	PLENUV SOL.....43	<i>see prednisolone acetate</i>
phenytoin sodium ..23	PNV FOLIC AC TAB +	(ophth) .....51
phenytoin sodium extended	IRON.....49	<i>prednisolone</i> .....39
.....23	podofilox .....57	<i>prednisolone acetate</i>
philith.....38	<i>polymyxin b-trimethoprim</i>	(ophth) .....51
PHOSLO	<i>ophth soln 10000 unit/ml-</i>	PREDNISOLONE SODIUM
<i>see calcium acetate</i>	<i>0.1%</i> .....50	PHOSP.....51
<i>(phosphate binder)</i> ...41	POLYTRIM	<i>prednisolone sodium</i>
PHOSPHOLINE IODIDE.51	<i>see polymyxin b-</i>	<i>phosphate</i> .....39
PICATO.....57	<i>trimethoprim ophth</i>	<i>prednisone</i> .....39
PIFELTRO.....6	<i>soln 10000 unit/ml-</i>	PREDNISONE INTENSOL
pilocarpine hcl.....51	<i>0.1%</i> .....50	.....40
pilocarpine hcl (oral) ..57	POMALYST.....11	<i>pregabalin</i> .....23
pimozone.....28	portia-28 .....38	<i>pregabalin (once-daily)</i> ...31
pimtrea .....38	posaconazole.....5	PREMASOL SOL 10%...50
pindolol.....18	POT CHL/NACL INJ	PRENATAL TAB 27-1MG
pioglitazone hcl.....34	20MEQ/L.....49	.....50
piperacillin sod-tazobactam	POT CHL/NACL INJ	PRENATAL TAB PLUS...50
<i>na for inj 3.375 gm (3-</i>	40MEQ/L.....49	PRENATAL VIT TAB LOW
<i>0.375 gm)</i> .....10	potassium chloride.....49	IRON .....50
piperacillin sod-tazobactam	POTASSIUM CHLORIDE	PREVACID
<i>sod for inj 13.5 gm (12-</i>	.....49	<i>see lansoprazole</i> .....44
<i>1.5 gm)</i> .....10	potassium chloride 20	<i>prevalite</i> .....17
piperacillin sod-tazobactam	<i>meq/l (0.15%) in</i>	<i>previfem</i> .....38
<i>sod for inj 2.25 gm (2-</i>	<i>dextrose 5% inj</i> .....49	PREZCOBIX TAB 800-150
<i>0.25 gm)</i> .....10	potassium chloride	.....7
piperacillin sod-tazobactam	<i>microencapsulated</i>	PREZISTA .....6
<i>sod for inj 4.5 gm (4-0.5</i>	<i>crystals er</i> .....49	PRIFTIN .....7
<i>gm)</i> .....10	POTASSIUM	<i>primaquine phosphate</i> .....6
piperacillin sod-tazobactam	CHLORIDE/SODIUM	PRIMAQUINE
<i>sod for inj 40.5 gm (36-</i>	<i>see kcl 20 meq/l (0.15%)</i>	<i>PHOSPHATE</i> .....5
<i>4.5 gm)</i> .....10	<i>in nacl 0.45% inj</i> .....49	<i>see primaquine</i>
PIQRAY 200MG DAILY	potassium citrate	<i>phosphate</i> .....6
DOSE .....13	<i>(alkalinizer)</i> .....44	PRIMAXIN IV
PIQRAY 250MG TAB	PRADAXA.....45	<i>see imipenem-cilastatin</i>
DOSE .....13	PRALUENT .....17	<i>intravenous for soln</i>
PIQRAY 300MG DAILY	<i>pramipexole</i>	<i>500 mg</i> .....4
DOSE .....13	<i>dihydrochloride</i> .....26, 27	primidone .....23
pirmella 1/35 .....38	<i>prasugrel hcl</i> .....46	PRINIVIL
PLAQUENIL	PRAVACHOL	<i>see lisinopril</i> .....15
<i>see hydroxychloroquine</i>	<i>see pravastatin sodium</i>	PRISTIQ
<i>sulfate</i> .....47	.....17	

see <i>desvenlafaxine succinate</i> .....25	see medroxyprogesterone acetate .....41	<b>RAYALDEE</b> .....41
<b>PRIVIGEN</b> .....47	<b>RAZADYNE ER</b> see <i>galantamine hydrobromide</i> .....24	
<b>PROAIR HFA</b> see <i>albuterol sulfate</i> .....52	<b>RECLAST</b> see <i>zoledronic acid</i> .....36	
<i>probenecid</i> .....1	<i>reclipsen</i> .....38	
<b>PROCALAMINE INJ 3% .50</b>	<b>RECOMBIVAX HB</b> .....48	
<b>PROCARDIA XL</b> see <i>nifedipine</i> .....18	<b>RECTIV</b> .....57	
<i>prochlorperazine</i> .....42	<b>REGLAN</b> see <i>metoclopramide hcl</i> .....42	
<i>prochlorperazine edisylate</i> .....42	<b>REGRANEX</b> .....57	
<i>prochlorperazine maleate</i> .....42	<b>RELENZA DISKHALER</b> ....8	
<b>PROCRT</b> .....45	<b>RELISTOR</b> .....43	
<b>PROCTOCORT</b> see <i>proto-pak</i> .....57	<b>REMERON</b> see <i>mirtazapine</i> .....25	
<i>proto-med hc</i> .....57	<b>REMERON SOLTAB</b> see <i>mirtazapine</i> .....25	
<i>proto-pak</i> .....57		
<i>proctosol hc</i> .....57		
<i>protozone-hc</i> .....57	<b>RENVELA</b> see <i>sevelamer carbonate</i> .....41	
<b>PROGLYCEM</b> see <i>diazoxide</i> .....40		
<b>PROGRAF</b> .....48 see <i>tacrolimus</i> .....48	<i>repaglinide</i> .....34	
<b>PROLASTIN-C</b> .....53	<b>RESTASIS</b> .....51	
<b>PROLENSA</b> .....51	<b>RESTASIS MULTIDOSE</b> 51	
<b>PROLIA</b> .....36	<b>RESTORIL</b> see <i>temazepam</i> .....30	
<b>PROMACTA</b> .....45, 46		
<i>promethazine hcl</i> .....42	<b>RETEVMO</b> .....13	
<i>propafenone hcl</i> .....16		
<i>proparacaine hcl</i> .....51	<b>RETIN-A</b> see <i>avita</i> .....54	
<i>propranolol hcl</i> .....18	see <i>tretinoin</i> .....55	
<i>propylthiouracil</i> .....41		
<b>PROQUAD INJ</b> .....48	<b>RETROVIR</b> see <i>zidovudine</i> .....6	
<b>PROSCAR</b> see <i>finasteride</i> .....44		
<b>PROSOL INJ 20%</b> .....50	<b>REVATIO</b> see <i>sildenafil citrate (pulmonary hypertension)</i> .....20	
<b>PROTONIX</b> see <i>pantoprazole sodium</i> .....44		
<b>PROTOPIC</b> see <i>tacrolimus (topical)</i> .....57	<b>REVLIMID</b> .....11	
<i>protriptyline hcl</i> .....25	<b>REXULTI</b> .....28	
<b>PROVERA</b>		
	<b>REYATAZ</b> .....6 see <i>atazanavir sulfate</i> ...6	
	<b>RHOPRESSA</b> .....51	
	<i>ribavirin (hepatitis c)</i> .....8	
	<i>rifabutin</i> .....7	
	<b>RIFADIN</b> see <i>rifampin</i> .....7	
	<i>rifampin</i> .....7	
	<b>RILUTEK</b>	

<i>see riluzole</i> .....	31	SAPHRIS <i>see asenapine maleate</i> .....	27	SIRTURO.....	7																																																						
<i>riluzole</i> .....	31	<i>sapropterin dihydrochloride</i> .....	40	SIVEXTRO.....	4																																																						
<i>rimantadine hydrochloride</i> .....	8	<i>scopolamine</i> .....	42	SKYRIZI .....	46																																																						
RINVOQ .....	46	SECUADO.....	29	SKYRIZI PEN .....	46																																																						
RISPERDAL <i>see risperidone</i> .....	28	<i>selegiline hcl</i> .....	27	<i>sodium chloride</i> .....	49																																																						
RISPERDAL CONSTA .....	28	<i>selenium sulfide</i> .....	55	<i>sodium chloride (gu-</i> <i>irrigant)</i> .....	57																																																						
<i>risperidone</i> .....	28, 29	SELZENTRY .....	6	<i>sodium fluoride chew; tab;</i> 1.1 (0.5 f) mg/ml soln...50																																																							
RITALIN <i>see methylphenidate hcl</i> .....	30	SENSIPAR <i>see cinacalcet hcl</i> .....	40	<i>sodium phenylbutyrate</i> ...40																																																							
ritonavir.....	6	SEREVENT DISKUS .....	53	<i>sodium polystyrene</i> <i>sulfonate powder</i> .....	36																																																						
rivastigmine .....	24	SEROQUEL <i>see quetiapine fumarate</i> .....	28	<i>solifenacin succinate</i> .....	44																																																						
rivastigmine tartrate .....	24	SEROQUEL XR <i>see quetiapine fumarate</i> .....	28	SOLIQUA INJ 100/33 .....	35																																																						
rizatriptan benzoate .....	30	sertraline hcl.....	25	SOLTAMOX.....	11																																																						
ROCALTROL <i>see calcitriol</i> .....	41	setlakin .....	38	SOLU-CORTEF.....	40																																																						
ropinirole hydrochloride .....	27	sevelamer carbonate .....	41	SOLU-MEDROL <i>see methylprednisolone</i> <i>sod succ</i> .....	39																																																						
rosadan .....	57	sharobel.....	38																																																								
rosuvastatin calcium .....	17	SHINGRIX.....	48																																																								
ROTARIX SUS .....	48	SIGNIFOR.....	40																																																								
ROTATEQ SOL .....	48	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i> .....	20																																																								
ROWASA <i>see mesalamine w/</i> <i>cleanser</i> .....	43	SILENOR <i>see doxepin hcl (sleep)</i> .....	30																																																								
roweepra .....	23	SILVADENE <i>see silver sulfadiazine</i> . 55																																																									
ROXICODONE <i>see oxycodone hcl</i> .....	3	ROZLYTREK .....	13	<i>see ssd</i> .....	55	RUBRACA .....	13	<i>silver sulfadiazine</i> .....	55	rufinamide .....	23	SIMBRINZA SUS 1-0.2%51		RUKOBIA .....	6	<i>similiya</i> .....	38	RYBELSUS .....	34	<i>simvastatin</i> .....	17	RYDAPT .....	13	SINEMET <i>see carbidopa &amp;</i> <i>levodopa tab 10-100</i> <i>mg</i> .....	26	RYTHMOL SR <i>see propafenone hcl</i> .....	16	<i>see carbidopa &amp;</i> <i>levodopa tab 25-100</i> <i>mg</i> .....	26	<b>S</b>		SABRIL <i>see vigabatrin</i> .....	23	SINGULAIR <i>see montelukast sodium</i> .....	53	<i>see vigadrone</i> .....	23	sirolimus .....	48	SALAGEN <i>see pilocarpine hcl (oral)</i> .....	57			SANDIMMUNE .....	48			<i>see cyclosporine</i> .....	47			SANDOSTATIN <i>see octreotide acetate</i> .40				SANTYL .....	57		
ROZLYTREK .....	13	<i>see ssd</i> .....	55																																																								
RUBRACA .....	13	<i>silver sulfadiazine</i> .....	55																																																								
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RYDAPT .....	13	SINEMET <i>see carbidopa &amp;</i> <i>levodopa tab 10-100</i> <i>mg</i> .....	26																																																								
RYTHMOL SR <i>see propafenone hcl</i> .....	16	<i>see carbidopa &amp;</i> <i>levodopa tab 25-100</i> <i>mg</i> .....	26																																																								
<b>S</b>																																																											
SABRIL <i>see vigabatrin</i> .....	23	SINGULAIR <i>see montelukast sodium</i> .....	53																																																								
<i>see vigadrone</i> .....	23	sirolimus .....	48																																																								
SALAGEN <i>see pilocarpine hcl (oral)</i> .....	57																																																										
SANDIMMUNE .....	48																																																										
<i>see cyclosporine</i> .....	47																																																										
SANDOSTATIN <i>see octreotide acetate</i> .40																																																											
SANTYL .....	57																																																										

see <i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg .....	26	<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml .....	4	<b>SYNJARDY TAB</b> 12.5-500 .....	34
<b>STALEVO</b> 50		<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg .....	4	<b>SYNJARDY TAB</b> 5-1000MG .....	34
see <i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg .....	26	<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg .....	5	<b>SYNJARDY TAB</b> 5-500MG .....	34
<b>STALEVO</b> 75		<b>SULFAMYLON</b> .....	55	<b>SYNJARDY XR TAB</b> 10-1000 .....	34
see <i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg.....	26	<i>sulfasalazine</i> .....	43	<b>SYNJARDY XR TAB</b> 12.5-1000MG .....	34
<i>stavudine</i> .....	6	<i>sulindac</i> .....	1	<b>SYNJARDY XR TAB</b> 25-1000 .....	34
<b>STELARA</b> .....	46	<i>sumatriptan</i> .....	30	<b>SYNRIBO</b> .....	11
<b>STIMATE</b> .....	40	<i>sumatriptan succinate</i> ....	30, 31	<b>SYNTHROID</b> .....	41
<b>STIVARGA</b> .....	13	<b>SUPRAX</b>		see <i>euthyrox</i> .....	41
<b>STRATTERA</b>		see <i>cefixime</i> .....	8	see <i>levo-t</i> .....	41
see <i>atomoxetine hcl</i> ....	29	<b>SUPREP BOWEL SOL</b>		see <i>levothyroxine sodium</i> .....	41
<i>streptomycin sulfate</i> .....	4	PREP KIT .....	43	.....	41
<b>STRIBILD TAB</b> .....	7	<b>SUSTIVA</b>		see <i>levoxyl</i> .....	41
<b>STROMECTOL</b>		see <i>efavirenz</i> .....	6	see <i>unithroid</i> .....	41
see <i>ivermectin</i> .....	4	<b>SUTENT</b> .....	13	<b>SYPRINE</b>	
<b>SUBOXONE</b>		<i>syeda</i> .....	38	see <i>clovique</i> .....	36
see <i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv) ....	32	<b>SYMBICORT AER</b> 160-4.5 .....	54	see <i>trientine hcl</i> .....	36
see <i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv) .32		<b>SYMBICORT AER</b> 80-4.5 .....	54	<b>T</b>	
see <i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv) .....	32	<b>SYMDEKO TAB</b> 100-15053 .....		<b>TABLOID</b> .....	10
see <i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv) .....	32	<b>SYMDEKO TAB</b> 50-75MG .....	53	<b>TABRECTA</b> .....	13
<i>subvenite</i> .....	23	<b>SYMPIFI</b>		<i>tacrolimus</i> .....	48
<i>sucralfate</i> .....	43	see <i>efavirenz-lamivudine-tenofovir df tab</i> 600-300-300 mg..	7	<i>tacrolimus (topical)</i> .....	57
<i>sulfacetamide sodium (acne)</i> .....	55	<b>SYMPAZAN</b> .....	23	<b>TAFINLAR</b> .....	13
<i>sulfacetamide sodium (ophth)</i> .....	50	<b>SYMTUZA TAB</b> .....	7	<b>TAGRISSO</b> .....	13
<i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)% .....	50	<b>SYNALAR</b>		<b>TALTZ</b> .....	47
<b>SULFADIAZINE</b> .....	4	see <i>fluocinolone acetonide</i> .....	56	<b>TALZENNA</b> .....	13
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml.....	4	<b>SYNAREL</b> .....	38	<b>TAMIFLU</b>	
		<b>SYNERCID INJ</b> 500MG....	5	see <i>oseltamivir phosphate</i> .....	8
		<b>SYNJARDY TAB</b> 12.5-1000MG .....	34	<i>tamoxifen citrate</i> .....	11
				<i>tamsulosin hcl</i> .....	44
				<b>TAPAZOLE</b>	
				see <i>methimazole</i> .....	41
				<b>TARCEVA</b>	
				see <i>erlotinib hcl</i> .....	12
				<b>TARGETIN</b> .....	57
				see <i>bexarotene</i> .....	11
				<i>tarina fe</i> 1/20 eq.....	38
				<b>TASIGNA</b> .....	13
				<i>tazarotene</i> .....	55

<i>tazicef</i> .....	8	<i>tiagabine hcl</i> .....	23	<i>see metoprolol succinate</i> .....
TAZORAC .....	55	TIAZAC .....		18
<i>see tazarotene</i> .....	55	<i>see diltiazem hcl</i> .....		toremifene citrate .....
<i>taztia xt</i> .....	18	<i>extended release beads</i> .....	18	11
TAZVERIK .....	13	<i>see taztia xt</i> .....	18	torsemide .....
TDVAX INJ 2-2 LF .....	48	<i>see tiadylt er</i> .....	18	19
TEFLARO .....	8	TIBSOVO .....	13	TOVIAZ .....
TEGRETOL .....		<i>tigecycline</i> .....	10	44
<i>see carbamazepine</i> .....	21	TIGECYCLINE .....	10	TPN ELECTROL INJ.....
<i>see epitol</i> .....	22	TIKOSYN .....		49
TEGRETOL-XR .....		<i>see dofetilide</i> .....	16	TRACLEER .....
<i>see carbamazepine</i> .....	21	<i>tilia fe</i> .....	38	<i>see bosentan</i> .....
TEKTURNA .....		<i>timolol maleate</i> .....	18	20
<i>see aliskiren fumarate</i> .....	19	<i>timolol maleate (ophth)</i> .....	51	TRADJENTA .....
telmisartan .....	16	<i>timolol maleate (ophth) once-daily</i> .....	51	34
temazepam .....	30	TIMOPTIC .....		tramadol hcl .....
TEMIXYS TAB 300-300 .....	7	<i>see timolol maleate (ophth)</i> .....	51	15
TEMOVATE .....		TIMOPTIC-XE .....		tranexamic acid .....
<i>see clobetasol propionate</i> .....	56	<i>see timolol maleate (ophth)</i> .....	51	46
TENIVAC INJ 5-2LF .....	48	TIVICAY .....	6	TRANSDERM SCOP .....
<i>tenofovir disoproxil fumarate</i> .....	6	TIVICAY PD .....	6	<i>see scopolamine</i> .....
TENORETIC 100 .....		<i>tizanidine hcl</i> .....	32	42
<i>see atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	17	TOBRADEX .....		tranylcypromine sulfate .....
TENORETIC 50 .....		<i>see tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	50	25
<i>see atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	17	TOBRADEX OIN 0.3-0.1% .....	50	TRAVASOL INJ 10% .....
TENORMIN .....		TOBRADEX ST SUS 0.3-0.05 .....	50	trazodone hcl .....
<i>see atenolol</i> .....	18	<i>tobramycin</i> .....	5	25
TEPMETKO .....	13	<i>tobramycin (ophth)</i> .....	50	TRECATOR .....
terazosin hcl .....	15	<i>tobramycin sulfate</i> .....	5	7
terbinafine hcl .....	5	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	50	TRELEGY AER ELLIPTA .....
terbutaline sulfate .....	53	TOBREX .....		100-62.5-25 MCG .....
terconazole vaginal .....	45	<i>see tobramycin (ophth)</i> .....	50	52
testosterone .....	33	<i>tolterodine tartrate</i> .....	44	TRELEGY AER ELLIPTA .....
testosterone cypionate .....	33	TOPAMAX .....		200-62.5-25 MCG .....
testosterone enanthate .....	33	<i>see topiramate</i> .....	23	11
tetrabenazine .....	31	TOPAMAX SPRINKLE .....		TRESIBA .....
tetracycline hcl .....	10	<i>see topiramate</i> .....	23	35
THALOMID .....	11	<i>topiramate</i> .....	23	TRESIBA FLEXTOUCH..
theophylline .....	54	TOPROL XL .....		35
thioridazine hcl .....	29			<i>tretinoin</i> .....
thiothixene .....	29			55
<i>tiadylt er</i> .....	18			<i>tretinoin (chemotherapy)</i> .....
				11
				<i>triamcinolone acetonide (mouth)</i> .....
				57
				<i>triamcinolone acetonide (topical)</i> .....
				56
				<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....
				19
				<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....
				19
				<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....
				19
				TRICARE TAB PRENATAL .....
				50
				TRICOR .....
				see <i>fenofibrate</i> .....
				17
				<i>triderm</i> .....
				56
				<i>trientine hcl</i> .....
				36
				<i>tri-estarrylla</i> .....
				38
				<i>trifluoperazine hcl</i> .....
				29

<i>trifluridine</i> .....51	<i>see emtricitabine-</i>	<b>UROCIT-K 5</b>
<i>trihexyphenidyl hcl</i> .....27	<i>tenofovir disoproxil</i>	<i>see potassium citrate</i>
TRIJARDY XR TAB ER	<i>fumarate tab 133-200</i>	<i>(alkalinizer)</i> .....44
24HR 10-5-1000MG ....34	<i>mg</i> .....7	<b>UROXATRAL</b>
TRIJARDY XR TAB ER	<i>see emtricitabine-</i>	<i>see alfuzosin hcl</i> .....44
24HR 12.5-2.5-1000MG	<i>tenofovir disoproxil</i>	<b>URSO 250</b>
.....34	<i>fumarate tab 167-250</i>	<i>see ursodiol</i> .....43
TRIJARDY XR TAB ER	<i>mg</i> .....7	<b>URSO FORTE</b>
24HR 25-5-1000MG ....34	<i>see emtricitabine-</i>	<i>see ursodiol</i> .....43
TRIJARDY XR TAB ER	<i>tenofovir disoproxil</i>	<i>ursodiol</i> .....43
24HR 5-2.5-1000MG ...34	<i>fumarate tab 200-300</i>	<b>V</b>
TRIKAFTA TAB .....54	<i>mg</i> .....7	<b>VAGIFEM</b>
<i>tri-legest fe</i> .....38	<b>TUKYSA</b> .....13	<i>see estradiol vaginal</i> ....39
TRILEPTAL	<i>tulana</i> .....38	<i>see yuvafem</i> .....39
<i>see oxcarbazepine</i> .....22	<b>TURALIO</b> .....13	<i>valacyclovir hcl</i> .....8
<i>tri-linyah</i> .....38	<b>TWINRIX INJ</b> .....48	<b>VALCHLOR</b> .....57
<i>tri-lo-estarrylla</i> .....38	<b>TYBOST</b> .....6	<b>VALCYTE</b>
<i>tri-lo-marzia</i> .....38	<b>TYGACIL</b>	<i>see valganciclovir hcl</i> ....8
<i>tri-lo-mili</i> .....38	<i>see tigecycline</i> .....10	<i>valganciclovir hcl</i> .....8
<i>tri-lo-sprintec</i> .....38	<b>TYKERB</b>	<b>VALIUM</b>
<i>trilyte</i> .....43	<i>see lapatinib ditosylate</i> 12	<i>see diazepam</i> .....21
<i>trimethoprim</i> .....5	<b>TYMLOS</b> .....36	<i>valproate sodium</i> .....23
<i>tri-mili</i> .....38	<b>TYPHIM VI</b> .....48	<i>valproic acid</i> .....23
<i>trimipramine maleate</i> 25, 26	<b>U</b>	<i>valsartan</i> .....16
TRINTELLIX .....26	<b>UBRELVY</b> .....31	<i>valsartan-</i>
<i>tri-nymyo</i> .....38	<b>UCERIS</b>	<i>hydrochlorothiazide tab</i>
<i>tri-previfem</i> .....38	<i>160-12.5 mg</i> .....16	<i>valsartan-</i>
<i>tri-sprintec</i> .....38	<b>UKONIQ</b> .....13	<i>hydrochlorothiazide tab</i>
TRIUMEQ TAB .....7	<b>ULTRAM</b>	<i>160-25 mg</i> .....16
<i>trivora-28</i> .....38	<i>see tramadol hcl</i> .....3	<i>valsartan-</i>
<i>tri-vylibra</i> .....38	<b>UNASYN</b>	<i>hydrochlorothiazide tab</i>
<i>tri-vylibra lo</i> .....38	<i>320-12.5 mg</i> .....16	<i>valsartan-</i>
TRIZIVIR	<i>see ampicillin &amp;</i>	<i>hydrochlorothiazide tab</i>
<i>see abacavir sulfate-</i>	<i>sulbactam sodium for</i>	<i>320-25 mg</i> .....16
<i>lamivudine-zidovudine</i>	<i>inj 1.5 (1-0.5) gm</i> .....9	<b>valsartan-</b>
<i>tab 300-150-300 mg</i> ....7	<i>see ampicillin &amp;</i>	<i>hydrochlorothiazide tab</i>
TROPHAMINE INJ 10%..50	<i>sulbactam sodium for</i>	<i>80-12.5 mg</i> .....16
<i>trospium chloride</i> .....44	<i>inj 3 (2-1) gm</i> .....9	<b>VALTOCO</b> .....23
TRULANCE.....43	<b>UNASYN BULK PACK</b>	<b>VALTREX</b>
TRULICITY .....34	<i>see ampicillin &amp;</i>	<i>see valacyclovir hcl</i> .....8
TRUMENBA INJ .....48	<i>sulbactam sodium for</i>	<b>VANCOCIN</b>
TRUSOPT	<i>iv soln 15 (10-5) gm</i> 10	<i>see vancomycin hcl</i> .....5
<i>see dorzolamide hcl</i> ....51	<b>unithroid</b> .....41	<b>VANCOCIN HCL</b>
TRUVADA	<b>UROCIT-K 10</b>	<i>see vancomycin hcl</i> .....5
<i>see emtricitabine-</i>	<i>see potassium citrate</i>	<i>vancomycin hcl</i> .....5
<i>tenofovir disoproxil</i>	<i>(alkalinizer)</i> .....44	<b>VANCOMYCIN INJ 1 GM .5</b>
<i>fumarate tab 100-150</i>	<b>UROCIT-K 15</b>	
<i>mg</i> .....7	<i>see potassium citrate</i>	
	<i>(alkalinizer)</i> .....44	

VANCOMYCIN INJ 500MG .....	38	wera .....	38
.....5		<b>X</b>	
VANCOMYCIN INJ 750MG .....	23	XALATAN	
.....5	23	see <i>latanoprost</i> .....	51
vandazole .....	45	XALKORI .....	13
VAQTA .....	48	XANAX	
VARIVAX .....	48	see <i>alprazolam</i> .....	20
VASCEPA .....	17	XARELTO .....	45
VASERETIC		XARELTO STAR TAB	
see <i>enalapril maleate &amp;</i>		15/20MG .....	45
<i>hydrochlorothiazide tab</i>		XATMEP .....	47
10-25 mg.....14		XCOPRI .....	23, 24
VASOTEC		XCOPRI PAK 100-150 ...	24
see <i>enalapril maleate</i> ..14		XCOPRI PAK 12.5-25....	24
velivet .....	38	XCOPRI PAK 150-200MG	
VELTASSA .....	36	(MAINTENANCE).....24	
VEMLIDY .....	8	XCOPRI PAK 150-200MG	
VENCLEXTA.....13		(TITRATION).....24	
VENCLEXTA TAB START		XCOPRI PAK 50-100MG	24
PK .....	13	XCOPRI PAK 50-200MG	24
venlafaxine hcl .....	26	XELJANZ .....	47
VENTAVIS .....	20	XELJANZ XR .....	47
VENTOLIN HFA.....53		XENAZINE	
VENTOLIN HFA		see <i>tetrabenazine</i> .....	31
(INSTITUTIONAL PACK)		XGEVA.....	36
.....53		XIFAXAN.....	43
verapamil hcl.....19		XIGDUO XR TAB 10-1000	
VERELAN		.....35	
see <i>verapamil hcl</i> .....19		XIGDUO XR TAB 10-	
VERELAN PM		500MG.....35	
see <i>verapamil hcl</i> .....19		XIGDUO XR TAB 2.5-1000	
VERSACLOZ .....	29	.....35	
VERZENIO.....13		XIGDUO XR TAB 5-	
VESICARE		1000MG .....	35
see <i>solifenacin succinate</i>		XIGDUO XR TAB 5-500MG	
.....44		.....35	
vestura.....38		IIDRA .....	52
VFEND		XOLAIR .....	54
see <i>voriconazole</i> .....5		XOSPATA .....	13
VFEND IV		XPOVIO 100 MG ONCE	
see <i>voriconazole</i> .....5		WEEKLY .....	13
V-GO 20 KIT .....	35	XPOVIO 40 MG ONCE	
V-GO 30 KIT .....	35	WEEKLY .....	13
V-GO 40 KIT .....	35	XPOVIO 40 MG TWICE	
VIBRAMYCIN		WEEKLY .....	13
see <i>doxycycline hyclate</i>		XPOVIO 60 MG ONCE	
.....10		WEEKLY .....	13
VICTOZA.....35			
vienna .....	38		
vigabatrin.....23			
vigadrone.....23			
VIGAMOX			
see <i>moxifloxacin hcl</i>			
(ophth).....50			
VIIBRYD .....	26		
VIIBRYD KIT STARTER.	26		
VIMPAT .....	23		
viorele .....	38		
VIRACEPT .....	6		
VIRAMUNE			
see <i>nevirapine</i> .....	6		
VIRAMUNE XR			
see <i>nevirapine</i> .....	6		
VIREAD .....	6		
see <i>tenofovir disoproxil</i>			
fumarate .....	6		
VISTARIL			
see <i>hydroxyzine</i>			
pamoate .....	52		
VITRAKVI .....	13		
VIVELLE-DOT			
see <i>dotti</i> .....	38		
see <i>estradiol</i> .....	39		
VIVITROL .....	32		
VIZIMPRO .....	13		
VOLTAREN			
see <i>diclofenac sodium</i>			
( <i>topical</i> ) .....	56		
voriconazole .....	5		
VOSEVI TAB .....	8		
VOTRIENT .....	13		
VRAYLAR .....	29		
VRAYLAR CAP 1.5-3MG	29		
vyfemla .....	38		
vylibra .....	38		
VYZULTA .....	51		
<b>W</b>			
warfarin sodium.....45			
water for irrigation, sterile			
irrigation soln .....	57		
WELCHOL			
see <i>colesevelam hcl</i> ....	17		
WELLBUTRIN SR			
see <i>bupropion hcl</i> .....	24		
WELLBUTRIN XL			
see <i>bupropion hcl</i> .....	24		

XPOVIO 60 MG TWICE WEEKLY .....	13	ZARXIO .....	45	ZIAGEN	
XPOVIO 80 MG ONCE WEEKLY .....	13	ZAVESCA		see <i>abacavir sulfate</i> .....6	
XPOVIO 80 MG TWICE WEEKLY .....	13	see <i>miglustat</i> .....	40	zidovudine.....6	
XTANDI .....	11	ZEJULA .....	13	ziprasidone hcl.....29	
xulane .....	38	ZELBORAF .....	13	ziprasidone mesylate .....	29
XULTOPHY INJ 100/3.6 .....	35	ZEMAIRA .....	54	ZIRGAN .....	51
XYLOCAINE		ZEMPLAR		ZITHROMAX	
see <i>lidocaine hcl (local anesth.)</i> .....3		see <i>paricalcitol</i> .....41		see <i>azithromycin</i> .....9	
XYLOCAINE-MPF		zenatane.....	55	ZOCOR	
see <i>lidocaine hcl (local anesth.)</i> .....3		ZENPEP CAP 10000UNT		see <i>simvastatin</i> .....	17
XYREM.....	32	.....	44	ZOFRAN	
Y		ZENPEP CAP 15000UNT		see <i>ondansetron hcl</i> ....42	
YASMIN 28		.....	44	zoledronic acid.....36	
see <i>dospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	36	ZENPEP CAP 20000UNT		ZOLINZA .....	13
see <i>ocella</i> .....	38	.....	44	ZOLOFT	
see <i>syeda</i> .....	38	ZENPEP CAP 25000 .....	44	see <i>sertraline hcl</i> .....25	
see <i>zarah</i> .....	38	ZENPEP CAP 3000UNIT	43	zolpidem tartrate.....30	
see <i>zumandimine</i> .....	38	ZENPEP CAP 40000 .....	44	ZONEGRAN	
YAZ		ZENPEP CAP 5000UNIT	44	see <i>zonisamide</i> .....24	
see <i>dospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	36	ZERVIASTE .....	51	zonisamide.....24	
see <i>gianvi</i> .....	37	ZESTORETIC		ZORTRESS .....	48
see <i>jasmiel</i> .....	37	see <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....14		see <i>everolimus (immunosuppressant)</i>	
see <i>loryna</i> .....	37	see <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....14		.....	47
see <i>nikki</i> .....	37	see <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....14		ZOSTAVAX.....	48
see <i>vestura</i> .....	38	ZESTRIL		zovia 1/35e .....	38
YF-VAX INJ.....	48	see <i>lisinopril</i> .....15		zumandimine .....	38
yuvaferm.....	39	ZETIA		ZYDELIG .....	13
Z		see <i>ezetimibe</i> .....	17	ZYKADIA.....	14
zafemy.....	38	ZIAC		ZYLET SUS 0.5-0.3% .....	50
zafirlukast.....	53	see <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....17		ZYLOPRIM	
ZANAFLEX		see <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....17		see <i>allopurinol</i> .....1	
see <i>tizanidine hcl</i> .....	32	see <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....17		ZYPREXA	
zarah .....	38			see <i>olanzapine</i> .....28	
ZARONTIN				ZYPREXA RELPREVV .....	29
see <i>ethosuximide</i> .....	22			see <i>olanzapine</i> .....28	
				ZYTIGA .....	11
				see <i>abiraterone acetate</i>	
				.....	10
				ZYVOX	
				see <i>linezolid</i> .....	4





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