



MASSACHUSETTS

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

# Blue MedicareRx<sup>SM</sup> (PDP) 3 Tier Select 2023 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/26/2022. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [Groups.RxMedicarePlans.com](https://Groups.RxMedicarePlans.com).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

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

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2023. 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, 2024, and from time to time during the year.



## What is the Blue MedicareRx Formulary?

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

## Can the Formulary (drug list) change?

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

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

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how you may take to request an exception, and you can also find information in the section below titled “How do I request an exception to the Blue MedicareRx Formulary?”

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

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug. The enclosed formulary is current as of January 1, 2023.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

## How do I use the Formulary?

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

### Medical Condition

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

### Alphabetical Listing

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

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

**Prior Authorization:** Blue MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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

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

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

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

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

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

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

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

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

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

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

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

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

You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If

your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

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

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

## For more information

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

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

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

## Blue MedicareRx Formulary

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

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

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

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

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





Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>			<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<b>GOUT</b>			<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	Tier 1		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	Tier 3	QL	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 2		HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 2	QL PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	Tier 2	QL	<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>probenecid</i> TABS 500mg	Tier 2		<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
<b>NSAIDS</b>			<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL	<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL	<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	Tier 2	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 2	QL	<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	Tier 2	QL
<i>diclofenac sodium</i> TB24 100mg	Tier 2		<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	Tier 2	QL
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1		<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>flurbiprofen</i> TABS 100mg	Tier 2		<i>endocet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>ibu</i> TABS 600mg, 800mg	Tier 1				
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2				
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1				
<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	Tier 1				
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1				
<i>naproxen</i> TABS 250mg, 375mg	Tier 1				
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	Tier 1				
<i>sulindac</i> TABS 150mg, 200mg	Tier 1				

Blue MedicareRx 3-Tier Select 2023 Comprehensive Drug List effective 01/01/2023

Drug Name	Drug Tier	Requirements/ Limits
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days)	Tier 3	QL PA
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	Tier 1	QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> SOLN 20mg/ml QL (180 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	Tier 3	
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL	<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 2	
<b>ANESTHETICS</b>			<i>gentamicin in saline inj 2 mg/ml</i>	Tier 2	
<b>LOCAL ANESTHETICS</b>			<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 2	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 2	B/D	<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 3	
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 2	B/D	<i>imipenem-cilastatin intravenous for soln 500 mg</i> (generic of PRIMAXIN IV)	Tier 3	
<b>ANTI-INFECTIVES</b>			<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (12 tabs / 90 days)	Tier 2	QL PA
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>			<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
<i>albendazole</i> TABS 200mg	Tier 1		<i>linezolid</i> (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 3		<i>linezolid</i> (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml	Tier 3		<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	Tier 3	
<i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm	Tier 3		<i>meropenem</i> SOLR 1gm, 500mg	Tier 3	
CAYSTON SOLR 75mg	Tier 2	NM LA PA	<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	Tier 3	
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1		<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 2	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	Tier 2		<i>metronidazole</i> TABS 250mg, 500mg	Tier 1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 3		<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>dapsone</i> TABS 25mg, 100mg	Tier 2		<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	Tier 1	QL
DAPTOMYCIN SOLR 350mg	Tier 2		<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 50mg, 100mg	Tier 2	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 1		<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	Tier 2	
<i>daptomycin</i> SOLR 500mg	Tier 1				
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL			
<i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paromomycin sulfate</i> (generic of HUMATIN) CAPS 250mg	Tier 3		VANCOMYCIN INJ 750MG	Tier 3	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D	<b>ANTIFUNGALS</b>		
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 3		<i>ABELCET</i> SUSP 5mg/ml	Tier 3	B/D
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	Tier 3		<i>amphotericin b</i> SOLR 50mg	Tier 3	B/D
<i>streptomycin sulfate</i> SOLR 1gm	Tier 3		<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	Tier 1	B/D
<i>sulfadiazine</i> TABS 500mg	Tier 3		<i>casprofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	Tier 3	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 3		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	Tier 2	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	Tier 2		<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	Tier 1		<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 2	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	Tier 1		<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 2	
SYNERCID INJ 500MG	Tier 2		<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	Tier 1	PA
<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	Tier 1	NM PA	<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 3	
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 2		<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 3	
TRIMETHOPRIM TABS 100mg	Tier 2		<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	Tier 3	PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	Tier 3	QL	<i>ketoconazole</i> TABS 200mg	Tier 2	PA
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	Tier 3	QL	<i>micafungin sodium</i> SOLR 50mg	Tier 1	
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	Tier 3		<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 100mg	Tier 1	
VANCOMYCIN INJ 1 GM	Tier 3		NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	Tier 2	QL PA
VANCOMYCIN INJ 500MG	Tier 3		<i>nystatin</i> TABS 500000unit	Tier 2	
			<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	Tier 1	QL PA
			<i>terbinafine hcl</i> TABS 250mg QL (90 tabs / year)	Tier 1	QL
			<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	Tier 1	PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	Tier 1	PA	<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 2	NM
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	Tier 3	QL PA	EMTRIVA SOLN 10mg/ml	Tier 3	NM
<i>voriconazole</i> (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL PA	<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 1	NM
<b>ANTIMALARIALS</b>			<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	Tier 1	NM
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	Tier 3		FUZEON SOLR 90mg	Tier 2	NM
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	Tier 3		INTELENCE TABS 25mg	Tier 3	NM
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 3		ISENTRESS CHEW 25mg	Tier 3	NM
COARTEM TAB 20-120MG	Tier 3		ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
<i>mefloquine hcl</i> TABS 250mg	Tier 2		ISENTRESS HD TABS 600mg	Tier 2	NM
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2		<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2		LEXIVA SUSP 50mg/ml	Tier 3	NM
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	Tier 3	PA	<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 1	NM
<b>ANTIRETROVIRAL AGENTS</b>			<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	Tier 3	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM	<i>nevirapine</i> TABS 200mg	Tier 1	NM
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS 300mg	Tier 2	NM	NORVIR PACK 100mg; SOLN 80mg/ml	Tier 3	NM
APTIVUS CAPS 250mg	Tier 2	NM	PIFELTRO TABS 100mg	Tier 2	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 3	NM	PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM	PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
EDURANT TABS 25mg	Tier 2	NM	PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	Tier 3	NM	PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NM
			PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NM
			REYATAZ PACK 50mg	Tier 2	NM
			<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2	NM
			RUKOBIA TB12 600mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY SOLN 20mg/ml; TABS 75mg	Tier 2	NM	<i>emtricitabine-tenofovir</i>	Tier 1	QL NM
SELZENTRY TABS 25mg	Tier 3	NM	<i>disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)		
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	Tier 3	NM	QL (30 tabs / 30 days)		
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	Tier 1	QL NM
TIVICAY TABS 10mg	Tier 2	NM	QL (30 tabs / 30 days)		
TIVICAY TABS 25mg, 50mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	Tier 1	QL NM
TIVICAY PD TBSO 5mg	Tier 2	NM	QL (30 tabs / 30 days)		
TYBOST TABS 150mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	Tier 1	QL NM
VIRACEPT TABS 250mg, 625mg	Tier 2	NM	QL (30 tabs / 30 days)		
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	Tier 1	QL NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	Tier 3	NM	QL (30 tabs / 30 days)		
<i>zidovudine</i> TABS 300mg	Tier 2	NM	EVOTAZ TAB 300-150	Tier 2	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>			GENVOYA TAB	Tier 2	NM
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> (generic of EPZICOM)	Tier 2	NM	JULUCA TAB 50-25MG	Tier 2	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM	<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	Tier 3	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	Tier 3	NM
CIMDUO TAB 300-300	Tier 2	NM	<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	Tier 3	NM
COMPLERA TAB	Tier 2	NM	<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	Tier 3	NM
DELSTRIGO TAB	Tier 2	NM	ODEFSEY TAB	Tier 2	NM
DESCOVY TAB 120-15MG QL (30 tabs / 30 days)	Tier 2	QL NM	PREZCOBIX TAB 800-150	Tier 2	NM
DESCOVY TAB 200/25MG QL (30 tabs / 30 days)	Tier 2	QL NM	STRIBILD TAB	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM	SYMTUZA TAB	Tier 2	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (generic of ATRIPLA)	Tier 1	NM	TRIUMEQ PD TAB	Tier 2	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	Tier 1	NM	TRIUMEQ TAB	Tier 2	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	Tier 1	NM	TRIZIVIR TAB	Tier 2	NM
			<b>ANTITUBERCULAR AGENTS</b>		
			<i>cycloserine</i> CAPS 250mg	Tier 1	
			<i>ethambutol hcl</i> TABS 100mg	Tier 2	
			<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isoniazid</i> TABS 100mg, 300mg	Tier 1		<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	Tier 2	QL
PASER PACK 4gm	Tier 3		<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PRIFTIN TABS 150mg	Tier 3		PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
<i>pyrazinamide</i> TABS 500mg	Tier 3		PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
<i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg	Tier 3		RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
<i>rifampin</i> CAPS 150mg, 300mg	Tier 2		<i>ribavirin (hepatitis c)</i> CAPS 200mg	Tier 2	NM
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	Tier 3		<i>ribavirin (hepatitis c)</i> TABS 200mg	Tier 3	NM
SIRTURO TABS 20mg, 100mg	Tier 2	NM LA PA	<i>rimantadine hydrochloride</i> TABS 100mg	Tier 3	
TRECTOR TABS 250mg	Tier 3		<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
<b>ANTIVIRALS</b>			<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	Tier 1		<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	Tier 2	
<i>acyclovir sodium</i> SOLN 50mg/ml	Tier 3	B/D	VEMLIDY TABS 25mg	Tier 2	NM PA
<i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg	Tier 3	NM	VOSEVI TAB	Tier 2	NM PA
BARACLUDE SOLN .05mg/ml	Tier 2	NM	<b>CEPHALOSPORINS</b>		
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM	<i>cefaclor</i> CAPS 250mg, 500mg	Tier 2	
EPCLUSA PAK 150-37.5	Tier 2	NM PA	<i>cefadroxil</i> CAPS 500mg	Tier 1	
EPCLUSA PAK 200-50MG	Tier 2	NM PA	CEFAZOLIN INJ 1GM/50ML	Tier 3	
EPCLUSA TAB 200-50MG	Tier 2	NM PA	<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	Tier 2	
EPCLUSA TAB 400-100	Tier 2	NM PA	CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
EPIVIR HBV SOLN 5mg/ml	Tier 3	NM	<i>cefdinir</i> CAPS 300mg	Tier 1	
<i>ganciclovir sodium</i> SOLR 500mg	Tier 3	B/D	<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2	
HARVONI PAK 33.75- 150MG	Tier 2	NM PA	<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 3	
HARVONI PAK 45-200MG	Tier 2	NM PA	<i>cefixime</i> CAPS 400mg	Tier 3	
HARVONI TAB 45-200MG	Tier 2	NM PA			
HARVONI TAB 90-400MG	Tier 2	NM PA			
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV) TABS 100mg	Tier 3	NM			
MAVYRET PAK 50-20MG	Tier 2	NM PA			
MAVYRET TAB 100-40MG	Tier 2	NM PA			
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 3		<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	Tier 3	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 2		<b>FLUOROQUINOLONES</b>		
<i>cefprozil</i> TABS 250mg, 500mg	Tier 2		<i>ciprofloxacin 200 mg/100ml</i> <i>in d5w</i>	Tier 2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>ciprofloxacin 400 mg/200ml</i> <i>in d5w</i>	Tier 2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3		<i>ciprofloxacin hcl</i> TABS 100mg	Tier 3	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2		<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 2		<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1		<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2		<i>levofloxacin</i> (generic of LEVAQUIN) TABS 250mg, 750mg	Tier 1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3		<i>levofloxacin</i> TABS 500mg	Tier 1	
TEFLARO SOLR 400mg, 600mg	Tier 2		<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 2	
<b>ERYTHROMYCINS/MACROLIDES</b>			<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 2	
<i>azithromycin</i> PACK 1gm	Tier 2		<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 2		<i>moxifloxacin hcl</i> TABS 400mg	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1		<b>PENICILLINS</b>		
<i>azithromycin</i> TABS 600mg	Tier 1		<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3		<i>amoxicillin &amp; k clavulanate</i> <i>chew tab 200-28.5 mg</i>	Tier 3	
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2		<i>amoxicillin &amp; k clavulanate</i> <i>chew tab 400-57 mg</i>	Tier 3	
DIFICID SUSR 40mg/ml; TABS 200mg	Tier 2		<i>amoxicillin &amp; k clavulanate</i> <i>for susp 200-28.5 mg/5ml</i>	Tier 2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 3		<i>amoxicillin &amp; k clavulanate</i> <i>for susp 250-62.5 mg/5ml</i>	Tier 3	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3		<i>amoxicillin &amp; k clavulanate</i> <i>for susp 400-57 mg/5ml</i>	Tier 2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3				



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (generic of AUGMENTIN ES-600)	Tier 2		PENICILLIN G PROCAINE SUSP 600000unit/ml	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 2		<i>penicillin g sodium</i> SOLR 5000000unit	Tier 3	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> (generic of AUGMENTIN)	Tier 1		<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1		<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>ampicillin</i> CAPS 500mg	Tier 1		<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> (3-0.375 gm)	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 1.5</i> (1-0.5) gm (generic of UNASYN)	Tier 3		<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> (2-0.25 gm)	Tier 3	
<i>ampicillin &amp; sulbactam sodium for inj 3</i> (2-1) gm (generic of UNASYN)	Tier 3		<i>piperacillin sod-tazobactam sod for inj 4.5 gm</i> (4-0.5 gm)	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5</i> (1-0.5) gm	Tier 3		<i>piperacillin sod-tazobactam sod for inj 13.5 gm</i> (12-1.5 gm)	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 3</i> (2-1) gm	Tier 3		<i>piperacillin sod-tazobactam sod for inj 40.5 gm</i> (36-4.5 gm)	Tier 3	
<i>ampicillin &amp; sulbactam sodium for iv soln 15</i> (10-5) gm (generic of UNASYN BULK PACK)	Tier 3		<b>TETRACYCLINES</b>		
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Tier 3		<i>doxy 100</i> SOLR 100mg	Tier 3	
BICILLIN L-A SUSP 2400000unit/4ml; SUSY 600000unit/ml, 1200000unit/2ml	Tier 3		<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 2		<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	Tier 2	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	Tier 3		<i>doxycycline hyclate</i> CAPS 50mg; TABS 20mg, 100mg	Tier 2	
<i>nafcillin sodium</i> SOLR 10gm	Tier 1		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	
PEN GK/DEXTR INJ 40000/ML	Tier 3		<i>doxycycline hyclate</i> SOLR 100mg	Tier 3	
PEN GK/DEXTR INJ 60000/ML	Tier 3		<i>minocycline hcl</i> CAPS 50mg, 75mg	Tier 2	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	Tier 3		<i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg	Tier 2	
			<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 3	PA
			TIGECYCLINE SOLR 50mg	Tier 2	
			<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTINEOPLASTIC AGENTS</b>			<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>			<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D	<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	Tier 1	
CYCLOPHOSPHAMIDE TABs 25mg, 50mg	Tier 3	B/D	NUBEQA TABS 300mg	Tier 2	NM LA PA
LEUKERAN TABS 2mg	Tier 3		ORGOVYX TABS 120mg	Tier 2	NM LA PA
<b>ANTIMETABOLITES</b>			<b>ANTIMETABOLITES</b>		
INQOVI TAB 35-100MG	Tier 2	NM LA PA	SOLTAMOX SOLN 10mg/5ml	Tier 2	
LONSURF TAB 15-6.14	Tier 2	NM LA PA	<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
LONSURF TAB 20-8.19	Tier 2	NM LA PA	<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 1	
<i>mercaptopurine</i> TABS 50mg	Tier 2		XTANDI CAPS 40mg; TABs 40mg, 80mg	Tier 2	NM LA PA
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 2	B/D	<b>IMMUNOMODULATORS</b>		
ONUREG TABS 200mg, 300mg	Tier 2	NM LA PA	<i>lenalidomide</i> CAPS 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM LA PA
PURIXAN SUSP 2000mg/100ml	Tier 2	NM	<i>lenalidomide</i> CAPS 25mg QL (21 caps / 28 days)	Tier 1	QL NM LA PA
TABLOID TABS 40mg	Tier 3		POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>			<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg, 500mg	Tier 1	NM PA	REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 2	QL NM LA PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 1		REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 2	QL NM LA PA
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 1		THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	Tier 2	QL NM LA PA
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA	THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 2	QL NM LA PA
EMCYT CAPS 140mg	Tier 2		<b>MISCELLANEOUS</b>		
ERLEADA TABS 60mg	Tier 2	NM LA PA	BESREMI SOSY 500mcg/ml	Tier 2	NM LA PA
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 3		<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg	Tier 1	NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 1		<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 3	NM PA	KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 2	QL NM PA
LUPRON DEPOT (1- MONTH) KIT 3.75mg	Tier 2	NM PA	KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	Tier 2	QL NM PA
LUPRON DEPOT (3- MONTH) KIT 11.25mg	Tier 2	NM PA	KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	Tier 2	QL NM PA
LYSODREN TABS 500mg	Tier 2	NM			
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MATULANE CAPS 50mg	Tier 2	NM LA	<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL NM PA
SYNRIBO SOLR 3.5mg	Tier 2	NM PA	QL (30 tabs / 30 days)		
<i>tratinol</i> (chemotherapy) CAPS 10mg	Tier 1		<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg	Tier 1	QL NM PA
WELIREG TABS 40mg	Tier 2	NM LA PA	QL (150 tabs / 30 days)		
<b>MOLECULAR TARGET AGENTS</b>					
ALECENSA CAPS 150mg	Tier 2	NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg	Tier 1	QL NM PA
ALUNBRIG TABS 30mg, 90mg, 180mg	Tier 2	NM LA PA	QL (90 tabs / 30 days)		
ALUNBRIG PAK	Tier 2	NM LA PA	<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg	Tier 1	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 2	QL NM LA PA	QL (60 tabs / 30 days)		
QL (30 tabs / 30 days)			EXKIVITY CAPS 40mg	Tier 2	NM LA PA
BALVERSA TABS 3mg, 4mg, 5mg	Tier 2	NM LA PA	FOTIVDA CAPS .89mg, 1.34mg	Tier 2	QL NM LA PA
BOSULIF TABS 100mg, 400mg, 500mg	Tier 2	NM PA	QL (21 caps / 28 days)		
BRAFTOVI CAPS 75mg	Tier 2	NM LA PA	GAVRETO CAPS 100mg	Tier 2	NM LA PA
BRUKINSA CAPS 80mg	Tier 2	NM LA PA	GILOTRIF TABS 20mg, 30mg, 40mg	Tier 2	NM LA PA
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 2	QL NM LA PA	IBRANCE CAPS 75mg, 100mg, 125mg	Tier 2	QL NM LA PA
QL (30 tabs / 30 days)			QL (21 caps / 28 days)		
CALQUENCE CAPS 100mg	Tier 2	QL NM LA PA	IBRANCE TABS 75mg, 100mg, 125mg	Tier 2	QL NM LA PA
QL (60 caps / 30 days)			QL (21 tabs / 28 days)		
CAPRELSA TABS 100mg, 300mg	Tier 2	NM LA PA	ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	Tier 2	QL NM LA PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 2	NM LA PA	QL (30 tabs / 30 days)		
COMETRIQ KIT 100MG	Tier 2	NM LA PA	IDHIFA TABS 50mg, 100mg	Tier 2	QL NM LA PA
COMETRIQ KIT 140MG	Tier 2	NM LA PA	QL (30 tabs / 30 days)		
COPIKTRA CAPS 15mg, 25mg	Tier 2	NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg	Tier 1	QL NM PA
COTELLIC TABS 20mg	Tier 2	NM LA PA	QL (90 tabs / 30 days)		
DAURISMO TABS 25mg, 100mg	Tier 2	NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg	Tier 1	QL NM PA
ERIVEDGE CAPS 150mg	Tier 2	NM LA PA	QL (60 tabs / 30 days)		
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg	Tier 1	QL NM PA	IMBRUVICA CAPS 70mg	Tier 2	QL NM LA PA
QL (90 tabs / 30 days)			QL (30 caps / 30 days)		
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg	Tier 1	QL NM PA	IMBRUVICA CAPS 140mg	Tier 2	QL NM LA PA
QL (30 tabs / 30 days)			QL (120 caps / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA	LUMAKRAS TABS 120mg	Tier 2	NM LA PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA	MEKINIST TABS .5mg, 2mg	Tier 2	NM LA PA
INREBIC CAPS 100mg	Tier 2	NM LA PA	MEKTOVI TABS 15mg	Tier 2	NM LA PA
IRESSA TABS 250mg	Tier 2	NM LA PA	NERLYNX TABS 40mg	Tier 2	NM LA PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
KISQALI 200 DOSE TBPK QL (21 tabs / 28 days)	Tier 2	QL NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK QL (42 tabs / 28 days)	Tier 2	QL NM PA	ODOMZO CAPS 200mg	Tier 2	NM LA PA
KISQALI 600 DOSE TBPK QL (63 tabs / 28 days)	Tier 2	QL NM PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 2	NM LA PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	Tier 1	NM PA	PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 2	NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA	PIQRAY 250MG TAB DOSE TBPK 200mg	Tier 2	NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA	PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 2	NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA	QINLOCK TABS 50mg	Tier 2	NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM LA PA	RETEVMO CAPS 40mg, 80mg	Tier 2	NM LA PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA	ROZLYTREK CAPS 100mg, 200mg	Tier 2	NM LA PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM LA PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM LA PA	RYDAPT CAPS 25mg	Tier 2	NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM LA PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
LORBRENA TABS 25mg, 100mg	Tier 2	NM LA PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA
			<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
			SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	Tier 2	NM PA
			STIVARGA TABS 40mg	Tier 2	NM LA PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	QL NM PA	VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	Tier 2	NM LA PA
TABRECTA TABS 150mg, 200mg	Tier 2	NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 2	NM LA PA
TAFINLAR CAPS 50mg, 75mg	Tier 2	NM LA PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA	VOTRIENT TABS 200mg	Tier 2	NM LA PA
TALZENNA CAPS .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA	XALKORI CAPS 200mg, 250mg	Tier 2	NM LA PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM LA PA	XOSPATA TABS 40mg	Tier 2	NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	Tier 2	NM PA	XPOVIO 40 MG ONCE WEEKLY TBPK 40mg QL (4 tabs / 28 days)	Tier 2	QL NM LA PA
TAZVERIK TABS 200mg	Tier 2	NM LA PA	XPOVIO 40 MG TWICE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM LA PA
TEPMETKO TABS 225mg	Tier 2	NM LA PA	XPOVIO 60 MG ONCE WEEKLY TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM LA PA
TIBSOVO TABS 250mg	Tier 2	NM LA PA	XPOVIO 60 MG TWICE WEEKLY TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM LA PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	Tier 2	NM LA PA	XPOVIO 80 MG ONCE WEEKLY TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM LA PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	Tier 2	NM LA PA	XPOVIO 80 MG TWICE WEEKLY TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM LA PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	Tier 2	NM LA PA	XPOVIO 100 MG ONCE WEEKLY TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM LA PA
TRUSELTIQ 125 MG DAILY DOSE	Tier 2	NM LA PA	ZEJULA CAPS 100mg QL (90 caps / 30 days)	Tier 2	QL NM LA PA
TUKYSA TABS 50mg, 150mg	Tier 2	NM LA PA	ZELBORAF TABS 240mg	Tier 2	NM LA PA
TURALIO CAPS 200mg	Tier 2	NM LA PA	ZOLINZA CAPS 100mg	Tier 2	NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3	QL NM LA PA	ZYDELIG TABS 100mg, 150mg	Tier 2	NM LA PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM LA PA	ZYKADIA TABS 150mg	Tier 2	NM LA PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM LA PA	<b>PROTECTIVE AGENTS</b>		
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM LA PA	<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg	Tier 2	
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM LA PA	<i>leucovorin calcium</i> TABS 25mg	Tier 3	
			MESNEX TABS 400mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>					
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of ZESTORETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL)</i>	Tier 1	QL	<i>lisinopril &amp; hydrochlorothiazide tab 20- 25 mg (generic of ZESTORETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>quinapril- hydrochlorothiazide tab 10- 12.5 mg (generic of ACCURETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Tier 1	QL	<i>quinapril- hydrochlorothiazide tab 20- 12.5 mg (generic of ACCURETIC)</i>	Tier 1	
QL (30 caps / 30 days)			<i>quinapril- hydrochlorothiazide tab 20- 25 mg (generic of ACCURETIC)</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 5-40 mg (generic of LOTREL)</i>	Tier 1	QL	<b>ACE INHIBITORS</b>		
QL (30 caps / 30 days)			<i>benazepril hcl TABS 5mg</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Tier 1	QL	<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	Tier 1	
QL (30 caps / 30 days)			<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	
<i>amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Tier 1	QL	<i>fosinopril sodium TABS</i>	Tier 1	
QL (30 caps / 30 days)			10mg, 20mg, 40mg		
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	Tier 2		<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2		<i>perindopril erbumine TABS</i>	Tier 2	
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)</i>	Tier 2		2mg, 4mg, 8mg		
<i>benazepril &amp; hydrochlorothiazide tab 20- 25 mg (generic of LOTENSIN HCT)</i>	Tier 2		<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5- 12.5 mg</i>	Tier 1		<i>ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10- 25 mg (generic of VASERETIC)</i>	Tier 1		<i>trandolapril TABS 1mg, 2mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril</i> (generic of MAVIK) TABS 4mg	Tier 1		<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>			<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	Tier 2		<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1		<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<b>ALPHA BLOCKERS</b>			<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	Tier 2		<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 1		<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>			<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL			
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL			
ENTRESTO TAB 24-26MG	Tier 2				
ENTRESTO TAB 49-51MG	Tier 2				
ENTRESTO TAB 97-103MG	Tier 2				
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL	<b>ANTIARRHYTHMICS</b>		
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL	<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>			<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 3	QL	<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 3	QL	<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM
<i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL	<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2	
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	Tier 1		MULTAQ TABS 400mg	Tier 3	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL	<i>pacerone</i> TABS 100mg, 400mg	Tier 3	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	<i>pacerone</i> TABS 200mg	Tier 1	
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL	<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	Tier 3	
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL	<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2	
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 2	QL	<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 2	
			<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
			<i>sorine</i> TABS 240mg	Tier 1	
			<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
			<i>sotalol hcl</i> TABS 240mg	Tier 1	
			<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2	
			<b>ANTILIPEMICS, FIBRATES</b>		
			<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
			<i>fenofibrate</i> TABS 54mg, 160mg	Tier 2	
			<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2	
			<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1	



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>					
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 1000mg QL (60 tabs / 30 days)	Tier 2	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL	PRALUENT SOAJ 75mg/ml, 150mg/ml	Tier 2	NM PA
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	<i>prevalite</i> PACK 4gm	Tier 2	
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL	<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2	
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL	VASCEPA CAPS .5gm, 1gm	Tier 3	
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL	<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<b>ANTILIPEMICS, MISCELLANEOUS</b>					
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 2		<i>atenolol &amp; chlorthalidone tab</i> 50-25 mg (generic of TENORETIC 50)	Tier 1	
<i>cholestyramine light</i> PACK 4gm	Tier 2		<i>atenolol &amp; chlorthalidone tab</i> 100-25 mg (generic of TENORETIC 100)	Tier 1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 2		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg (generic of ZIAC)	Tier 1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	Tier 3		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 5-6.25 mg (generic of ZIAC)	Tier 1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm	Tier 3		<i>bisoprolol &amp; hydrochlorothiazide tab</i> 10-6.25 mg (generic of ZIAC)	Tier 1	
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 2		<b>BETA-BLOCKERS</b>		
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	Tier 2		<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 2	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg QL (60 tabs / 30 days)	Tier 2	QL	<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
			<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
			<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
			<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 2	
			<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	
			<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate</i> TABS 25mg	Tier 1		<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 360mg	Tier 3	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL	<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 2	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL	<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
<i>pindolol</i> TABS 5mg, 10mg	Tier 2		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	Tier 2	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2		<i>nimodipine</i> CAPS 30mg	Tier 3	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 2		NYMALIZE SOLN 6mg/ml	Tier 2	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1		<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 3		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 2	
<b>CALCIUM CHANNEL BLOCKERS</b>			<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 180mg	Tier 1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1		<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	Tier 1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 2		<b>DIURETICS</b>		
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	Tier 3		<i>acetazolamide</i> CP12 500mg	Tier 3	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 2		<i>acetazolamide</i> TABS 125mg, 250mg	Tier 2	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1		<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1		<i>amiloride hcl</i> TABS 5mg	Tier 1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1		<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	Tier 2	
			<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2	
			<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	Tier 1		<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1		CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 3	
<i>furosemide inj</i> SOLN 10mg/ml	Tier 2		<i>digox</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1		<i>digoxin</i> SOLN .05mg/ml	Tier 3	
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1		<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 3		<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 2		<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 1	QL NM PA
<i>spironolactone &amp; hydrochlorothiazide tab 25- 25 mg</i> (generic of ALDACTAZIDE)	Tier 2		<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1		<i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older	Tier 2	PA
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1		<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)	Tier 1		<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>triamterene &amp; hydrochlorothiazide tab 75- 50 mg</i> (generic of MAXZIDE)	Tier 1		<i>metirosine</i> CAPS 250mg	Tier 1	PA
<b>MISCELLANEOUS</b>			<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 2	
ADRENALIN SOLN 1mg/ml	Tier 3		<i>midodrine hcl</i> TABS 10mg	Tier 3	
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	Tier 3		<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2		<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	Tier 3	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2		VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 2	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2		<b>NITRATES</b>		
			<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	Tier 2	
			<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	Tier 1		<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg	Tier 1	QL
NITRO-BID OINT 2%	Tier 2		QL (150 tabs / 30 days)		
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2		<i>lorazepam intensol</i> CONC 2mg/ml	Tier 2	QL
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 2		QL (150 mL / 30 days)		
<b>PULMONARY ARTERIAL HYPERTENSION</b>			<b>ANTICONVULSANTS</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA	APTOM TABS 200mg, 400mg	Tier 3	QL
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	Tier 1	QL NM LA PA	QL (30 tabs / 30 days)		
QL (30 tabs / 30 days)			APTOM TABS 600mg, 800mg	Tier 3	QL
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	Tier 1	QL NM LA PA	QL (60 tabs / 30 days)		
QL (60 tabs / 30 days)			BRIVIACT SOLN 10mg/ml	Tier 3	QL PA
OPSUMIT TABS 10mg	Tier 2	QL NM LA PA	QL (600 mL / 30 days)		
QL (30 tabs / 30 days)			BRIVIACT SOLN 50mg/5ml	Tier 3	PA
<i>sildenafil citrate</i> (pulmonary <i>hypertension</i> ) (generic of REVATIO) TABS 20mg	Tier 2	QL NM PA	BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 3	QL PA
QL (90 tabs / 30 days)			QL (60 tabs / 30 days)		
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 2	NM LA PA	<i>carbamazepine</i> CHEW 100mg	Tier 2	
<b>CENTRAL NERVOUS SYSTEM</b>			<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3	
<b>ANTI-ANXIETY</b>			<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3	
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL	<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 2	
QL (150 tabs / 30 days)			<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3	
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 1		CELONTIN CAPS 300mg	Tier 3	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 2		<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml	Tier 3	QL PA
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2		QL (480 mL / 30 days)		
<i>lorazepam</i> CONC 2mg/ml	Tier 2	QL	<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg	Tier 3	QL PA
QL (150 mL / 30 days)			QL (60 tabs / 30 days)		
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	Tier 1		<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg	Tier 1	QL
			QL (300 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam</i> (generic of KLNOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL	DILANTIN-125 SUSP 125mg/5ml	Tier 3	
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL	<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL	<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 3	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 3	QL PA	<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 2	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM LA PA	EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM LA PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM LA PA	<i>epitol</i> (generic of TEGRETOL) TABS 200mg	Tier 2	
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM LA PA	EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM LA PA	<i>ethosuximide</i> CAPS 250mg	Tier 3	
<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL PA	<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	Tier 2	
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL PA	<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	Tier 1	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 3	
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 3		FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM LA PA
<i>diazepam inj</i> SOLN 5mg/ml	Tier 3		FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	Tier 3	QL PA
DILANTIN CAPS 30mg, 100mg	Tier 3		FYCOMPA TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
DILANTIN INFATABS CHEW 50mg	Tier 3		FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA
			<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg QL (180 caps / 30 days)	Tier 1	QL
			<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL	NAYZILAM SOLN 5mg/0.1ml	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 3		<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	<i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older	Tier 3	PA
<i>lacosamide oral</i> (generic of LACOSAMIDE) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older	Tier 2	PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	Tier 3	PA
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		PHENYTEK CAPS 200mg, 300mg	Tier 3	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Tier 2		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3		<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Tier 3		<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 2	
			<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	Tier 2	
			<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL PA
			<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL PA	<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>valproate sodium</i> SOLN 100mg/ml	Tier 3	
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1		<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2	
<i>roovepra</i> (generic of KEPPRA) TABS 500mg	Tier 2		<i>valproic acid</i> CAPS 250mg VALTOCO LIQD	Tier 2 Tier 3	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA	5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml		
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA	<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA	<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM LA PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL	<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM LA PA
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL	VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 3	QL	XCOPRI TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 3	QL	XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1		XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA	XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	Tier 3		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
			XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
			<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zonisamide</i> CAPS 50mg	Tier 2		<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEMENTIA</b>			<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 2	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABs 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 2	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABs 10mg	Tier 1		<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL	<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	Tier 2	
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1		<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	Tier 2	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2	
<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 3		<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
<i>galantamine hydrobromide</i> TABs 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	Tier 3	PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
<i>memantine hcl</i> SOLN 2mg/ml PA if < 30 yrs	Tier 3	PA	<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
<i>memantine hcl</i> (generic of NAMENDA) TABs 5mg, 10mg PA if < 30 yrs	Tier 2	PA	<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL PA
NAMZARIC CAP 7-10MG	Tier 3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	Tier 2	
NAMZARIC CAP 14-10MG	Tier 3		<i>doxepin hcl</i> CAPS 150mg	Tier 3	
NAMZARIC CAP 21-10MG	Tier 3		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA
NAMZARIC CAP 28-10MG	Tier 3		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 2	QL
NAMZARIC CAP PACK	Tier 3		EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL			
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL			



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate</i> SOLN	Tier 3		<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABs 5mg, 10mg, 20mg	Tier 1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA	<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABs 10mg	Tier 3	
FETZIMA CAP TITRATIO	Tier 3	PA	<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg	Tier 1		<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 3	QL
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	Tier 1		<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 3	QL
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2		TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	Tier 1		<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL	<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
<i>mirtazapine</i> TABS 7.5mg	Tier 2		VIIBRYD KIT STARTER	Tier 3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1		<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> TABS 45mg	Tier 1		<b>ANTIPARKINSONIAN AGENTS</b>		
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2		<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3		<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 2	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1		<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 3	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older	Tier 2	PA
<i>paroxetine hcl</i> (generic of PAXIL) SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA	<i>bromocriptine mesylate</i> (generic of PARLODEL) TABs 2.5mg	Tier 3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	Tier 1				
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
carb/levo orally disintegrating tab 10-100mg	Tier 3		NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 3	
carb/levo orally disintegrating tab 25-100mg	Tier 3		pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
carb/levo orally disintegrating tab 25-250mg	Tier 3		rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Tier 1		ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Tier 1		selegiline hcl CAPS 5mg; TABS 5mg	Tier 2	
carbidopa & levodopa tab 25-250 mg	Tier 1		trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	Tier 2	PA
carbidopa & levodopa tab er 25-100 mg	Tier 2		<b>ANTIPSYCHOTICS</b>		
carbidopa & levodopa tab er 50-200 mg	Tier 2		ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 3	QL
carbidopa-levodopa- entacapone tabs 12.5-50- 200 mg (generic of STALEVO 50)	Tier 3		ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	Tier 3	QL
carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg (generic of STALEVO 75)	Tier 3		aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL
carbidopa-levodopa- entacapone tabs 25-100- 200 mg (generic of STALEVO 100)	Tier 3		aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 3	QL
carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg (generic of STALEVO 125)	Tier 3		aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL
carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg (generic of STALEVO 150)	Tier 3		ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
carbidopa-levodopa- entacapone tabs 50-200- 200 mg (generic of STALEVO 200)	Tier 3		ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
entacapone (generic of COMTAN) TABS 200mg	Tier 3		ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	QL
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate</i> (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 2	
CAPLYTA CAPS 42mg QL (30 caps / 30 days)	Tier 3	QL PA	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 2	
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3		<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	Tier 2	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	Tier 3		INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	Tier 2		LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 3	QL	LATUDA TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL	<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>clozapine</i> TBDP 12.5mg, 25mg	Tier 3	PA	<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3	
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA	NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM LA PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA	NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM LA PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA	<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
FANAPT PAK	Tier 3	PA	<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3		<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL	<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2		<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	Tier 3	QL	<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
<i>pimozide</i> TABS 1mg, 2mg	Tier 3		VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	Tier 2		VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 3	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA	VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA	VRAYLAR CAP 1.5-3MG	Tier 3	
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL	<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL	ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL NM PA
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1		ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL NM PA
<i>risperidone</i> TABS .25mg	Tier 1		<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL	<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 3	QL	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	Tier 3	QL	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL	<b>HYPNOTICS</b>		
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA	BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA	<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	Tier 2	QL PA	HETLIOZ CAPS 20mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
			<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
			<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA if 65 years and older	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zolidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	Tier 1	QL PA	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL
<b>MIGRAINE</b>			<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA	<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 1		<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
<i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	Tier 1	QL PA	<b>MISCELLANEOUS</b>		
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA	AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA	AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM LA PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL	INGREZZA CAPS 40mg, 60mg, 80mg QL (30 caps / 30 days)	Tier 2	QL NM LA PA
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 2	QL	INGREZZA CAP 40-80MG QL (28 caps / 28 days)	Tier 2	QL NM LA PA
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL	<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 1	
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL	NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	Tier 3	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 2	
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	Tier 3	QL	<i>riluzole</i> (generic of RILUTEK) TABS 50mg	Tier 3	
			<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA	<b>NARCOLEPSY/CATAPLEXY</b>		
<b>MULTIPLE SCLEROSIS AGENTS</b>			<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 2	QL PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM LA PA	<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 2	QL PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	Tier 2	QL NM PA	XYREM SOLN 500mg/ml QL (540 mL / 30 days)	Tier 2	QL NM LA PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	Tier 2	NM PA	<b>PSYCHOTHERAPEUTIC-MISC</b>		
GILENYA CAPS .5mg QL (28 caps / 28 days)	Tier 2	QL NM PA	<i>acamprosate calcium</i> TBEC 333mg	Tier 3	
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
OCREVUS SOLN 300mg/10ml	Tier 2	NM LA PA	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	Tier 3	QL
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 2		<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older	Tier 2	PA	<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	Tier 2	
<i>tizanidine hcl</i> TABS 2mg	Tier 1		<i>disulfiram</i> TABS 250mg, 500mg	Tier 2	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl</i> (generic of NARCAN) LIQD 4mg/0.1ml	Tier 2		BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	Tier 3	QL
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	Tier 1		FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>naltrexone hcl</i> TABS 50mg	Tier 2		<i>glimepiride</i> (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
NICOTROL INHALER INHA 10mg	Tier 3		<i>glimepiride</i> (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL
NICOTROL NS SOLN 10mg/ml	Tier 3		<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL PA	<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>varenicline tartrate tab 0.5 mg x 11 &amp; tab 1 mg x 42 pack</i>	Tier 3	PA	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
VIVITROL SUSR 380mg	Tier 2	NM	<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>					
<i>oxandrolone</i> TABS 2.5mg QL (120 tabs / 30 days)	Tier 2	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>oxandrolone</i> TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>testosterone</i> GEL 1% QL (300 gm / 30 days)	Tier 3	QL PA	<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>testosterone</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	Tier 2	QL
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA	<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	Tier 2	PA	<i>glipizide-metformin hcl tab</i> 5-500 mg QL (120 tabs / 30 days)	Tier 2	QL
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 2	PA	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
<b>ANTIDIABETICS</b>					
<i>acarbose</i> (generic of PRECOSE) TABS 25mg, 50mg, 100mg	Tier 2				
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	Tier 2	QL			



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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Tier 2	B/D
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	Tier 2	QL	HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL	INSULIN PEN NEEDLES: BD/NOVO	Tier 2	
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	INSULIN SAFETY NEEDLES	Tier 2	
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	INSULIN SYRINGES: BD	Tier 2	
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	LEVEMIR SOLN 100unit/ml	Tier 2	
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL	LEVEMIR FLEXTOUCH SOPN 100unit/ml	Tier 2	
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL	NOVOLIN INJ 70/30 (brand RELION not covered)	Tier 2	
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	Tier 2	QL	NOVOLIN INJ 70/30 FP (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL	NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL	NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	Tier 2	QL	NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 2	
<b>ANTIDIABETICS, INSULINS</b>			NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
BASAGLAR KWIKPEN SOPN 100unit/ml	Tier 2		NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
BD ALCOHOL SWABS	Tier 2				
FIASP FLEX INJ TOUCH	Tier 2				
FIASP INJ 100/ML	Tier 2				
FIASP PENFIL INJ U-100	Tier 2				
GAUZE PADS 2" X 2"	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2		NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 2	NM LA PA
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 2		PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 2	B/D
OMNIPOD 5 G6 KIT INTRO QL (1 kit / year)	Tier 3	QL PA	<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 2	B/D
OMNIPOD 5 G6 MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA	TERIPARATIDE SOPN 620mcg/2.48ml	Tier 2	NM PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA	XGEVA SOLN 120mg/1.7ml	Tier 2	NM PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 3	QL PA	<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	Tier 3	B/D NM
OMNIPOD PDM KIT CLASSIC QL (1 kit / year)	Tier 3	QL PA	<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL	<b>CHELATING AGENTS</b>		
TRESIBA SOLN 100unit/ml	Tier 2		CHEMET CAPS 100mg	Tier 3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 2		<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	Tier 1	NM PA
V-GO 20 KIT QL (1 kit / 30 days)	Tier 3	QL PA	<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 2	NM PA
V-GO 30 KIT QL (1 kit / 30 days)	Tier 3	QL PA	<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 1	NM PA
V-GO 40 KIT QL (1 kit / 30 days)	Tier 3	QL PA	LOKELMA PACK 5gm, 10gm	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL	<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM
<b>CALCIUM REGULATORS</b>			<i>sodium polystyrene sulfonate powder</i>	Tier 2	
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1		<i>sps</i> SUSP 15gm/60ml	Tier 2	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1		<i>trientine hcl</i> CAPS 250mg	Tier 1	NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D	VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 2	
FORTEO SOPN 600mcg/2.4ml	Tier 2	NM PA	<b>CONTRACEPTIVES</b>		
<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D	<i>afirmelle</i>	Tier 2	
			<i>altavera</i>	Tier 2	
			<i>alyacen 1/35</i>	Tier 2	
			<i>alyacen 7/7/7</i>	Tier 2	
			<i>apri</i>	Tier 2	

Blue MedicareRx 3-Tier Select 2023 Comprehensive Drug List effective 01/01/2023

Drug Name	Drug Tier	Requirements/ Limits
<i>aranelle</i>	Tier 2	
<i>aubra eq</i>	Tier 2	
<i>aurovela 1/20</i>	Tier 2	
<i>aurovela fe 1.5/30</i>	Tier 2	
<i>aurovela fe 1/20</i>	Tier 2	
<i>aviane</i>	Tier 2	
<i>ayuna</i>	Tier 2	
<i>azurette</i> (generic of MIRCETTE)	Tier 2	
<i>balziva</i>	Tier 2	
<i>blisovi fe 1.5/30</i>	Tier 2	
<i>briellyn</i>	Tier 2	
<i>camila</i> TABS .35mg	Tier 2	
<i>caziant</i>	Tier 2	
<i>chateal</i>	Tier 2	
<i>cryselle-28</i>	Tier 2	
<i>cyred eq</i>	Tier 2	
<i>dasetta 1/35</i>	Tier 2	
<i>dasetta 7/7/7</i>	Tier 2	
<i>deblitane</i> TABS .35mg	Tier 2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	Tier 2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 2	
<i>elinest</i>	Tier 2	
<i>ELLA</i> TABS 30mg	Tier 2	
<i>emoquette</i>	Tier 2	
<i>enpresse-28</i>	Tier 2	
<i>enskyce</i>	Tier 2	
<i>errin</i> TABS .35mg	Tier 2	
<i>estarylla</i>	Tier 2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 2	
<i>falmina</i>	Tier 2	
<i>femynor</i>	Tier 2	
<i>hailey 1.5/30</i>	Tier 2	
<i>heather</i> TABS .35mg	Tier 2	
<i>iclevia</i>	Tier 2	
<i>incassia</i> TABS .35mg	Tier 2	
<i>introvale</i>	Tier 2	
<i>isibloom</i>	Tier 2	
<i>jasmiel</i> (generic of YAZ)	Tier 2	
<i>jolessa</i>	Tier 2	
<i>juleber</i>	Tier 2	
<i>junel 1.5/30</i>	Tier 2	
<i>junel 1/20</i>	Tier 2	
<i>junel fe 1.5/30</i>	Tier 2	
<i>junel fe 1/20</i>	Tier 2	
<i>kariva</i> (generic of MIRCETTE)	Tier 2	
<i>kelnor 1/35</i>	Tier 2	
<i>kelnor 1/50</i>	Tier 2	
<i>kurvelo</i>	Tier 2	
<i>larin 1.5/30</i>	Tier 2	
<i>larin 1/20</i>	Tier 2	
<i>larin fe 1.5/30</i>	Tier 2	
<i>larin fe 1/20</i>	Tier 2	
<i>larissia</i>	Tier 2	
<i>leena</i>	Tier 2	
<i>lessina</i>	Tier 2	
<i>levonest</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 2	
<i>levora 0.15/30-28</i>	Tier 2	
<i>lillow</i>	Tier 2	
<i>loestrin 1.5/30-21</i>	Tier 2	

Blue MedicareRx 3-Tier Select 2023 Comprehensive Drug List effective 01/01/2023

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>loestrin 1/20-21</i>	Tier 2		<i>nortrel 1/35 (21)</i>	Tier 2	
<i>loestrin fe 1.5/30</i>	Tier 2		<i>nortrel 1/35 (28)</i>	Tier 2	
<i>loestrin fe 1/20</i>	Tier 2		<i>nortrel 7/7/7</i>	Tier 2	
<i>loryna</i> (generic of YAZ)	Tier 2		<i>nylia 1/35</i>	Tier 2	
<i>low-ogestrel</i>	Tier 2		<i>nylia 7/7/7</i>	Tier 2	
<i>lutea</i>	Tier 2		<i>nymyo</i>	Tier 2	
<i>lyleq</i> TABS .35mg	Tier 2		<i>ocella</i> (generic of YASMIN 28)	Tier 2	
<i>lyza</i> TABS .35mg	Tier 2		<i>philit</i>	Tier 2	
<i>marlissa</i>	Tier 2		<i>pimtrea</i> (generic of MIRCETTE)	Tier 2	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2		<i>pirmella 1/35</i>	Tier 2	
<i>microgestin 1.5/30</i>	Tier 2		<i>portia-28</i>	Tier 2	
<i>microgestin 1/20</i>	Tier 2		<i>reclipsen</i>	Tier 2	
<i>microgestin fe 1.5/30</i>	Tier 2		<i>setlakin</i>	Tier 2	
<i>microgestin fe 1/20</i>	Tier 2		<i>sharobel</i> TABS .35mg	Tier 2	
<i>mili</i>	Tier 2		<i>simliya</i> (generic of MIRCETTE)	Tier 2	
<i>mono-linyah</i>	Tier 2		<i>sprintec 28</i>	Tier 2	
<i>necon 0.5/35-28</i>	Tier 2		<i>sronyx</i>	Tier 2	
<i>nikki</i> (generic of YAZ)	Tier 2		<i>syeda</i> (generic of YASMIN 28)	Tier 2	
<i>nora-be</i> TABS .35mg	Tier 2		<i>tarina fe 1/20 eq</i>	Tier 2	
<i>norethindrone (contraceptive)</i> TABS .35mg	Tier 2		<i>tilia fe</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 2		<i>tri-estarylla</i>	Tier 2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 2		<i>tri-legest fe</i>	Tier 3	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 2		<i>tri-linyah</i>	Tier 2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 2		<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2		<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 2		<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norlyroc</i> TABS .35mg	Tier 2		<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>nortrel 0.5/35 (28)</i>	Tier 2		<i>tri-mili</i>	Tier 2	
			<i>tri-nymyo</i>	Tier 2	
			<i>tri-sprintec</i>	Tier 2	
			<i>tri-vylibra</i>	Tier 2	
			<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
			<i>trivora-28</i>	Tier 2	
			<i>velivet</i>	Tier 2	
			<i>vestura</i> (generic of YAZ)	Tier 2	
			<i>vienva</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>viorele</i> (generic of MIRCETTE)	Tier 2		<i>lyllana</i> (generic of MINIVELLE) PTTW	Tier 2	
<i>vyfemla</i>	Tier 2		.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		
<i>vylibra</i>	Tier 2		<i>mimvey</i> (generic of ACTIVEVELLA)	Tier 2	
<i>wera</i>	Tier 2		<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2	
<i>xulane</i>	Tier 3		<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2	
<i>zafemy</i>	Tier 3		<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>zovia 1/35</i>	Tier 2		<b>GLUCOCORTICOIDS</b>		
<i>zumandimine</i> (generic of YASMIN 28)	Tier 2		<i>dexamethasone</i> ELIX	Tier 2	
<b>ENDOMETRIOSIS</b>			.5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 3		<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 2	
SYNAREL SOLN 2mg/ml	Tier 2		<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<b>ESTROGENS</b>			<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
<i>amabelz</i>	Tier 2		<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	Tier 2	B/D
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 2		<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 2	B/D
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 2		<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 1000mg	Tier 2	B/D
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	Tier 1		<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 2		<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVEVELLA)	Tier 2		<i>prednisone</i> SOLN 5mg/5ml	Tier 3	B/D
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2				
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 3				
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	Tier 3				
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 2				
<i>fyavolv tab 1mg-5mcg</i>	Tier 2				
<i>jinteli</i>	Tier 2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D	<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 3	
<i>prednisone</i> TBPK 5mg, 10mg	Tier 2		GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 3		GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
<b>GLUCOSE ELEVATING AGENTS</b>			INCRELEX SOLN 40mg/4ml	Tier 2	NM LA PA
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 1		KORLYM TABS 300mg	Tier 2	NM LA PA
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2		<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D
GVOKE KIT SOLN 1mg/0.2ml	Tier 2		<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	Tier 1	NM PA
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	Tier 2		<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<b>MISCELLANEOUS</b>			<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 1	NM LA	<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
<i>cabergoline</i> TABS .5mg	Tier 2		<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 1	NM LA PA	<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2	
CERDELGA CAPS 84mg	Tier 2	NM LA PA	<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg QL (60 tabs / 30 days)	Tier 3	B/D QL NM	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg QL (60 tabs / 30 days)	Tier 1	B/D QL NM	<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	Tier 1	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 1	B/D QL NM	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 2	NM LA PA
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM LA PA	SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 1				
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2				
<i>desmopressin acetate spray</i> SOLN .01%	Tier 3				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>PHOSPHATE BINDER AGENTS</b>					
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	Tier 2	QL	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>calcium acetate (phosphate binder)</i> TABS 667mg QL (360 tabs / 30 days)	Tier 2	QL	<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm QL (180 packets / 30 days)	Tier 1	QL	<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm QL (540 packets / 30 days)	Tier 1	QL	<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	Tier 3	QL	<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
VELPHORO CHEW 500mg QL (180 tabs / 30 days)	Tier 2	QL	<i>propylthiouracil</i> TABS 50mg	Tier 2	
<b>PROGESTINS</b>			SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2		<b>VITAMIN D ANALOGS</b>		
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg	Tier 2		<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	Tier 1	B/D
<b>THYROID AGENTS</b>			<i>calcitriol</i> SOLN 1mcg/ml	Tier 3	B/D
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1		<i>calcitriol</i> (generic of ROCALTROL) SOLN 1mcg/ml	Tier 3	B/D
			<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
			<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D



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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine</i> (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL	<i>cromolyn sodium</i> (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
<i>mesalamine</i> ENEM 4gm	Tier 3		<i>diphenoxylate w/ atropine</i> tab 2.5-0.025 mg (generic of LOMOTIL)	Tier 2	
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg	Tier 3		GATTEX KIT 5mg	Tier 2	NM LA PA
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL	LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm	Tier 3		<i>loperamide hcl</i> CAPS 2mg	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1		<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2		MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
<b>LAXATIVES</b>			RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	Tier 2	PA
<i>constulose</i> SOLN 10gm/15ml	Tier 2		<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 2	
<i>enulose</i> SOLN 10gm/15ml	Tier 2		<i>ursodiol</i> CAPS 300mg	Tier 2	
<i>gavilyte-c</i>	Tier 1		<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 3	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1		<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
<i>generlac</i> SOLN 10gm/15ml	Tier 2		XERMELO TABS 250mg QL (90 tabs / 30 days)	Tier 2	QL NM LA PA
GOLYTELY SOL	Tier 2		XIFAXAN TABS 550mg	Tier 2	PA
<i>lactulose</i> SOLN 10gm/15ml	Tier 2		<b>PANCREATIC ENZYMES</b>		
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	Tier 2		CREON CAP 3000UNIT	Tier 2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1		CREON CAP 6000UNIT	Tier 2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1		CREON CAP 12000UNT	Tier 2	
PLENVU SOL	Tier 3		CREON CAP 24000UNT	Tier 2	
SUPREP BOWEL SOL PREP KIT	Tier 3		CREON CAP 36000UNT	Tier 2	
<b>MISCELLANEOUS</b>			ZENPEP CAP 3000UNIT	Tier 3	
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 1	QL PA	ZENPEP CAP 5000UNIT	Tier 3	
			ZENPEP CAP 10000UNT	Tier 3	
			ZENPEP CAP 15000UNT	Tier 3	
			ZENPEP CAP 20000UNT	Tier 3	
			ZENPEP CAP 25000	Tier 3	
			ZENPEP CAP 40000	Tier 3	
			<b>PROTON PUMP INHIBITORS</b>		
			<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	Tier 2	QL	MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 3	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1		<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	Tier 2	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg	Tier 3		<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1		<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL
<b>GENITOURINARY</b>			<i>oxybutynin chloride</i> TB24 15mg QL (60 tabs / 30 days)	Tier 2	QL
<b>BENIGN PROSTATIC HYPERPLASIA</b>			<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	Tier 1	QL	<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 3	QL ST
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	Tier 2	QL	<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1		<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	Tier 1		<b>VAGINAL ANTI-INFECTIVES</b>		
<b>MISCELLANEOUS</b>			<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN) CREA 2% Tier 2		
<i>acetic acid</i> SOLN .25%	Tier 1		<i>metronidazole vaginal</i> GEL .75% Tier 2		
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 2		<i>terconazole vaginal</i> CREA .4%, .8% Tier 2		
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 3		<b>HEMATOLOGIC ANTICOAGULANTS</b>		
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 5) TBCR 540mg	Tier 3		<i>dabigatran etexilate mesylate</i> CAPS 75mg QL (60 caps / 30 days)	Tier 3	QL
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 3		ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
<b>URINARY ANTISPASMODICS</b>			ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	Tier 3	QL			
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 3	QL			
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 3	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS STARTER PACK TBPk 5mg QL (74 tabs / 30 days)	Tier 2	QL	XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3		<b>HEMATOPOIETIC GROWTH FACTORS</b>		
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 3		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1		PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
HEP SOD/D5W INJ 20000UNT	Tier 2		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
HEP SOD/D5W INJ 25000UNT	Tier 2		<b>MISCELLANEOUS</b>		
HEP SOD/NACL INJ 25000UNT	Tier 2		<i>anagrelide hcl</i> CAPS 1mg	Tier 3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D	<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	Tier 3	
HEPARIN/NACL INJ 25000UNT	Tier 2		BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 2	QL NM LA PA
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		<i>cilostazol</i> TABS 50mg, 100mg	Tier 1	
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 3	QL	DOPTELET TABS 20mg	Tier 2	NM LA PA
PRADAXA CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL	DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		ENDARI PACK 5gm	Tier 2	NM LA PA
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 2	QL	HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM LA PA
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL	HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM LA PA
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
			<i>pentoxifylline</i> TBCR 400mg	Tier 1	
			PROMACTA PACK 12.5mg QL (360 packets / 30 days)	Tier 2	QL NM LA PA
			PROMACTA PACK 25mg QL (180 packets / 30 days)	Tier 2	QL NM LA PA
			PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL NM LA PA
			PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sajazir</i> (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM LA PA	HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3		HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	Tier 2		HUMIRA PEDIA INJ CROHNS	Tier 2	NM PA
<b>PLATELET AGGREGATION INHIBITORS</b>			HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 2	NM PA
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Tier 3		HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
BRILINTA TABS 60mg, 90mg	Tier 2		HUMIRA PEN PNKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1		HUMIRA PEN KIT PS/UV	Tier 2	NM PA
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA if 70 years and older	Tier 2	PA	HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Tier 2	NM PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	Tier 2		HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 2	NM PA
<b>IMMUNOLOGIC AGENTS</b>			HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 2	NM PA
<b>AUTOIMMUNE AGENTS</b>			KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	Tier 2	QL NM PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Tier 2	NM PA	KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	Tier 2	QL NM PA	OTEZLA TABS 30mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA	OTEZLA TAB 10/20/30 QL (110 tabs / year)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA	RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA	RINVOQ TB24 45mg QL (112 tabs / year)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM LA PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	Tier 2	QL NM LA PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 2	QL NM PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	Tier 2	NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 2	QL NM PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>					
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 2		<b>IMMUNOMODULATORS</b>		
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL	ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 2	NM LA PA
<i>methotrexate sodium</i> TABS 2.5mg	Tier 2		ARCALYST SOLR 220mg	Tier 2	NM LA PA
XATMEP SOLN 2.5mg/ml	Tier 3	B/D	INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	Tier 2	B/D NM LA
<b>IMMUNOGLOBULINS</b>					
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM LA PA	<b>IMMUNOSUPPRESSANTS</b>		
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA	<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 2	B/D
GAMASTAN INJ	Tier 3	B/D NM LA	BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM LA PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA	BENLYSTA SOLR 120mg, 400mg	Tier 2	NM LA PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA	<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM
			<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NM	HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Tier 2	
<i>everolimus (immunosuppressant)</i> (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	Tier 1	B/D NM	HIBERIX SOLR 10mcg	Tier 2	
<i>everolimus (immunosuppressant)</i> (generic of ZORTRESS) TABS .25mg	Tier 3	B/D NM	IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	Tier 3	B/D
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM	INFANRIX INJ	Tier 2	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM	IPOL INJ INACTIVE	Tier 2	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 1	B/D NM	IXIARO INJ	Tier 3	
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM	KINRIX INJ	Tier 2	
REZUROCK TABS 200mg	Tier 2	NM LA PA	M-M-R II INJ	Tier 2	
SANDIMMUNE SOLN 100mg/ml	Tier 3	B/D NM	MENACTRA INJ	Tier 2	
<i>sirolimus</i> (generic of RAPAMUNE) SOLN 1mg/ml	Tier 1	B/D NM	MENQUADFI INJ	Tier 2	
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	Tier 3	B/D NM	MENVEO INJ	Tier 2	
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM	PEDIARIX INJ 0.5ML	Tier 2	
<b>VACCINES</b>			PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 2	
ACTHIB INJ	Tier 2		PENTACEL INJ	Tier 3	
ADACEL INJ	Tier 2		PREHEVBRIO SUSP 10mcg/ml	Tier 2	B/D
BCG VACCINE SOLR 50mg	Tier 3		PRIORIX INJ	Tier 2	
BEXSERO INJ	Tier 2		PROQUAD INJ	Tier 3	
BOOSTRIX INJ	Tier 2		QUADRACEL INJ	Tier 2	
DAPTACEL INJ	Tier 2		QUADRACEL INJ 0.5ML	Tier 2	
DENGVAXIA SUS	Tier 3		RABAVERT INJ	Tier 3	B/D
DIP/TET PED INJ 25-5LFU	Tier 2	B/D	RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	Tier 2	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	Tier 2	B/D	ROTARIX SUS	Tier 2	
GARDASIL 9 INJ	Tier 3		ROTATEQ SOL	Tier 2	
			SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 2	QL
			TDVAX INJ 2-2 LF	Tier 2	B/D
			TENIVAC INJ 5-2LF	Tier 2	B/D
			TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 3	
			TRUMENBA INJ	Tier 2	
			TWINRIX INJ	Tier 3	
			TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 3	
			VAQTA SUSP 25unit/0.5ml, 50unit/ml	Tier 2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VARIVAX INJ 1350pfu/0.5ml	Tier 2		<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	Tier 2	
YF-VAX INJ	Tier 3		KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	Tier 3	
<b>NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE</b>			<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2	
D2.5W/NACL INJ 0.45%	Tier 3		<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2	
D5W/LYTES INJ #48	Tier 3		KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	Tier 3	
D10W/NACL INJ 0.2%	Tier 2		KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)</i>	Tier 2		<i>lactated ringer's solution</i>	Tier 2	
<i>dextrose 5% in lactated ringers</i>	Tier 2		MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 2		<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/NACL 0.3%)</i>	Tier 2		<i>magnesium sulfate SOLN 50%</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 2		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 2		MG SO4/D5W INJ 10MG/ML	Tier 2	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	Tier 2		PLASMA-LYTE INJ -148	Tier 3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	Tier 2		PLASMA-LYTE INJ -A	Tier 3	
ISOLYTE-P INJ /D5W	Tier 3		<i>potassium chloride SOLN 2meq/ml</i>	Tier 2	
ISOLYTE-S INJ	Tier 3		POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3		<i>potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	Tier 3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2		<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	Tier 2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	Tier 2				
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	Tier 2				
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	Tier 2				
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	Tier 2				



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 2		INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 3	B/D
TPN ELECTROL INJ	Tier 3	B/D	NUTRILIPID EMUL 20gm/100ml	Tier 3	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>			<b>OPHTHALMIC</b>		
klor-con 8 TBCR 8meq	Tier 1		plenaminate	Tier 3	B/D
klor-con 10 TBCR 10meq	Tier 1		PREMASOL SOL 10%	Tier 1	B/D
klor-con m10 TBCR 10meq	Tier 1		PROCALAMINE INJ 3%	Tier 3	B/D
klor-con m15 TBCR 15meq	Tier 2		PROSOL INJ 20%	Tier 3	B/D
klor-con m20 TBCR 20meq	Tier 1		TRAVASOL INJ 10%	Tier 3	B/D
M-NATAL PLUS TAB	Tier 2		TROPHAMINE INJ 10%	Tier 3	B/D
potassium chloride CPCR 8meq, 10meq	Tier 2		<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
potassium chloride PACK 20meq; SOLN 10%	Tier 3		neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	Tier 1	
potassium chloride TBCR 8meq, 10meq	Tier 1		neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	Tier 1	
potassium chloride (generic of K-TAB) TBCR 20meq	Tier 1		sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	Tier 1		TOBRADEX OIN 0.3-0.1%	Tier 2	
potassium chloride microencapsulated crystals er TBCR 15meq	Tier 2		TOBRADEX ST SUS 0.3-0.05	Tier 2	
PRENATAL TAB 27-1MG	Tier 2		tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)	Tier 3	
PRENATAL TAB PLUS	Tier 2		ZYLET SUS 0.5-0.3%	Tier 2	
PRENATAL VIT TAB LOW IRON	Tier 2		<b>ANTI-INFECTIVES</b>		
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1		bacitracin (ophthalmic) OINT 500unit/gm	Tier 2	
TRICARE TAB PRENATAL	Tier 2		bacitracin-polymyxin b ophth oint	Tier 1	
<b>IV NUTRITION</b>			BESIVANCE SUSP .6%	Tier 2	
CLINIMIX INJ 4.25/D5W	Tier 3	B/D	CILOXAN OINT .3%	Tier 2	
CLINIMIX INJ 4.25/D10	Tier 3	B/D	ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	
CLINIMIX INJ 5%/D15W	Tier 3	B/D	erythromycin (ophth) OINT 5mg/gm	Tier 1	
CLINIMIX INJ 5%/D20W	Tier 3	B/D	gentak OINT .3%	Tier 2	
CLINIMIX INJ 6/5	Tier 3	B/D	gentamicin sulfate (ophth) SOLN .3%	Tier 1	
CLINIMIX INJ 8/10	Tier 3	B/D	moxifloxacin hcl (ophth) SOLN .5%	Tier 2	
CLINIMIX INJ 8/14	Tier 3	B/D			
clinisol sf 15%	Tier 3	B/D			
CLINOLIPID EMU 20%	Tier 3	B/D			
dextrose SOLN 5%, 10%	Tier 2				
dextrose SOLN 50%, 70%	Tier 2	B/D			
FREAMINE III INJ 10%	Tier 3	B/D			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NATACYN SUSP 5%	Tier 3		<b>ANTIALLERGICS</b>		
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 2		azelastine hcl (ophth) SOLN .05%	Tier 2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 2		cromolyn sodium (ophth) SOLN 4%	Tier 1	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	Tier 1		olopatadine hcl SOLN .1%	Tier 2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	Tier 1		ZERVIAE SOLN .24%	Tier 3	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	Tier 2		<b>ANTIGLAUCOMA</b>		
tobramycin (ophth) SOLN .3%	Tier 1		ALPHAGAN P SOLN .1%	Tier 2	
trifluridine SOLN 1%	Tier 3		betaxolol hcl (ophth) SOLN .5%	Tier 2	
ZIRGAN GEL .15%	Tier 3		BETOPTIC-S SUSP .25%	Tier 2	
<b>ANTI-INFLAMMATORIES</b>			brimonidine tartrate SOLN .2%	Tier 1	
ALREX SUSP .2%	Tier 2		brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	Tier 3	
BROMSITE SOLN .075%	Tier 3		brinzolamide (generic of AZOPT) SUSP 1%	Tier 3	
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 2		carteolol hcl (ophth) SOLN 1%	Tier 1	
diclofenac sodium (ophth) SOLN .1%	Tier 1		COMBIGAN SOL 0.2/0.5%	Tier 2	
difluprednate (generic of DUREZOL) EMUL .05%	Tier 3		dorzolamide hcl (generic of TRUSOPT) SOLN 2%	Tier 1	
FLAREX SUSP .1%	Tier 3		dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	Tier 1	
fluorometholone (ophth) SUSP .1%	Tier 2		latanoprost (generic of XALATAN) SOLN .005%	Tier 1	
flurbiprofen sodium SOLN .03%	Tier 2		levobunolol hcl SOLN .5%	Tier 1	
ILEVRO SUSP .3%	Tier 2		pilocarpine hcl SOLN 1%, 2%, 4%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	Tier 2		RHOPRESSA SOLN .02%	Tier 2	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	Tier 1		SIMBRINZA SUS 1-0.2%	Tier 2	
LOTEMAX OINT .5%	Tier 2		timolol maleate (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5%	Tier 3	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	Tier 2		timolol maleate (ophth) (generic of TIMOPTIC) SOLN .25%, .5%	Tier 1	
PROLENSA SOLN .07%	Tier 2		VYZULTA SOLN .024%	Tier 3	
			<b>MISCELLANEOUS</b>		
			ATROPINE SULFATE SOLN 1%	Tier 2	
			atropine sulfate (ophthalmic) (generic of ATROPINE SULFATE) SOLN 1%	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYSTADROPS SOLN .37%	Tier 2	NM LA PA	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 2	B/D
CYSTARAN SOLN .44%	Tier 2	NM LA PA	TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL
ISOPTO ATROPINE SOLN 1%	Tier 2		QL (60 blisters / 30 days)		
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 2		TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL
RESTASIS EMUL .05%	Tier 2		QL (60 blisters / 30 days)		
RESTASIS MULTIDOSE EMUL .05%	Tier 2		<b>ANTICHOLINERGICS</b>		
XIIDRA SOLN 5%	Tier 2		ATROVENT HFA AERS 17mcg/act	Tier 3	QL
<b>OTIC</b>			QL (2 inhalers / 30 days)		
<b>OTIC AGENTS</b>			INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 2	QL
<i>acetic acid (otic)</i> SOLN 2%	Tier 2		QL (30 blisters / 30 days)		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> (generic of CIPRODEX)	Tier 3		<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 2		<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 2		<b>ANTI-HISTAMINES</b>		
<i>ofloxacin (otic)</i> SOLN .3%	Tier 3		<i>azelastine hcl</i> SOLN .1%, .15%	Tier 2	
<b>RESPIRATORY</b>			<i>cetirizine hcl</i> SOLN 1mg/ml	Tier 1	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>			<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	Tier 2	PA
ANORO ELLIPTA AER 62.5-25	Tier 2	QL	PA if 70 years and older		
QL (60 blisters / 30 days)			<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 2	
BEVESPI AER 9-4.8MCG	Tier 2	QL	<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	Tier 3	PA
QL (1 inhaler / 30 days)			PA if 70 years and older		
BREZTRI AERO AER SPHERE	Tier 2	QL	<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 2	PA
QL (1 inhaler / 30 days)			PA if 70 years and older		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL	<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg	Tier 2	PA
QL (4 inhalers / 28 days)			PA if 70 years and older		
COMBIVENT AER 20-100	Tier 3	QL	<i>hydroxyzine pamoate</i> CAPS 50mg	Tier 2	PA
QL (2 inhalers / 30 days)			PA if 70 years and older		
			<i>levocetirizine dihydrochloride</i> TABS 5mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<b>BETA AGONISTS</b>			<b>LEUKOTRIENE MODULATORS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg	Tier 2	
<i>albuterol sulfate</i> (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3	
<i>albuterol sulfate</i> (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	Tier 2	QL	<i>montelukast sodium</i> (generic of SINGULAIR) TABS 10mg	Tier 1	
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 2	B/D	<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	Tier 2	
<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D	<b>MISCELLANEOUS</b>		
<i>albuterol sulfate</i> SYRP 2mg/5ml	Tier 2		<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
<i>albuterol sulfate</i> TABS 2mg, 4mg	Tier 3		ARALAST NP SOLR 500mg, 1000mg	Tier 2	NM LA PA
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	Tier 2	QL ST	<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	Tier 2	QL	DALIRESP TABS 250mcg, 500mcg	Tier 3	
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3		<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	Tier 2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 2	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 2	QL	<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
			ESBRIET CAPS 267mg QL (270 caps / 30 days)	Tier 2	QL NM LA PA
			FASENRA SOSY 30mg/ml	Tier 2	NM LA PA
			FASENRA PEN SOAJ 30mg/ml	Tier 2	NM LA PA
			KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	Tier 2	QL NM LA PA
			KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 2	QL NM LA PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM LA PA	<b>NASAL STEROIDS</b>		
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	Tier 2	QL NM LA PA	<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	Tier 2	QL NM LA PA	<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM LA PA	XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM LA PA	<b>STERIOD INHALANTS</b>		
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA	ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA	<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	Tier 2	NM LA PA	FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	Tier 2	QL
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA	FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	Tier 2	QL NM LA PA	FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	Tier 2	QL
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	Tier 2	QL NM LA PA	PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	Tier 3	QL
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Tier 3		PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
<i>theophylline</i> TB12 300mg, 450mg	Tier 3		<b>STERIOD/BETA-AGONIST COMBINATIONS</b>		
<i>theophylline</i> TB24 400mg, 600mg	Tier 2		ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	Tier 2	QL
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA			
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM LA PA			
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	Tier 2	NM LA PA			
ZEMAIRA SOLR 1000mg	Tier 2	NM LA PA			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	Tier 2	QL	<i>clindamycin phosphate (topical) SOLN 1%</i> QL (60 mL / 30 days)	Tier 2	QL
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	Tier 2	QL	<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	Tier 2	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>myorisan CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL	<i>sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%</i> QL (118 mL / 30 days)	Tier 3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL	<i>tretinoin (generic of RETIN- A) CREA .025%, .05%, .1%; GEL .01%, .025%</i> QL (45 gm / 30 days)	Tier 3	QL PA
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL	<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	Tier 2	QL	<b>DERMATOLOGY, ANTIBIOTICS</b>		
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	Tier 2	QL	<i>gentamicin sulfate (topical) CREA .1%</i> QL (30 gm / 30 days)	Tier 3	QL
<b>TOPICAL DERMATOLOGY, ACNE</b>			<i>gentamicin sulfate (topical) OINT .1%</i> QL (30 gm / 30 days)	Tier 2	QL
<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA	<i>mupirocin OINT 2%</i> QL (220 gm / 30 days)	Tier 1	QL
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	Tier 3	PA	<i>silver sulfadiazine (generic of SILVADENE) CREA 1%</i>	Tier 1	
<i>avita (generic of RETIN-A) CREA .025%</i> QL (45 gm / 30 days)	Tier 3	QL PA	<i>ssd (generic of SILVADENE) CREA 1%</i>	Tier 1	
<i>avita GEL .025%</i> QL (45 gm / 30 days)	Tier 3	QL PA	<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	PA	<i>clotrimazole (topical) CREA 1%</i> QL (45 gm / 30 days)	Tier 2	QL
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1%</i> QL (60 mL / 30 days)	Tier 2	QL	<i>clotrimazole (topical) SOLN 1%</i> QL (30 mL / 30 days)	Tier 2	QL
			<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	Tier 2	QL
			<i>ketoconazole (topical) CREA 2%</i> QL (60 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL	<i>betamethasone dipropionate augmented</i> GEL .05% QL (120 gm / 30 days)	Tier 3	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL	<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	Tier 3	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL	<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL	<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 2	QL
<b>DERMATOLOGY, ANTIPSORIATICS</b>			<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 2	QL
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 3	PA	<i>clobetasol propionate</i> CREA .05% QL (60 gm / 30 days)	Tier 2	QL
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 3	QL PA	<i>clobetasol propionate</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	Tier 2	QL PA	<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	Tier 3	QL
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 3	QL PA	<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, ANTISEBORRHEICS</b>			ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 3	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 1		<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, CORTICOSTEROIDS</b>			<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>ala-cort</i> CREA 1%, 2.5%	Tier 1		<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTHIE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 2	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 2	QL			
<i>betamethasone dipropionate (topical)</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL			
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	Tier 2	QL			
<i>betamethasone dipropionate (topical)</i> OINT .05% QL (120 gm / 30 days)	Tier 3	QL			
<i>betamethasone dipropionate augmented</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	Tier 2	QL	<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 2	QL PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>					
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	Tier 3	QL	<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL	<i>diclofenac sodium (topical)</i> GEL 1% QL (1000 gm / 30 days)	Tier 2	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL	<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% QL (40 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 2	QL	<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 2	QL	<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 1	
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 2		<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 2	QL
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 3	QL	<i>lactic acid (ammonium lactate)</i> CREA 12%	Tier 1	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1		<i>lactic acid (ammonium lactate)</i> LOTN 12%	Tier 2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 2		<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 3	QL
<i>triamcinolone acetonide</i> (topical) CREA .1% QL (454 gm / 30 days)	Tier 1	QL	<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	Tier 2	QL
<i>triamcinolone acetonide</i> (topical) CREA .025%, .5%; OINT .025%, .1%, .5%	Tier 1		PANRETIN GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>triamcinolone acetonide</i> (topical) LOTN .025%, .1%	Tier 2		<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>			<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA	<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	Tier 2	
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 3	QL PA	<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA	<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	Tier 3	QL PA			
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 2	QL PA			



Drug Name	Drug Tier	Requirements/ Limits
RECTIV OINT .4% QL (30 gm / 30 days)	Tier 3	QL
rosadan (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	Tier 3	QL
tacrolimus (topical) (generic of PROTOPIC) OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM LA PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
malathion LOTN .5% QL (59 mL / 30 days)	Tier 3	QL
permethrin CREA 5% QL (60 gm / 30 days)	Tier 2	QL
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGGRANEX GEL .01% QL (30 gm / 30 days)	Tier 2	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL
sodium chloride (gu irrigant) SOLN .9%	Tier 2	
water for irrigation, sterile irrigation soln	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	Tier 1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	Tier 3	QL
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	
nystatin (mouth-throat) SUSP 100000unit/ml	Tier 2	
periogard (generic of PERIDEX) SOLN .12%	Tier 1	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	
triamcinolone acetonide (mouth) PSTE .1%	Tier 2	

**Index**

<b>A</b>		
abacavir sulfate.....5	see estradiol & norethindrone acetate	ADVAIR DISKU AER
abacavir sulfate-lamivudine	tab 1-0.5 mg .....38	500/50 .....54
tab 600-300 mg.....6	see mimvey.....38	ADVAIR HFA AER 115/21
ABELCET .....4	ACTOS	.....54
ABILIFY	see pioglitazone hcl.....33	ADVAIR HFA AER 230/21
see aripiprazole.....26	ACULAR	.....54
ABILIFY MAINTENA.....26	see ketorolac	ADVAIR HFA AER 45/21 54
abiraterone acetate.....10	tromethamine (ophth)	AFINITOR
acamprosate calcium.....31	.....50	see everolimus.....11
acarbose.....32	ACULAR LS	AFINITOR DISPERZ
ACCOLATE	see ketorolac	see everolimus.....11
see zafirlukast.....52	tromethamine (ophth)	afirmelle .....35
ACCUPRIL	.....50	AGRYLIN
see quinapril hcl .....14	acyclovir.....7	see anagrelide hcl.....44
ACCURETIC	acyclovir sodium .....7	AIMOVIG .....30
see quinapril-	ADACEL INJ.....47	ala-cort.....55
hydrochlorothiazide tab	ADDERALL	albendazole .....3
10-12.5 mg .....14	see amphetamine-	albuterol sulfate .....52
see quinapril-	dextroamphetamine	ALCAINE
hydrochlorothiazide tab	tab 10 mg.....29	see proparacaine hcl...51
20-12.5 mg .....14	see amphetamine-	alclometasone dipropionate
see quinapril-	dextroamphetamine	.....55
hydrochlorothiazide tab	tab 12.5 mg.....29	ALDACTAZIDE
20-25 mg .....14	see amphetamine-	see spironolactone &
accutane .....54	dextroamphetamine	hydrochlorothiazide tab
acebutolol hcl.....17	tab 15 mg.....29	25-25 mg .....19
acetaminophen w/ codeine	see amphetamine-	ALDACTONE
soln 120-12 mg/5ml.....1	dextroamphetamine	see spironolactone .....15
acetaminophen w/ codeine	tab 20 mg.....29	ALECENSA.....11
tab 300-15 mg.....1	see amphetamine-	alendronate sodium .....35
acetaminophen w/ codeine	dextroamphetamine	alfuzosin hcl.....43
tab 300-30 mg.....1	tab 30 mg.....29	ALINIA
acetaminophen w/ codeine	see amphetamine-	see nitazoxanide .....3
tab 300-60 mg.....1	dextroamphetamine	aliskiren fumarate .....19
acetazolamide .....18	tab 5 mg.....28	allopurinol .....1
acetic acid.....43	see amphetamine-	alose tron hcl .....42
acetic acid (otic).....51	dextroamphetamine	ALPHAGAN P .....50
acetylcysteine .....52	tab 7.5 mg.....28	see brimonidine tartrate
acitretin .....55	adefovir dipivoxil .....7	.....50
ACTHIB INJ .....47	ADEMPAS .....20	alprazolam .....20
ACTIMMUNE .....46	ADRENALIN .....19	ALREX .....50
ACTIQ	ADVAIR DISKU AER	ALTACE
see fentanyl citrate.....2	100/50 .....53	see ramipril.....14
ACTIVELLA	ADVAIR DISKU AER	altavera.....35
	250/50 .....54	ALUNBRIG .....11
		ALUNBRIG PAK .....11
		alyacen 1/35 .....35

<i>alyacen 7/7/7</i> .....35	<i>amoxapine</i> .....24	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....9
<i>amabelz</i> .....38	<i>amoxicillin</i> .....8	<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....9
<i>amantadine hcl</i> .....25	<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i> ...8	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....9
AMARYL	<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....8	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....9
see <i>glimperide</i> .....32	<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....8	<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....9
AMBIEN	<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....8	AMPYRA
see <i>zolpidem tartrate</i> ...30	<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> 8	see <i>dalfampridine</i> .....31
AMBISOME	<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....9	ANAFRANIL
see <i>amphotericin b liposome</i> .....4	<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....9	see <i>clomipramine hcl</i> ..24
<i>ambrisentan</i> .....20	<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....9	<i>anagrelide hcl</i> .....44
<i>amikacin sulfate</i> .....3	<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....9	<i>anastrozole</i> .....10
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....18	<i>amphetamine-dextroamphetamine tab 10 mg</i> .....29	ANCOBON
<i>amiloride hcl</i> .....18	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....29	see <i>flucytosine</i> .....4
<i>amiodarone hcl</i> .....16	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....29	ANDROGEL
<i>amitriptyline hcl</i> .....24	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....29	see <i>testosterone</i> .....32
<i>amlodipine besylate</i> .....18	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....29	ANDROGEL PUMP
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....14	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....28	see <i>testosterone</i> .....32
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....14	<i>amphotericin b</i> .....4	ANORO ELLIPT AER 62.5-25 .....51
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....14	<i>amphotericin b liposome</i> ...4	ANUSOL-HC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....14	<i>ampicillin</i> .....9	see <i>hydrocortisone (rectal)</i> .....56
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....14		see <i>procto-med hc</i> .....56
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....14		see <i>proctosol hc</i> .....56
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....14		see <i>proctozone-hc</i> .....56
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....15		<i>aprepitant</i> .....41
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....15		<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....41
<i>amlodipine besylate-valsartan tab 5-160 mg</i> 15		<i>apri</i> .....35
<i>amlodipine besylate-valsartan tab 5-320 mg</i> 15		APRISO
<i>amnestem</i> .....54		see <i>mesalamine</i> .....41

ARCALYST.....46  
 ARICEPT  
     see *donepezil hydrochloride*.....24  
 ARIMIDEX  
     see *anastrozole*.....10  
*aripiprazole*.....26  
 ARISTADA.....26  
 ARISTADA INITIO .....26  
 ARIXTRA  
     see *fondaparinux sodium*  
         .....44  
*armodafinil*.....31  
 ARNUITY ELLIPTA.....53  
 AROMASIN  
     see *exemestane*.....10  
*asenapine maleate* .....27  
*aspirin-dipyridamole cap er*  
     12hr 25-200 mg.....45  
 ATACAND  
     see *candesartan cilexetil*  
         .....16  
*atazanavir sulfate*.....5  
*atenolol*.....17  
*atenolol & chlorthalidone*  
     tab 100-25 mg.....17  
*atenolol & chlorthalidone*  
     tab 50-25 mg.....17  
 ATIVAN  
     see *lorazepam*.....20  
*atomoxetine hcl*.....29  
*atorvastatin calcium*.....17  
*atovaquone*.....3  
*atovaquone-proguanil hcl*  
     tab 250-100 mg.....5  
*atovaquone-proguanil hcl*  
     tab 62.5-25 mg.....5  
 ATRIPLA  
     see *efavirenz-*  
         *emtricitabine-tenofovir*  
         *df tab 600-200-300 mg*  
         .....6  
 ATROPINE SULFATE ....50  
     see *atropine sulfate*  
         (*ophthalmic*).....50  
*atropine sulfate*  
     (*ophthalmic*) .....50  
 ATROVENT HFA .....51

*aubra eq* .....36  
 AUGMENTIN  
     see *amoxicillin & k*  
         *clavulanate tab 500-*  
         125 mg .....9  
 AUGMENTIN ES-600  
     see *amoxicillin & k*  
         *clavulanate for susp*  
         600-42.9 mg/5ml.....9  
*aurovela 1/20*.....36  
*aurovela fe 1.5/30*.....36  
*aurovela fe 1/20*.....36  
 AUSTEDO .....30  
 AVALIDE  
     see *irbesartan-*  
         *hydrochlorothiazide tab*  
         150-12.5 mg .....15  
     see *irbesartan-*  
         *hydrochlorothiazide tab*  
         300-12.5 mg .....15  
 AVAPRO  
     see *irbesartan* .....16  
*aviane*.....36  
*avita*.....54  
 AVODART  
     see *dutasteride*.....43  
 AYGESTIN  
     see *norethindrone*  
         *acetate*.....40  
*ayuna*.....36  
 AYVAKIT .....11  
 AZACTAM  
     see *aztreonam* .....3  
*azathioprine* .....46  
*azelastine hcl*.....51  
*azelastine hcl (ophth)*.....50  
 AZILECT  
     see *rasagiline mesylate*  
         .....26  
*azithromycin*.....8  
 AZOPT  
     see *brinzolamide* .....50  
*aztreonam*.....3  
 AZULFIDINE  
     see *sulfasalazine*.....42  
 AZULFIDINE EN-TABS  
     see *sulfasalazine*.....42  
*azurette*.....36

**B**  
*bacitracin (ophthalmic)*....49  
*bacitracin-polymyxin b*  
     *ophth oint* .....49  
*baclofen* .....31  
 BACTRIM  
     see *sulfamethoxazole-*  
         *trimethoprim tab 400-*  
         80 mg.....4  
 BACTRIM DS  
     see *sulfamethoxazole-*  
         *trimethoprim tab 800-*  
         160 mg.....4  
 BAFIERTAM .....31  
*balsalazide disodium* .....41  
 BALVERSA.....11  
*balziva* .....36  
 BANZEL  
     see *rufinamide*.....23  
 BARACLUDGE.....7  
     see *entecavir*.....7  
 BASAGLAR KWIKPEN...34  
 BCG VACCINE .....47  
 BD ALCOHOL SWABS...34  
 BELSOMRA.....29  
*benazepril &*  
     *hydrochlorothiazide tab*  
     10-12.5 mg.....14  
*benazepril &*  
     *hydrochlorothiazide tab*  
     20-12.5 mg.....14  
*benazepril &*  
     *hydrochlorothiazide tab*  
     20-25 mg.....14  
*benazepril &*  
     *hydrochlorothiazide tab*  
     5-6.25mg.....14  
*benazepril hcl*.....14  
 BENICAR  
     see *olmesartan*  
         *medoxomil* .....16  
 BENICAR HCT  
     see *olmesartan*  
         *medoxomil-*  
         *hydrochlorothiazide tab*  
         20-12.5 mg .....15  
     see *olmesartan*  
         *medoxomil-*

<i>hydrochlorothiazide tab</i> 40-12.5 mg .....15	<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 5-6.25 mg.....17	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 8-2</i> mg (base equiv) .....31
see <i>olmesartan</i>	<i>bisoprolol fumarate</i> .....17	<i>buprenorphine hcl-</i> <i>naloxone hcl sl tab 2-0.5</i> mg (base equiv) .....31
<i>medoxomil-</i> <i>hydrochlorothiazide tab</i> 40-25 mg .....15	BIVIGAM.....46	<i>buprenorphine hcl-</i> <i>naloxone hcl sl tab 8-2</i> mg (base equiv) .....31
BENLYSTA .....46	<i>blisovi fe 1.5/30</i> .....36	<i>bupropion hcl</i> .....24
<i>benztropine mesylate</i> .....25	BOOSTRIX INJ.....47	<i>bupropion hcl (smoking</i> <i>deterrent)</i> .....31
BERINERT .....44	<i>bosentan</i> .....20	<i>buspirone hcl</i> .....20
BESIVANCE .....49	BOSULIF .....11	BYDUREON BCISE.....32
BESREMI .....10	BRAFTOVI.....11	BYETTA.....32
<i>betaine powder for oral</i> <i>solution</i> .....39	BREO ELLIPTA INH 100- 25 .....54	BYSTOLIC see <i>nebivolol hcl</i> .....18
<i>betamethasone</i> <i>dipropionate (topical)</i> ...55	BREO ELLIPTA INH 200- 25 .....54	<b>C</b>
<i>betamethasone</i> <i>dipropionate augmented</i> .....55	BREZTRI AERO AER SPHERE .....51	<i>cabergoline</i> .....39
<i>betamethasone valerate</i> .55	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....51	CABOMETYX .....11
BETAPACE	<i>brillyn</i> .....36	CALAN SR see <i>verapamil hcl</i> .....18
see <i>sorine</i> .....16	BRILINTA .....45	<i>calcipotriene</i> .....55
see <i>sotalol hcl</i> .....16	<i>brimonidine tartrate</i> .....50	<i>calcitonin (salmon) spray</i> 35
BETAPACE AF	<i>brinzolamide</i> .....50	<i>calcitriol</i> .....40
see <i>sotalol hcl (afib/af)</i> 16	BRIVIACT .....20	<i>calcium acetate (phosphate</i> <i>binder)</i> .....40
BETASERON .....31	<i>bromocriptine mesylate</i> ...25	CALQUENCE .....11
<i>betaxolol hcl (ophth)</i> .....50	BROMSITE .....50	<i>camila</i> .....36
<i>bethanechol chloride</i> .....43	BRUKINSA .....11	CANASA see <i>mesalamine</i> .....42
BETOPTIC-S .....50	<i>budesonide</i> .....41	CANCIDAS see <i>caspofungin acetate</i> .....4
BEVESPI AER 9-4.8MCG .....51	<i>budesonide (inhalation)</i> ..53	<i>candesartan cilexetil</i> .....16
<i>bexarotene</i> .....10	<i>bumetanide</i> .....18	CAPLYTA .....27
<i>bexarotene (topical)</i> .....56	BUMEX see <i>bumetanide</i> .....18	CAPRELSA.....11
BEXSERO INJ.....47	BUPHENYL see <i>sodium</i> <i>phenylbutyrate</i> .....39	CARAFATE see <i>sucralfate</i> .....42
<i>bicalutamide</i> .....10	<i>buprenorphine hcl</i> .....31	<i>carb/levo orally</i> <i>disintegrating tab 10-</i> <i>100mg</i> .....26
BICILLIN L-A .....9	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 12-3</i> mg (base equiv) .....31	<i>carb/levo orally</i> <i>disintegrating tab 25-</i> <i>100mg</i> .....26
BIKTARVY TAB 30-120-15 MG .....6	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 2-0.5</i> mg (base equiv) .....31	<i>carb/levo orally</i> <i>disintegrating tab 25-</i> <i>250mg</i> .....26
BIKTARVY TAB 50-200-25 MG .....6	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 4-1</i> mg (base equiv) .....31	
BILTRICIDE see <i>praziquantel</i> .....4		
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 10-6.25 mg.....17		
<i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> 2.5-6.25 mg.....17		

CARBAGLU	<i>cartia xt</i> .....18	<i>chlorpromazine hcl</i> .....27
see <i>carglumic acid</i> .....39	<i>carvedilol</i> .....17	CHLORPROMAZINE
<i>carbamazepine</i> .....20	CASODEX	HYDROCHLOR.....27
CARBATROL	see <i>bicalutamide</i> .....10	<i>chlorthalidone</i> .....18
see <i>carbamazepine</i> .....20	<i>casprofungin acetate</i> .....4	<i>cholestyramine</i> .....17
<i>carbidopa &amp; levodopa tab</i>	CATAPRES-TTS-1	<i>cholestyramine light</i> .....17
10-100 mg.....26	see <i>clonidine</i> .....19	<i>cilostazol</i> .....44
<i>carbidopa &amp; levodopa tab</i>	CATAPRES-TTS-2	CILOXAN .....49
25-100 mg.....26	see <i>clonidine</i> .....19	CIMDUO TAB 300-300 .....6
<i>carbidopa &amp; levodopa tab</i>	CATAPRES-TTS-3	<i>cinacalcet hcl</i> .....39
25-250 mg.....26	see <i>clonidine</i> .....19	CIPRO
<i>carbidopa &amp; levodopa tab</i>	CAYSTON .....3	see <i>ciprofloxacin hcl</i> .....8
er 25-100 mg.....26	<i>caziant</i> .....36	CIPRODEX
<i>carbidopa &amp; levodopa tab</i>	<i>cefaclor</i> .....7	see <i>ciprofloxacin-</i>
er 50-200 mg.....26	<i>cefadroxil</i> .....7	<i>dexamethasone otic</i>
<i>carbidopa-levodopa-</i>	CEFAZOLIN INJ	<i>susp 0.3-0.1%</i> .....51
<i>entacapone tabs 12.5-</i>	1GM/50ML .....7	<i>ciprofloxacin 200 mg/100ml</i>
50-200 mg.....26	<i>cefazolin sodium</i> .....7	<i>in d5w</i> .....8
<i>carbidopa-levodopa-</i>	CEFAZOLIN SOLN	<i>ciprofloxacin 400 mg/200ml</i>
<i>entacapone tabs 18.75-</i>	2GM/100ML-4% .....7	<i>in d5w</i> .....8
75-200 mg.....26	<i>cefdinir</i> .....7	<i>ciprofloxacin hcl</i> .....8
<i>carbidopa-levodopa-</i>	<i>cefepime hcl</i> .....7	<i>ciprofloxacin hcl (ophth)</i> ..49
<i>entacapone tabs 25-100-</i>	<i>cefixime</i> .....7	<i>ciprofloxacin-</i>
200 mg.....26	<i>cefoxitin sodium</i> .....8	<i>dexamethasone otic susp</i>
<i>carbidopa-levodopa-</i>	<i>cefpodoxime proxetil</i> .....8	0.3-0.1%.....51
<i>entacapone tabs 31.25-</i>	<i>cefprozil</i> .....8	<i>citalopram hydrobromide</i> 24
125-200 mg.....26	<i>ceftazidime</i> .....8	<i>claravis</i> .....54
<i>carbidopa-levodopa-</i>	<i>ceftriaxone sodium</i> .....8	<i>clarithromycin</i> .....8
<i>entacapone tabs 37.5-</i>	<i>cefuroxime axetil</i> .....8	CLEOCIN
150-200 mg.....26	<i>cefuroxime sodium</i> .....8	see <i>clindamycin hcl</i> .....3
<i>carbidopa-levodopa-</i>	CELEBREX	see <i>clindamycin</i>
<i>entacapone tabs 50-200-</i>	see <i>celecoxib</i> .....1	<i>phosphate vaginal</i> ...43
200 mg.....26	<i>celecoxib</i> .....1	CLEOCIN PHOSPHATE
CARDIZEM	CELEXA	see <i>clindamycin</i>
see <i>diltiazem hcl</i> .....18	see <i>citalopram</i>	<i>phosphate</i> .....3
CARDIZEM CD	<i>hydrobromide</i> .....24	CLEOCIN-T
see <i>cartia xt</i> .....18	CELLCEPT	see <i>clindamycin</i>
see <i>diltiazem hcl coated</i>	see <i>mycophenolate</i>	<i>phosphate (topical)</i> ..54
<i>beads</i> .....18	<i>mofetil</i> .....47	CLIMARA
CARDURA	CELONTIN .....20	see <i>estradiol</i> .....38
see <i>doxazosin mesylate</i>	<i>cephalexin</i> .....8	<i>clindamycin hcl</i> .....3
.....15	CERDELGA.....39	<i>clindamycin phosphate</i> .....3
<i>carglumic acid</i> .....39	<i>cetirizine hcl</i> .....51	<i>clindamycin phosphate</i>
CARNITOR	<i>chateal</i> .....36	( <i>topical</i> ) .....54
see <i>levocarnitine</i>	CHEMET .....35	<i>clindamycin phosphate</i>
( <i>metabolic modifiers</i> )	<i>chlorhexidine gluconate</i>	<i>vaginal</i> .....43
.....39	( <i>mouth-throat</i> ) .....57	CLINIMIX INJ 4.25/D10 ..49
<i>carteolol hcl (ophth)</i> .....50	<i>chloroquine phosphate</i> .....5	CLINIMIX INJ 4.25/D5W .49

CLINIMIX INJ 5%/D15W.49	see <i>lamivudine-</i>	<i>cycloserine</i> .....6
CLINIMIX INJ 5%/D20W.49	<i>zidovudine tab 150-</i>	<i>cyclosporine</i> .....46
CLINIMIX INJ 6/5.....49	<i>300 mg</i> .....6	<i>cyclosporine modified (for</i>
CLINIMIX INJ 8/10.....49	COMETRIQ (60MG DOSE)	<i>microemulsion)</i> .....46, 47
CLINIMIX INJ 8/14.....49	.....11	CYKLOKAPRON
<i>clinisol sf 15%</i> .....49	COMETRIQ KIT 100MG .11	see <i>tranexamic acid</i> ....45
CLINOLIPID EMU 20%...49	COMETRIQ KIT 140MG .11	CYMBALTA
<i>clobazam</i> .....20	COMPLERA TAB.....6	see <i>duloxetine hcl</i> .....24
<i>clobetasol propionate</i> .....55	<i>compro</i> .....41	<i>cyproheptadine hcl</i> .....51
<i>clobetasol propionate e</i> ...55	COMTAN	<i>cyred eq</i> .....36
<i>clomipramine hcl</i> .....24	see <i>entacapone</i> .....26	CYSTADANE
<i>clonazepam</i> .....20, 21	<i>constulose</i> .....42	see <i>betaine powder for</i>
<i>clonidine</i> .....19	COPAXONE	<i>oral solution</i> .....39
<i>clonidine hcl</i> .....19	see <i>glatiramer acetate</i> .31	CYSTADROPS .....51
<i>clopidogrel bisulfate</i> .....45	see <i>glatopa</i> .....31	CYSTAGON.....39
<i>clorazepate dipotassium</i> .21	COPIKTRA .....11	CYSTARAN .....51
<i>clotrimazole</i> .....57	COREG	CYTOMEL
<i>clotrimazole (topical)</i> .....54	see <i>carvedilol</i> .....17	see <i>liothyronine sodium</i>
<i>clotrimazole w/</i>	CORLANOR .....19	.....40
<i>betamethasone cream 1-</i>	CORTEF	CYTOTEC
<i>0.05%</i> .....54	see <i>hydrocortisone</i> .....38	see <i>misoprostol</i> .....42
<i>clozapine</i> .....27	CORTENEMA	<b>D</b>
CLOZARIL	see <i>hydrocortisone</i>	D10W/NAACL INJ 0.2%...48
see <i>clozapine</i> .....27	<i>(intrarectal)</i> .....41	D2.5W/NAACL INJ 0.45%.48
COARTEM TAB 20-120MG	COSOPT	D5W/LYTES INJ #48 .....48
.....5	see <i>dorzolamide hcl-</i>	<i>dabigatran etexilate</i>
COLAZAL	<i>timolol maleate ophth</i>	<i>mesylate</i> .....43
see <i>balsalazide disodium</i>	<i>soln 22.3-6.8 mg/ml</i> .50	<i>dalfampridine</i> .....31
.....41	COTELLIC .....11	DALIRESP .....52
<i>colchicine</i> .....1	COZAAR	<i>danazol</i> .....38
<i>colchicine w/ probenecid</i>	see <i>losartan potassium</i>	<i>dapsone</i> .....3
<i>tab 0.5-500 mg</i> .....1	.....16	DAPTACEL INJ .....47
COLCRYS	CREON CAP 12000UNT 42	<i>daptomycin</i> .....3
see <i>colchicine</i> .....1	CREON CAP 24000UNT 42	DAPTOMYCIN.....3
<i>colesevelam hcl</i> .....17	CREON CAP 3000UNIT .42	see <i>daptomycin</i> .....3
COLESTID	CREON CAP 36000UNT 42	<i>dasetta 1/35</i> .....36
see <i>colestipol hcl</i> .....17	CREON CAP 6000UNIT .42	<i>dasetta 7/7/7</i> .....36
<i>colestipol hcl</i> .....17	CRESTOR	DAURISMO .....11
<i>colistimethate sodium</i> .....3	see <i>rosuvastatin calcium</i>	DDAVP
COLY-MYCIN M	.....17	see <i>desmopressin</i>
see <i>colistimethate</i>	<i>cromolyn sodium</i> .....52	<i>acetate</i> .....39
<i>sodium</i> .....3	<i>cromolyn sodium</i>	<i>deblitane</i> .....36
COMBIGAN SOL 0.2/0.5%	<i>(mastocytosis)</i> .....42	<i>deferasirox</i> .....35
.....50	<i>cromolyn sodium (ophth)</i> 50	DELESTROGEN
COMBIVENT AER 20-100	<i>cryselle-28</i> .....36	see <i>estradiol valerate</i> ..38
.....51	<i>cyclobenzaprine hcl</i> .....31	DELSTRIGO TAB .....6
COMBIVIR	<i>cyclophosphamide</i> .....10	DELZICOL
	CYCLOPHOSPHAMIDE .10	see <i>mesalamine</i> .....42

DENGVAXIA SUS .....47	DETROL LA	<i>diclofenac sodium (ophth)</i>
DEPAKOTE	see <i>tolterodine tartrate</i> 43	.....50
see <i>divalproex sodium</i> 21	<i>dexamethasone</i> .....38	<i>diclofenac sodium (topical)</i>
DEPAKOTE ER	<i>dexamethasone sodium</i>	.....56
see <i>divalproex sodium</i> 21	<i>phosphate</i> .....38	<i>dicloxacillin sodium</i> .....9
DEPAKOTE SPRINKLES	<i>dexamethasone sodium</i>	<i>dicyclomine hcl</i> .....41
see <i>divalproex sodium</i> 21	<i>phosphate (ophth)</i> .....50	DIFICID.....8
DEPEN TITRATABS	<i>dexmethylphenidate hcl</i> ..29	DIFLUCAN
see <i>penicillamine</i> .....35	<i>dextrose</i> .....49	see <i>fluconazole</i> .....4
DEPO-MEDROL	<i>dextrose 10% w/ sodium</i>	<i>difluprednate</i> .....50
see <i>methylprednisolone</i>	<i>chloride 0.45%</i> .....48	<i>digox</i> .....19
<i>acetate</i> .....38	<i>dextrose 2.5% w/ sodium</i>	<i>digoxin</i> .....19
DEPO-PROVERA	<i>chloride 0.45%</i> .....48	<i>dihydroergotamine</i>
CONTRACEPTIV	DEXTROSE 2.5%/NACL	<i>mesylate</i> .....30
see	0.45%	DILANTIN .....21
<i>medroxyprogesterone</i>	see <i>dextrose 2.5% w/</i>	see <i>phenytoin sodium</i>
<i>acetate (contraceptive)</i>	<i>sodium chloride 0.45%</i>	<i>extended</i> .....22
.....37	.....48	DILANTIN INFATABS.....21
DEPO-TESTOSTERONE	<i>dextrose 5% in lactated</i>	see <i>phenytoin</i> .....22
see <i>testosterone</i>	<i>ringers</i> .....48	DILANTIN-125 .....21
<i>cypionate</i> .....32	<i>dextrose 5% w/ sodium</i>	see <i>phenytoin</i> .....22
DERMA-SMOOTH/FS	<i>chloride 0.2%</i> .....48	DILAUDID
BODY	<i>dextrose 5% w/ sodium</i>	see <i>hydromorphone hcl</i> .2
see <i>fluocinolone</i>	<i>chloride 0.225%</i> .....48	<i>diltiazem hcl</i> .....18
<i>acetamide</i> .....55	<i>dextrose 5% w/ sodium</i>	<i>diltiazem hcl coated beads</i>
DERMA-SMOOTH/FS	<i>chloride 0.3%</i> .....48	.....18
SCALP	<i>dextrose 5% w/ sodium</i>	<i>diltiazem hcl extended</i>
see <i>fluocinolone</i>	<i>chloride 0.45%</i> .....48	<i>release beads</i> .....18
<i>acetamide</i> .....55	<i>dextrose 5% w/ sodium</i>	<i>dilt-xr</i> .....18
DESCOVY TAB 120-15MG	<i>chloride 0.9%</i> .....48	DIOVAN
.....6	DEXTROSE 5%/NACL	see <i>valsartan</i> .....16
DESCOVY TAB 200/25MG	0.3%	DIOVAN HCT
.....6	see <i>dextrose 5% w/</i>	see <i>valsartan-</i>
<i>desipramine hcl</i> .....24	<i>sodium chloride 0.3%</i>	<i>hydrochlorothiazide tab</i>
<i>desmopressin acetate</i> .....39	.....48	160-12.5 mg .....15
<i>desmopressin acetate</i>	DEXTROSE/SODIUM	see <i>valsartan-</i>
<i>spray</i> .....39	CHLORIDE	<i>hydrochlorothiazide tab</i>
<i>desmopressin acetate</i>	see <i>dextrose 5% w/</i>	160-25 mg .....15
<i>spray refrigerated</i> .....39	<i>sodium chloride</i>	see <i>valsartan-</i>
<i>desogest-eth estrad &amp; eth</i>	0.225% .....48	<i>hydrochlorothiazide tab</i>
<i>estrad tab 0.15-0.02/0.01</i>	DIACOMIT .....21	320-12.5 mg .....16
<i>mg(21/5)</i> .....36	<i>diazepam</i> .....21	see <i>valsartan-</i>
<i>desogestrel &amp; ethinyl</i>	<i>diazepam (anticonvulsant)</i>	<i>hydrochlorothiazide tab</i>
<i>estradiol tab 0.15 mg-30</i>	.....21	320-25 mg .....16
<i>mcg</i> .....36	<i>diazepam inj</i> .....21	see <i>valsartan-</i>
<i>desvenlafaxine succinate</i> 24	<i>diazoxide</i> .....39	<i>hydrochlorothiazide tab</i>
DETROL	<i>diclofenac potassium</i> .....1	80-12.5 mg .....15
see <i>tolterodine tartrate</i> 43	<i>diclofenac sodium</i> .....1	



DIP/TET PED INJ 25-5LFU .....47	<i>efavirenz-emtricitabine- tenofovir df tab 600-200- 300 mg</i> .....6	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....14
<i>diphenhydramine hcl</i> .....51	<i>efavirenz-lamivudine- tenofovir df tab 400-300- 300 mg</i> .....6	ENBREL .....45
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....42	<i>efavirenz-lamivudine- tenofovir df tab 600-300- 300 mg</i> .....6	ENBREL MINI.....45
DIPROLENE see <i>betamethasone dipropionate augmented</i> .....55	EFFEXOR XR see <i>venlafaxine hcl</i> .....25	ENBREL SURECLICK....45
<i>dipyridamole</i> .....45	EFFIENT see <i>prasugrel hcl</i> .....45	ENDARI .....44
<i>disopyramide phosphate</i> .16	EFUDEX see <i>fluorouracil (topical)</i> .....56	<i>endocet tab 10-325mg</i> .....2
<i>disulfiram</i> .....31	ELIGARD .....10	<i>endocet tab 2.5-325mg</i> .....1
DITROPAN XL see <i>oxybutynin chloride</i> .....43	<i>elinest</i> .....36	<i>endocet tab 5-325mg</i> .....1
<i>divalproex sodium</i> .....21	ELIQUIS .....43	<i>endocet tab 7.5-325mg</i> .....2
<i>dofetilide</i> .....16	ELIQUIS STARTER PACK .....44	ENGERIX-B .....47
<i>donepezil hydrochloride</i> ..24	ELLA.....36	<i>enoxaparin sodium</i> .....44
DOPTELET .....44	EMCYT .....10	<i>enpresse-28</i> .....36
<i>dorzolamide hcl</i> .....50	EMEND see <i>aprepitant</i> .....41	<i>enskyce</i> .....36
<i>dorzolamide hcl-timolol maleate ophth soln 22.3- 6.8 mg/ml</i> .....50	<i>emoquette</i> .....36	ENSTILAR AER.....55
<i>dotti</i> .....38	EMSAM .....24	<i>entacapone</i> .....26
DOVATO TAB 50-300MG.6	<i>emtricitabine</i> .....5	<i>entecavir</i> .....7
<i>doxazosin mesylate</i> .....15	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....6	ENTRESTO TAB 24-26MG .....15
<i>doxepin hcl</i> .....24	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....6	ENTRESTO TAB 49-51MG .....15
<i>doxepin hcl (sleep)</i> .....29	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....6	ENTRESTO TAB 97- 103MG .....15
<i>doxy 100</i> .....9	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....6	<i>enulose</i> .....42
<i>doxycycline (monohydrate)</i> .....9	EMTRIVA.....5	EPCLUSA PAK 150-37.5..7
<i>doxycycline hyclate</i> .....9	see <i>emtricitabine</i> .....5	EPCLUSA PAK 200-50MG .....7
DRIZALMA SPRINKLE ...24	EMVERM.....3	EPCLUSA TAB 200-50MG .....7
<i>dronabinol</i> .....41	<i>enalapril maleate</i> .....14	EPCLUSA TAB 400-100...7
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> 36	<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....14	EPIDIOLEX.....21
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> 36		<i>epinephrine (anaphylaxis)</i> .....52
DROXIA.....44		EPIPEN 2-PAK see <i>epinephrine (anaphylaxis)</i> .....52
<i>droxidopa</i> .....19		EPIPEN-JR 2-PAK see <i>epinephrine (anaphylaxis)</i> .....52
<i>duloxetine hcl</i> .....24		epitol.....21
DUPIXENT .....45		EPIVIR see <i>lamivudine</i> .....5
DUREZOL see <i>difluprednate</i> .....50		EPIVIR HBV.....7
<i>dutasteride</i> .....43		see <i>lamivudine (hbv)</i> .....7
<b>E</b>		<i>eplerenone</i> .....15
EDURANT .....5		EPRONTIA .....21
<i>efavirenz</i> .....5		EPZICOM

see <i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....6	EVOTAZ TAB 300-150 .....6	FIASP PENFIL INJ U-100 .....34
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....30	EXELON see <i>rivastigmine</i> .....24	<i>finasteride</i> .....43
ERIVEDGE .....11	<i>exemestane</i> .....10	FINTEPLA.....21
ERLEADA.....10	EXFORGE see <i>amlodipine besylate-valsartan tab 10-160 mg</i> .....15	FIRAZYR see <i>icatibant acetate</i> ...44
<i>erlotinib hcl</i> .....11	see <i>amlodipine besylate-valsartan tab 10-320 mg</i> .....15	see <i>sajazir</i> .....45
<i>errin</i> .....36	see <i>amlodipine besylate-valsartan tab 5-160 mg</i> .....15	FLAREX.....50
<i>ertapenem sodium</i> .....3	see <i>amlodipine besylate-valsartan tab 5-320 mg</i> .....15	FLEBOGAMMA DIF.....46
<i>ery-tab</i> .....8	EXKIVITY .....11	<i>flecainide acetate</i> .....16
ERYTHROCIN LACTOBIONATE .....8	<i>ezetimibe</i> .....17	FLOMAX see <i>tamsulosin hcl</i> .....43
see <i>erythromycin lactobionate</i> .....8	F <i>falmina</i> .....36	FLOVENT DISKUS.....53
<i>erythromycin (acne aid)</i> ..54	<i>famotidine</i> .....41	FLOVENT HFA .....53
<i>erythromycin (ophth)</i> .....49	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....41	<i>fluconazole</i> .....4
<i>erythromycin base</i> .....8	FANAPT .....27	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....4
<i>erythromycin lactobionate</i> .8	FANAPT PAK .....27	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....4
ESBRIET .....52	FARESTON see <i>toremifene citrate</i> ..10	<i>fluocinonide</i> .....56
see <i>pirfenidone</i> .....53	FARXIGA.....32	<i>fluocinonide emulsified base</i> .....56
<i>escitalopram oxalate</i> .....25	FASENRA.....52	<i>fluorometholone (ophth)</i> ..50
<i>estarylla</i> .....36	FASENRA PEN .....52	<i>fluorouracil (topical)</i> .....56
ESTRACE see <i>estradiol</i> .....38	<i>felbamate</i> .....21	<i>fluoxetine hcl</i> .....25
see <i>estradiol vaginal</i> ...38	FELBATOL see <i>felbamate</i> .....21	<i>fluphenazine decanoate</i> ..27
<i>estradiol</i> .....38	<i>felodipine</i> .....18	<i>fluphenazine hcl</i> .....27
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> 38	FEMARA see <i>letrozole</i> .....10	<i>flurbiprofen</i> .....1
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> ...38	<i>femynor</i> .....36	<i>flurbiprofen sodium</i> .....50
<i>estradiol vaginal</i> .....38	<i>fenofibrate</i> .....16	<i>fluticasone propionate</i> ....56
<i>estradiol valerate</i> .....38	<i>fenofibrate micronized</i> ....16	<i>fluticasone propionate (nasal)</i> .....53
<i>ethambutol hcl</i> .....6	<i>fentanyl</i> .....1	<i>fluvoxamine maleate</i> .....20
<i>ethosuximide</i> .....21	<i>fentanyl citrate</i> .....2	FOCALIN see <i>dexmethylphenidate hcl</i> .....29
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....36	<i>fesoterodine fumarate</i> ....43	<i>fondaparinux sodium</i> .....44
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....36	FETZIMA .....25	FORTEO.....35
<i>etravirine</i> .....5	FETZIMA CAP TITRATIO .....25	FOSAMAX see <i>alendronate sodium</i> .....35
<i>euthyrox</i> .....40	FIASP FLEX INJ TOUCH34	<i>fosamprenavir calcium</i> .....5
<i>everolimus</i> .....11	FIASP INJ 100/ML .....34	<i>fosinopril sodium</i> .....14
<i>everolimus (immunosuppressant)</i> .47		
EVISTA see <i>raloxifene hcl</i> .....39		

FOTIVDA.....11	<i>gentamicin sulfate (topical)</i> .....54	HALDOL DECANOATE 100 see <i>haloperidol</i> <i>decanoate</i> .....27
FREAMINE III INJ 10%...49	GENVOYA TAB.....6	HALDOL DECANOATE 50 see <i>haloperidol</i> <i>decanoate</i> .....27
<i>furosemide</i> .....19	GEODON see <i>ziprasidone hcl</i> ....28	<i>halobetasol propionate</i> ...56
<i>furosemide inj</i> .....19	see <i>ziprasidone mesylate</i> .....28	<i>haloperidol</i> .....27
FUZEON.....5	GILENYA.....31	<i>haloperidol decanoate</i> ....27
<i>fyavolv tab 0.5mg-2.5mcg</i> .....38	GILOTREF.....11	<i>haloperidol lactate</i> .....27
<i>fyavolv tab 1mg-5mcg</i> ....38	<i>glatiramer acetate</i> .....31	HARVONI PAK 33.75- 150MG.....7
FYCOMPA.....21	<i>glatopa</i> .....31	HARVONI PAK 45-200MG .....7
<b>G</b>	GLEEVEC see <i>imatinib mesylate</i> ..11	HARVONI TAB 45-200MG7
<i>gabapentin</i> .....21, 22	<i>glimepiride</i> .....32	HARVONI TAB 90-400MG7
GABITRIL see <i>tiagabine hcl</i> .....23	<i>glipizide</i> .....32	HAVRIX.....47
<i>galantamine hydrobromide</i> .....24	<i>glipizide xl</i> .....32	<i>heather</i> .....36
GAMASTAN INJ.....46	<i>glipizide-metformin hcl tab</i> 2.5-250 mg.....32	HEP SOD/D5W INJ 20000UNT.....44
GAMMAGARD LIQUID...46	<i>glipizide-metformin hcl tab</i> 2.5-500 mg.....32	HEP SOD/D5W INJ 25000UNT.....44
GAMMAGARD S/D IGA LESS TH.....46	<i>glipizide-metformin hcl tab</i> 5-500 mg.....32	HEP SOD/NACL INJ 25000UNT.....44
GAMMAKED.....46	GLUCOTROL XL see <i>glipizide</i> .....32	<i>heparin sodium (porcine)</i> 44
GAMMAPLEX.....46	see <i>glipizide xl</i> .....32	HEPARIN/NACL INJ 25000UNT.....44
GAMUNEX-C.....46	<i>glycopyrrolate</i> .....41	HEP SERA see <i>adefovir dipivoxil</i> ....7
<i>ganciclovir sodium</i> .....7	<i>glydo</i> .....56	HETLIOZ.....29
GARDASIL 9 INJ.....47	GLYXAMBI TAB 10-5 MG .....32	HIBERIX.....47
GASTROCROM see <i>cromolyn sodium</i> ( <i>mastocytosis</i> ).....42	GLYXAMBI TAB 25-5 MG .....33	HIPREX see <i>methenamine</i> <i>hippurate</i> .....3
GATTEX.....42	GOLYTELY see <i>gavilyte-g</i> .....42	HUMATIN see <i>paromomycin sulfate</i> .....4
GAUZE PADS 2.....34	see <i>peg 3350-kcl-na</i> <i>bicarb-nacl-na sulfate</i> for soln 236 gm.....42	HUMIRA.....45
<i>gavilyte-c</i> .....42	GOLYTELY SOL.....42	HUMIRA PEDIA INJ CROHNS.....45
<i>gavilyte-g</i> .....42	<i>griseofulvin microsize</i> .....4	HUMIRA PEDIATRIC CROHNS D.....45
GAVRETO.....11	<i>griseofulvin ultramicrosize</i> 4	HUMIRA PEN.....45
<i>gemfibrozil</i> .....16	<i>guanfacine hcl</i> .....19	HUMIRA PEN KIT PS/UV .....45
GEMTESA.....43	<i>guanfacine hcl (adhd)</i> ....29	HUMIRA PEN-CD/UC/HS START.....45
<i>generlac</i> .....42	GVOKE HYOPEN 2- PACK.....39	
<i>gengraf</i> .....47	GVOKE KIT.....39	
GENOTROPIN.....39	GVOKE PFS.....39	
GENOTROPIN MINIQUICK .....39	<b>H</b>	
<i>gentak</i> .....49	HAEGARDA.....44	
<i>gentamicin in saline inj 0.8</i> <i>mg/ml</i> .....3	<i>hailey 1.5/30</i> .....36	
<i>gentamicin in saline inj 2</i> <i>mg/ml</i> .....3		
<i>gentamicin sulfate</i> .....3		
<i>gentamicin sulfate (ophth)</i> .....49		

HUMIRA PEN-PEDIATRIC UC S .....	45	see <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	15	INGREZZA CAP 40-80MG .....	30
HUMIRA PEN-PS/UV STARTER .....	45	<b>I</b>		INLYTA .....	12
HUMULIN R U-500 (CONCENTR.....)	34	<i>ibandronate sodium</i> .....	35	INQOVI TAB 35-100MG .	10
HUMULIN R U-500 KWIKPEN .....	34	IBRANCE .....	11	INREBIC .....	12
<i>hydralazine hcl</i> .....	19	<i>ibu</i> .....	1	INSPIRA	
HYDREA		<i>ibuprofen</i> .....	1	see <i>eplerenone</i> .....	15
see <i>hydroxyurea</i> .....	10	<i>icatibant acetate</i> .....	44	INSULIN PEN NEEDLES:	
<i>hydrochlorothiazide</i> .....	19	<i>iclevia</i> .....	36	BD/NOVO.....	34
<i>hydrocodone bitartrate</i> .....	1	ICLUSIG .....	11	INSULIN SAFETY NEEDLES .....	34
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	2	IDHIFA .....	11	INSULIN SYRINGES: BD .....	34
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	2	ILEVRO .....	50	INTELENCE.....	5
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	2	<i>imatinib mesylate</i> .....	11	see <i>etravirine</i> .....	5
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	2	IMBRUVICA.....	11, 12	INTRALIPID .....	49
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	2	<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....	3	INTRON A.....	46
<i>hydrocortisone</i> .....	38	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	3	<i>introvale</i> .....	36
<i>hydrocortisone (intrarectal)</i> .....	41	<i>imipramine hcl</i> .....	25	INTUNIV	
<i>hydrocortisone (rectal)</i> ....	56	<i>imiquimod</i> .....	56	see <i>guanfacine hcl (adhd)</i> .....	29
<i>hydrocortisone (topical)</i> ..	56	IMITREX		INVANZ	
<i>hydromorphone hcl</i> .....	2	see <i>sumatriptan</i> .....	30	see <i>ertapenem sodium</i> ..	3
<i>hydroxychloroquine sulfate</i> .....	46	see <i>sumatriptan succinate</i> .....	30	INVEGA	
<i>hydroxyurea</i> .....	10	IMITREX STATDOSE REFILL		see <i>paliperidone</i> .....	28
<i>hydroxyzine hcl</i> .....	51	see <i>sumatriptan succinate</i> .....	30	INVEGA SUSTENNA.....	27
<i>hydroxyzine pamoate</i> .....	51	IMITREX STATDOSE SYSTEM		IPOL INJ INACTIVE.....	47
HYSINGLA ER.....	1	see <i>sumatriptan succinate</i> .....	30	<i>ipratropium bromide</i> .....	51
HYZAAR		IMOVAX RABIES (H.D.C.V.).....	47	<i>ipratropium bromide (nasal)</i> .....	51
see <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	15	IMURAN		<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	51
see <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	15	see <i>azathioprine</i> .....	46	<i>irbesartan</i> .....	16
		<i>incassia</i> .....	36	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	15
		INCRELEX.....	39	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	15
		INCRUSE ELLIPTA .....	51	IRESSA .....	12
		<i>indapamide</i> .....	19	ISENTRESS .....	5
		INDERAL LA		ISENTRESS HD .....	5
		see <i>propranolol hcl</i> .....	18	<i>isibloom</i> .....	36
		INFANRIX INJ.....	47	ISOLYTE-P INJ /D5W.....	48
		INGREZZA .....	30	ISOLYTE-S INJ.....	48
				ISOLYTE-S INJ PH 7.4...	48
				<i>isoniazid</i> .....	7
				ISOPTO ATROPINE .....	51

ISORDIL TITRADOSE	see <i>lopinavir-ritonavir</i>	KEVZARA.....45
see <i>isosorbide dinitrate</i>	<i>soln 400-100 mg/5ml</i>	KINRIX INJ .....47
.....19	<i>(80-20 mg/ml)</i> .....6	KISQALI 200 DOSE.....12
<i>isosorbide dinitrate</i> .....19	see <i>lopinavir-ritonavir tab</i>	KISQALI 200 PAK
<i>isosorbide mononitrate</i> ...20	100-25 mg .....6	FEMARA .....10
<i>isotretinoin</i> .....54	see <i>lopinavir-ritonavir tab</i>	KISQALI 400 DOSE.....12
<i>itraconazole</i> .....4	200-50 mg .....6	KISQALI 400 PAK
<i>ivermectin</i> .....3	KALYDECO .....52	FEMARA .....10
IXIARO INJ .....47	<i>kariva</i> .....36	KISQALI 600 DOSE.....12
<b>J</b>	<i>kcl 10 meq/l (0.075%) in</i>	KISQALI 600 PAK
JADENU	<i>dextrose 5% &amp; nacl</i>	FEMARA .....10
see <i>deferasirox</i> .....35	0.45% inj .....48	KITABIS PAK
JADENU SPRINKLE	<i>kcl 20 meq/l (0.15%) in</i>	see <i>tobramycin</i> .....4
see <i>deferasirox</i> .....35	<i>dextrose 5% &amp; nacl 0.2%</i>	KLARON
JAKAFI .....12	inj .....48	see <i>sulfacetamide</i>
<i>jantoven</i> .....44	<i>kcl 20 meq/l (0.15%) in</i>	<i>sodium (acne)</i> .....54
JANUMET TAB 50-1000.33	<i>dextrose 5% &amp; nacl</i>	KLONOPIN
JANUMET TAB 50-500MG	0.45% inj .....48	see <i>clonazepam</i> ....20, 21
.....33	<i>kcl 20 meq/l (0.15%) in</i>	<i>klor-con 10</i> .....49
JANUMET XR TAB 100-	<i>dextrose 5% &amp; nacl 0.9%</i>	<i>klor-con 8</i> .....49
1000 .....33	inj .....48	<i>klor-con m10</i> .....49
JANUMET XR TAB 50-	<i>kcl 20 meq/l (0.15%) in nacl</i>	<i>klor-con m15</i> .....49
1000 .....33	0.45% inj .....48	<i>klor-con m20</i> .....49
JANUMET XR TAB 50-	KCL 20 MEQ/L (0.15%) IN	KORLYM.....39
500MG .....33	NACL 0.45% INJ .....48	K-TAB
JANUVIA .....33	<i>kcl 20 meq/l (0.15%) in nacl</i>	see <i>potassium chloride</i> 49
JARDIANCE .....33	0.9% inj .....48	<i>kurvelo</i> .....36
<i>jasmiel</i> .....36	<i>kcl 30 meq/l (0.224%) in</i>	KUVAN
JENTADUETO TAB 2.5-	<i>dextrose 5% &amp; nacl</i>	see <i>sapropterin</i>
1000 .....33	0.45% inj .....48	<i>dihydrochloride</i> .....39
JENTADUETO TAB 2.5-	<i>kcl 40 meq/l (0.3%) in</i>	KYNMOBI .....26
500 .....33	<i>dextrose 5% &amp; nacl</i>	<b>L</b>
JENTADUETO TAB 2.5-	0.45% inj .....48	<i>labetalol hcl</i> .....17
850 .....33	KCL 40 MEQ/L (0.3%) IN	<i>lacosamide</i> .....22
JENTADUETO TAB XR	NACL 0.9% INJ .....48	LACOSAMIDE
2.5-1000MG .....33	KCL/D5W/NACL INJ	see <i>lacosamide oral</i> ....22
JENTADUETO TAB XR 5-	0.3/0.9%.....48	<i>lacosamide oral</i> .....22
1000MG .....33	<i>kelnor 1/35</i> .....36	<i>lactated ringer's solution</i> .48
<i>jinteli</i> .....38	<i>kelnor 1/50</i> .....36	<i>lactic acid (ammonium</i>
<i>jolessa</i> .....36	KEPPRA	<i>lactate)</i> .....56
<i>juleber</i> .....36	see <i>levetiracetam</i> .....22	<i>lactulose</i> .....42
JULUCA TAB 50-25MG ....6	see <i>roweepra</i> .....23	<i>lactulose (encephalopathy)</i>
<i>junel 1.5/30</i> .....36	KERENDIA .....15	.....42
<i>junel 1/20</i> .....36	<i>ketoconazole</i> .....4	LAMICTAL
<i>junel fe 1.5/30</i> .....36	<i>ketoconazole (topical)</i> ....54,	see <i>lamotrigine</i> .....22
<i>junel fe 1/20</i> .....36	55	see <i>subvenite</i> .....23
<b>K</b>	<i>ketorolac tromethamine</i>	LAMICTAL CHEWABLE
KALETRA	<i>(ophth)</i> .....50	DISPERS

see <i>lamotrigine</i> .....	22	<i>levetiracetam</i> .....	22	<i>levoxyl</i> .....	40
<i>lamivudine</i> .....	5	LEVETIRACETAM		LEXAPRO	
<i>lamivudine (hbv)</i> .....	7	see <i>levetiracetam in</i>		see <i>escitalopram oxalate</i>	
<i>lamivudine-zidovudine tab</i>		<i>sodium chloride iv soln</i>		.....	25
150-300 mg.....	6	1000 mg/100ml.....	22	LEXIVA .....	5
<i>lamotrigine</i> .....	22	see <i>levetiracetam in</i>		see <i>fosamprenavir</i>	
LANOXIN		<i>sodium chloride iv soln</i>		<i>calcium</i> .....	5
see <i>digox</i> .....	19	1500 mg/100ml.....	22	LIALDA	
see <i>digoxin</i> .....	19	see <i>levetiracetam in</i>		see <i>mesalamine</i> .....	42
<i>lansoprazole</i> .....	42, 43	<i>sodium chloride iv soln</i>		<i>lidocaine</i> .....	56
<i>lapatinib ditosylate</i> .....	12	500 mg/100ml.....	22	<i>lidocaine hcl</i> .....	56
<i>larin 1.5/30</i> .....	36	<i>levetiracetam in sodium</i>		<i>lidocaine hcl (local anesth.)</i>	
<i>larin 1/20</i> .....	36	<i>chloride iv soln 1000</i>		.....	3
<i>larin fe 1.5/30</i> .....	36	mg/100ml .....	22	<i>lidocaine hcl (mouth-throat)</i>	
<i>larin fe 1/20</i> .....	36	<i>levetiracetam in sodium</i>		.....	57
<i>larissia</i> .....	36	<i>chloride iv soln 1500</i>		<i>lidocaine-prilocaine cream</i>	
LASIX		mg/100ml .....	22	2.5-2.5%.....	56
see <i>furosemide</i> .....	19	<i>levetiracetam in sodium</i>		LIDODERM	
<i>latanoprost</i> .....	50	<i>chloride iv soln 500</i>		see <i>lidocaine</i> .....	56
LATUDA .....	27	mg/100ml .....	22	<i>lillow</i> .....	36
<i>leena</i> .....	36	<i>levobunolol hcl</i> .....	50	<i>linezolid</i> .....	3
<i>leflunomide</i> .....	46	<i>levocarnitine (metabolic</i>		<i>linezolid in sodium chloride</i>	
<i>lenalidomide</i> .....	10	<i>modifiers)</i> .....	39	<i>iv soln 600 mg/300ml-</i>	
LENVIMA 10 MG DAILY		<i>levocetirizine</i>		0.9%.....	3
DOSE .....	12	<i>dihydrochloride</i> .....	51	LINZESS.....	42
LENVIMA 12MG DAILY		<i>levofloxacin</i> .....	8	<i>liothyronine sodium</i> .....	40
DOSE.....	12	<i>levofloxacin in d5w iv soln</i>		LIPITOR	
LENVIMA 20 MG DAILY		250 mg/50ml .....	8	see <i>atorvastatin calcium</i>	
DOSE .....	12	<i>levofloxacin in d5w iv soln</i>		.....	17
LENVIMA 4 MG DAILY		500 mg/100ml .....	8	<i>lisinopril</i> .....	14
DOSE .....	12	<i>levofloxacin in d5w iv soln</i>		<i>lisinopril &amp;</i>	
LENVIMA 8 MG DAILY		750 mg/150ml .....	8	<i>hydrochlorothiazide tab</i>	
DOSE .....	12	<i>levonest</i> .....	36	10-12.5 mg.....	14
LENVIMA CAP 14 MG ...	12	<i>levonorgestrel &amp; ethinyl</i>		<i>lisinopril &amp;</i>	
LENVIMA CAP 18 MG ...	12	<i>estradiol (91-day) tab</i>		<i>hydrochlorothiazide tab</i>	
LENVIMA CAP 24 MG ...	12	0.15-0.03 mg.....	36	20-12.5 mg.....	14
<i>lessina</i> .....	36	<i>levonorgestrel &amp; ethinyl</i>		<i>lisinopril &amp;</i>	
LETAIRIS		<i>estradiol tab 0.1 mg-20</i>		<i>hydrochlorothiazide tab</i>	
see <i>ambrisentan</i> .....	20	mcg .....	36	20-25 mg.....	14
<i>letrozole</i> .....	10	<i>levonorgestrel &amp; ethinyl</i>		<i>lithium carbonate</i> .....	30
<i>leucovorin calcium</i> .....	13	<i>estradiol tab 0.15 mg-30</i>		LITHOBID	
LEUKERAN .....	10	mcg .....	36	see <i>lithium carbonate</i> ..	30
<i>leuprolide acetate</i> .....	10	<i>levonorgestrel-eth estra tab</i>		<i>loestrin 1.5/30-21</i> .....	36
<i>levabuterol tartrate</i> .....	52	0.05-30/0.075-40/0.125-		<i>loestrin 1/20-21</i> .....	37
LEVAQUIN		30mg-mcg.....	36	<i>loestrin fe 1.5/30</i> .....	37
see <i>levofloxacin</i> .....	8	<i>levora 0.15/30-28</i> .....	36	<i>loestrin fe 1/20</i> .....	37
LEVEMIR.....	34	<i>levo-t</i> .....	40	LOKELMA.....	35
LEVEMIR FLEXTOUCH .	34	<i>levothyroxine sodium</i> .....	40	LOMOTIL	

see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....42	see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....14	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....48
LONSURF TAB 15-6.14 .10	see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....14	MALARONE
LONSURF TAB 20-8.19 .10	see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....14	see <i>atovaquone-proguanil hcl tab 250-100 mg</i> .....5
<i>loperamide hcl</i> .....42	LOTRONEX	see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....5
LOPID	see <i>alose tron hcl</i> .....42	<i>malathion</i> .....57
see <i>gemfibrozil</i> .....16	<i>lovastatin</i> .....17	<i>maraviroc</i> .....5
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....6	LOVENOX	MARINOL
<i>lopinavir-ritonavir tab 100-25 mg</i> .....6	see <i>enoxaparin sodium</i> .....44	see <i>dronabinol</i> .....41
<i>lopinavir-ritonavir tab 200-50 mg</i> .....6	<i>low-ogestrel</i> .....37	<i>marlissa</i> .....37
LOPRESSOR	<i>loxapine succinate</i> .....27	MARPLAN .....25
see <i>metoprolol tartrate</i> 18	LUMAKRAS .....12	MATULANE .....11
<i>lorazepam</i> .....20	LUPRON DEPOT (1-MONTH).....10	MAVIK
<i>lorazepam intensol</i> .....20	LUPRON DEPOT (3-MONTH).....10	see <i>trandolapril</i> .....15
LORBRENA .....12	<i>lutera</i> .....37	MAVYRET PAK 50-20MG 7
<i>loryna</i> .....37	<i>lyleq</i> .....37	MAVYRET TAB 100-40MG .....7
<i>losartan potassium</i> .....16	<i>lyllana</i> .....38	MAXALT
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....15	LYNPARZA.....12	see <i>rizatriptan benzoate</i> .....30
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....15	LYRICA	MAXALT-MLT
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....15	see <i>pregabalin</i> .....22, 23	see <i>rizatriptan benzoate</i> .....30
LOTEMAX .....50	LYSODREN .....10	MAXITROL
LOTENSIN	LYSTEDA	see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....49
see <i>benazepril hcl</i> .....14	see <i>tranexamic acid</i> ...45	see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....49
LOTENSIN HCT	<i>lyza</i> .....37	MAXZIDE
see <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....14	<b>M</b>	see <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....19
see <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....14	MACROBID	MAXZIDE-25
see <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....14	see <i>nitrofurantoin monohyd macro</i> .....3	see <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....19
LOTREL	MACRODANTIN	<i>meclizine hcl</i> .....41
see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....14	see <i>nitrofurantoin macrocrystal</i> .....3	MEDROL
	<i>magnesium sulfate</i> .....48	see <i>methylprednisolone</i> .....38
	MAGNESIUM SULFATE 48	MEDROL DOSEPAK
	see <i>magnesium sulfate</i> .....48	
	MAGNESIUM SULFATE IN D5W	
	see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....48	

see <i>methylprednisolone</i>	see <i>rosadan</i> .....57	<i>mono-lynyah</i> .....37
.....38	<i>metronidazole</i> .....3	<i>montelukast sodium</i> .....52
<i>medroxyprogesterone</i>	<b>METRONIDAZOLE</b>	<i>morphine sulfate</i> .....1, 2
<i>acetate</i> .....40	see <i>metronidazole</i> .....3	<b>MORPHINE SULFATE</b> ....2
<i>medroxyprogesterone</i>	<i>metronidazole (topical)</i> ...56	<b>MOVANTIK</b> .....42
<i>acetate (contraceptive)</i> 37	<i>metronidazole vaginal</i> .....43	<i>moxifloxacin hcl</i> .....8
<i>mefloquine hcl</i> .....5	<i>metyrosine</i> .....19	<i>moxifloxacin hcl (ophth)</i> ..49
<i>megestrol acetate</i> .....10, 40	<b>MG SO4/D5W INJ</b>	<b>MS CONTIN</b>
<b>MEKINIST</b> .....12	10MG/ML .....48	see <i>morphine sulfate</i> .....1
<b>MEKTOVI</b> .....12	<i>micafungin sodium</i> .....4	<b>MULTAQ</b> .....16
<i>meloxicam</i> .....1	<b>MICARDIS</b>	<i>mupirocin</i> .....54
<i>memantine hcl</i> .....24	see <i>telmisartan</i> .....16	<b>MYAMBUTOL</b>
<b>MENACTRA INJ</b> .....47	<i>microgestin 1.5/30</i> .....37	see <i>ethambutol hcl</i> .....6
<b>MENQUADFI INJ</b> .....47	<i>microgestin 1/20</i> .....37	<b>MYCAMINE</b>
<b>MENVEO INJ</b> .....47	<i>microgestin fe 1.5/30</i> .....37	see <i>micafungin sodium</i> .4
<b>MEPRON</b>	<i>microgestin fe 1/20</i> .....37	<b>MYCOBUTIN</b>
see <i>atovaquone</i> .....3	<i>midodrine hcl</i> .....19	see <i>rifabutin</i> .....7
<i>mercaptapurine</i> .....10	<b>MIGRANAL</b>	<i>mycophenolate mofetil</i> ....47
<i>meropenem</i> .....3	see <i>dihydroergotamine</i>	<i>myorisan</i> .....54
<i>mesalamine</i> .....41, 42	<i>mesylate</i> .....30	<b>MYRBETRIQ</b> .....43
<i>mesalamine w/ cleanser</i> .42	<i>mili</i> .....37	<b>MYSOLINE</b>
<b>MESNEX</b> .....13	<i>mimvey</i> .....38	see <i>primidone</i> .....23
<b>MESTINON</b>	<b>MINIPRESS</b>	<b>N</b>
see <i>pyridostigmine</i>	see <i>prazosin hcl</i> .....15	<i>nabumetone</i> .....1
<i>bromide</i> .....30	<b>MINIVELLE</b>	<i>nafcillin sodium</i> .....9
<i>metadate er</i> .....29	see <i>lyllana</i> .....38	<i>nalbuphine hcl</i> .....2
<i>metformin hcl</i> .....33	<b>MINOCIN</b>	<i>naloxone hcl</i> .....32
<i>methadone hcl</i> .....1	see <i>minocycline hcl</i> .....9	<i>naltrexone hcl</i> .....32
<i>methazolamide</i> .....19	<i>minocycline hcl</i> .....9	<b>NAMENDA</b>
<i>methenamine hippurate</i> ....3	<i>minoxidil</i> .....19	see <i>memantine hcl</i> .....24
<i>methimazole</i> .....40	<b>MIRCETTE</b>	<b>NAMENDA XR</b>
<i>methotrexate sodium</i> 10, 46	see <i>azurette</i> .....36	see <i>memantine hcl</i> .....24
<b>METHYLIN</b>	see <i>desogest-eth estrad</i>	<b>NAMZARIC CAP 14-10MG</b>
see <i>methylphenidate hcl</i>	& <i>eth estrad tab 0.15-</i>	.....24
.....29	0.02/0.01 mg(21/5) ..36	<b>NAMZARIC CAP 21-10MG</b>
<i>methylphenidate hcl</i> .....29	see <i>kariva</i> .....36	.....24
<i>methylprednisolone</i> .....38	see <i>pimtrea</i> .....37	<b>NAMZARIC CAP 28-10MG</b>
<i>methylprednisolone acetate</i>	see <i>simliya</i> .....37	.....24
.....38	see <i>viorele</i> .....38	<b>NAMZARIC CAP 7-10MG</b>
<i>methylprednisolone sod</i>	<i>mirtazapine</i> .....25	.....24
<i>succ</i> .....38	<i>misoprostol</i> .....42	<b>NAMZARIC CAP PACK</b> ..24
<i>metoclopramide hcl</i> .....41	<b>MITIGARE</b> .....1	<b>NAPROSYN</b>
<i>metolazone</i> .....19	<b>M-M-R II INJ</b> .....47	see <i>naproxen</i> .....1
<i>metoprolol succinate</i> .....17	<b>M-NATAL PLUS TAB</b> .....49	<i>naproxen</i> .....1
<i>metoprolol tartrate</i> .....17, 18	<b>MOBIC</b>	<b>NARCAN</b>
<b>METROCREAM</b>	see <i>meloxicam</i> .....1	see <i>naloxone hcl</i> .....32
see <i>metronidazole</i>	<i>molindone hcl</i> .....27	<b>NARDIL</b>
( <i>topical</i> ).....56	<i>mometasone furoate</i> .....56	see <i>phenelzine sulfate</i> 25



NATACYN .....	50	<i>nifedipine</i> .....	18	<i>see disopyramide</i>
<i>nateglinide</i> .....	33	<i>nikki</i> .....	37	<i>phosphate</i> .....
NATPARA.....	35	NILANDRON		16
NAYZILAM.....	22	<i>see nilutamide</i> .....	10	NORPRAMIN
<i>nebivolol hcl</i> .....	18	<i>nilutamide</i> .....	10	<i>see desipramine hcl</i> ....
NEBUPENT		<i>nimodipine</i> .....	18	NORTHERA
<i>see pentamidine</i>		NINLARO.....	12	<i>see droxidopa</i> .....
<i>isethionate inh</i> .....	4	<i>nitazoxanide</i> .....	3	<i>nortrel 0.5/35 (28)</i> .....
<i>necon 0.5/35-28</i> .....	37	<i>nitisinone</i> .....	39	<i>nortrel 1/35 (21)</i> .....
<i>nefazodone hcl</i> .....	25	NITRO-BID .....	20	<i>nortrel 1/35 (28)</i> .....
<i>neomycin sulfate</i> .....	3	<i>nitrofurantoin macrocrystal</i> 3		<i>nortrel 7/7/7</i> .....
<i>neomycin-bacitrac zn-</i>		<i>nitrofurantoin monohyd</i>		<i>nortriptyline hcl</i> .....
<i>polymyx 5(3.5)mg-</i>		<i>macro</i> .....	3	NORVASC
<i>400unt-10000unt op oin</i>		<i>nitroglycerin</i> .....	20	<i>see amlodipine besylate</i>
.....	50	NITROSTAT		.....
<i>neomycin-polymy-gramicid</i>		<i>see nitroglycerin</i> .....	20	NORVIR.....
<i>op sol 1.75-10000-</i>		<i>nizatidine</i> .....	41	<i>see ritonavir</i> .....
<i>0.025mg-unt-mg/ml</i> .....	50	<i>nora-be</i> .....	37	NOVOLIN INJ 70/30 .....
<i>neomycin-polymyxin-</i>		<i>norethindrone</i>		NOVOLIN INJ 70/30 FP..
<i>dexamethasone ophth</i>		<i>(contraceptive)</i> .....	37	NOVOLIN N.....
<i>oint 0.1%</i> .....	49	<i>norethindrone ace &amp; ethinyl</i>		NOVOLIN N FLEXPEN...34
<i>neomycin-polymyxin-</i>		<i>estradiol tab 1 mg-20</i>		NOVOLIN R.....
<i>dexamethasone ophth</i>		<i>mcg</i> .....	37	NOVOLIN R FLEXPEN...34
<i>susp 0.1%</i> .....	49	<i>norethindrone ace &amp; ethinyl</i>		NOVOLOG.....
<i>neomycin-polymyxin-hc otic</i>		<i>estradiol tab 1.5 mg-30</i>		NOVOLOG FLEXPEN ....34
<i>soln 1%</i> .....	51	<i>mcg</i> .....	37	NOVOLOG MIX INJ 70/30
<i>neomycin-polymyxin-hc otic</i>		<i>norethindrone ace &amp; ethinyl</i>		.....
<i>susp 3.5 mg/ml-10000</i>		<i>estradiol-fe tab 1 mg-20</i>		NOVOLOG MIX INJ
<i>unit/ml-1%</i> .....	51	<i>mcg</i> .....	37	FLEXPEN.....
NEORAL		<i>norethindrone acetate</i> ....	40	NOVOLOG PENFILL .....
<i>see cyclosporine</i>		<i>norethindrone acetate-</i>		NOXAFIL .....
<i>modified (for</i>		<i>ethinyl estradiol tab 0.5</i>		<i>see posaconazole</i> .....
<i>microemulsion)</i> .....	46	<i>mg-2.5 mcg</i> .....	38	NUBEQA.....
<i>see gengraf</i> .....	47	<i>norethindrone acetate-</i>		NUDEXTA CAP 20-10MG
NERLYNX.....	12	<i>ethinyl estradiol tab 1</i>		.....
NEUPRO .....	26	<i>mg-5 mcg</i> .....	38	NUPLAZID .....
NEURONTIN		<i>norgestimate &amp; ethinyl</i>		NURTEC.....
<i>see gabapentin</i> .....	21, 22	<i>estradiol tab 0.25 mg-35</i>		NUTRILIPID.....
<i>nevirapine</i> .....	5	<i>mcg</i> .....	37	NUVIGIL
NEXAVAR .....	12	<i>norgestimate-eth estrad tab</i>		<i>see armodafinil</i> .....
<i>see sorafenib tosylate</i> .12		<i>0.18-25/0.215-25/0.25-25</i>		<i>nyamyc</i> .....
<i>niacin (antihyperlipidemic)</i>		<i>mg-mcg</i> .....	37	<i>nylia 1/35</i> .....
.....	17	<i>norgestimate-eth estrad tab</i>		<i>nylia 7/7/7</i> .....
NIASPAN		<i>0.18-35/0.215-35/0.25-35</i>		NYMALIZE .....
<i>see niacin</i>		<i>mg-mcg</i> .....	37	<i>nymyo</i> .....
<i>(antihyperlipidemic)</i> .17		<i>norlyroc</i> .....	37	<i>nystatin</i> .....
NICOTROL INHALER.....	32	NORPACE		<i>nystatin (mouth-throat)</i> ....
NICOTROL NS .....	32			<i>nystatin (topical)</i> .....
				<i>nystop</i> .....
				55

<b>O</b>	ORKAMBI TAB 100-125 .53	PARLODEL
<i>ocella</i> .....37	ORKAMBI TAB 200-125 .53	see <i>bromocriptine</i>
OCREVUS.....31	ORTHO TRI-CYCLEN LO	<i>mesylate</i> .....25
OCTAGAM .....46	see <i>norgestimate-eth</i>	PARNATE
<i>octreotide acetate</i> .....39	<i>estrad tab 0.18-</i>	see <i>tranylcypromine</i>
OCUFLOX	25/0.215-25/0.25-25	<i>sulfate</i> .....25
see <i>ofloxacin (ophth)</i> ...50	<i>mg-mcg</i> .....37	<i>paromomycin sulfate</i> .....4
ODEFSEY TAB.....6	see <i>tri-lo-estarylla</i> .....37	<i>paroxetine hcl</i> .....25
ODOMZO .....12	see <i>tri-lo-marzia</i> .....37	PASER .....7
OFEV.....53	see <i>tri-lo-mili</i> .....37	PAXIL
<i>ofloxacin (ophth)</i> .....50	see <i>tri-lo-sprintec</i> .....37	see <i>paroxetine hcl</i> .....25
<i>ofloxacin (otic)</i> .....51	see <i>tri-vylibra lo</i> .....37	PEDIARIX INJ 0.5ML.....47
<i>olanzapine</i> .....27	<i>oseltamivir phosphate</i> .....7	PEDVAX HIB .....47
<i>olmesartan medoxomil</i> ...16	OTEZLA.....45	<i>peg 3350-kcl-na bicarb-</i>
<i>olmesartan medoxomil-</i>	OTEZLA TAB 10/20/30...45	<i>nacl-na sulfate for soln</i>
<i>hydrochlorothiazide tab</i>	<i>oxandrolone</i> .....32	236 gm .....42
20-12.5 mg.....15	<i>oxcarbazepine</i> .....22	<i>peg 3350-kcl-sod bicarb-</i>
<i>olmesartan medoxomil-</i>	<i>oxybutynin chloride</i> .....43	<i>nacl for soln 420 gm</i> ....42
<i>hydrochlorothiazide tab</i>	<i>oxycodone hcl</i> .....2	PEGASYS.....7
40-12.5 mg.....15	<i>oxycodone w/</i>	PEMAZYRE .....12
<i>olmesartan medoxomil-</i>	<i>acetaminophen tab 10-</i>	PEN GK/DEXTR INJ
<i>hydrochlorothiazide tab</i>	325 mg .....2	40000/ML .....9
40-25 mg .....15	<i>oxycodone w/</i>	PEN GK/DEXTR INJ
<i>olopatadine hcl</i> .....50	<i>acetaminophen tab 2.5-</i>	60000/ML .....9
<i>omeprazole</i> .....43	325 mg .....2	<i>penicillamine</i> .....35
OMNIPOD 5 G6 KIT	<i>oxycodone w/</i>	<i>penicillin g potassium</i> .....9
INTRO.....35	<i>acetaminophen tab 5-325</i>	PENICILLIN G PROCAINE
OMNIPOD 5 G6 MIS PODS	mg .....2	.....9
.....35	<i>oxycodone w/</i>	<i>penicillin g sodium</i> .....9
OMNIPOD DASH KIT	<i>acetaminophen tab 7.5-</i>	<i>penicillin v potassium</i> .....9
INTRO.....35	325 mg .....2	PENTACEL INJ .....47
OMNIPOD DASH MIS	OZEMPIC (0.25 OR	PENTAM 300
PODS.....35	0.5MG/DOSE) .....33	see <i>pentamidine</i>
OMNIPOD MIS CLASSIC	OZEMPIC (1MG/DOSE) .33	<i>isethionate inj</i> .....4
.....35	OZEMPIC (2MG/DOSE)	<i>pentamidine isethionate inh</i>
OMNIPOD PDM KIT	SOPN 8MG/3ML .....33	.....4
CLASSIC.....35	<b>P</b>	<i>pentamidine isethionate inj</i>
<i>ondansetron</i> .....41	<i>pacerone</i> .....16	.....4
<i>ondansetron hcl</i> .....41	<i>paliperidone</i> .....28	<i>pentoxifylline</i> .....44
ONFI	PAMELOR	PEPCID
see <i>clobazam</i> .....20	see <i>nortriptyline hcl</i> ....25	see <i>famotidine</i> .....41
ONUREG .....10	<i>pamidronate disodium</i> ....35	PERCOCET
OPSUMIT .....20	PAMIDRONATE	see <i>endocet tab 10-</i>
ORFADIN	DISODIUM .....35	325mg.....2
see <i>nitisinone</i> .....39	PANRETIN .....56	see <i>endocet tab 2.5-</i>
ORGOVYX .....10	<i>pantoprazole sodium</i> .....43	325mg.....1
ORKAMBI GRA 100-125 53	PANZYGA .....46	see <i>endocet tab 5-325mg</i>
ORKAMBI GRA 150-188 53	<i>paricalcitol</i> .....40	.....1

see <i>endocet tab 7.5-325mg</i> .....2	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....9	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....48
see <i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....2	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....9	<i>potassium chloride microencapsulated crystals er</i> .....49
see <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....2	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....9	<i>potassium citrate (alkalinizer)</i> .....43
see <i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....2	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....9	PRADAXA.....44
see <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....2	PIQRAY 200MG DAILY DOSE .....12	PRALUENT.....17
PERIDEX	PIQRAY 250MG TAB DOSE .....12	<i>pramipexole dihydrochloride</i> .....26
see <i>chlorhexidine gluconate (mouth-throat)</i> .....57	PIQRAY 300MG DAILY DOSE .....12	<i>prasugrel hcl</i> .....45
see <i>periogard</i> .....57	<i>pirfenidone</i> .....53	<i>pravastatin sodium</i> .....17
<i>perindopril erbumine</i> .....14	<i>pirmella 1/35</i> .....37	<i>praziquantel</i> .....4
<i>periogard</i> .....57	PLAQUENIL	<i>prazosin hcl</i> .....15
<i>permethrin</i> .....57	see <i>hydroxychloroquine sulfate</i> .....46	PRECOSE
<i>perphenazine</i> .....28	PLASMA-LYTE INJ -148 48	see <i>acarbose</i> .....32
PERSERIS .....28	PLASMA-LYTE INJ -A....48	PRED FORTE
<i>pfizerpen</i> .....9	PLAVIX	see <i>prednisolone acetate (ophth)</i> .....50
<i>phenelzine sulfate</i> .....25	see <i>clopidogrel bisulfate</i> .....45	<i>prednisolone</i> .....38
PHENERGAN	<i>plenamine</i> .....49	<i>prednisolone acetate (ophth)</i> .....50
see <i>promethazine hcl</i> ..41	PLENVU SOL .....42	<i>prednisolone sodium phosphate</i> .....38
<i>phenobarbital</i> .....22	<i>podofilox</i> .....56	<i>prednisone</i> .....38, 39
<i>phenobarbital sodium</i> ....22	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....50	<i>pregabalin</i> .....22, 23
PHENYTEK .....22	POLYTRIM	PREHEVBRIO .....47
see <i>phenytoin sodium extended</i> .....22	see <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....50	PREMASOL SOL 10% ...49
<i>phenytoin</i> .....22		PRENATAL TAB 27-1MG .....49
<i>phenytoin sodium</i> .....22		PRENATAL TAB PLUS ..49
<i>phenytoin sodium extended</i> .....22		PRENATAL VIT TAB LOW IRON .....49
<i>philith</i> .....37		PREVACID
PIFELTRO .....5		see <i>lansoprazole</i> .....43
<i>pilocarpine hcl</i> .....50		<i>prevalite</i> .....17
<i>pilocarpine hcl (oral)</i> .....57		PREVYMIS .....7
<i>pimozide</i> .....28		PREZCOBIX TAB 800-150 .....6
<i>pimtreea</i> .....37		PREZISTA .....5
<i>pindolol</i> .....18		PRIFTIN.....7
<i>pioglitazone hcl</i> .....33		<i>primaquine phosphate</i> .....5
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....9		PRIMAQUINE PHOSPHATE .....5
		see <i>primaquine phosphate</i> .....5

PRIMAXIN IV	PROTOPIC	<i>raloxifene hcl</i> .....39
see <i>imipenem-cilastatin</i>	see <i>tacrolimus (topical)</i>	<i>ramipril</i> .....14
<i>intravenous for soln</i>	.....57	RANEXA
500 mg .....3	<i>protriptyline hcl</i> .....25	see <i>ranolazine</i> .....19
<i>primidone</i> .....23	PROVENTIL HFA	<i>ranolazine</i> .....19
PRIORIX INJ .....47	see <i>albuterol sulfate</i> ....52	RAPAMUNE
PRISTIQ	PROVERA	see <i>sirolimus</i> .....47
see <i>desvenlafaxine</i>	see	<i>rasagiline mesylate</i> .....26
<i>succinate</i> .....24	<i>medroxyprogesterone</i>	RAYALDEE.....41
PRIVIGEN .....46	<i>acetate</i> .....40	RAZADYNE ER
PROAIR HFA	PROZAC	see <i>galantamine</i>
see <i>albuterol sulfate</i> ....52	see <i>fluoxetine hcl</i> .....25	<i>hydrobromide</i> .....24
<i>probenecid</i> .....1	PULMICORT	RECLAST
PROCALAMINE INJ 3% .49	see <i>budesonide</i>	see <i>zoledronic acid</i> .....35
PROCARDIA XL	<i>(inhalation)</i> .....53	<i>reclipsen</i> .....37
see <i>nifedipine</i> .....18	PULMICORT FLEXHALER	RECOMBIVAX HB.....47
<i>prochlorperazine</i> .....41	.....53	RECTIV .....57
<i>prochlorperazine edisylate</i>	PULMOZYME .....53	REGLAN
.....41	PURIXAN.....10	see <i>metoclopramide hcl</i>
<i>prochlorperazine maleate</i>	<i>pyrazinamide</i> .....7	.....41
.....41	<i>pyridostigmine bromide</i> ...30	REGRANEX.....57
PROCRIT .....44	<b>Q</b>	RELENZA DISKHALER...7
PROCTOCORT	QINLOCK .....12	RELISTOR.....42
see <i>procto-pak</i> .....56	QUADRACEL INJ .....47	REMERON
<i>procto-med hc</i> .....56	QUADRACEL INJ 0.5ML 47	see <i>mirtazapine</i> .....25
<i>procto-pak</i> .....56	QUALAQUIN	REMERON SOLTAB
<i>proctosol hc</i> .....56	see <i>quinine sulfate</i> .....5	see <i>mirtazapine</i> .....25
<i>proctozone-hc</i> .....56	QUESTRAN	RENVELA
PROGLYCEM	see <i>cholestyramine</i> ....17	see <i>sevelamer carbonate</i>
see <i>diazoxide</i> .....39	QUESTRAN LIGHT	.....40
PROGRAF .....47	see <i>cholestyramine light</i>	<i>repaglinide</i> .....33
see <i>tacrolimus</i> .....47	.....17	RESTASIS .....51
PROLASTIN-C.....53	see <i>prevalite</i> .....17	RESTASIS MULTIDOSE 51
PROLENSA .....50	<i>quetiapine fumarate</i> .....28	RESTORIL
PROLIA .....35	<i>quinapril hcl</i> .....14	see <i>temazepam</i> .....29
PROMACTA .....44	<i>quinapril-</i>	RETEVMO .....12
<i>promethazine hcl</i> .....41	<i>hydrochlorothiazide tab</i>	RETIN-A
<i>propafenone hcl</i> .....16	10-12.5 mg.....14	see <i>avita</i> .....54
<i>proparacaine hcl</i> .....51	<i>quinapril-</i>	see <i>tretinoin</i> .....54
<i>propranolol hcl</i> .....18	<i>hydrochlorothiazide tab</i>	RETROVIR
<i>propylthiouracil</i> .....40	20-12.5 mg.....14	see <i>zidovudine</i> .....6
PROQUAD INJ .....47	<i>quinapril-</i>	REVATIO
PROSCAR	<i>hydrochlorothiazide tab</i>	see <i>sildenafil citrate</i>
see <i>finasteride</i> .....43	20-25 mg.....14	<i>(pulmonary</i>
PROSOL INJ 20% .....49	<i>quinidine sulfate</i> .....16	<i>hypertension)</i> .....20
PROTONIX	<i>quinine sulfate</i> .....5	REVLIMID.....10
see <i>pantoprazole sodium</i>	<b>R</b>	REXULTI.....28
.....43	RABAVERT INJ .....47	REYATAZ .....5

see *atazanavir sulfate* ...5  
 REZUROCK .....47  
 RHOPRESSA .....50  
*ribavirin (hepatitis c)*.....7  
*rifabutin*.....7  
 RIFADIN  
 see *rifampin* .....7  
*rifampin*.....7  
 RILUTEK  
 see *riluzole*.....30  
*riluzole* .....30  
*rimantadine hydrochloride* 7  
 RINVOQ .....45  
 RISPERDAL  
 see *risperidone*.....28  
*risperidone*.....28  
 RITALIN  
 see *methylphenidate hcl*  
 .....29  
*ritonavir*.....5  
*rivastigmine* .....24  
*rivastigmine tartrate* .....24  
*rizatriptan benzoate* .....30  
 ROBINUL  
 see *glycopyrrolate*.....41  
 ROBINUL FORTE  
 see *glycopyrrolate*.....41  
 ROCALTROL  
 see *calcitriol* .....40  
*ropinirole hydrochloride* ..26  
*rosadan*.....57  
*rosuvastatin calcium* .....17  
 ROTARIX SUS .....47  
 ROTATEQ SOL .....47  
 ROWASA  
 see *mesalamine w/*  
*cleanser*.....42  
*roweepra*.....23  
 ROXICODONE  
 see *oxycodone hcl* .....2  
 ROZLYTREK .....12  
 RUBRACA .....12  
*rufinamide*.....23  
 RUKOBIA .....5  
 RYBELSUS .....33  
 RYDAPT .....12  
 RYTHMOL SR  
 see *propafenone hcl*....16

**S**  
 SABRIL  
 see *vigabatrin*.....23  
 see *vigadrone*.....23  
*sajazir* .....45  
 SALAGEN  
 see *pilocarpine hcl (oral)*  
 .....57  
 SANDIMMUNE .....47  
 see *cyclosporine* .....46  
 SANDOSTATIN  
 see *octreotide acetate* .39  
 SANTYL.....57  
 SAPHRIS  
 see *asenapine maleate*  
 .....27  
*sapropterin dihydrochloride*  
 .....39  
 SCEMBLIX .....12  
*scopolamine*.....41  
 SECUADO .....28  
*selegiline hcl*.....26  
*selenium sulfide*.....55  
 SELZENTRY.....6  
 see *maraviroc*.....5  
 SENSIPAR  
 see *cinacalcet hcl*.....39  
 SEREVENT DISKUS .....52  
 SEROQUEL  
 see *quetiapine fumarate*  
 .....28  
 SEROQUEL XR  
 see *quetiapine fumarate*  
 .....28  
*sertraline hcl* .....25  
*setlakin* .....37  
*sevelamer carbonate* .....40  
*sharobel*.....37  
 SHINGRIX .....47  
 SIGNIFOR .....39  
*sildenafil citrate (pulmonary*  
*hypertension)* .....20  
 SILENOR  
 see *doxepin hcl (sleep)*  
 .....29  
 SILVADENE  
 see *silver sulfadiazine* .54  
 see *ssd*.....54

*silver sulfadiazine* .....54  
 SIMBRINZA SUS 1-0.2%50  
*simliya*.....37  
*simvastatin*.....17  
 SINEMET  
 see *carbidopa &*  
*levodopa tab 10-100*  
*mg* .....26  
 see *carbidopa &*  
*levodopa tab 25-100*  
*mg* .....26  
 SINGULAIR  
 see *montelukast sodium*  
 .....52  
*sirolimus* .....47  
 SIRTURO.....7  
 SKYRIZI.....46  
 SKYRIZI PEN .....46  
*sodium chloride*.....49  
*sodium chloride (gu*  
*irrigant)*.....57  
*sodium fluoride chew; tab;*  
*1.1 (0.5 f) mg/ml soln* ..49  
*sodium phenylbutyrate*....39  
*sodium polystyrene*  
*sulfonate powder*.....35  
*solifenacin succinate*.....43  
 SOLIQUA INJ 100/33 .....35  
 SOLTAMOX.....10  
 SOLU-CORTEF .....39  
 SOLU-MEDROL  
 see *methylprednisolone*  
*sod succ* .....38  
 SOMATULINE DEPOT ...39  
 SOMAVERT.....39  
*sorafenib tosylate*.....12  
*sorine*.....16  
*sotalol hcl*.....16  
*sotalol hcl (afib/af)*.....16  
*spironolactone* .....15  
*spironolactone &*  
*hydrochlorothiazide tab*  
*25-25 mg*.....19  
 SPORANOX  
 see *itraconazole* .....4  
*sprintec 28* .....37  
 SPRITAM.....23  
 SPRYCEL.....12

sps.....	35	<i>subvenite</i> .....	23	see <i>efavirenz-</i>
<i>sronyx</i> .....	37	<i>sucralfate</i> .....	42	<i>lamivudine-tenofovir df</i>
ssd.....	54	<i>sulfacetamide sodium</i>		<i>tab 400-300-300 mg</i> ..6
STALEVO 100		( <i>acne</i> ).....	54	SYMJEPI .....
see <i>carbidopa-levodopa-</i>		<i>sulfacetamide sodium</i>		SYMPAZAN .....
<i>entacapone tabs 25-</i>		( <i>ophth</i> ).....	50	SYMTUZA TAB.....
<i>100-200 mg</i> .....	26	<i>sulfacetamide sodium-</i>		SYNALAR
STALEVO 125		<i>prednisolone ophth soln</i>		see <i>fluocinolone</i>
see <i>carbidopa-levodopa-</i>		<i>10-0.23(0.25)%</i> .....	49	<i>acetonide</i> .....
<i>entacapone tabs</i>		<i>sulfadiazine</i> .....	4	55, 56
<i>31.25-125-200 mg</i> ...	26	<i>sulfamethoxazole-</i>		SYNAREL.....
STALEVO 150		<i>trimethoprim iv soln 400-</i>		SYNERCID INJ 500MG ...
see <i>carbidopa-levodopa-</i>		<i>80 mg/5ml</i> .....	4	SYNJARDY TAB 12.5-
<i>entacapone tabs 37.5-</i>		<i>sulfamethoxazole-</i>		<i>1000MG</i> .....
<i>150-200 mg</i> .....	26	<i>trimethoprim susp 200-40</i>		SYNJARDY TAB 12.5-500
STALEVO 200		<i>mg/5ml</i> .....	4	.....
see <i>carbidopa-levodopa-</i>		<i>sulfamethoxazole-</i>		SYNJARDY TAB 5-
<i>entacapone tabs 50-</i>		<i>trimethoprim tab 400-80</i>		<i>1000MG</i> .....
<i>200-200 mg</i> .....	26	<i>mg</i> .....	4	33
STALEVO 50		<i>sulfamethoxazole-</i>		SYNJARDY TAB 5-500MG
see <i>carbidopa-levodopa-</i>		<i>trimethoprim tab 800-160</i>		.....
<i>entacapone tabs 12.5-</i>		<i>mg</i> .....	4	33
<i>50-200 mg</i> .....	26	<i>sulfasalazine</i> .....	42	33
STALEVO 75		<i>sulindac</i> .....	1	SYNJARDY XR TAB 10-
see <i>carbidopa-levodopa-</i>		<i>sumatriptan</i> .....	30	<i>1000</i> .....
<i>entacapone tabs</i>		<i>sumatriptan succinate</i> ....	30	33
<i>18.75-75-200 mg</i> .....	26	<i>sunitinib malate</i> .....	13	SYNJARDY XR TAB 12.5-
<i>stavudine</i> .....	6	SUPREP BOWEL SOL		<i>1000MG</i> .....
STIVARGA .....	12	PREP KIT.....	42	34
STRATTERA		SUSTIVA		SYNJARDY XR TAB 25-
see <i>atomoxetine hcl</i> ...	29	see <i>efavirenz</i> .....	5	<i>1000</i> .....
<i>streptomycin sulfate</i> .....	4	SUTENT		34
STRIBILD TAB.....	6	see <i>sunitinib malate</i> ...	13	SYNJARDY XR TAB 5-
STROMEKTOL		<i>syeda</i> .....	37	<i>1000MG</i> .....
see <i>ivermectin</i> .....	3	SYMBICORT AER 160-4.5		33
SUBOXONE		.....	54	SYNRIBO.....
see <i>buprenorphine hcl-</i>		SYMBICORT AER 80-4.5		SYNTHROID.....
<i>naloxone hcl sl film 12-</i>		.....	54	see <i>euthyrox</i> .....
<i>3 mg (base equiv)</i> ....	31	SYMDEKO TAB 100-15053		see <i>levo-t</i> .....
see <i>buprenorphine hcl-</i>		SYMDEKO TAB 50-75MG		.....
<i>naloxone hcl sl film 2-</i>		.....	53	see <i>levothyroxine sodium</i>
<i>0.5 mg (base equiv)</i> ..	31	SYMFI		.....
see <i>buprenorphine hcl-</i>		see <i>efavirenz-</i>		40
<i>naloxone hcl sl film 4-1</i>		<i>lamivudine-tenofovir df</i>		see <i>levoxyl</i> .....
<i>mg (base equiv)</i> .....	31	<i>tab 600-300-300 mg</i> ..	6	see <i>unithroid</i> .....
see <i>buprenorphine hcl-</i>		SYMFI LO		40
<i>naloxone hcl sl film 8-2</i>				
<i>mg (base equiv)</i> .....	31			

<b>T</b>	
TABLOID .....	10
TABRECTA.....	13
<i>tacrolimus</i> .....	47
<i>tacrolimus (topical)</i> .....	57
TAFINLAR .....	13
TAGRISO .....	13
TALTZ.....	46
TALZENNA.....	13
TAMIFLU	
see <i>oseltamivir</i>	
<i>phosphate</i> .....	7
<i>tamoxifen citrate</i> .....	10

<i>tamsulosin hcl</i> .....43	<i>tetrabenazine</i> .....30, 31	TOPAMAX SPRINKLE
TARCEVA	<i>tetracycline hcl</i> .....9	see <i>topiramate</i> .....23
see <i>erlotinib hcl</i> .....11	THALOMID .....10	<i>topiramate</i> .....23
TARGRETIN	<i>theophylline</i> .....53	TOPROL XL
see <i>bexarotene</i> .....10	<i>thioridazine hcl</i> .....28	see <i>metoprolol succinate</i>
see <i>bexarotene (topical)</i>	<i>thiothixene</i> .....28	.....17
.....56	<i>tiadylt er</i> .....18	<i>toremifene citrate</i> .....10
<i>tarina fe 1/20 eq</i> .....37	<i>tiagabine hcl</i> .....23	<i>torseimide</i> .....19
TASIGNA.....13	TIAZAC	TOVIAZ
<i>tazarotene</i> .....55	see <i>diltiazem hcl</i>	see <i>fesoterodine</i>
<i>tazicef</i> .....8	<i>extended release</i>	<i>fumarate</i> .....43
TAZORAC .....55	<i>beads</i> .....18	TPN ELECTROL INJ .....49
see <i>tazarotene</i> .....55	see <i>taztia xt</i> .....18	TRACLEER
<i>taztia xt</i> .....18	see <i>tiadylt er</i> .....18	see <i>bosentan</i> .....20
TAZVERIK .....13	TIBSOVO.....13	TRADJENTA.....34
TDVAX INJ 2-2 LF .....47	TICOVAC.....47	<i>tramadol hcl</i> .....3
TEFLARO .....8	<i>tigecycline</i> .....9	<i>trandolapril</i> .....14, 15
TEGRETOL	TIGECYCLINE.....9	<i>tranexamic acid</i> .....45
see <i>carbamazepine</i> .....20	TIKOSYN	TRANSDERM-SCOP
see <i>epitol</i> .....21	see <i>dofetilide</i> .....16	see <i>scopolamine</i> .....41
TEGRETOL-XR	<i>tilia fe</i> .....37	<i>tranylcypramine sulfate</i> ...25
see <i>carbamazepine</i> .....20	<i>timolol maleate</i> .....18	TRAVASOL INJ 10% .....49
TEKTURNA	<i>timolol maleate (ophth)</i> ...50	<i>trazodone hcl</i> .....25
see <i>aliskiren fumarate</i> .19	TIMOPTIC	TRECTOR .....7
<i>telmisartan</i> .....16	see <i>timolol maleate</i>	TRELEGY AER ELLIPTA
<i>temazepam</i> .....29	( <i>ophth</i> ) .....50	100-62.5-25 MCG .....51
TENIVAC INJ 5-2LF .....47	TIMOPTIC-XE	TRELEGY AER ELLIPTA
<i>tenofovir disoproxil</i>	see <i>timolol maleate</i>	200-62.5-25 MCG .....51
<i>fumarate</i> .....6	( <i>ophth</i> ) .....50	TRESIBA .....35
TENORETIC 100	TIVICAY.....6	TRESIBA FLEXTOUCH..35
see <i>atenolol &amp;</i>	TIVICAY PD.....6	<i>tretinoin</i> .....54
<i>chlorthalidone tab 100-</i>	<i>tizanidine hcl</i> .....31	<i>tretinoin (chemotherapy)</i> .11
25 mg .....17	TOBRADEX	<i>triamcinolone acetonide</i>
TENORETIC 50	see <i>tobramycin-</i>	( <i>mouth</i> ).....57
see <i>atenolol &amp;</i>	<i>dexamethasone ophth</i>	<i>triamcinolone acetonide</i>
<i>chlorthalidone tab 50-</i>	<i>susp 0.3-0.1%</i> .....49	( <i>topical</i> ) .....56
25 mg .....17	TOBRADEX OIN 0.3-0.1%	<i>triamterene &amp;</i>
TENORMIN	.....49	<i>hydrochlorothiazide cap</i>
see <i>atenolol</i> .....17	TOBRADEX ST SUS 0.3-	37.5-25 mg.....19
TEPMETKO .....13	0.05.....49	<i>triamterene &amp;</i>
<i>terazosin hcl</i> .....15	<i>tobramycin</i> .....4	<i>hydrochlorothiazide tab</i>
<i>terbinafine hcl</i> .....4	<i>tobramycin (ophth)</i> .....50	37.5-25 mg.....19
<i>terbutaline sulfate</i> .....52	<i>tobramycin sulfate</i> .....4	<i>triamterene &amp;</i>
<i>terconazole vaginal</i> .....43	<i>tobramycin-dexamethasone</i>	<i>hydrochlorothiazide tab</i>
TERIPARATIDE.....35	<i>ophth susp 0.3-0.1%</i> ...49	75-50 mg.....19
<i>testosterone</i> .....32	<i>tolterodine tartrate</i> .....43	TRICARE TAB PRENATAL
<i>testosterone cypionate</i> ...32	TOPAMAX	.....49
<i>testosterone enanthate</i> ...32	see <i>topiramate</i> .....23	TRICOR

see <i>fenofibrate</i> .....	16	TRUSELTIQ 50 MG DAILY		<i>unithroid</i> .....	40
<i>trientine hcl</i> .....	35	DOSE .....	13	UROCIT-K 10	
<i>tri-estarylla</i> .....	37	TRUSELTIQ 75 MG DAILY		see <i>potassium citrate</i>	
<i>trifluoperazine hcl</i> .....	28	DOSE .....	13	( <i>alkalinizer</i> ) .....	43
<i>trifluridine</i> .....	50	TRUSOPT		UROCIT-K 15	
<i>trihexyphenidyl hcl</i> .....	26	see <i>dorzolamide hcl</i> ....	50	see <i>potassium citrate</i>	
TRIJARDY XR TAB ER		TRUVADA		( <i>alkalinizer</i> ) .....	43
24HR 10-5-1000MG....	34	see <i>emtricitabine-</i>		UROCIT-K 5	
TRIJARDY XR TAB ER		<i>tenofovir disoproxil</i>		see <i>potassium citrate</i>	
24HR 12.5-2.5-1000MG		<i>fumarate tab 100-150</i>		( <i>alkalinizer</i> ) .....	43
.....	34	<i>mg</i> .....	6	UROXATRAL	
TRIJARDY XR TAB ER		see <i>emtricitabine-</i>		see <i>alfuzosin hcl</i> .....	43
24HR 25-5-1000MG....	34	<i>tenofovir disoproxil</i>		URSO 250	
TRIJARDY XR TAB ER		<i>fumarate tab 133-200</i>		see <i>ursodiol</i> .....	42
24HR 5-2.5-1000MG...	34	<i>mg</i> .....	6	URSO FORTE	
TRIKAFTA TAB 100-50-		see <i>emtricitabine-</i>		see <i>ursodiol</i> .....	42
75MG & 150MG .....	53	<i>tenofovir disoproxil</i>		<i>ursodiol</i> .....	42
TRIKAFTA TAB 50-25-		<i>fumarate tab 167-250</i>		<b>V</b>	
37.5MG & 75MG .....	53	<i>mg</i> .....	6	VAGIFEM	
<i>tri-legest fe</i> .....	37	see <i>emtricitabine-</i>		see <i>estradiol vaginal</i> ...	38
TRILEPTAL		<i>tenofovir disoproxil</i>		see <i>yuvafem</i> .....	38
see <i>oxcarbazepine</i> .....	22	<i>fumarate tab 200-300</i>		<i>valacyclovir hcl</i> .....	7
<i>tri-linyah</i> .....	37	<i>mg</i> .....	6	VALCHLOR .....	57
<i>tri-lo-estarylla</i> .....	37	TUKYSA .....	13	VALCYTE	
<i>tri-lo-marzia</i> .....	37	TURALIO .....	13	see <i>valganciclovir hcl</i> ...	7
<i>tri-lo-mili</i> .....	37	TWINRIX INJ .....	47	<i>valganciclovir hcl</i> .....	7
<i>tri-lo-sprintec</i> .....	37	TYBOST .....	6	VALIUM	
TRIMETHOPRIM .....	4	TYGACIL		see <i>diazepam</i> .....	21
<i>tri-mili</i> .....	37	see <i>tigecycline</i> .....	9	<i>valproate sodium</i> .....	23
<i>trimipramine maleate</i> .....	25	TYKERB		<i>valproic acid</i> .....	23
TRINTELLIX .....	25	see <i>lapatinib ditosylate</i>	12	<i>valsartan</i> .....	16
<i>tri-nymyo</i> .....	37	TYPHIM VI.....	47	<i>valsartan-</i>	
<i>tri-sprintec</i> .....	37	<b>U</b>		<i>hydrochlorothiazide tab</i>	
TRIUMEQ PD TAB .....	6	UCERIS		160-12.5 mg.....	15
TRIUMEQ TAB .....	6	see <i>budesonide</i> .....	41	<i>valsartan-</i>	
<i>trivora-28</i> .....	37	ULTRAM		<i>hydrochlorothiazide tab</i>	
<i>tri-vylibra</i> .....	37	see <i>tramadol hcl</i> .....	3	160-25 mg.....	15
<i>tri-vylibra lo</i> .....	37	UNASYN		<i>valsartan-</i>	
TRIZIVIR TAB.....	6	see <i>ampicillin &amp;</i>		<i>hydrochlorothiazide tab</i>	
TROPHAMINE INJ 10% .	49	<i>sulbactam sodium for</i>		320-12.5 mg.....	16
<i>trosipium chloride</i> .....	43	<i>inj 1.5 (1-0.5) gm</i> .....	9	<i>valsartan-</i>	
TRULICITY .....	34	see <i>ampicillin &amp;</i>		<i>hydrochlorothiazide tab</i>	
TRUMENBA INJ .....	47	<i>sulbactam sodium for</i>		320-25 mg.....	16
TRUSELTIQ 100 MG		<i>inj 3 (2-1) gm</i> .....	9	<i>valsartan-</i>	
DAILY DOSE.....	13	UNASYN BULK PACK		<i>hydrochlorothiazide tab</i>	
TRUSELTIQ 125 MG		see <i>ampicillin &amp;</i>		80-12.5 mg.....	15
DAILY DOSE.....	13	<i>sulbactam sodium for</i>		VALTOCO.....	23
		<i>iv soln 15 (10-5) gm</i> ...	9	VALTREX	



see <i>valacyclovir hcl</i> .....7	V-GO 30 KIT .....35	WELLBUTRIN XL
VANCOCIN	V-GO 40 KIT .....35	see <i>bupropion hcl</i> .....24
see <i>vancomycin hcl</i> .....4	VIBRAMYCIN	<i>wera</i> .....38
<i>vancomycin hcl</i> .....4	see <i>doxycycline hyclate</i> 9	<b>X</b>
VANCOMYCIN INJ 1 GM .4	VICTOZA .....34	XALATAN
VANCOMYCIN INJ 500MG	<i>vienva</i> .....37	see <i>latanoprost</i> .....50
.....4	<i>vigabatrin</i> .....23	XALKORI .....13
VANCOMYCIN INJ 750MG	<i>vigadrone</i> .....23	XANAX
.....4	VIGAMOX	see <i>alprazolam</i> .....20
VAQTA .....47	see <i>moxifloxacin hcl</i>	XARELTO .....44
<i>varenicline tartrate</i> .....32	( <i>ophth</i> ) .....49	XARELTO STAR TAB
<i>varenicline tartrate tab 0.5</i>	VIIBRYD	15/20MG .....44
<i>mg x 11 &amp; tab 1 mg x 42</i>	see <i>vilazodone hcl</i> .....25	XATMEP .....46
<i>pack</i> .....32	VIIBRYD KIT STARTER .25	XCOPRI .....23
VARIVAX .....48	<i>vilazodone hcl</i> .....25	XCOPRI PAK 100-150...23
VASCEPA.....17	VIMPAT .....23	XCOPRI PAK 12.5-25....23
VASERETIC	see <i>lacosamide</i> .....22	XCOPRI PAK 150-200MG
see <i>enalapril maleate &amp;</i>	<i>viorele</i> .....38	(MAINTENANCE).....23
<i>hydrochlorothiazide tab</i>	VIRACEPT .....6	XCOPRI PAK 150-200MG
10-25 mg .....14	VIREAD .....6	(TITRATION).....23
VASOTEC	see <i>tenofovir disoproxil</i>	XCOPRI PAK 50-100MG 23
see <i>enalapril maleate</i> ..14	<i>fumarate</i> .....6	XELJANZ .....46
<i>velivet</i> .....37	VISTARIL	XELJANZ XR .....46
VELPHORO.....40	see <i>hydroxyzine</i>	XENAZINE
VELTASSA .....35	<i>pamoate</i> .....51	see <i>tetrabenazine</i> ..30, 31
VEMLIDY .....7	VITRAKVI .....13	XERMELO .....42
VENCLEXTA .....13	VIVELLE-DOT	XGEVA .....35
VENCLEXTA TAB START	see <i>estradiol</i> .....38	XHANCE .....53
PK .....13	VIVITROL .....32	XIFAXAN .....42
<i>venlafaxine hcl</i> .....25	VIZIMPRO .....13	XIGDUO XR TAB 10-1000
VENTAVIS.....20	VONJO .....13	.....34
VENTOLIN HFA.....52	<i>voriconazole</i> .....4, 5	XIGDUO XR TAB 10-
VENTOLIN HFA	VOSEVI TAB .....7	500MG .....34
(INSTITUTIONAL PACK)	VOTRIENT .....13	XIGDUO XR TAB 2.5-1000
.....52	VRAYLAR .....28	.....34
<i>verapamil hcl</i> .....18	VRAYLAR CAP 1.5-3MG 28	XIGDUO XR TAB 5-
VERQUVO.....19	<i>vyfemla</i> .....38	1000MG .....34
VERSACLOZ.....28	<i>vylibra</i> .....38	XIGDUO XR TAB 5-500MG
VERZENIO .....13	VYZULTA .....50	.....34
VESICARE	<b>W</b>	XIIDRA.....51
see <i>solifenacin succinate</i>	<i>warfarin sodium</i> .....44	XOLAIR .....53
.....43	<i>water for irrigation, sterile</i>	XOSPATA.....13
<i>vestura</i> .....37	<i>irrigation soln</i> .....57	XPOVIO 100 MG ONCE
VFEND	WELCHOL	WEEKLY .....13
see <i>voriconazole</i> .....5	see <i>colesevelam hcl</i> ....17	XPOVIO 40 MG ONCE
VFEND IV	WELIREG .....11	WEEKLY .....13
see <i>voriconazole</i> .....4	WELLBUTRIN SR	XPOVIO 40 MG TWICE
V-GO 20 KIT .....35	see <i>bupropion hcl</i> .....24	WEEKLY .....13

XPOVIO 60 MG ONCE WEEKLY .....13	see <i>ethosuximide</i> .....21	see <i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>5-6.25 mg</i> .....17
XPOVIO 60 MG TWICE WEEKLY .....13	ZARXIO .....44	ZIAGEN
XPOVIO 80 MG ONCE WEEKLY .....13	ZEJULA .....13	see <i>abacavir sulfate</i> .....5
XPOVIO 80 MG TWICE WEEKLY .....13	ZELBORAF.....13	<i>zidovudine</i> .....6
XTANDI .....10	ZEMAIRA.....53	<i>ziprasidone hcl</i> .....28
<i>xulane</i> .....38	ZEMPLAR	<i>ziprasidone mesylate</i> .....28
XULTOPHY INJ 100/3.6 .35	see <i>paricalcitol</i> .....40	ZIRGAN .....50
XYLOCAINE	<i>zenatane</i> .....54	ZITHROMAX
see <i>lidocaine hcl (local</i> <i>anesth.)</i> .....3	ZENPEP CAP 10000UNT .....42	see <i>azithromycin</i> .....8
XYLOCAINE-MPF	ZENPEP CAP 15000UNT .....42	ZOCOR
see <i>lidocaine hcl (local</i> <i>anesth.)</i> .....3	ZENPEP CAP 20000UNT .....42	see <i>simvastatin</i> .....17
XYREM.....31	ZENPEP CAP 25000 .....42	<i>zoledronic acid</i> .....35
<b>Y</b>	ZENPEP CAP 3000UNIT42	ZOLINZA.....13
YASMIN 28	ZENPEP CAP 40000 .....42	ZOLOFT
see <i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.03 mg</i> .....36	ZENPEP CAP 5000UNIT42	see <i>sertraline hcl</i> .....25
see <i>ocella</i> .....37	ZERVIATE .....50	<i>zolpidem tartrate</i> .....30
see <i>syeda</i> .....37	ZESTORETIC	ZONEGRAN
see <i>zumandimine</i> .....38	see <i>lisinopril &amp;</i> <i>hydrochlorothiazide tab</i> <i>10-12.5 mg</i> .....14	see <i>zonisamide</i> .....23
YAZ	see <i>lisinopril &amp;</i> <i>hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....14	<i>zonisamide</i> .....23, 24
see <i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.02 mg</i> .....36	see <i>lisinopril &amp;</i> <i>hydrochlorothiazide tab</i> <i>20-25 mg</i> .....14	ZORTRESS
see <i>jasmiel</i> .....36	ZESTRIL	see <i>everolimus</i> <i>(immunosuppressant)</i> .....47
see <i>loryna</i> .....37	see <i>lisinopril</i> .....14	<i>zovia 1/35</i> .....38
see <i>nikki</i> .....37	ZETIA	<i>zumandimine</i> .....38
see <i>vestura</i> .....37	see <i>ezetimibe</i> .....17	ZYDELIG .....13
YF-VAX INJ .....48	ZIAC	ZYKADIA .....13
<i>yuvafem</i> .....38	see <i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>10-6.25 mg</i> .....17	ZYLET SUS 0.5-0.3%.....49
<b>Z</b>	see <i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i> .....17	ZYLOPRIM
<i>zafemy</i> .....38	ZIFENPROL	see <i>allopurinol</i> .....1
<i>zafirlukast</i> .....52	see <i>ezetimibe</i> .....17	ZYPREXA
ZANAFLEX	ZIAC	see <i>olanzapine</i> .....27
see <i>tizanidine hcl</i> .....31	see <i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>10-6.25 mg</i> .....17	ZYPREXA RELPREVV ...28
ZARONTIN	ZIFENPROL	ZYPREXA ZYDIS
	see <i>ezetimibe</i> .....17	see <i>olanzapine</i> .....27
	ZIAC	ZYTIGA
	see <i>bisoprolol &amp;</i> <i>hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i> .....17	see <i>abiraterone acetate</i> .....10
	ZIFENPROL	ZYVOX
	see <i>ezetimibe</i> .....17	see <i>linezolid</i> .....3





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