



2019 GROUP FORMULARY

(List of covered drugs)

Group MedicareBlueSM Rx (PDP)

Effective January 1, 2019

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

Formulary ID: 00019283 Version 6

This formulary was updated on 08/17/2018. For more recent information or other questions, please contact Group MedicareBlue Rx Customer Service.



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



Visit **YourMedicareSolutions.com**

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. 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, 2020, and from time to time during the year.

WHAT IS THE GROUP MEDICAREBLUE RX FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Group MedicareBlue Rx Formulary?”

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary,

or add prior authorization, quantity limits and 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 January 1, 2019. To get updated information about the drugs covered by Group MedicareBlue Rx, please contact us. Our contact information appears on the front and back cover pages. To view the most recent formulary, visit **YourMedicareSolutions.com/group**.

HOW DO I USE THE FORMULARY?

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

Medical condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical listing

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

WHAT ARE GENERIC DRUGS?

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

- **Prior Authorization:** Group MedicareBlue Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Group MedicareBlue Rx before you fill your prescriptions. If you don't get approval, Group MedicareBlue Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Group MedicareBlue Rx limits the amount of the drug that Group MedicareBlue Rx will cover. For example, the plan provides 30 capsules per prescription for *lansoprazole*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Group MedicareBlue Rx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Group MedicareBlue Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Group MedicareBlue Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact

information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Group MedicareBlue Rx does not cover your drug, you have two options:

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

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

HOW DO I REQUEST AN EXCEPTION TO THE FORMULARY?

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

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

and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from

us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically

files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

FOR MORE INFORMATION

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

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

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

GROUP MEDICAREBLUE RX FORMULARY

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

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

Please refer to your plan's *Summary of Benefits* or *Evidence of Coverage* for information on prescription drug copayments and coinsurance amounts. The amount you pay will depend on your plan option.

Group MedicareBlue Rx covers four tiers of drugs:

Tier 1: Generic drugs

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

Tier 2: Preferred Brand drugs

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

Tier 3: Non-Preferred Brand drugs

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

Tier 4: Specialty drugs

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

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

KEY

Upper case = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Generic drugs

2 = Tier 2: Preferred Brand drugs

3 = Tier 3: Non-Preferred Brand drugs

4 = Tier 4: Specialty drugs

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

LA = Limited Access

NM = Not available by mail order

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS

GOUT

<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (120 tabs / 30 days)
MITIGARE	2	QL (60 caps / 30 days)
<i>probenecid</i>	1	
ULORIC	2	ST

NSAIDS

<i>celecoxib CAPS 50mg</i>	1	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	1	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	1	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	1	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>flurbiprofen TABS</i>	1	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	1	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS 75mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	1	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	1	
<i>piroxicam CAPS</i>	1	
<i>sulindac TABS</i>	1	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine 300-15mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	1	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	1	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	3	
<i>nalbuphine hcl SOLN</i>	3	
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>endocet 2.5-325mg</i>	1	QL (360 tabs / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>endocet 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	4	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	1	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	1	QL (10 patches / 30 days), PA
FENTORA	4	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	1	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	1	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	3	B/D
<i>hydromorphone hcl</i> TABS	1	QL (180 tabs / 30 days)
HYSINGLA ER	2	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	1	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	1	QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	1	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	1	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	1	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i> 15mg, 30mg, 60mg, 100mg	1	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab</i> 200mg	1	QL (60 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D
<i>morphine sul inj 10mg/ml</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> TABS 15mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> TABS 30mg	1	QL (90 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	1	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	2	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	2	QL (90 tabs / 30 days), PA
<i>oxycodone hcl</i> CAPS	1	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	1	QL (180 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate</i> SOLN	1	
<i>neomycin sulfate</i> TABS	1	
<i>paromomycin sulfate</i> CAPS	1	
<i>streptomycin sulfate</i> SOLR	4	
SULFADIAZINE TABS	3	
<i>tobramycin</i> NEBU	4	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	1	
<i>tobramycin inj 1.2gm</i>	4	
<i>tobramycin inj 10mg/ml</i>	1	
<i>tobramycin inj 40mg/ml</i>	1	
<i>tobramycin inj 80mg/2ml</i>	1	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	4	
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Drug Name	Drug Tier	Requirements/Limits
ALINIA	4	
<i>atovaquone</i> SUSP	4	
AZACTAM IN ISO-OSMOTIC DE	3	
AZACTAM/DEX INJ	3	
<i>aztreonam</i>	1	
BILTRICIDE	2	
CAYSTON	4	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
CLINDAMYCIN PHOSPHATE IN NACL	3	
<i>clindamycin phosphate inj</i>	1	
<i>clindamycin soln 75mg/5ml</i>	1	
<i>colistimethate sodium</i> SOLR	1	
<i>dapsone</i> TABS	1	
<i>daptomycin</i> 500mg	4	
EMVERM	4	
<i>ertapenem sodium</i>	1	
<i>imipenem-cilastatin</i>	1	
INVANZ	3	
<i>ivermectin</i> TABS	1	
<i>linezolid in sodium chloride</i>	3	
<i>linezolid inj</i>	1	
<i>linezolid susp</i>	4	
<i>linezolid tab 600mg</i>	4	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	3	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	3	
<i>praziquantel</i> TABS	1	
SIVEXTRO	4	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	4	
<i>tigecycline</i>	4	
<i>trimethoprim TABS</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	1	
<i>vancomycin hcl CAPS 250mg</i>	4	
<i>vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg</i>	1	
VANCOMYCIN IN NAACL	3	
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	4	B/D
<i>amphotericin b SOLR</i>	1	B/D
<i>caspofungin acetate</i>	4	
<i>fluconazole SUSR; TABS</i>	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole inj nacl 200</i>	1	
<i>fluconazole inj nacl 400</i>	1	
<i>flucytosine CAPS</i>	4	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>ketoconazole TABS</i>	1	PA
MYCAMINE	4	
NOXAFIL SUSP	4	QL (630 mL / 30 days)
NOXAFIL TBEC	4	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR</i>	1	
<i>voriconazole SUSR; TABS</i>	4	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate TABS</i>	1	
COARTEM	3	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
<i>quinine sulfate CAPS</i>	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	1	
APTIVUS	4	
<i>atazanavir sulfate</i>	4	
CRIXIVAN	3	
<i>didanosine</i>	1	
EDURANT	4	

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz</i> CAPS 50mg	1	
<i>efavirenz</i> CAPS 200mg	4	
<i>efavirenz</i> TABS	4	
EMTRIVA	2	
<i>fosamprenavir tab 700 mg</i>	4	
FUZEON	4	NM
INTELENCE 25mg	3	
INTELENCE 100mg, 200mg	4	
INVIRASE	4	
ISENTRESS CHEW 25mg	2	
ISENTRESS CHEW 100mg	4	
ISENTRESS PACK	2	
ISENTRESS TABS	4	
ISENTRESS HD	4	
<i>lamivudine</i>	1	
LEXIVA SUSP	3	
<i>nevirapine</i> TABS; TB24	1	
NORVIR CAPS	2	
NORVIR PACK; SOLN	3	
PREZISTA SUSP	4	QL (400 mL / 30 days)
PREZISTA TABS 75mg	2	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days)
RESCRIPTOR	3	
REYATAZ PACK	4	
<i>ritonavir</i>	1	
SELZENTRY SOLN	4	
SELZENTRY TABS 25mg	3	
SELZENTRY TABS 75mg, 150mg, 300mg	4	
<i>stavudine</i>	1	
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY 10mg	2	
TIVICAY 25mg, 50mg	4	
TROGARZO	4	NM, LA
TYBOST	3	
VIDEX EC 125mg	3	
VIDEX PEDIATRIC	3	
VIRACEPT	4	
VIRAMUNE SUSP	3	
VIREAD POWD	4	
VIREAD TABS 150mg, 200mg, 250mg	4	
ZERIT SOLR	4	
<i>zidovudine cap 100mg</i>	1	
<i>zidovudine syp 50mg/5ml</i>	1	
<i>zidovudine tab 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	4	
ATRIPLA	4	
BIKTARVY	4	
CIMDUO	4	
COMPLERA	4	
DESCOVY	4	
EVOTAZ	4	
GENVOYA	4	
JULUCA	4	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	4	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
ODEFSEY	4	
PREZCOBIX	4	
STRIBILD	4	
SYMFI	4	
SYMFI LO	4	
TRIUMEQ	4	
TRUVADA TAB 100-150	4	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	4	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	4	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	4	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	4	
<i>ethambutol hcl</i> TABS	1	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	1	
PASER D/R	3	
PRIFTIN	3	
<i>pyrazinamide</i> TABS	1	
<i>rifabutin</i>	1	
<i>rifampin</i> CAPS; SOLR	1	
RIFATER	3	
SIRTURO	4	LA, PA
TRECTOR	3	
ANTIVIRALS		
<i>acyclovir</i> CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i>	1	B/D
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLN	4	
<i>entecavir</i>	4	
EPCLUSA	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOLN	3	
<i>famciclovir</i> TABS	1	
<i>ganciclovir sodium</i>	1	B/D
HARVONI	4	NM, PA
<i>lamivudine (hbv)</i>	1	
MAVYRET	4	NM, PA
<i>moderiba tab 200mg</i>	1	NM
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	1	QL (1080 mL / year)
PEGASYS	4	NM, PA
PEGASYS PROCLICK 180mcg/0.5ml	4	NM, PA
REBETOL SOLN	4	NM
RELENZA DISKHALER	2	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	1	NM
<i>ribasphere</i> TABS 200mg	1	NM
<i>ribasphere</i> TABS 400mg, 600mg	4	NM
<i>ribavirin 200mg</i>	1	NM
<i>rimantadine hydrochloride</i>	1	
<i>valacyclovir hcl</i> TABS	1	
<i>valganciclovir hcl</i>	4	
VEMLIDY	4	
VOSEVI	4	NM, PA
ZEPATIER	4	NM, PA

CEPHALOSPORINS

<i>cefaclor</i>	1	
CEFACTOR MONOHYDRATE ER	3	
<i>cefadroxil</i>	1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	2	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	1	
CEFAZOLIN SODIUM 1 GM/50ML	2	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> SOLR	1	
CEFTAZIDIME/DEXTROSE	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
SUPRAX CAPS	2	
SUPRAX CHEW	3	
SUPRAX SUSR 500mg/5ml	2	
<i>tazicef</i> SOLR	1	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR; TABS	1	
<i>clarithromycin</i> TABS	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin for susp</i>	1	
DIFICID	4	
<i>e.e.s</i> 400	1	
<i>ery-tab</i>	1	
ERYTHROCIN LACTOBIONATE	3	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin cap 250mg ec</i>	1	
<i>erythromycin ethylsuccinate</i> TABS	1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	1	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin cap 500mg</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i> 1gm, 2gm	1	
<i>nafcillin sodium</i> 10gm	4	
<i>oxacillin sodium</i> 1gm, 2gm	1	
<i>oxacillin sodium</i> 10gm	4	
PENICILLIN G POT IN DEXTROSE 2MU	3	
PENICILLIN G POT IN DEXTROSE 3MU	3	
PENICILLIN G PROCAINE	3	
<i>penicillin g sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	1	
<i>penicillin gk inj 20mu</i>	1	
<i>pfizerpen-g inj 5mu</i>	1	
<i>pfizerpen-g inj 20mu</i>	1	
<i>piper/tazoba inj 2-0.25gm</i>	1	
<i>piper/tazoba inj 3-0.375gm</i>	1	
<i>piper/tazoba inj 4-0.5gm</i>	1	
PIPER/TAZOBA INJ 12-1.5GM	3	
<i>piper/tazoba inj 36-4.5gm</i>	1	

TETRACYCLINES

<i>doxy 100</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	1	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate SOLR</i>	1	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>morgidox cap 1x50mg</i>	1	
<i>tetracycline hcl CAPS</i>	1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA	4	B/D, NM
<i>cyclophosphamide CAPS</i>	1	B/D
<i>cyclophosphamide SOLR</i>	4	B/D
<i>dacarbazine 100mg</i>	1	B/D
EMCYT	3	
GLEOSTINE 10mg, 40mg, 100mg	3	
HEXALEN	4	
IFEX INJ 3GM	3	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	3	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	4	

ANTHRACYCLINES

<i>adriamycin</i>	1	B/D
<i>doxorubicin hcl</i>	1	B/D
<i>doxorubicin hcl liposomal</i>	4	B/D
<i>epirubicin hcl</i>	1	B/D

ANTIBIOTICS

<i>bleomycin sulfate</i>	1	B/D
<i>mitomycin SOLR</i>	4	B/D

ANTIMETABOLITES

<i>adrucil</i>	1	B/D
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Drug Name	Drug Tier	Requirements/Limits
ALIMTA	4	B/D
<i>azacitidine</i>	4	B/D, NM
<i>cytarabine</i> 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN	1	B/D
<i>gemcitabine inj soln</i>	1	B/D
<i>gemcitabine inj solr</i>	1	B/D
<i>mercaptopurine</i> TABS	1	
<i>methotrexate sodium inj</i>	1	B/D
PURIXAN	4	NM
TABLOID	3	

ANTIMITOTIC, TAXOIDS

ABRAXANE	4	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	4	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
<i>paclitaxel</i>	1	B/D
TAXOTERE 80mg/4ml	4	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN	4	NM, LA, PA
BORTEZOMIB	4	NM, PA
ERIVEDGE	4	NM, LA, PA
FARYDAK	4	NM, LA, PA
HERCEPTIN	4	NM, PA
IBRANCE	4	NM, LA, PA
IDHIFA	4	NM, LA, PA
KADCYLA	4	B/D, NM
KEYTRUDA	4	NM, PA
KISQALI	4	NM, PA
KISQALI FEMARA 200 DOSE	4	NM, PA
KISQALI FEMARA 400 DOSE	4	NM, PA
KISQALI FEMARA 600 DOSE	4	NM, PA
LYNPARZA	4	NM, LA, PA
MYLOTARG	4	NM, LA, PA
NINLARO	4	NM, PA
ODOMZO	4	NM, LA, PA
RITUXAN	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
RITUXAN HYCELA	4	NM, LA, PA
RUBRACA	4	NM, LA, PA
TECENTRIQ	4	NM, LA, PA
VELCADE	4	NM, PA
VENCLEXTA 10mg, 50mg	3	NM, LA, PA
VENCLEXTA 100mg	4	NM, LA, PA
VENCLEXTA STARTING PACK	4	NM, LA, PA
VERZENIO	4	NM, LA, PA
ZEJULA	4	NM, LA, PA
ZOLINZA	4	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	1	
DEPO-PROVERA INJ 400/ML	3	B/D
ERLEADA	4	NM, LA, PA
<i>exemestane</i>	1	
FARESTON	4	
FASLODEX	4	B/D
<i>flutamide</i>	1	
<i>letrozole</i> TABS	1	
<i>leuprolide inj 1mg/0.2</i>	1	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	4	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	4	NM, PA
LYSODREN	2	
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	2	
<i>megestrol ac tab 40mg</i>	2	
<i>megestrol sus 625mg/5ml</i>	3	PA
<i>nilutamide</i>	4	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	4	NM, PA
TRELSTAR LA INJ 11.25MG	4	NM, PA
XTANDI	4	NM, LA, PA
ZYTIGA	4	NM, LA, PA

IMMUNOMODULATORS

POMALYST CAP 1MG	4	NM, LA, PA
POMALYST CAP 2MG	4	NM, LA, PA
POMALYST CAP 3MG	4	NM, LA, PA
POMALYST CAP 4MG	4	NM, LA, PA
REVLIMID	4	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	4	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	4	QL (60 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
AFINITOR	4	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	4	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	4	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	4	QL (60 tabs / 30 days), NM, PA
ALECENSA	4	NM, LA, PA
ALUNBRIG	4	NM, LA, PA
BOSULIF	4	NM, PA
CABOMETYX	4	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	4	NM, LA, PA
CAPRELSA	4	NM, LA, PA
COMETRIQ	4	NM, LA, PA
COTELLIC	4	NM, LA, PA
GILOTRIF TAB 20MG	4	NM, LA, PA
GILOTRIF TAB 30MG	4	NM, LA, PA
GILOTRIF TAB 40MG	4	NM, LA, PA
ICLUSIG	4	NM, LA, PA
<i>imatinib mesylate</i> 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	4	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	4	NM, LA, PA
INLYTA 1mg	4	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	4	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	4	NM, LA, PA
JAKAFI	4	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	4	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	4	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	4	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	4	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	4	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	4	NM, LA, PA
MEKINIST	4	NM, LA, PA
NERLYNX	4	NM, LA, PA
NEXAVAR	4	NM, LA, PA
RYDAPT	4	NM, PA
SPRYCEL	4	NM, PA
STIVARGA	4	NM, LA, PA
SUTENT	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR	4	NM, LA, PA
TAGRISSE	4	NM, LA, PA
TARCEVA 25mg	4	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	4	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	4	NM, PA
TYKERB	4	NM, LA, PA
VOTRIENT	4	NM, LA, PA
XALKORI	4	NM, LA, PA
ZELBORAF	4	NM, LA, PA
ZYDELIG	4	NM, LA, PA
ZYKADIA	4	NM, LA, PA

MISCELLANEOUS

<i>bexarotene</i>	4	NM, PA
<i>hydroxyurea</i> CAPS	1	
LONSURF	4	NM, PA
MATULANE	4	LA
SYLATRON KIT 200MCG	4	NM, PA
SYLATRON KIT 300MCG	4	NM, PA
SYLATRON KIT 600MCG	4	NM, PA
SYNRIBO	4	NM, PA
<i>tretinoin (chemotherapy)</i>	4	

PLATINUM-BASED AGENTS

<i>carboplatin</i>	1	B/D
<i>cisplatin</i>	1	B/D
<i>oxaliplatin inj 50mg</i>	4	B/D
<i>oxaliplatin inj 50mg/10ml</i>	1	B/D
<i>oxaliplatin inj 100mg</i>	4	B/D
<i>oxaliplatin inj 100mg/20ml</i>	1	B/D

PROTECTIVE AGENTS

<i>dexrazoxane</i> 500mg	4	B/D
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
MESNEX TABS	4	

TOPOISOMERASE INHIBITORS

<i>etoposide</i> SOLN	1	B/D
<i>irinotecan hcl</i>	1	B/D
<i>toposar</i>	1	B/D
<i>topotecan hcl</i>	4	B/D
TOPOTECAN INJ 4MG/4ML	4	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	1	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-320-25mg	1	
ENTRESTO	2	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	1	
<i>amiodarone tab 100mg</i>	1	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	1	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	1	NM
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	3	
NORPACE CR	3	
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl 12hr</i>	1	
<i>quinidine gluconate</i> TBCR	1	
<i>quinidine sulfate</i> TABS	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl gran</i>	1	
<i>colestipol hcl pack</i>	1	
<i>colestipol hcl tabs</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	4	NM, LA, PA
KYNAMRO	4	NM, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	1	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	1	
<i>niacor</i>	1	
PRALUENT	4	NM, PA
<i>prevalite</i>	1	
VASCEPA	3	
WELCHOL PAK	2	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hctz tab 50-25mg</i>	1	
<i>metoprolol & hctz tab 100-25mg</i>	1	
<i>metoprolol & hctz tab 100-50mg</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC 20mg	3	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i> SOCT	1	
<i>metoprolol tartrate</i> SOLN	1	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i>	1	
<i>propranolol hcl</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral sol</i>	1	
<i>timolol maleate TABS</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	1	
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	1	
<i>cartia xt cap 180/24hr</i>	1	
<i>cartia xt cap 240/24hr</i>	1	
<i>cartia xt cap 300/24hr</i>	1	
<i>dilt-xr cap</i>	1	
<i>diltiazem cap 120mg cd</i>	1	
<i>diltiazem cap 180mg cd</i>	1	
<i>diltiazem cap 240mg cd</i>	1	
<i>diltiazem cap 300mg cd</i>	1	
<i>diltiazem cap 360mg cd</i>	1	
<i>diltiazem cap er/12hr</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl cap sr 24hr</i>	1	
<i>diltiazem hcl coated beads cap sr 24hr</i>	1	
<i>diltiazem hcl extended release beads cap sr</i>	1	
<i>diltiazem inj</i>	1	
<i>felodipine</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine TB24</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine CAPS</i>	4	
<i>NYMALIZE</i>	4	
<i>taztia xt</i>	1	
<i>verapamil cap er</i>	1	
<i>verapamil hcl SOLN; TABS</i>	1	
<i>verapamil hcl tab er</i>	1	
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	1	PA; PA if 70 years and older
<i>digitek .125mg</i>	1	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	1	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	1	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	1	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	1	PA; PA if 70 years and older
<i>digoxin inj</i>	1	
<i>digoxin sol 50mcg/ml</i>	1	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	3	
TEKTURNA HCT	3	
DIURETICS		
<i>acetazolamide</i> CP12; TABS	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i> TABS	1	
<i>bumetanide</i>	1	
<i>chlorothiazide tabs</i>	1	
<i>chlorthalidone</i>	1	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>toremide tabs</i>	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK; TABS	1	
CORLANOR	3	
DEMSER	4	PA
<i>hydralazine hcl</i> SOLN; TABS	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
NORTHERA	4	NM, LA, PA
RANEXA	2	
NITRATES		
<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
NITRO-BID	2	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<i>nitroglycerin</i> SUBL	1	
<i>nitroglycerin td patch</i>	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	4	QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LETAIRIS	4	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	4	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	4	NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	1	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	4	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	4	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	4	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	1	
<i>fluvoxamine maleate</i> TABS	1	
<i>lorazepam</i> SOLN	1	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	1	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	4	QL (180 tabs / 30 days)
APTIOM 400mg	4	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	4	PA
BANZEL TAB 200MG	4	PA
BANZEL TAB 400MG	4	PA
BRIVIACT INJ 50MG/5ML	3	PA
BRIVIACT SOL 10MG/ML	4	PA
BRIVIACT TAB 10MG	4	PA
BRIVIACT TAB 25MG	4	PA
BRIVIACT TAB 50MG	4	PA
BRIVIACT TAB 75MG	4	PA
BRIVIACT TAB 100MG	4	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	3	
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium</i>	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	1	
<i>diazepam inj</i>	1	
<i>diazepam intensol</i>	1	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	2	
DILANTIN CAP 100MG	2	
DILANTIN CHEW TAB 50MG	2	
DILANTIN-125 SUSP	3	
<i>divalproex sodium</i> CSDR; TB24; TBEC	1	
<i>epitol</i>	1	
<i>ethosuximide</i> CAPS; SOLN	1	
<i>felbamate</i> SUSP	4	
<i>felbamate</i> TABS	1	
FYCOMPA SUSP	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW; TABS; TB24	1	
<i>levetiracetam</i> SOLN; TABS; TB24	1	
<i>levetiracetam in sodium chloride</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946 mL / 30 days)
ONFI	4	PA
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenobarbital</i> ELIX	3	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	2	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	3	PA; PA if 70 years and older
PHENYTEK	2	
<i>phenytoin</i> CHEW; SUSP	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>primidone</i> TABS	1	
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SABRIL TABS	4	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	3	
<i>subvenite tab</i>	1	
<i>tiagabine hcl</i>	1	
<i>topiramate</i> CPSP; TABS	1	
<i>valproate sodium</i> SOLN	1	
<i>valproic acid</i>	1	
<i>vigabatrin powd pack 500mg</i>	4	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	3	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	4	
VIMPAT SOL 10MG/ML	4	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	1	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS	1	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	1	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	1	PA; PA if < 30 yrs
<i>memantine soln</i>	1	PA; PA if < 30 yrs
<i>memantine tabs</i>	1	PA; PA if < 30 yrs

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

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	2	
<i>amoxapine tab</i> 25mg	2	
<i>amoxapine tab</i> 50mg	2	
<i>amoxapine tab</i> 100mg	2	
<i>amoxapine tab</i> 150mg	2	
<i>bupropion hcl</i> TABS; TB12; TB24	1	
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hcl</i> CAPS	3	PA
<i>desipramine hcl</i> TABS	3	
<i>desvenlafaxine succinate</i>	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	2	
<i>duloxetine hcl</i> CPEP 20mg	1	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	1	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	1	QL (60 caps / 30 days)
EMSAM	4	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i>	1	
FETZIMA 20mg	3	QL (180 caps / 30 days), PA
FETZIMA 40mg	3	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	3	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	3	PA
<i>fluoxetine cap</i> 10mg	1	
<i>fluoxetine cap</i> 20mg	1	
<i>fluoxetine cap</i> 40mg	1	
<i>fluoxetine hcl</i> SOLN	1	
<i>imipramine hcl</i> TABS	2	
<i>maprotiline hcl</i>	1	
MARPLAN TAB 10MG	3	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS; TBDP	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	3	

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

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl CAPS</i>	1	QL (120 caps / 30 days)
<i>amantadine hcl SYRP; TABS</i>	1	
APOKYN	4	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	1	
<i>benztropine mesylate tab 0.5mg</i>	2	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	2	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	2	PA; PA if 70 years and older
<i>bromocriptine mesylate CAPS; TABS</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa/levodopa/entacapone</i>	1	
<i>entacapone</i>	1	
NEUPRO	3	
<i>pramipexole tab 0.5mg</i>	1	
<i>pramipexole tab 0.25mg</i>	1	
<i>pramipexole tab 0.75mg</i>	1	
<i>pramipexole tab 0.125mg</i>	1	
<i>pramipexole tab 1.5mg</i>	1	
<i>pramipexole tab 1mg</i>	1	
<i>rasagiline mesylate TABS</i>	1	
<i>ropinirole tab 0.5mg</i>	1	
<i>ropinirole tab 0.25mg</i>	1	
<i>ropinirole tab 1mg</i>	1	
<i>ropinirole tab 2mg</i>	1	
<i>ropinirole tab 3mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole tab 4mg</i>	1	
<i>ropinirole tab 5mg</i>	1	
<i>selegiline hcl CAPS; TABS</i>	1	
<i>trihexyphenidyl hcl</i>	2	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	4	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	4	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	1	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	4	QL (1 injection / 56 days)
<i>chlorpromazine hcl TABS</i>	1	
CHLORPROMAZINE INJ	3	
<i>clozapine odt 12.5mg, 25mg</i>	1	PA
<i>clozapine odt 100mg</i>	1	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	1	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	4	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	1	
<i>clozapine tab 50mg</i>	1	
<i>clozapine tab 100mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	1	QL (135 tabs / 30 days)
FANAPT	3	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	3	
<i>fluphenazine decanoate SOLN</i>	1	
<i>fluphenazine hcl</i>	1	
GEODON SOLR	3	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	1	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol decanoate SOLN</i>	1	
<i>haloperidol lactate inj 5mg/ml</i>	1	
INVEGA SUST INJ 39 MG/0.25 ML	3	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	4	QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA	4	QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	3	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	3	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	1	
NUPLAZID TABS 17mg	4	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	1	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	1	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg</i>	1	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	1	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	4	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	1	
<i>pimozide</i>	1	
<i>quetiapine fumarate TABS</i>	1	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	1	QL (30 tabs / 30 days)
REXULTI 1mg	4	QL (90 tabs / 30 days)
REXULTI 2mg	4	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI .5mg	4	QL (180 tabs / 30 days)
REXULTI .25mg	4	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	3	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	3	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	4	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	1	QL (240 mL / 30 days)
<i>risperidone TABS</i>	1	
<i>risperidone TBDP .5mg</i>	1	QL (90 tabs / 30 days)
<i>risperidone TBDP .25mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	3	QL (240 tabs / 30 days)
SAPHRIS 5mg	3	QL (120 tabs / 30 days)
SAPHRIS 10mg	3	QL (60 tabs / 30 days)
<i>thioridazine hcl TABS</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ	4	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	4	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	3	PA
<i>ziprasidone hcl</i>	1	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	4	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	3	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	1	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	1	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	2	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>metadate er tab 20mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	1	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	1	QL (90 tabs / 30 days)

HYPNOTICS

<i>HETLIOZ</i>	4	NM, LA, PA
<i>SILENOR 3mg</i>	2	QL (60 tabs / 30 days)
<i>SILENOR 6mg</i>	2	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate TABS</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	4	
<i>dihydroergotamine mesylate nasal</i>	4	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	1	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine TABS</i>	1	
<i>naratriptan hcl</i>	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	1	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	1	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	1	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	1	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	1	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	1	QL (12 tabs / 30 days)

MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO 6mg	4	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	4	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	1	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	3	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	1	
<i>riluzole</i>	1	
<i>tetrabenazine</i> 12.5mg	4	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	4	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	4	NM, LA, PA
BETASERON	4	QL (14 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	4	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	4	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	4	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	4	QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	1	
<i>tizanidine hcl</i> TABS	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	1	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
XYREM	4	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	1	
<i>buprenorphine hcl</i> SUBL	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl</i>	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent)</i>	1	
CHANTIX	3	PA
CHANTIX CONTINUING MONTH	3	PA
CHANTIX STARTER PACK	3	PA
<i>disulfiram TABS</i>	1	
<i>naloxone inj 0.4mg/ml</i>	1	
<i>naloxone inj 1mg/ml</i>	1	
<i>naltrexone hcl TABS</i>	1	
NARCAN	2	
NICOTROL INHALER	3	
NICOTROL NS	3	
SUBOXONE MIS 2-0.5MG	3	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	3	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	3	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	3	QL (60 films / 30 days)
VIVITROL	4	NM

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	4	PA
ANDRODERM	3	QL (30 patches / 30 days), PA
<i>oxandrolone TABS</i>	1	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	1	QL (300 grams / 30 days), PA
<i>testosterone cypionate SOLN</i>	1	PA
<i>testosterone enanthate SOLN</i>	1	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	2	
BASAGLAR KWIKPEN	2	
BD ULTRAFINE INSULIN SYRINGE	2	
BD ULTRAFINE/NANO PEN NEEDLES	2	
BYDUREON BCISE	2	QL (4 pens / 28 days)
BYDUREON INJ	2	QL (4 vials / 28 days)
BYDUREON PEN	2	QL (4 pens / 28 days)
BYETTA	3	QL (1 pen / 30 days)
FIASP	2	
FIASP FLEXTOUCH	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	4	B/D
HUMULIN R U-500 KWIKPEN	4	
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30	2	(brand RELION not covered)
NOVOLIN N	2	(brand RELION not covered)
NOVOLIN R	2	(brand RELION not covered)
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG PENFILL	2	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	2	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	2	QL (2 pens / 28 days)
SOLIQUA 100/33	2	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	2	
TRULICITY	2	QL (4 pens / 28 days)
VICTOZA	2	QL (3 pens / 30 days)
XULTOPHY 100/3.6	2	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	1	
FARXIGA 5mg	2	QL (60 tabs / 30 days)
FARXIGA 10mg	2	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JARDIANCE 10mg	2	QL (60 tabs / 30 days)
JARDIANCE 25mg	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	2	QL (30 tabs / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	2	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS	1	
<i>ibandronate sodium</i> TABS	1	B/D
PAMIDRONATE DISODIUM 6mg/ml	2	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	1	B/D
<i>pamidronate inj</i> 30mg	1	B/D
<i>pamidronate inj</i> 90mg	1	B/D
<i>zoledronic acid inj</i> 5mg/100ml	1	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	1	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	4	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	4	B/D, QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	3	
DEPEN TITRATABS	4	
JADENU	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE	4	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
<i>sps susp 15gm/60ml</i>	1	
<i>trientine hcl</i>	4	PA
CONTRACEPTIVES		
<i>altavera tab</i>	1	
<i>alyacen 1/35</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	
<i>caziant pak</i>	1	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred tab</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
<i>desogestrel & ethinyl estradiol</i>	1	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	3	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i>	1	
<i>estarylla tab 0.25-35</i>	1	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>ethynodiol tab 1-50</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>gianvi</i>	1	
<i>heather</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jolessa tab 0.15-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>jolivette</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia tab</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor/ethi tab</i>	1	
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah tab 0.25-35</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>nikki</i>	1	
<i>nora-be tab</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acet & eth estra</i>	1	
<i>norgest/ethi tab 0.25/35</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>NUVARING</i>	3	
<i>ocella tab 3-0.03mg</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>reclipsen</i>	1	
<i>setlakin tab</i>	1	
<i>sharobel</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tilia fe</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo marzia</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
<i>tulana</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>xulane</i>	1	
<i>zarah</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zenchent</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	1	
SYNAREL	4	
ENZYME REPLACEMENTS		
ADAGEN	4	NM, LA, PA
ALDURAZYME	4	NM, LA, PA
CARBAGLU	4	NM, LA, PA
CERDELGA	4	NM, PA
CEREZYME	4	NM, LA, PA
CYSTADANE	4	NM, LA
CYSTAGON	3	NM, LA, PA
FABRAZYME	4	NM, LA, PA
KUVAN	4	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	1	B/D
LUMIZYME	4	NM, LA, PA
<i>miglustat</i>	4	NM, PA
NAGLAZYME	4	NM, LA, PA
ORFADIN	4	NM, LA, PA
<i>sodium phenylbutyrate</i>	4	NM, PA
ESTROGENS		
DELESTROGEN 10mg/ml	3	
<i>estradiol PTWK</i>	2	
<i>estradiol TABS</i>	1	
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tab</i>	1	
<i>estradiol valerate OIL</i>	1	
<i>fyavolv</i>	2	
<i>jinteli</i>	2	
<i>norethindrone acetate-ethinyl estradiol</i>	2	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	1	
DEXAMETHASONE CONC	3	
<i>dexamethasone ELIX; SOLN; TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate TABS</i>	1	
<i>hydrocortisone TABS</i>	1	
<i>methylpr ss inj</i>	1	B/D
<i>methylpred pak 4mg</i>	1	
<i>methylpred tab 4mg</i>	1	B/D
<i>methylpred tab 8mg</i>	1	B/D
<i>methylpred tab 16mg</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylpred tab 32mg</i>	1	B/D
<i>methylprednisolone acetate</i>	1	B/D
<i>pred sod pho sol 5mg/5ml</i>	1	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	1	B/D
<i>prednisolone sol 15mg/5ml</i>	1	B/D
<i>prednisolone sol 25mg/5ml</i>	1	B/D
PREDNISON CON 5MG/ML	3	B/D
<i>prednisone pak 5mg</i>	1	
<i>prednisone pak 10mg</i>	1	
<i>prednisone sol 5mg/5ml</i>	1	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM SUS 50MG/ML	3	
MISCELLANEOUS		
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	B/D
FORTEO	4	NM, PA
GENOTROPIN	4	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NM, PA
INCRELEX	4	NM, LA, PA
KORLYM	4	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	4	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	4	NM, PA
LUPRON DEPOT-PED (1-MONTH)	4	NM, PA
LUPRON DEPOT-PED (3-MONTH)	4	NM, PA
NATPARA	4	NM, PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	1	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	4	NM, PA
PROLIA	3	QL (1 injection / 180 days), NM
<i>raloxifene hcl</i>	1	
SIGNIFOR	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT	4	NM, PA
SOMAVERT	4	NM, LA, PA
TYMLOS	4	NM, PA
XGEVA	4	NM, PA

PHOSPHATE BINDER AGENTS

AURYXIA	4	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder)</i> CAPS	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	1	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	4	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	1	QL (540 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	1	

THYROID AGENTS

<i>levo-t</i>	1	
<i>levothyroxine sodium</i> TABS	1	
<i>levoxyl</i>	1	
<i>liothyronine sodium</i> TABS	1	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	1	
SYNTHROID	3	
<i>unithroid</i>	1	

VASOPRESSINS

<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin inj 4mcg/ml</i>	1	
STIMATE	4	NM

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	1	B/D
<i>aprepitant pak 80mg & 125mg</i>	1	B/D
<i>compro</i>	1	
<i>dronabinol</i>	1	B/D, QL (60 caps / 30 days)
EMEND SUSR	3	B/D
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
<i>meclizine hcl</i> TABS	1	
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide hcl inj</i>	1	
<i>ondansetron hcl</i> TABS	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	1	
<i>promethazine hcl SYRP; TABS</i>	1	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	3	PA; PA if 70 years and older
<i>scopolamine patch</i>	3	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

<i>famotidine SUSR</i>	1	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine in nacl</i>	1	
<i>famotidine inj</i>	1	
<i>ranitidine hcl TABS</i>	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine inj</i>	1	
<i>ranitidine syrup</i>	1	

INFLAMMATORY BOWEL DISEASE

APRISO	2	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	1	
<i>budesonide ec</i>	4	
CANASA	3	
<i>colocort enema 100mg</i>	1	
DELZICOL	3	
<i>hydrocortisone (enema)</i>	1	
<i>mesalamine ENEM</i>	1	
<i>mesalamine TBEC 800mg</i>	1	
<i>mesalamine w/ cleanser</i>	1	
<i>sulfasalazine TABS</i>	1	
<i>sulfasalazine ec</i>	1	

LAXATIVES

<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY	2	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	3	
NULYTELY/FLAVOR PACKS	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>peg 3350/electrolytes</i>	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i>	4	PA
AMITIZA CAP 8MCG	2	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	4	
<i>diphenoxylate w/ atropine</i> LIQD	3	
<i>diphenoxylate w/ atropine</i> TABS	2	
GATTEX	4	NM, LA, PA
LINZESS	2	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	1	
<i>misoprostol</i> TABS	1	
MOVANTIK 12.5mg	2	QL (60 tabs / 30 days)
MOVANTIK 25mg	2	QL (30 tabs / 30 days)
RELISTOR SOLN	4	PA
<i>sucralfate</i> TABS	1	
SYMPROIC	2	
<i>ursodiol</i> CAPS; TABS	1	
XIFAXAN 550mg	4	PA
PANCREATIC ENZYMES		
CREON	2	
ZENPEP	3	
PROTON PUMP INHIBITORS		
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	1	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	1	
<i>lansoprazole</i> CPDR	1	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> SOLR	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tbec</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	1	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	
<i>tamsulosin hcl</i>	1	
MISCELLANEOUS		
<i>bethanechol chloride TABS</i>	1	
<i>potassium citrate (alkalinizer) er tabs</i>	1	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	3	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	1	
<i>oxybutynin chloride TABS</i>	1	
<i>oxybutynin chloride TB24 5mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	1	ST
TOVIAZ	2	QL (30 tabs / 30 days)
<i>tropium chloride TABS</i>	1	QL (60 tabs / 30 days)
VESICARE	3	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal</i>	1	
<i>vandazole</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	2	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	4	
<i>heparin sod (porcine) in d5w</i>	2	
<i>heparin sod inj 1000/ml</i>	1	B/D
<i>heparin sod inj 5000/ml</i>	1	B/D
<i>heparin sod inj 10000/ml</i>	1	B/D
<i>heparin sod inj 20000/ml</i>	1	B/D
HEPARIN SODIUM/NACL 0.45%	2	
<i>jantoven</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRADAXA	3	
<i>warfarin sodium</i>	1	
XARELTO	2	
XARELTO STARTER PACK	2	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	4	NM, PA
NEUPOGEN	4	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	4	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	1	
BERINERT	4	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	1	
DROXIA	2	
ENDARI	4	NM, LA, PA
FIRAZYR	4	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	4	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	4	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg	4	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	4	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	4	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	4	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	1	
ZONTIVITY	3	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA 10mg/0.1ml, 20mg/0.2ml	4	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	4	QL (6 injections / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 10MG/0.2ML	4	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	4	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	4	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	4	NM, PA
HUMIRA PEN	4	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	4	NM, PA
HUMIRA PEN INJ PS/UV STARTER	4	NM, PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide TABS</i>	1	
<i>methotrexate sodium tabs</i>	1	
REMICADE	4	NM, PA
XATMEP	3	B/D
XELJANZ	4	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	4	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	4	NM, PA
CARIMUNE NANOFILTERED	4	NM, PA
FLEBOGAMMA DIF	4	NM, PA
GAMASTAN S/D	2	B/D, NM
GAMMAGARD LIQUID	4	NM, PA
GAMMAGARD S/D	4	NM, PA
GAMMAKED	4	NM, PA
GAMMAPLEX	4	NM, PA
GAMMAPLEX 10GM/100ML	4	NM, PA
GAMUNEX-C	4	NM, PA
OCTAGAM	4	NM, PA
PRIVIGEN	4	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	4	NM, LA, PA
ARCALYST	4	NM, PA
INTRON-A INJ 10MU	4	B/D, NM
INTRON-A INJ 18MU	4	B/D, NM
INTRON-A INJ 25MU	4	B/D, NM
INTRON-A INJ 50MU	4	B/D, NM

IMMUNOSUPPRESSANTS

<i>azathioprine TABS</i>	1	B/D
BENLYSTA	4	NM, PA
<i>cyclosporine CAPS; SOLN</i>	1	B/D
<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>gengraf</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> CAPS; TABS	1	B/D
<i>mycophenolate mofetil</i> SUSR	4	B/D
<i>mycophenolate sodium tbec</i>	1	B/D
NULOJIX	4	B/D
RAPAMUNE SOLN	4	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
<i>sirolimus</i> TABS 2mg	4	B/D
<i>sirolimus</i> TABS .5mg, 1mg	1	B/D
<i>tacrolimus</i> CAPS	1	B/D
ZORTRESS TAB 0.5MG	4	B/D
ZORTRESS TAB 0.25MG	4	B/D
ZORTRESS TAB 0.75MG	4	B/D

VACCINES

ACTHIB	2	
ADACEL	2	
BCG VACCINE	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOID	2	B/D
ENGERIX-B SUSP	2	B/D
GARDASIL 9	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	QL (2 vials per lifetime)
TENIVAC	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TRUMENBA	2	

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INJ	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	2	
<i>klor-con m20</i>	1	
<i>klor-con pak 20meq</i>	1	
<i>klor-con spr cap 8meq</i>	1	
<i>klor-con spr cap 10meq</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	2	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate in dextrose</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK</i>	1	
<i>potassium chloride SOLN 10%, 20%</i>	1	
<i>potassium chloride TBCR</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride tab cr 10 meq</i>	1	
<i>sodium chloride SOLN 2.5meq/ml</i>	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>tpn electrolytes</i>	3	B/D

IV NUTRITION

AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
<i>aminosyn 8.5%/electrolyte</i>	3	B/D
<i>aminosyn ii 8.5%/electrol</i>	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 7%	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
<i>hepatamine</i>	3	B/D
INTRALIPID 30%	3	B/D
<i>intralipid inj 20%</i>	3	B/D
NEPHRAMINE	3	B/D
<i>nutrilipid inj 20%</i>	3	B/D
<i>premasol sol 6%</i>	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE INJ 10%	3	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 5%</i>	1	
DEXTROSE 5% /ELECTROLYTE	2	
<i>dextrose 5%/nacl 0.2%</i>	1	
DEXTROSE 5%/NACL 0.3%	3	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/potassium chl</i>	1	
<i>dextrose 10% flex contain</i>	1	
DEXTROSE 10%/NACL 0.2%	2	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE P	3	
ISOLYTE S	3	
<i>kcl0.15%/d5w/nacl0.2%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
KCL 0.15%/D5W/NACL 0.225%	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl/d5w inj 0.3%</i>	1	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	1	
<i>kcl/d5w/nacl inj .15/.33%</i>	1	
<i>kcl/d5w/nacl inj .15/.45%</i>	1	
<i>kcl/nacl inj 0.3-0.9</i>	1	
<i>kcl/nacl inj 0.15%-0.9%</i>	1	
<i>lactated ringer's</i>	1	
NORMOSOL-M IN D5W	3	
NORMOSOL-R	3	
NORMOSOL-R IN D5W	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>pot chloride inj 2meq/ml</i>	1	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	1	
<i>potassium chloride in nacl</i>	1	
<i>sodium chloride SOLN 3%, 5%</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
VITAMINS		
<i>calcitriol CAPS</i>	1	B/D
<i>calcitriol inj</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol CAPS</i>	1	B/D
PNV PRENATAL TAB PLUS	2	
RAYALDEE	4	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE OINT	3	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	
ANTI-INFECTIVES		
AZASITE	3	
<i>bacitracin (ophthalmic)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate soln (ophth)</i>	1	
MOXEZA	2	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	3	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1	
<i>trifluridine SOLN</i>	1	
ZIRGAN	3	
ANTI-INFLAMMATORIES		
ALREX	2	
<i>bromfenac sodium (ophth)</i>	1	
BROMSITE	3	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	2	
PROLENSA	2	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	3	
<i>olopatadine hcl 0.2%</i>	1	
PAZEO	2	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	1	
LUMIGAN	2	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl SOLN</i>	1	
SIMBRINZA	2	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
TRAVATAN Z	2	

MISCELLANEOUS

CYSTARAN	4	NM, LA, PA
<i>proparacaine hcl SOLN</i>	1	
RESTASIS	2	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	2	QL (1 bottle / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	2	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	2	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	3	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	1	B/D
TRELEGY ELLIPTA	2	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA	3	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	2	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	1	B/D
<i>ipratropium bromide (nasal)</i>	1	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	1	
<i>azelastine spr 0.15%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl</i> SYRP; TABS	2	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	1	
<i>hydroxyzine hcl</i> SYRP	2	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS	1	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i>	1	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	1	
<i>levalbuterol hcl</i> NEBU 1.25mg/3ml	1	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	1	B/D
<i>levalbuterol tartrate hfa</i>	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	1	
VENTOLIN HFA	2	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; PACK; TABS	1	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP	4	NM, LA, PA
DALIRESP	3	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
ESBRIET	4	NM, PA
KALYDECO	4	NM, PA
OFEV	4	NM, PA
ORKAMBI TABS	4	NM, PA
PROLASTIN-C	4	NM, LA, PA
PULMOZYME	4	NM, PA
SYMDEKO	4	NM, LA, PA
THEO-24	3	
<i>theophylline</i>	1	

Drug Name	Drug Tier	Requirements/Limits
XOLAIR	4	NM, LA, PA
ZEMAIRA	4	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i>	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)

STEROID INHALANTS

ARNUITY ELLIPTA	2	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	2	QL (240 inhalations / 30 days)
FLOVENT HFA	2	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	2	QL (60 inhalations / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
BREO ELLIPTA	2	QL (60 blisters / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>amnesteem</i>	1	PA
<i>avita</i>	1	PA
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	PA
<i>clindacin-p</i>	1	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	1	
<i>ery pad 2%</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>isotretinoin</i> CAPS	1	PA
<i>myorisan</i>	1	PA
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i> CREA	1	PA
<i>tretinoin</i> GEL .01%, .025%	1	PA
<i>zenatane</i>	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	1	
<i>mupirocin</i> OINT	1	
<i>silver sulfadiazine</i> CREA	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ssd</i>	1	
SULFAMYLON CREA	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> CREA; GEL; SUSP	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole (topical)</i>	1	
<i>clotrimazole w/ betamethasone</i> CREA	1	
<i>ketoconazole cream</i>	1	
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystatin pow 100000</i>	1	
<i>nystop</i>	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	4	PA
<i>calcipotriene</i> CREA; OINT	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN	1	QL (120 mL / 30 days), PA
<i>calcitrene</i>	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA	1	PA
TAZORAC CREA .05%	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide</i> LOTN	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	1	
<i>fluocinolone acetonide oil body</i>	1	
<i>fluocinonide</i> CREA .05%	1	
<i>fluocinonide</i> GEL	1	
<i>fluocinonide</i> SOLN	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> CREA; OINT	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i> CREA	1	
<i>hydrocortisone (topical)</i> LOTN	1	
<i>hydrocortisone (topical)</i> OINT 2.5%	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i> CREA; OINT; SOLN	1	
TEXACORT SOLN 2.5%	3	
<i>triamcinolone acetonide (topical)</i> CREA; LOTN; OINT	1	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	1	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	1	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	1	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	1	QL (30 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	1	
<i>diclofenac sodium (topical) 1% gel</i>	1	PA
<i>fluorouracil (topical) 5%</i>	1	
<i>fluorouracil (topical)</i> SOLN	1	
<i>imiquimod</i> CREA	1	
<i>metronidazole (topical)</i> CREA; LOTN	1	
<i>metronidazole gel 0.75%</i>	1	
PANRETIN	4	
PICATO .05%	2	QL (2 tubes / 30 days)
PICATO .015%	2	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone-hc</i>	1	
<i>rosadan</i>	1	
<i>tacrolimus (topical)</i>	1	
TARGRETIN GEL	4	NM, PA
VALCHLOR	4	NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i>	1	
<i>permethrin cre 5%</i>	1	

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid .25%</i>	1	
REGANEX	4	PA
SANTYL	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chlor sol 0.9% irr</i>	1	
<i>water for irrigation, sterile</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetic acid (otic)</i>	1	
CIPRODEX	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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CAYSTON	9	<i>ciprofloxacin</i>	14
<i>caziant pak</i>	38	<i>ciprofloxacin hcl (ophth)</i>	53
<i>cefaclor</i>	13	<i>ciprofloxacin hcl tab</i>	14
CEFACLOR MONOHYDRATE ER.....	13	<i>ciprofloxacin in d5w</i>	14
<i>cefadroxil</i>	13	<i>cisplatin</i>	19
CEFAZOLIN IN DEXTROSE 2GM/100ML-		<i>citalopram hydrobromide</i>	28
4%	13	<i>claravis</i>	56
<i>cefazolin inj</i>	13	<i>clarithromycin</i>	14
<i>cefazolin sodium</i>	13	<i>clarithromycin er</i>	14
CEFAZOLIN SODIUM 1 GM/50ML	13	<i>clarithromycin for susp</i>	14
<i>cefdinir</i>	13	<i>clindacin-p</i>	56
<i>cefepime hcl</i>	13	<i>clindamycin cap 300mg</i>	9
<i>cefixime</i>	13	<i>clindamycin cap 75mg</i>	9
<i>cefotaxime sodium</i>	13	<i>clindamycin hcl cap 150 mg</i>	9
<i>cefoxitin sodium</i>	13	<i>clindamycin phosphate (topical)</i>	56
<i>cefpodoxime proxetil</i>	13	<i>clindamycin phosphate in d5w</i>	9
<i>cefprozil</i>	13	<i>clindamycin phosphate inj</i>	9
<i>ceftazidime</i>	13	CLINDAMYCIN PHOSPHATE IN NAACL	9
CEFTAZIDIME/DEXTROSE	13	<i>clindamycin phosphate vaginal</i>	46
<i>ceftriaxone sodium</i>	13	<i>clindamycin soln 75mg/5ml</i>	9
<i>cefuroxime axetil</i>	13	CLINIMIX 2.75%/DEXTROSE 5%	51
<i>cefuroxime sodium</i>	13	CLINIMIX 4.25%/DEXTROSE 25%	51
<i>celecoxib</i>	6	CLINIMIX 4.25%/DEXTROSE 5%	51
CELONTIN	25	CLINIMIX 5%/DEXTROSE 15%	51
<i>cephalexin</i>	14	CLINIMIX 5%/DEXTROSE 20%	51
CERDELGA.....	41	CLINIMIX 5%/DEXTROSE 25%	51
CEREZYME.....	41	CLINIMIX INJ 4.25/D10	51

CLINIMIX INJ 4.25/D20	51	<i>cyred tab</i>	38
<i>clomipramine hcl</i>	28	CYSTADANE.....	41
<i>clonazepam</i>	25	CYSTAGON	41
<i>clonidine hcl</i>	24	CYSTARAN.....	54
<i>clopidogrel tab 75mg</i>	47	<i>cytarabine</i>	16
<i>clorazepate dipotassium</i>	26	D	
<i>clotrimazole</i>	59	<i>dacarbazine</i>	15
<i>clotrimazole (topical)</i>	57	DALIRESA.....	55
<i>clotrimazole w/ betamethasone</i>	57	<i>danazol</i>	41
<i>clozapine odt</i>	30	<i>dantrolene sodium</i>	34
<i>clozapine tab 100mg</i>	30	<i>dapsone</i>	9
<i>clozapine tab 200mg</i>	30	DAPTACEL	49
<i>clozapine tab 25mg</i>	30	<i>daptomycin</i>	9
<i>clozapine tab 50mg</i>	30	<i>dasetta 1/35</i>	38
COARTEM	10	<i>dasetta 7/7/7</i>	38
<i>colchicine w/ probenecid</i>	6	<i>deblitane</i>	38
COLCRYS	6	DELESTROGEN	41
<i>colesevelam hcl</i>	22	<i>delyla</i>	38
<i>colestipol hcl gran</i>	22	DELZICOL.....	44
<i>colestipol hcl pack</i>	22	DEMSEER.....	24
<i>colestipol hcl tabs</i>	22	DEPEN TITRATABS.....	37
<i>colistimethate sodium</i>	9	DEPO-PROVERA INJ 400/ML.....	17
<i>colocort enema 100mg</i>	44	DESCOVY	12
COMBIGAN	54	<i>desipramine hcl</i>	28
COMBIVENT RESPIMAT.....	54	<i>desmopressin acetate spray</i>	43
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COMPLERA.....	12	<i>desmopressin acetate tabs</i>	43
<i>compro</i>	43	<i>desmopressin inj 4mcg/ml</i>	43
<i>constulose</i>	44	<i>desogestrel-ethinyl estradiol (biphasic)</i>	38
CORLANOR	24	<i>desogestrel & ethinyl estradiol</i>	38
<i>cortisone acetate</i>	41	<i>desvenlafaxine succinate</i>	28
COTELLIC	18	<i>dexamethasone</i>	41
COUMADIN	46	DEXAMETHASONE	41
CREON.....	45	<i>dexamethasone sodium phosphate</i>	41
CRIXIVAN.....	10	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	53
<i>cromolyn sodium (mastocytosis)</i>	45	DEXILANT.....	45
<i>cromolyn sodium (ophth)</i>	53	<i>dexmethylphenidate hcl</i>	32
<i>cromolyn sodium nebu</i>	55	<i>dexrazoxane</i>	19
<i>cryselle-28</i>	38	DEXTROSE 10%/NAACL 0.2%	51
<i>cyclafem 1/35</i>	38	<i>dextrose 10%/nacl 0.45%</i>	51
<i>cyclafem 7/7/7</i>	38	<i>dextrose 10% flex contain</i>	51
<i>cyclobenzaprine hcl</i>	34	<i>dextrose 2.5%/nacl 0.45%</i>	51
<i>cyclophosphamide</i>	15	<i>dextrose 5%</i>	51
<i>cycloserine</i>	12	DEXTROSE 5% /ELECTROLYTE	51
<i>cyclosporine</i>	48	<i>dextrose 5%/nacl 0.2%</i>	51
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	48	<i>dextrose 5%/nacl 0.225%</i>	51
<i>cyproheptadine hcl</i>	55		

DEXTROSE 5%/NAACL 0.3%	51	<i>diltiazem hcl extended release beads cap</i>	
<i>dextrose 5%/nacl 0.33%</i>	51	<i>sr</i>	23
<i>dextrose 5%/nacl 0.45%</i>	51	<i>diltiazem inj</i>	23
<i>dextrose 5%/nacl 0.9%</i>	51	<i>diphenhydramine hcl inj 50mg/ml</i>	55
<i>dextrose 5%/potassium chl</i>	51	<i>diphenoxylate w/ atropine</i>	45
<i>dextrose 50%</i>	51	DIPHTHERIA/TETANUS TOXOID	49
<i>dextrose inj 70%</i>	51	<i>disopyramide phosphate</i>	21
<i>dextrose in lactated ringers</i>	51	<i>disulfiram</i>	35
DIASTAT ACUDIAL	26	<i>divalproex sodium</i>	26
DIASTAT PEDIATRIC	26	<i>docetaxel</i>	16
<i>diazepam</i>	26	DOCETAXEL	16
<i>diazepam gel</i>	26	<i>dofetilide</i>	21
<i>diazepam inj</i>	26	<i>donepezil hydrochloride</i>	27
<i>diazepam intensol</i>	26	<i>dorzolamide hcl</i>	54
<i>diazepam oral soln 1 mg/ml</i>	26	<i>dorzolamide hcl-timolol maleate</i>	54
<i>diclofenac potassium</i>	6	<i>doxazosin mesylate</i>	20
<i>diclofenac sodium</i>	6	<i>doxepin hcl</i>	28
<i>diclofenac sodium (ophth)</i>	53	<i>doxorubicin hcl</i>	15
<i>diclofenac sodium (topical) 1% gel</i>	58	<i>doxorubicin hcl liposomal</i>	15
<i>dicloxacillin sodium</i>	14	<i>doxy 100</i>	15
<i>dicyclomine hcl cap 10mg</i>	44	<i>doxycycline (monohydrate)</i>	15
<i>dicyclomine hcl soln 10mg/5ml</i>	44	<i>doxycycline hyclate</i>	15
<i>dicyclomine hcl tab 20mg</i>	44	<i>dronabinol</i>	43
<i>didanosine</i>	10	<i>drospirenone-ethinyl estradiol</i>	38
DIFICID	14	DROXIA	47
<i>diflunisal</i>	6	<i>duloxetine hcl</i>	28
<i>digitek</i>	23	DUREZOL	53
<i>digox</i>	23	<i>dutasteride</i>	46
<i>digoxin</i>	23	<i>dutasteride-tamsulosin hcl</i>	46
<i>digoxin inj</i>	23	E	
<i>digoxin sol 50mcg/ml</i>	23	<i>e.e.s 400</i>	14
<i>dihydroergotamine mesylate inj 1 mg/ml</i>		EDURANT	10
.....	33	<i>efavirenz</i>	11
<i>dihydroergotamine mesylate nasal</i>	33	<i>eletriptan hydrobromide</i>	33
DILANTIN-125 SUSP	26	ELIQUIS	46
DILANTIN CAP 100MG	26	ELIQUIS STARTER PACK	46
DILANTIN CAP 30MG	26	ELLA	38
DILANTIN CHEW TAB 50MG	26	EMCYT	15
<i>dilt-xr cap</i>	23	EMEND	43
<i>diltiazem cap 120mg cd</i>	23	<i>emoquette</i>	38
<i>diltiazem cap 180mg cd</i>	23	EMSAM	28
<i>diltiazem cap 240mg cd</i>	23	EMTRIVA	11
<i>diltiazem cap 300mg cd</i>	23	EMVERM	9
<i>diltiazem cap 360mg cd</i>	23	<i>enalapril maleate</i>	20
<i>diltiazem cap er/12hr</i>	23	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>diltiazem hcl</i>	23	20
<i>diltiazem hcl cap sr 24hr</i>	23	ENDARI	47
<i>diltiazem hcl coated beads cap sr 24hr</i>	23	<i>endocet 10-325mg</i>	7

<i>endocet 2.5-325mg</i>	6	<i>exemestane</i>	17
<i>endocet 5-325mg</i>	7	<i>ezetimibe</i>	22
<i>endocet 7.5-325mg</i>	7	F	
ENGERIX-B	49	FABRAZYME	41
<i>enoxaparin sodium</i>	46	<i>falmina</i>	38
<i>enpresse-28</i>	38	<i>famciclovir</i>	13
<i>enskyce</i>	38	<i>famotidine</i>	44
<i>entacapone</i>	29	<i>famotidine inj</i>	44
<i>entecavir</i>	12	<i>famotidine in nacl</i>	44
ENTRESTO.....	21	FANAPT	30
<i>enulose</i>	44	FANAPT TITRATION PACK	30
EPCLUSA	12	FARESTON.....	17
<i>epinephrine (anaphylaxis)</i>	55	FARXIGA	36
<i>epirubicin hcl</i>	15	FARYDAK.....	16
<i>epitol</i>	26	FASLODEX.....	17
EPIVIR HBV	13	<i>felbamate</i>	26
<i>eplerenone</i>	20	<i>felodipine</i>	23
<i>ergotamine w/ caffeine</i>	33	<i>femynor</i>	38
ERIVEDGE	16	<i>fenofibrate</i>	22
ERLEADA.....	17	<i>fenofibrate micronized</i>	22
<i>errin</i>	38	<i>fentanyl citrate</i>	7
<i>ertapenem sodium</i>	9	<i>fentanyl patch 100 mcg/hr</i>	7
<i>ery-tab</i>	14	<i>fentanyl patch 12 mcg/hr</i>	7
<i>ery pad 2%</i>	56	<i>fentanyl patch 25 mcg/hr</i>	7
ERYTHROCIN LACTOBIONATE.....	14	<i>fentanyl patch 50 mcg/hr</i>	7
<i>erythrocin stearate</i>	14	<i>fentanyl patch 75 mcg/hr</i>	7
<i>erythromycin (acne aid)</i>	56	FENTORA	7
<i>erythromycin (ophth)</i>	53	FETZIMA	28
<i>erythromycin base</i>	14	FETZIMA TITRATION PACK.....	28
<i>erythromycin cap 250mg ec</i>	14	FIASP	35
<i>erythromycin ethylsuccinate</i>	14	FIASP FLEXTOUCH	35
ESBRIET	55	<i>finasteride</i>	46
<i>escitalopram oxalate</i>	28	FIRAZYR.....	47
<i>esomeprazole magnesium</i>	45	FLEBOGAMMA DIF	48
<i>esomeprazole sodium inj</i>	45	<i>flecainide acetate</i>	21
<i>estarylla tab 0.25-35</i>	38	FLOVENT DISKUS	56
<i>estradiol</i>	41	FLOVENT HFA	56
<i>estradiol vaginal cream</i>	41	<i>fluconazole</i>	10
<i>estradiol vaginal tab</i>	41	<i>fluconazole in dextrose</i>	10
<i>estradiol valerate</i>	41	<i>fluconazole inj nacl 200</i>	10
<i>ethambutol hcl</i>	12	<i>fluconazole inj nacl 400</i>	10
<i>ethosuximide</i>	26	<i>flucytosine</i>	10
<i>ethynodiol diacet & eth estrad</i>	38	<i>fludrocortisone acetate</i>	41
<i>ethynodiol tab 1-50</i>	38	<i>flunisolide (nasal)</i>	56
<i>etodolac</i>	6	<i>fluocinolone acetonide</i>	57
<i>etodolac er</i>	6	<i>fluocinolone acetonide (otic)</i>	59
<i>etoposide</i>	19	<i>fluocinolone acetonide oil body</i>	57
EVOTAZ	12	<i>fluocinonide</i>	57

<i>fluocinonide emulsified base</i>	57	<i>gemcitabine inj soln</i>	16
<i>fluorometholone</i>	53	<i>gemcitabine inj solr</i>	16
<i>fluorouracil</i>	16	<i>gemfibrozil</i>	22
<i>fluorouracil (topical)</i>	58	<i>generlac</i>	45
<i>fluoxetine cap 10mg</i>	28	<i>gengraf</i>	48
<i>fluoxetine cap 20mg</i>	28	GENOTROPIN	42
<i>fluoxetine cap 40mg</i>	28	GENOTROPIN MINIQUICK	42
<i>fluoxetine hcl</i>	28	<i>gentak</i>	53
<i>fluphenazine decanoate</i>	30	<i>gentamicin in saline</i>	8
<i>fluphenazine hcl</i>	30	<i>gentamicin sulfate</i>	8
<i>flurbiprofen</i>	6	<i>gentamicin sulfate (topical)</i>	56
<i>flurbiprofen sodium</i>	53	<i>gentamicin sulfate soln (ophth)</i>	53
<i>flutamide</i>	17	GENVOYA	12
<i>fluticasone propionate</i>	57	GEODON	30
<i>fluticasone propionate (nasal)</i>	56	<i>gianvi</i>	38
<i>fluvoxamine maleate</i>	25	GILENYA CAP 0.5MG	34
<i>fondaparinux sodium</i>	46	GILOTRIF TAB 20MG	18
FORTEO	42	GILOTRIF TAB 30MG	18
<i>fosamprenavir tab 700 mg</i>	11	GILOTRIF TAB 40MG	18
<i>fosinopril sodium</i>	20	<i>glatiramer acetate 20mg/ml</i>	34
<i>fosinopril sodium & hydrochlorothiazide</i>	20	<i>glatiramer acetate 40mg/ml</i>	34
FREAMINE HBC 6.9%	51	<i>glatopa</i>	34
FREAMINE III.....	51	GLEOSTINE.....	15
<i>furosemide</i>	24	<i>glimepiride</i>	36
<i>furosemide inj</i>	24	<i>glip/metform tab 2.5-250mg</i>	36
FUZEON	11	<i>glip/metform tab 2.5-500mg</i>	36
<i>fyavolv</i>	41	<i>glip/metform tab 5-500mg</i>	36
FYCOMPA	26	<i>glipizide</i>	36
G		<i>glipizide xl</i>	36
<i>gabapentin</i>	26	GLUCAGEN HYPOKIT	42
<i>galantamine hydrobromide</i>	27	GLUCAGON EMERGENCY KIT.....	42
<i>galantamine hydrobromide er</i>	27	<i>glycopyrrolate</i>	44
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GAMMAGARD S/D	48	<i>granisetron hcl</i>	43
GAMMAKED	48	GRANIX.....	47
GAMMAPLEX	48	<i>griseofulvin microsize</i>	10
GAMMAPLEX 10GM/100ML	48	<i>griseofulvin ultramicrosize</i>	10
GAMUNEX-C	48	<i>guanfacine er (adhd)</i>	32
<i>ganciclovir sodium</i>	13	H	
GARDASIL 9	49	HAEGARDA	47
<i>gatifloxacin (ophth)</i>	53	<i>halobetasol propionate</i>	57
GATTEX.....	45	<i>haloperidol</i>	30
GAUZE PADS 2.....	35	<i>haloperidol conc 2mg/ml</i>	30
<i>gavilyte-c</i>	44	<i>haloperidol decanoate</i>	30
<i>gavilyte-g</i>	44	<i>haloperidol lactate inj 5mg/ml</i>	30
<i>gavilyte-n/flavor pack</i>	45	HARVONI.....	13
		HAVRIX.....	49

<i>heather</i>	38	<i>ibu tab 800mg</i>	6
<i>heparin sod (porcine) in d5w</i>	46	ICLUSIG	18
<i>heparin sod inj 1000/ml</i>	46	IDHIFA.....	16
<i>heparin sod inj 10000/ml</i>	46	IFEX INJ 3GM.....	15
<i>heparin sod inj 20000/ml</i>	46	<i>ifosfamide inj 1gm/20ml</i>	15
<i>heparin sod inj 5000/ml</i>	46	IFOSFAMIDE INJ 3GM	15
HEPARIN SODIUM/NAACL 0.45%.....	46	<i>ifosfamide inj 3gm/60ml</i>	15
<i>hepatamine</i>	51	ILEVRO	53
HERCEPTIN.....	16	<i>imatinib mesylate</i>	18
HETLIOZ	33	IMBRUVICA.....	18
HEXALEN.....	15	<i>imipenem-cilastatin</i>	9
HIBERIX.....	49	<i>imipramine hcl</i>	28
HUMIRA	47	<i>imiquimod</i>	58
HUMIRA INJ 10MG/0.2ML	48	IMOVAX RABIES (H.D.C.V.)	49
HUMIRA KIT 20MG/0.4ML	48	INCRELEX.....	42
HUMIRA KIT 40MG/0.8ML	48	INCRUSE ELLIPTA.....	54
HUMIRA PEDIATRIC CROHNS DISEASE	48	<i>indapamide</i>	24
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HUMIRA PEN INJ PS/UV STARTER	48	INSULIN PEN NEEDLE	35
HUMULIN R INJ U-500.....	35	INSULIN SAFETY NEEDLES.....	35
HUMULIN R U-500 KWIKPEN	35	INSULIN SYRINGE	35
<i>hydralazine hcl</i>	24	INTELENCE	11
<i>hydrochlorothiazide</i>	24	INTRALIPID 30%	51
<i>hydroco/apap tab 10-325mg</i>	7	<i>intralipid inj 20%</i>	51
<i>hydroco/apap tab 5-325mg</i>	7	INTRON-A INJ 10MU	48
<i>hydroco/apap tab 7.5-325</i>	7	INTRON-A INJ 18MU	48
<i>hydrocodone-acetaminophen 7.5-325</i>		INTRON-A INJ 25MU	48
<i>mg/15ml</i>	7	INTRON-A INJ 50MU	48
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .	7	<i>introvale</i>	38
<i>hydrocortisone</i>	41	INVANZ	9
<i>hydrocortisone (enema)</i>	44	INVEGA SUST INJ 117 MG/0.75 ML	30
<i>hydrocortisone (topical)</i>	57	INVEGA SUST INJ 156MG/ML	30
<i>hydrocortisone butyrate cream 0.1%</i> ..	57	INVEGA SUST INJ 234 MG/1.5 ML.....	30
<i>hydrocortisone butyrate oint 0.1%</i>	58	INVEGA SUST INJ 39 MG/0.25 ML.....	30
<i>hydrocortisone valerate</i>	58	INVEGA SUST INJ 78 MG/0.5 ML	30
<i>hydromorphone hcl</i>	7	INVEGA TRINZA	31
<i>hydroxychloroquine sulfate</i>	48	INVIRASE	11
<i>hydroxyurea</i>	19	IONOSOL-MB/DEXTROSE 5%	51
<i>hydroxyzine hcl</i>	55	IPOL INACTIVATED IPV	49
<i>hydroxyzine hcl inj</i>	55	<i>ipratropium-albuterol nebu</i>	54
<i>hydroxyzine pamoate</i>	55	<i>ipratropium bromide</i>	54
HYSINGLA ER	7	<i>ipratropium bromide (nasal)</i>	54
I		<i>irbesartan</i>	21
<i>ibandronate sodium</i>	37	<i>irbesartan-hydrochlorothiazide</i>	21
IBRANCE	16	IRESSA	18
<i>ibuprofen</i>	6	<i>irinotecan hcl</i>	19
<i>ibu tab 600mg</i>	6	ISENTRESS.....	11

ISENTRESS HD.....	11	<i>kcl/d5w inj 0.3%</i>	52
<i>isibloom</i>	38	<i>kcl/nacl inj 0.15%-0.9%</i>	52
ISOLYTE P	51	<i>kcl/nacl inj 0.3-0.9</i>	52
ISOLYTE S	51	<i>kcl 0.075%/d5w/nacl 0.45%</i>	52
<i>isoniazid</i>	12	<i>kcl0.15%/d5w/nacl0.2%</i>	51
<i>isoniazid syp 50mg/5ml</i>	12	KCL 0.15%/D5W/NACL 0.225%.....	52
<i>isosorbide dinitrate</i>	24	<i>kcl 0.15%/d5w/nacl 0.9%</i>	52
<i>isosorbide dinitrate er</i>	24	<i>kcl 0.3%/d5w/nacl 0.45%</i>	52
<i>isosorbide mononitrate er</i>	24	KCL 0.3%/D5W/NACL 0.9%	51
<i>isosorb mononitrate tab</i>	24	<i>kelnor 1/35</i>	39
<i>isotretinoin</i>	56	<i>kelnor 1/50</i>	39
<i>isradipine</i>	23	<i>ketoconazole</i>	10
<i>itraconazole</i>	10	<i>ketoconazole cream</i>	57
<i>ivermectin</i>	9	<i>ketoconazole shampoo</i>	57
IXIARO	49	<i>ketoprofen</i>	6
J		<i>ketorolac tromethamine (ophth)</i>	53
JADENU.....	37	KEYTRUDA.....	16
JADENU SPRINKLE.....	38	<i>kimidess</i>	39
JAKAFI	18	KINRIX.....	49
<i>jantoven</i>	46	<i>kionex sus 15gm/60ml</i>	38
JANUMET.....	36	KISQALI	16
JANUMET XR TAB 100-1000	36	KISQALI FEMARA 200 DOSE.....	16
JANUMET XR TAB 50-1000.....	36	KISQALI FEMARA 400 DOSE.....	16
JANUMET XR TAB 50-500MG	36	KISQALI FEMARA 600 DOSE.....	16
JANUVIA.....	36	<i>klor-con 10</i>	50
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<i>protriptyline hcl</i>	29	<i>rimantadine hydrochloride</i>	13
PULMICORT FLEXHALER	56	RISPERDAL INJ 12.5MG	31
PULMOZYME	55	RISPERDAL INJ 25MG	31
PURIXAN	16	RISPERDAL INJ 37.5MG	31
<i>pyrazinamide</i>	12	RISPERDAL INJ 50MG	31
<i>pyridostigmine tab 60mg</i>	34	<i>risperidone</i>	31
Q		<i>ritonavir</i>	11
QUADRACEL	49	RITUXAN	16
<i>quasense</i>	40	RITUXAN HYCELA	17
<i>quetiapine fumarate</i>	31	<i>rivastigmine tartrate</i>	28
<i>quinapril-hydrochlorothiazide</i>	20	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	28
<i>quinapril hcl</i>	20	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	28
<i>quinidine gluconate</i>	21	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	28
<i>quinidine sulfate</i>	21	<i>rizatriptan benzoate</i>	33
<i>quinine sulfate</i>	10	<i>rizatriptan benzoate odt</i>	33
R		<i>ropinirole tab 0.25mg</i>	29
RABAVERT	49		
<i>raloxifene hcl</i>	42		
<i>ramipril</i>	20		

<i>ropinirole tab 0.5mg</i>	29	<i>sodium polystyrene sulfonate susp</i>	38
<i>ropinirole tab 1mg</i>	29	SOLQUA 100/33	36
<i>ropinirole tab 2mg</i>	29	SOLTAMOX	17
<i>ropinirole tab 3mg</i>	29	SOLU-CORTEF	42
<i>ropinirole tab 4mg</i>	30	SOMATULINE DEPOT	43
<i>ropinirole tab 5mg</i>	30	SOMAVERT	43
<i>rosadan</i>	58	<i>sorine</i>	21
<i>rosuvastatin calcium</i>	21	<i>sotalol hcl</i>	21
ROTARIX	49	<i>sotalol hcl (afib/af)</i>	21
ROTATEQ	49	<i>spironolactone</i>	20
<i>roweepra</i>	27	<i>spironolactone & hydrochlorothiazide</i> ..	24
<i>roweepra xr</i>	27	<i>sprintec 28</i>	40
RUBRACA	17	SPRITAM	27
RYDAPT.....	18	SPRYCEL	18
S		<i>sps susp 15gm/60ml</i>	38
SABRIL	27	<i>sronyx</i>	40
SANDIMMUNE	49	<i>ssd</i>	57
SANTYL.....	58	<i>stavudine</i>	11
SAPHRIS	31	STIMATE	43
<i>scopolamine patch</i>	44	STIVARGA	18
<i>selegiline hcl</i>	30	<i>streptomycin sulfate</i>	8
<i>selenium sulfide</i>	57	STRIBILD	12
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SEREVENT DISKUS	55	SUBOXONE MIS 4-1MG	35
<i>sertraline hcl</i>	29	SUBOXONE MIS 8-2MG	35
<i>setlakin tab</i>	40	<i>subvenite tab</i>	27
<i>sevelamer carbonate</i>	43	<i>sucrafate</i>	45
<i>sharobel</i>	40	<i>sulfacetamide sod-prednisolone</i>	52
SHINGRIX	49	<i>sulfacetamide sodium (acne)</i>	56
SIGNIFOR.....	42	<i>sulfacetamide sodium (ophth)</i>	53
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	25	SULFADIAZINE.....	8
SILENOR	33	<i>sulfamethoxazole-trimethop ds</i>	9
<i>silver sulfadiazine</i>	56	<i>sulfamethoxazole-trimethoprim inj</i>	9
SIMBRINZA.....	54	<i>sulfamethoxazole-trimethoprim susp</i>	9
<i>simvastatin</i>	21	<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	10
<i>sirolimus</i>	49	SULFAMYLON	57
SIRTURO	12	<i>sulfasalazine</i>	44
SIVEXTRO	9	<i>sulfasalazine ec</i>	44
<i>sodium chloride</i>	50, 52	<i>sulindac</i>	6
<i>sodium chloride 0.45%</i>	52	<i>sumatriptan</i>	33
<i>sodium chloride inj 0.9%</i>	52	<i>sumatriptan inj 4mg/0.5ml</i>	33
<i>sodium chlor sol 0.9% irr</i>	59	<i>sumatriptan inj 6mg/0.5ml</i>	33
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	50	<i>sumatriptan succinate</i>	33
<i>sodium phenylbutyrate</i>	41	SUPRAX	14
<i>sodium polystyrene sulfonate powder</i> ..	38	SUPREP BOWEL PREP KIT	45
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SYMBICORT	56	<i>testosterone enanthate</i>	35
SYMDEKO	55	TETANUS/DIPHThERIA TOXOID	49
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SYNJARDY TAB 5-1000MG	37	<i>thiothixene</i>	31
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SYNJARDY XR TAB 10-1000MG.....	37	<i>tigecycline</i>	10
SYNJARDY XR TAB 12.5-1000MG	37	<i>tilia fe</i>	40
SYNJARDY XR TAB 25-1000MG.....	37	<i>timolol maleate</i>	23
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SYNTHROID	43	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	54
T		TIVICAY	11
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TAFINLAR.....	19	<i>tobramycin</i>	8
TAGRISSE.....	19	<i>tobramycin-dexamethasone</i>	52
<i>tamoxifen citrate</i>	17	<i>tobramycin (ophth)</i>	53
<i>tamsulosin hcl</i>	46	<i>tobramycin inj 1.2gm</i>	8
TARCEVA.....	19	<i>tobramycin inj 1.2 gm/30ml</i>	8
TARGRETIN	58	<i>tobramycin inj 10mg/ml</i>	8
<i>tarina fe 1/20</i>	40	<i>tobramycin inj 40mg/ml</i>	8
TASIGNA	19	<i>tobramycin inj 80mg/2ml</i>	8
TAXOTERE.....	16	<i>tolterodine tartrate cap er</i>	46
<i>tazarotene</i>	57	<i>tolterodine tartrate tabs</i>	46
<i>tazicef</i>	14	<i>topiramate</i>	27
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<i>taztia xt</i>	23	<i>topotecan hcl</i>	19
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<i>telmisartan</i>	21	TRACLEER	25
<i>temazepam</i>	33	TRADJENTA	37
TENIVAC	49	<i>tramadol-acetaminophen</i>	6
<i>tenofovir disoproxil fumarate</i>	11	<i>tramadol hcl tab 50 mg</i>	6
<i>terazosin hcl</i>	20	<i>trandolapril</i>	20
<i>terbinafine hcl</i>	10		

<i>tranexamic acid</i>	47	TWINRIX INJ.....	50
<i>tranylcyromine sulfate</i>	29	TYBOST.....	11
TRAVASOL.....	51	TYKERB.....	19
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<i>tri-legest fe</i>	40	<i>valganciclovir hcl</i>	13
<i>tri-linyah</i>	40	<i>valproate sodium</i>	27
<i>tri-lo-estarylla</i>	40	<i>valproic acid</i>	27
<i>tri-lo-sprintec</i>	40	<i>valsartan</i>	21
<i>tri-lo marzia</i>	40	<i>valsartan-hydrochlorothiazide</i>	21
<i>tri-mili</i>	40	<i>vancomycin hcl</i>	10
<i>tri-previfem</i>	40	VANCOMYCIN IN NAACL.....	10
<i>tri-sprintec</i>	40	<i>vandazole</i>	46
<i>tri-vylibra</i>	40	VAQTA.....	50
<i>triamcinolone acetonide (mouth)</i>	59	VARIVAX.....	50
<i>triamcinolone acetonide (topical)</i>	58	VASCEPA.....	22
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	24	VELCADE.....	17
<i>triamterene & hydrochlorothiazide tabs</i>	24	<i>velivet</i>	40
<i>trientine hcl</i>	38	VEMLIDY.....	13
<i>trifluoperazine hcl</i>	31	VENCLEXTA.....	17
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<i>trihexyphenidyl hcl</i>	30	<i>venlafaxine hcl</i>	29
<i>trilyte</i>	45	VENTAVIS.....	25
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<i>trimipramine maleate</i>	29	<i>verapamil cap er</i>	23
<i>trinessa</i>	40	<i>verapamil hcl</i>	23
<i>trinessa lo</i>	40	<i>verapamil hcl tab er</i>	23
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TROPHAMINE INJ 10%.....	51	VICTOZA.....	36
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TRULICITY.....	36	VIDEX PEDIATRIC.....	11
TRUMENBA.....	49	<i>vienva</i>	40
TRUVADA TAB 100-150.....	12	<i>vigabatrin powd pack 500mg</i>	27
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<i>tulana</i>	40	VIMPAT INJ 200MG/20ML.....	27
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<i>vinblastine sulfate</i>	16	<i>zenatane</i>	56
<i>vincasar pfs</i>	16	<i>zenchent</i>	41
<i>vincristine sulfate</i>	16	ZENPEP.....	45
<i>vinorelbine tartrate</i>	16	ZEPATIER.....	13
<i>viorele</i>	40	ZERIT	11
VIRACEPT.....	11	<i>zidovudine cap 100mg</i>	11
VIRAMUNE.....	11	<i>zidovudine syp 50mg/5ml</i>	11
VIREAD.....	11	<i>zidovudine tab 300mg</i>	11
VIVITROL	35	<i>ziprasidone hcl</i>	32
<i>voriconazole</i>	10	ZIRGAN.....	53
VOSEVI.....	13	<i>zoledronic acid inj 5mg/100ml</i>	37
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VRAYLAR.....	32	ZOLINZA	17
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<i>vylibra</i>	40	<i>zolpidem tartrate</i>	33
W		<i>zonisamide</i>	27
<i>warfarin sodium</i>	47	ZONTIVITY	47
<i>water for irrigation, sterile</i>	59	ZORTRESS TAB 0.25MG	49
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<i>zarah</i>	40		
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 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
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Group MedicareBlue Rx Compliance Officer
1750 Yankee Doodle Road, S120
Eagan, MN 55121

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

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Do you have a question or need more information?

This formulary was updated on 08/17/2018. For more recent information or other questions, please contact Group MedicareBlue Rx.



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



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This information is not a complete description of benefits. Call **1-877-838-3827** (TTY **711**) for more information.

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*Independent licensees of the Blue Cross and Blue Shield Association