

Clover

2018 Comprehensive Formulary

List of Covered Drugs)

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

H5141_00018415_Comprehensive Formulary Version 6

This formulary was updated on 09/08/2017. For more recent information or other questions, please contact Clover health Member Services at (888) 657-1207 or, for TTY users, 711. Hours are 8 am – 8 pm, local time, 7 days a week. From February 15 through September 30, alternate technologies (for example voicemail) will be used on weekends and holidays, or visit www.cloverhealth.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Clover Health. When it refers to “plan” or “our plan,” it means Clover Health.

This document includes list of the drugs (formulary) for our plan which is current as of 09/08/2017 . 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, 2018, and from time to time during the year.

What is the Clover Health Formulary?

A formulary is a list of covered drugs selected by Clover Health 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. Clover Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Clover Health network pharmacy, and other

plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of 09/08/2017. To get updated information about the drugs covered by Clover Health please contact us. Our contact information appears on the front and back cover pages. Any formulary changes and updates will be mailed to you and the Clover Health website will be updated with revised formulary list.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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 number 112. 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 on page 112. 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?

Clover Health 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: **[Note: Plans may omit bullets as needed in order to reflect actual utilization management procedures used by the plan.]**

- **Prior Authorization:** Clover Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Clover Health before you fill your prescriptions. If you don't get approval, Clover Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Clover Health limits the amount of the drug that Clover Health will cover. For example, Clover Health provides 30 per prescription for doxazosin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Clover Health 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, Clover Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Clover Health 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Clover Health 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 Clover Health formulary?" on page 4 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 Member Services and ask if your drug is covered. For more information, 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 learn that Clover Health does not cover your drug, you have two options:

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

How do I request an exception to the Clover Health's Formulary?

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary 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, we will allow you to refill your prescription until we have provided you with *at least 91 and may be up to a 98* day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception. For non-LTC residents, an early refill edit will not be used to limit appropriate and necessary access to a transition fill. A transition fill may be provided automatically at Point of Sale, if the adjudication process indicates a Level of Care change from LTC to non-LTC with an early refill edit. Otherwise, the pharmacy will call the Delegated PBM Pharmacy Help Desk in order to obtain an override to submit a Level of Care transition fill request.

For more information

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

If you have questions about Clover Health 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 users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Clover Health's Formulary

The formulary below provides coverage information about the drugs covered by Clover Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 112.

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

The information in the Requirements/Limits column tells you if Clover Health has any special requirements for coverage of your drug.

The following abbreviations are used:

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or contact Clover Health Member Services, at (888) 657-1207 or, for TTY users, Toll-free 771, 7 days a week/24 hours a day.

NM: Not Available at Mail Order.

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

QL: Quantity Limits. For certain drugs, Clover Health limits the amount of the drug that Clover Health will cover. For example, Clover Health provides 30 per prescription for doxazosin. This may be in addition to a standard one-month or three-month supply.

ST: Step Therapy. In some cases, Clover Health 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, Clover Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Clover Health will then cover Drug B.

Drug tier copay levels

Clover Health's 2018 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides. Copay amounts and coinsurance percentages for each tier vary by plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Preferred Generic drugs
Tier 2	Generic drugs
Tier 3	Preferred Brand drugs
Tier 4	Non-Preferred drugs

Tier 5

Specialty drugs

Clover Health, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib CAPS 50mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	3	
<i>etodolac CAPS; TABS</i>	3	
<i>etodolac TB24</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen cap 50mg</i>	3	
<i>ketoprofen cap 75mg</i>	3	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen SUSP</i>	4	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl TABS</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

<i>endocet</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	4	
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 4 500mg/50ml</i>		B/D
<i>hydromorphone hcl TABS</i>	3	QL (270 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lorstab tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorstab tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lorstab tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days)
<i>methadone hcl 5mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl intensol</i>	3	QL (120 mL / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
<i>morphine sul inj 15mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate oral sol</i>	3	
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl CONC; SOLN</i>	4	
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	3	QL (1800 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5%</i>	2	B/D
<i>lidocaine inj 2%</i>	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	3	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	3	
<i>paromomycin sulfate CAPS</i>	4	
<i>streptomycin sulfate SOLR</i>	4	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	3	
<i>tobramycin inj 40mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	

ANTI-INFECTIVES - MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
ALBENZA	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium</i> SOLR	4	
<i>dapsone</i> TABS	3	
<i>daptomycin</i>	5	
EMVERM	5	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin</i> TABS	3	
<i>linezolid</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid in sodium chloride</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole</i> TABS	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim</i> SUSP	4	
<i>sulfamethoxazole-trimethoprim</i> TABS	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim</i> TABS	2	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR	4	
VANCOMYCIN IN NAACL	4	

Drug Name	Drug Tier	Requirements/Limits
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ANTIFUNGALS

ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
FLUCONAZOLE INJ NAACL 100	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / 365 days)

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	3	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK	5	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tb24</i>	4	
NORVIR	3	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS 50mg	4	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIREAD	5	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	

Drug Name	Drug Tier	Requirements/Limits
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

ANTIVIRALS

<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
<i>lamivudine (hbv)</i>	4	
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate 30mg</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate 45mg, 75mg</i>	3	QL (84 caps / year)
PEGASYS	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	3	
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	

CEPHALOSPORINS

<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR; TABS	3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	

Drug Name	Drug Tier	Requirements/Limits
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ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
e.e.s. 400	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	

FLUOROQUINOLONES

<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>ciprofloxacin inj</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
PENICILLINS		
<i>amoxicillin CAPS; SUSR; TABS</i>	1	
<i>amoxicillin CHEW</i>	2	
<i>amoxicillin & pot clavulanate CHEW; TB12</i>	4	
<i>amoxicillin & pot clavulanate SUSR</i>	3	
<i>amoxicillin & pot clavulanate TABS</i>	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap</i>	1	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin sus</i>	3	
AUGMENTIN SUSR	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium for inj 1gm, 2gm</i>	4	
<i>nafcillin sodium for inj 10gm</i>	5	
<i>oxacillin sodium 1gm, 2gm</i>	4	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium SOLR</i>	2	
<i>penicillin v potassium TABS</i>	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate 20 mg</i>	3	
<i>doxycycline hyclate 100 mg</i>	3	
<i>minocycline hcl CAPS</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>morgidox cap 1x50mg</i>	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA	5	B/D, NM
<i>busulfan</i>	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	3	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D

ANTHRACYCLINES

<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	4	B/D
<i>epirubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	5	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	

Drug Name	Drug Tier	Requirements/Limits
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ANTIMITOTIC, TAXOIDS

ABRAXANE	5	B/D
DOCEFREZ	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
DOCETAXEL SOLN	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA CAPS	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	

Drug Name	Drug Tier	Requirements/Limits
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	5	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA

IMMUNOMODULATORS

Drug Name	Drug Tier	Requirements/Limits
POMALYST	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA

KINASE INHIBITORS

AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

MISCELLANEOUS

<i>bexarotene</i>	5	NM, PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D, NM
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	3	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D

PROTECTIVE AGENTS

<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
<i>levoleucovorin calcium 175mg/17.5ml</i>	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 250mg/25ml	5	B/D, NM
<i>levoleucovorin calcium 50mg</i>	5	B/D, NM
LEVOLEUCOVORIN CALCIUM 175MG	5	B/D, NM
<i>mesna</i>	4	B/D
MESNEX TABS	5	

Drug Name	Drug Tier	Requirements/Limits
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TOPOISOMERASE INHIBITORS

<i>etoposide SOLN</i>	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan inj 4mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

BLOOD GLUCOSE REGULATOR

DIABETIC TESTING SUPPLIES

ACCU-CHEK TEST STRIPS	0	B
ONE-TOUCH TEST STRIPS	0	B

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	4	
<i>spironolactone TABS</i>	1	

ALPHA BLOCKERS

<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	3	
<i>prazosin hcl</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil TABS</i>	1	
<i>valsartan</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/af)</i>	3	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl 1gm tab</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	4	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	5	NM, PA
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	

BETA-BLOCKERS

<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	3	
<i>metoprolol tartrate SOCT</i>	3	
<i>metoprolol tartrate SOLN</i>	3	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl SOLN; TABS</i>	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	

CALCIUM CHANNEL BLOCKERS

Drug Name	Drug Tier	Requirements/Limits
<i>afeditab cr</i>	3	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedical xl</i>	3	
<i>nifedipine</i> TB24	3	
<i>nifedipine er</i>	3	
<i>nimodipine</i> CAPS	5	

Drug Name	Drug Tier	Requirements/Limits
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	2	
<i>verapamil tab er</i>	2	

DIGITALIS GLYCOSIDES

<i>digitek .25mg</i>	3	PA; PA if 65 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
<i>digoxin sol 50mcg/ml</i>	3	PA; PA if 65 years and older

DIRECT RENIN INHIBITORS/COMBINATIONS

TEKTURNA	4	
TEKTURNA HCT	4	

DIURETICS

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	3	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torseamide tabs</i>	2	
<i>triamterene & hydrochlorothiazide</i> TABS	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl</i> TABS	1	
CORLANOR	4	
DEMSER	5	
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	

NITRATES

<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
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Drug Name	Drug Tier	Requirements/Limits
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	
<i>bupirone hcl</i> TABS 30mg	4	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	2	
<i>lorazepam</i> SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	3	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	3	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	3	QL (480 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TBDP .125mg	3	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 1mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	5	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
<i>primidone</i> TABS	2	
<i>roovepra</i>	3	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	
<i>valproate sodium oral soln</i>	3	
<i>valproate sodium soln 100mg/ml</i>	4	
<i>valproic acid</i>	3	
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>galantamine hydrobromide er</i> 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl</i> SOLN	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS	3	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg	3	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	4	

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap</i> 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine cap</i> 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine cap</i> 40mg	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	QL (45 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TABS 30mg, 45mg	2	
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
PRISTIQ	4	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	3	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	4	
APOKYN	5	NM, LA, PA
AZILECT	4	
<i>benztropine mesylate</i> SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate TABS</i>	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS</i>	4	
<i>selegiline hcl TABS</i>	3	
STALEVO 50	4	
STALEVO 75	5	
STALEVO 100	5	
STALEVO 125	5	
STALEVO 150	5	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 200	5	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol con lactate</i>	2	
<i>haloperidol decanoate</i> SOLN	4	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine</i> TABS 7.5mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg, 20mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	4	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days), PA
VRAYLAR 3mg	5	QL (60 caps / 30 days), PA
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	4	QL (900 mL / 30 days)
<i>methylphenidate tab</i> 10mg er	4	QL (90 tabs / 30 days)
<i>methylphenidate tab</i> 20mg er	4	QL (90 tabs / 30 days)

HYPNOTICS

HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate</i> 1mg/ml	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>ergotamine w/ caffeine</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
RELPAX	4	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
<i>tetrabenazine 12.5mg</i>	5	QL (240 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	4	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> 200mg, 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	3	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
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Drug Name	Drug Tier	Requirements/Limits
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate SOLN</i>	3	PA
<i>testosterone enanthate SOLN</i>	3	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMALOG	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 KWIKPEN	4	
HUMULIN N	4	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N KWIKPEN	4	
HUMULIN R	4	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)

Drug Name	Drug Tier	Requirements/Limits
VICTOZA	3	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)

BISPHOSPHONATES

<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj 30mg</i>	3	B/D
<i>pamidronate inj 90mg</i>	3	B/D
<i>zoledronic acid</i> 5mg/100ml	4	B/D, NM
ZOLEDRONIC INJ 4MG	4	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	4	B/D, NM

CALCIUM RECEPTOR AGONISTS

SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
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CHELATING AGENTS

CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex powder</i>	4	
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate oral susp</i>	3	
<i>sodium polystyrene sulfonate powd</i>	4	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	

CONTRACEPTIVES

<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>abra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	3	
<i>gildagia</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>heather</i>	2	
<i>introvale</i>	3	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kimidess</i>	3	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena tab</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	
NECON 10/11 28 DAY	3	
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ZAVESCA	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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ESTROGENS

DELESTROGEN 10mg/ml	4	
ESTRACE CREA	4	
<i>estradiol</i> PTWK; TABS	4	PA; PA if 65 years and older
<i>estradiol valerate inj</i>	3	
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
<i>yuvafem vaginal tablet 10 mcg</i>	3	

GLUCOCORTICOIDS

<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	3	
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylpr ss inj 40mg</i>	3	B/D
<i>methylpr ss inj 125mg</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	3	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
<i>prednisolone syp 15mg/5ml</i>	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF 250mg	4	

Drug Name	Drug Tier	Requirements/Limits
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GLUCOSE ELEVATING AGENTS

GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	

HUMAN GROWTH HORMONES

NORDITROPIN FLEXPPO	5	NM, PA
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MISCELLANEOUS

<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
MIACALCIN	5	B/D
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA

PHOSPHATE BINDER AGENTS

AURYXIA	5	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder) CAPS</i>	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS</i>	3	QL (360 tabs / 30 days)
REVELA PAK 2.4gm	3	QL (180 paks / 30 days)
REVELA PAK .8gm	3	QL (540 paks / 30 days)
REVELA TAB 800MG	3	QL (540 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate TABS</i>	3	

THYROID AGENTS

<i>levothyroxine sodium TABS</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium TABS</i>	3	
<i>methimazole TABS</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	

VASOPRESSINS

<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
<i>desmopressin sol 0.01%</i>	4	
STIMATE	5	NM

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	3	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide inj</i>	2	
<i>ondansetron hcl</i> TABS	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS	1	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
<i>glycopyrrolate inj</i>	4	

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	

INFLAMMATORY BOWEL DISEASE

APRISO	3	
ASACOL HD	4	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine ENEM; TBEC</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	3	
<i>sulfasalazine ec</i>	3	

LAXATIVES

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	3	
<i>gavilyte-n/flavor pack</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 PACK</i>	3	
<i>polyethylene glycol 3350 POWD</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	3	
GATTEX	5	NM, LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LINZESS 145mcg	3	QL (60 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	3	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	PA

PANCREATIC ENZYMES

CREON	3	
ZENPEP	4	

PROTON PUMP INHIBITORS

DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>omeprazole cap 10mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	QL (30 tabs / 30 days)

GENITOURINARY

Drug Name	Drug Tier	Requirements/Limits
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BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
<i>tamsulosin hcl</i>	3	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	

URINARY ANTISPASMODICS

MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS	4	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	4	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	
<i>zazole cream 0.8%</i>	3	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	4	
ELIQUIS	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
<i>heparin sodium/d5w</i>	3	
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	

Drug Name	Drug Tier	Requirements/Limits
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	5	NM, PA
MOZOBIL	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	
CINRYZE	5	QL (20 vials / 30 days), NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid</i> TABS	4	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
EFFIENT	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM, PA
PRIVIGEN	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM

IMMUNOSUPPRESSANTS

AZATHIOPRINE SOLR	4	B/D
<i>azathioprine</i> TABS	3	B/D
BENLYSTA SOLR	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>engraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride microencapsulated crystals</i> <i>cr</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 7%	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/lactated ring</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 10%/NAACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NAACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NAACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's inj</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	

VITAMINS

<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol CAPS</i>	4	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine SOLN</i>	3	
VIGAMOX	3	
ZIRGAN	4	

ANTI-INFLAMMATORIES

ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	

Drug Name	Drug Tier	Requirements/Limits
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ANTIALLERGICS

<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACAFT	4	
<i>olopatadine hcl 0.2%</i>	3	
PAZEO	3	

ANTIGLAUCOMA

ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
TRAVATAN Z	3	

MISCELLANEOUS

CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
RESTASIS	3	QL (64 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D

ANTICHOLINERGICS

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide (nasal)</i>	3	

ANTIHISTAMINES

<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride</i> SOLN	4	
<i>levocetirizine dihydrochloride</i> TABS	2	

BETA AGONISTS

<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS; TB12	4	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
PERFOROMIST	5	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
XOPENEX HFA	4	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW	3	
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	2	
<i>zafirlukast</i>	4	

MAST CELL STABILIZERS

<i>cromolyn sod neb</i> 20mg/2ml	3	B/D
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MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
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NASAL STEROIDS

<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	4	QL (2 inhalers / 30 days)
NASONEX	4	QL (2 inhalers / 30 days)

STEROID INHALANTS

ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	3	
THEO-24	4	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	

TOPICAL

DERMATOLOGY, ACNE

<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	
<i>clindamax</i>	3	
<i>clindamycin phosphate (topical)</i> GEL; SOLN; SWAB	3	
<i>clindamycin phosphate (topical)</i> LOTN	4	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
<i>tretinoin</i> GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	

Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo</i> 1%	4	
<i>clotrimazole</i> (topical)	3	
<i>ketoconazole cream</i>	3	
<i>naftifine hcl</i> 2%	2	
<i>nyamyc</i>	3	
<i>nyata</i>	3	
<i>nystatin</i> (topical)	3	
<i>nystop</i>	3	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; SOLN	4	
<i>tazarotene</i> CREA	4	PA
TAZORAC CREA .05%	4	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i>	3	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>desonide</i> CREA	2	
<i>desoximetasone</i> CREA; GEL; OINT	4	
<i>fluocinolone acetonide</i> CREA; OINT; SOLN	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinolone acetonide oil scalp</i>	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA	1	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate CREA</i>	2	
<i>mometasone furoate OINT; SOLN</i>	3	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical) CREA; OINT</i>	2	
<i>triamcinolone acetonide (topical) LOTN</i>	3	

DERMATOLOGY, LOCAL ANESTHETICS

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate CREA; LOTN</i>	3	
CARAC	5	
<i>diclofenac sodium (topical)</i>	4	
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
<i>doxepin hcl (antipruritic)</i>	4	
<i>fluorouracil (topical) CREA 5%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) CREA .5%</i>	5	
<i>fluorouracil (topical) SOLN</i>	4	
<i>imiquimod CREA</i>	4	
<i>metronidazole (topical) CREA; LOTN</i>	4	
<i>metronidazole gel 0.75%</i>	4	
ORACEA	4	
PANRETIN	5	
PENNSAID	5	
PICATO	3	
<i>podofilox SOLN</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	

DERMATOLOGY, WOUND CARE AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>sterile water irrigation</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
clotrimazole LOZG	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	

OTIC

<i>acetic acid (otic)</i>	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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BEVESPI AEROSPHERE	102	<i>calcitonin (salmon)</i>	79
<i>bexarotene</i>	33	<i>calcitriol</i>	98
BEXSERO	92	<i>calcitriol inj</i>	98
<i>bicalutamide</i>	29	<i>calcitriol oral soln 1 mcg/ml</i>	98
BICILLIN L-A.....	24	<i>calcium acetate (phosphate binder)</i>	80
BILTRICIDE	13	<i>camila</i>	71
<i>bisoprolol & hydrochlorothiazide</i>	40	CANASA	83
<i>bisoprolol fumarate</i>	40	CANCIDAS.....	15
BIVIGAM	90	CAPASTAT SULFATE	19
<i>bleomycin sulfate</i>	27	CAPRELSA	31
BLEPHAMIDE.....	98	<i>captopril</i>	36
<i>blisovi fe 1.5/30</i>	70	<i>captopril & hydrochlorothiazide</i>	35
<i>blisovi fe 1/20</i>	71	CARAC	109
BOOSTRIX	92	CARBAGLU	76
BOSULIF	31	<i>carbamazepine</i>	46
BREO ELLIPTA	105	<i>carbidopa/levodopa/entacapone</i>	54
<i>briellyn</i>	71	<i>carbidopa-levodopa</i>	54
BRILINTA	89	<i>carboplatin</i>	34
<i>brimonidine sol 0.15%</i>	101	CARIMUNE NANOFILTERED	90

<i>carteolol hcl (ophth)</i>	101	<i>ciclopirox shampoo 1%</i>	107
<i>cartia xt</i>	41	<i>cilostazol</i>	88
<i>carvedilol</i>	40	CILOXAN	99
CAYSTON	13	CINRYZE	88
<i>caziant pak</i>	71	CIPRODEX	111
<i>cefaclor</i>	21	<i>ciprofloxacin</i>	23
CEFACLOR ER TAB 500MG	21	<i>ciprofloxacin hcl (ophth)</i>	99
<i>cefadroxil</i>	21	<i>ciprofloxacin hcl tab</i>	23
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	21	<i>ciprofloxacin in d5w</i>	23
<i>cefazolin inj</i>	21	<i>ciprofloxacin inj</i>	23
<i>cefazolin sodium</i>	22	<i>cisplatin</i>	34
CEFAZOLIN SODIUM 1 GM/50ML	22	<i>citalopram hydrobromide</i>	51
<i>cefdinir</i>	22	<i>cladribine</i>	27
<i>cefepime for inj</i>	22	<i>claravis</i>	106
<i>cefixime</i>	22	<i>clarithromycin</i>	23
<i>cefotaxime sodium</i>	22	<i>clarithromycin er</i>	23
<i>cefoxitin for inj</i>	22	<i>clarithromycin for susp</i>	23
<i>cefpodoxime proxetil</i>	22	<i>clindacin-p</i>	106
<i>cefprozil</i>	22	<i>clindamax</i>	106
<i>ceftazidime</i>	22	<i>clindamycin cap 300 mg</i>	13
CEFTAZIDIME/DEXTROSE	22	<i>clindamycin cap 75mg</i>	13
<i>ceftriaxone sodium</i>	22	<i>clindamycin hcl cap 150 mg</i>	13
<i>cefuroxime axetil</i>	22	<i>clindamycin phosphate (topical)</i>	106
<i>cefuroxime sodium</i>	22	<i>clindamycin phosphate in d5w</i>	13
<i>celecoxib</i>	8	CLINDAMYCIN PHOSPHATE IN NACL	13
CELONTIN	46	<i>clindamycin phosphate inj</i>	13
<i>cephalexin</i>	22	<i>clindamycin phosphate vaginal</i>	87
CERDELGA	76	<i>clindamycin soln 75mg/5ml</i>	13
CEREZYME	76	CLINIMIX 2.75%/DEXTROSE 5%	95
<i>cetirizine syrup</i>	103	CLINIMIX 4.25%/DEXTROSE 25%	95
<i>cevimeline hcl</i>	111	CLINIMIX 4.25%/DEXTROSE 5%	95
CHANTIX	64	CLINIMIX 5%/DEXTROSE 15%	95
CHANTIX CONTINUING MONTH	64	CLINIMIX 5%/DEXTROSE 20%	95
CHANTIX STARTER PACK	64	CLINIMIX 5%/DEXTROSE 25%	95
CHEMET	70	CLINIMIX INJ 4.25/D10	95
<i>chlorhexidine gluconate (mouth-throat)</i>	111	CLINIMIX INJ 4.25/D20	95
<i>chloroquine phosphate</i>	16	<i>clomipramine hcl</i>	51
<i>chlorothiazide tabs</i>	43	<i>clonazepam</i>	46, 47
<i>chlorpromazine hcl</i>	56	<i>clonidine hcl</i>	43, 44
CHLORPROMAZINE INJ	56	<i>clopidogrel tab 75mg</i>	89
<i>chlorthalidone</i>	43	<i>clorazepate dipotassium</i>	47
<i>cholestyramine</i>	39	<i>clotrimazole</i>	111
<i>cholestyramine light</i>	39	<i>clotrimazole (topical)</i>	107
<i>ciclopirox</i>	107	<i>clozapine odt</i>	56

<i>clozapine tab 100mg</i>	56	DAKLINZA	20
<i>clozapine tab 200mg</i>	56	DALIRESP	104
<i>clozapine tab 25mg</i>	56	<i>danazol</i>	76
<i>clozapine tab 50mg</i>	56	<i>dantrolene sodium</i>	63
COARTEM	16	<i>dapsone</i>	13
<i>colchicine w/ probenecid</i>	8	DAPTACEL	92
COLCRYS	8	<i>daptomycin</i>	13
<i>colestipol hcl 1gm tab</i>	39	<i>deblitane</i>	71
<i>colestipol hcl gran</i>	39	DELESTROGEN	77
<i>colestipol hcl pack</i>	39	<i>delyla</i>	71
<i>colistimethate sodium</i>	13	DELZICOL	83
<i>colocort</i>	83	DEMSEER	44
COMBIGAN	101	DEPEN TITRATABS	70
COMBIVENT RESPIMAT	102	DEPO-PROVERA INJ 400/ML	29
COMETRIQ	31	DESCOVY	18
COMPLERA	18	<i>desipramine hcl</i>	51
<i>compro supp</i>	81	<i>desmopressin acetate spray</i>	81
<i>constulose</i>	83	<i>desmopressin acetate spray refrigerated</i>	81
COPAXONE INJ 40MG/ML	63	<i>desmopressin acetate tabs</i>	81
CORLANOR	44	<i>desmopressin inj 4mcg/ml</i>	81
<i>cortisone acetate</i>	77	<i>desmopressin sol 0.01%</i>	81
COTELLIC	31	<i>desogestrel-ethinyl estradiol (biphasic)</i>	71
COUMADIN	87	<i>desonide</i>	108
CREON	85	<i>desoximetasone</i>	108
CRIXIVAN	16	<i>desvenlafaxine succinate</i>	52
<i>cromolyn sod neb 20mg/2ml</i>	104	DEXAMETHASONE	77
<i>cromolyn sodium (mastocytosis)</i>	84	<i>dexamethasone sodium phosphate</i>	77
<i>cromolyn sodium (ophth)</i>	101	<i>dexamethasone sodium phosphate (ophth)</i>	100
<i>cryselle-28</i>	71	DEXILANT	85
<i>cyclafem 1/35</i>	71	<i>dexrazoxane</i>	34
<i>cyclafem 7/7/7</i>	71	<i>dextrose 10% flex contain</i>	96
<i>cyclobenzaprine hcl</i>	63	DEXTROSE 10%/NACL 0.2%	97
CYCLOPHOSPHAMIDE	26	<i>dextrose 10%/nacl 0.45%</i>	97
<i>cycloserine</i>	19	<i>dextrose 2.5%/nacl 0.45%</i>	96
<i>cyclosporine</i>	91	<i>dextrose 5%</i>	96
<i>cyclosporine modified (for microemulsion)</i>	91	DEXTROSE 5% /ELECTROLYTE	96
<i>cyproheptadine hcl</i>	103	<i>dextrose 5%/lactated ring</i>	96
<i>cyred tab</i>	71	<i>dextrose 5%/nacl 0.2%</i>	96
CYSTADANE	76	<i>dextrose 5%/nacl 0.225%</i>	96
CYSTAGON	76	DEXTROSE 5%/NACL 0.3%	96
CYSTARAN	102	<i>dextrose 5%/nacl 0.33%</i>	96
<i>cytarabine</i>	27	<i>dextrose 5%/nacl 0.45%</i>	96
D		<i>dextrose 5%/nacl 0.9%</i>	96
<i>dacarbazine</i>	26	<i>dextrose 5%/potassium chl</i>	96

dextrose 50%	97	docetaxel	28
dextrose inj 70%	97	dofetilide	38
DIASTAT ACUDIAL.....	47	donepezil hydrochloride.....	50
DIASTAT PEDIATRIC.....	47	dorzolamide hcl.....	101
diazepam	47	dorzolamide hcl-timolol maleate.....	101
diazepam intensol	47	doxazosin mesylate.....	36
diclofenac potassium	8	doxepin hcl	52
diclofenac sodium	8	doxepin hcl (antipruritic)	109
diclofenac sodium (ophth).....	100	doxorubicin hcl	26
diclofenac sodium (topical).....	109	doxorubicin hcl liposomal inj 2mg/ml.....	27
diclofenac sodium (topical) 1% gel.....	109	doxorubicin hcl soln 2mg/ml.....	27
dicloxacillin sodium	24	doxy 100	25
dicyclomine hcl	82	doxycycline (monohydrate)	25
didanosine	16	doxycycline hyclate	25
DIFICID	23	doxycycline hyclate 100 mg	25
diflunisal	8	doxycycline hyclate 20 mg	25
digitek	42	dronabinol	81
digox	42	drosiprone-ethinyl estradiol	71
digoxin.....	42	DROXIA	33
digoxin inj.....	42	duloxetine hcl.....	52
digoxin sol 50mcg/ml.....	42	DUREZOL.....	100
dihydroergotamine mesylate 1mg/ml.....	61	dutasteride	86
dihydroergotamine mesylate nasal	61	dutasteride-tamsulosin hcl	86
DILANTIN.....	47	E	
DILANTIN-125 SUS 125/5ML.....	47	e.e.s. 400	23
diltiazem cap 120mg cd.....	41	EDURANT	16
diltiazem cap 180mg cd.....	41	EFFIENT	89
diltiazem cap 240mg cd	41	ELIQUIS.....	87
diltiazem cap 300mg cd	41	ELITEK.....	34
diltiazem cap 360mg cd	41	ELLA.....	71
diltiazem cap er/12hr	41	EMCYT	26
diltiazem hcl	41	EMEND	81
diltiazem hcl cap sr 24hr.....	41	emoquette	71
diltiazem hcl coated beads cap sr 24hr.....	41	EMSAM	52
diltiazem hcl extended release beads cap sr	41	EMTRIVA	16
diltiazem inj.....	41	EMVERM	13
dilt-xr cap.....	41	enalapril maleate	36
diphenhydramine hcl inj	103	enalapril maleate & hydrochlorothiazide	35
diphenoxylate w/ atropine	84	endocet	9
DIPHThERIA/TETANUS TOXOID	92	ENGERIX-B	92
disopyramide phosphate	37	enoxaparin sodium	87
disulfiram	64	enpresse-28	71
divalproex sodium	47	entacapone	54
DOCEFREZ	28	entecavir.....	20

ENTRESTO	37	FANAPT TITRATION PACK	57
<i>enulose</i>	83	FARESTON	30
<i>epinephrine (anaphylaxis)</i>	104	FARXIGA.....	67
<i>epirubicin hcl</i>	27	FARYDAK.....	28
<i>epitol</i>	47	FASLODEX	30
EPIVIR HBV	20	<i>felbamate</i>	47
<i>eplerenone</i>	36	<i>felodipine</i>	41
<i>ergotamine w/ caffeine</i>	61	<i>femynor</i>	71
ERIVEDGE	28	<i>fenofibrate</i>	39
<i>errin</i>	71	<i>fenofibrate micronized</i>	39
<i>ery pad 2%</i>	106	<i>fentanyl citrate</i>	9
<i>ery-tab</i>	23	<i>fentanyl patch 100 mcg/hr</i>	10
ERYTHROCIN LACTOBIONATE.....	23	<i>fentanyl patch 12 mcg/hr</i>	9
<i>erythrocin stearate</i>	23	<i>fentanyl patch 25 mcg/hr</i>	9
<i>erythromycin (acne aid)</i>	106	<i>fentanyl patch 50 mcg/hr</i>	10
<i>erythromycin (ophth)</i>	99	<i>fentanyl patch 75 mcg/hr</i>	10
<i>erythromycin base</i>	23	FENTORA.....	10
<i>erythromycin cap 250mg ec</i>	23	FETZIMA	52
<i>erythromycin ethylsuccinate</i>	23	FETZIMA TITRATION PACK	52
ESBRIET	104	<i>finasteride</i>	86
<i>escitalopram oxalate</i>	52	FIRAZYR	88
<i>esomeprazole magnesium</i>	85	FLEBOGAMMA DIF	90
<i>esomeprazole sodium inj</i>	85	<i>flecainide acetate</i>	38
<i>estarylla tab 0.25-35</i>	71	FLOVENT DISKUS	105
ESTRACE	77	FLOVENT HFA	105
<i>estradiol</i>	77	<i>fluconazole</i>	15
<i>estradiol valerate inj</i>	77	<i>fluconazole in dextrose</i>	15
<i>ethambutol hcl</i>	19	FLUCONAZOLE INJ NACL 100	15
<i>ethosuximide</i>	47	<i>fluconazole inj nacl 200</i>	15
<i>ethynodiol tab 1-50</i>	71	<i>fluconazole inj nacl 400</i>	15
<i>etodolac</i>	8	<i>flucytosine</i>	15
<i>etoposide</i>	35	<i>fludarabine phosphate</i>	27
EVOTAZ	18	<i>fludrocortisone acetate</i>	77
<i>exemestane</i>	29	<i>flunisolide (nasal)</i>	105
EXJADE.....	70	<i>fluocinolone acetonide</i>	108
<i>ezetimibe</i>	39	<i>fluocinolone acetonide (otic)</i>	111
<i>ezetimibe-simvastatin</i>	39	<i>fluocinolone acetonide oil body</i>	108
F		<i>fluocinolone acetonide oil scalp</i>	108
FABRAZYME	76	<i>fluocinonide</i>	108
<i>falmina</i>	71	<i>fluocinonide emulsified base</i>	108
<i>famciclovir</i>	20	<i>fluorometholone</i>	100
<i>famotidine</i>	82	<i>fluorouracil</i>	27
<i>famotidine inj</i>	82	<i>fluorouracil (topical)</i>	109, 110
FANAPT	56	<i>fluoxetine cap 10mg</i>	52

<i>fluoxetine cap 20mg</i>	52	<i>gemcitabine inj solr</i>	27
<i>fluoxetine cap 40mg</i>	52	<i>gemfibrozil</i>	39
<i>fluoxetine hcl</i>	52	<i>generlac</i>	84
<i>fluphenazine decanoate</i>	57	<i>gengraf</i>	91
<i>fluphenazine hcl</i>	57	<i>gentak</i>	99
<i>flurbiprofen</i>	8	<i>gentamicin in saline</i>	12
<i>flurbiprofen sodium</i>	100	<i>gentamicin sulfate</i>	12
<i>flutamide</i>	30	<i>gentamicin sulfate (topical)</i>	106
<i>fluticasone propionate</i>	108	<i>gentamicin sulfate soln (ophth)</i>	99
<i>fluticasone propionate (nasal)</i>	105	GENVOYA	18
<i>fluvoxamine maleate</i>	45	GEODON	57
<i>fondaparinux sodium</i>	87	<i>gianvi tab 3-0.02mg</i>	71
FORTEO	79	<i>gildagia</i>	71
<i>fosinopril sodium</i>	36	GILENYA	63
<i>fosinopril sodium & hydrochlorothiazide</i>	36	GILOTRIF TAB 20MG	31
FREAMINE HBC 6.9%	95	GILOTRIF TAB 30MG	31
FREAMINE III	95	GILOTRIF TAB 40MG	32
<i>furosemide</i>	43	<i>glatopa</i>	63
<i>furosemide inj</i>	43	GLEOSTINE	26
FUZEON	16	<i>glimepiride</i>	67
<i>fyavolv tab 1-5mg</i>	77	<i>glip/metform tab 2.5-250mg</i>	67
FYCOMPA	48	<i>glip/metform tab 2.5-500mg</i>	67
G		<i>glip/metform tab 5-500mg</i>	67
<i>gabapentin</i>	48	<i>glipizide</i>	67
GABITRIL	48	<i>glipizide xl</i>	67
<i>galantamine hydrobromide</i>	50	GLUCAGEN HYPOKIT	79
<i>galantamine hydrobromide er</i>	50	GLUCAGON EMERGENCY KIT	79
GAMASTAN S/D	90	<i>glycopyrrolate</i>	82
GAMMAGARD LIQUID	90	<i>glycopyrrolate inj</i>	82
GAMMAGARD S/D	90	GOLYTELY	84
GAMMAKED	90	<i>granisetron hcl</i>	81
GAMMAPLEX	90	GRANIX	88
GAMMAPLEX 10GM/100ML	90	<i>griseofulvin microsize</i>	15
GAMUNEX-C	90	<i>griseofulvin ultramicrosize</i>	15
<i>ganciclovir inj 500mg</i>	20	<i>guanfacine er (adhd)</i>	60
GARDASIL 9	92	H	
<i>gatifloxacin (ophth)</i>	99	<i>halobetasol propionate</i>	108
GATTEX	84	<i>haloperidol</i>	57
GAUZE PADS 2	65	<i>haloperidol con lactate</i>	57
<i>gavilyte-c</i>	83	<i>haloperidol decanoate</i>	57
<i>gavilyte-g</i>	83	<i>haloperidol lactate inj 5 mg/ml</i>	57
<i>gavilyte-h</i>	83	HAVRIX	92
<i>gavilyte-n/flavor pack</i>	83	<i>heather</i>	72
<i>gemcitabine inj soln</i>	27	<i>heparin sod (porcine) in d5w</i>	87

<i>heparin sod inj 1000/ml</i>	87	<i>hydrocortisone valerate</i>	109
<i>heparin sod inj 10000/ml</i>	87	<i>hydromorphone hcl</i>	10
<i>heparin sod inj 20000/ml</i>	87	<i>hydroxychloroquine sulfate</i>	89
<i>heparin sod inj 5000/ml</i>	87	<i>hydroxyprogesterone caproate (antineoplastic)</i> .	30
<i>heparin sodium/d5w</i>	87	<i>hydroxyurea</i>	33
HEPARIN SODIUM/NACL 0.45%	87	<i>hydroxyzine hcl</i>	103
<i>hepatamine</i>	95	<i>hydroxyzine pamoate</i>	103
HERCEPTIN	28	I	
HETLIOZ.....	61	IBRANCE.....	28
HEXALEN.....	26	<i>ibuprofen</i>	8
HIBERIX.....	92	ICLUSIG.....	32
HUMALOG.....	65	IFEX INJ 3GM.....	26
HUMALOG KWIKPEN.....	65	<i>ifosfamide inj 1gm</i>	26
HUMALOG MIX 50/50	65	<i>ifosfamide inj 1gm/20ml</i>	26
HUMALOG MIX 50/50 KWIKPEN	65	IFOSFAMIDE INJ 3GM	26
HUMALOG MIX 75/25	65	<i>ifosfamide inj 3gm/60ml</i>	26
HUMALOG MIX 75/25 KWIKPEN	65	ILEVRO	100
HUMIRA INJ 10MG/0.2ML	89	<i>imatinib mesylate</i>	32
HUMIRA KIT 20MG/0.4ML	89	IMBRUVICA CAP 140MG	32
HUMIRA KIT 40MG/0.8ML	89	<i>imipenem-cilastatin</i>	13
HUMIRA PEDIATRIC CROHNS DISEASE	89	<i>imipramine hcl</i>	52
HUMIRA PEN	89	<i>imiquimod</i>	110
HUMIRA PEN-CROHNS DISEASE	89	IMOVAX RABIES (H.D.C.V.).....	92
HUMIRA PEN-PSORIASIS	89	INCRELEX	79
HUMULIN 70/30.....	65	INCRUSE ELLIPTA	102
HUMULIN 70/30 KWIKPEN.....	65	<i>indapamide</i>	43
HUMULIN N	65	INFANRIX.....	92
HUMULIN N KWIKPEN	66	INLYTA	32
HUMULIN R.....	66	INSULIN PEN NEEDLE.....	66
HUMULIN R INJ U-500	66	INSULIN SAFETY NEEDLES.....	66
HUMULIN R U-500 KWIKPEN	66	INSULIN SYRINGE	66
<i>hydralazine hcl</i>	44	INTELENCE.....	16
<i>hydrochlorothiazide</i>	43	INTRALIPID 30%.....	95
<i>hydroco/apap tab 10-325mg</i>	10	<i>intralipid inj 20%</i>	96
<i>hydroco/apap tab 5-325mg</i>	10	INTRON-A INJ 10MU	90
<i>hydroco/apap tab 7.5-325</i>	10	INTRON-A INJ 18MU	91
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> ..	10	INTRON-A INJ 25MU	91
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	10	INTRON-A INJ 50MU	91
<i>hydrocortisone</i>	77	<i>introvale</i>	72
<i>hydrocortisone (enema)</i>	83	INVANZ.....	13
<i>hydrocortisone (topical)</i>	108	INVEGA SUST INJ 117 MG/0.75 ML.....	57
<i>hydrocortisone butyrate cream 0.1%</i>	109	INVEGA SUST INJ 156MG/ML.....	57
<i>hydrocortisone butyrate oint 0.1%</i>	109	INVEGA SUST INJ 234 MG/1.5 ML	57
<i>hydrocortisone butyrate soln 0.1%</i>	109	INVEGA SUST INJ 39 MG/0.25 ML	57

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INVOKAMET XR TAB 150-1000MG	68	<i>jolessa tab 0.15-0.03 mg</i>	72
INVOKAMET XR TAB 150-500MG.....	68	<i>jolivette</i>	72
INVOKAMET XR TAB 50-1000MG	68	<i>juleber</i>	72
INVOKAMET XR TAB 50-500MG	68	<i>junel 1.5/30</i>	72
INVOKANA	68	<i>junel 1/20</i>	72
IONOSOL-MB/DEXTROSE 5%	97	<i>junel fe 1.5/30</i>	72
IPOL INACTIVATED IPV.....	92	<i>junel fe 1/20</i>	72
<i>ipratropium bromide</i>	102	JUXTAPID	39
<i>ipratropium bromide (nasal)</i>	103	K	
<i>ipratropium-albuterol nebu</i>	102	KADCYLA	28
<i>irbesartan</i>	37	KALETRA TAB 100-25MG	19
<i>irbesartan-hydrochlorothiazide</i>	37	KALETRA TAB 200-50MG	19
IRESSA.....	32	KALYDECO	104
<i>irinotecan hcl</i>	35	<i>kariva</i>	72
ISENTRESS	16, 17	<i>kcl 0.075%/d5w/nacl 0.45%</i>	97
ISENTRESS HD	17	KCL 0.15%/D5W/NACL 0.225%	97
ISOLYTE P.....	97	<i>kcl 0.15%/d5w/nacl 0.9%</i>	97
ISOLYTE S.....	97	<i>kcl 0.3%/d5w/nacl 0.45%</i>	97
<i>isoniazid</i>	19	KCL 0.3%/D5W/NACL 0.9%	97
<i>isoniazid inj 100 mg/ml</i>	19	<i>kcl/d5w inj 0.3%</i>	97
<i>isoniazid syp 50mg/5ml</i>	19	<i>kcl/d5w/nacl inj .15/.33%</i>	97
<i>isosorb mononitrate tab</i>	44	<i>kcl/d5w/nacl inj .15/.45%</i>	97
<i>isosorbide dinitrate</i>	44	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	97
<i>isosorbide dinitrate er</i>	44	<i>kcl/nacl inj 0.15%-0.9%</i>	97
<i>isosorbide mononitrate er</i>	44	<i>kcl/nacl inj 0.3-0.9</i>	97
<i>isradipine</i>	41	<i>kcl0.15%/d5w/nacl0.2%</i>	97
ISTALOL.....	101	<i>kelnor 1/35</i>	72
<i>itraconazole</i>	15	<i>ketoconazole</i>	15
<i>ivermectin</i>	13	<i>ketoconazole cream</i>	107
IXIARO.....	92	<i>ketoconazole shampoo</i>	107
J		<i>ketoprofen cap 50mg</i>	9
JADENU	70	<i>ketoprofen cap 75mg</i>	9
JADENU SPRINKLE	70	<i>ketorolac tromethamine (ophth)</i>	100
JAKAFI	32	KEYTRUDA	28
<i>jantoven</i>	87	<i>kimidess</i>	72
JANUMET	68	KINRIX	92
JANUMET XR TAB 100-1000.....	68	<i>kionex powder</i>	70

<i>kionex sus 15gm/60ml</i>	70	LEUKERAN	26
KISQALI	29	<i>leuprolide inj 1mg/0.2</i>	30
KISQALI FEMARA 200 DOSE	29	<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i> .	103
KISQALI FEMARA 400 DOSE	29	<i>levalbuterol tartrate hfa</i>	103
KISQALI FEMARA 600 DOSE	29	LEVEMIR	66
<i>klor-con 10</i>	93	LEVEMIR FLEXTOUCH	66
<i>klor-con 8</i>	93	<i>levetiracetam</i>	48
<i>klor-con m10</i>	94	<i>levetiracetam in sodium chloride</i>	48
KLOR-CON M15	94	<i>levetiracetam inj</i>	48
<i>klor-con m20</i>	94	<i>levetiracetam oral soln 100 mg/ml</i>	48
<i>klor-con spr cap 10meq</i>	94	<i>levobunolol hcl</i>	101
<i>klor-con spr cap 8meq</i>	94	<i>levocarnitine (metabolic modifiers)</i>	76
KORLYM	79	<i>levocetirizine dihydrochloride</i>	103
KUVAN	76	<i>levofloxacin</i>	23
KYNAMRO	39	<i>levofloxacin in d5w</i>	23
L		<i>levofloxacin inj 25mg/ml</i>	24
<i>labetalol hcl</i>	40	<i>levofloxacin oral soln 25 mg/ml</i>	24
<i>lactated ringer's inj</i>	97	<i>levoleucovorin calcium</i>	34
<i>lactulose</i>	84	LEVOLEUCOVORIN CALCIUM 175MG	34
<i>lactulose (encephalopathy)</i>	84	<i>levoleucovorin calcium 50mg</i>	34
<i>lamivudine</i>	17	<i>levonest</i>	72
<i>lamivudine (hbv)</i>	20	<i>levonor/ethi tab</i>	72
<i>lamivudine-zidovudine</i>	19	<i>levonorgestrel & eth estradiol</i>	72
<i>lamotrigine</i>	48	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	73
<i>larin 1.5/30</i>	72	<i>levora 0.15/30-28</i>	73
<i>larin 1/20</i>	72	<i>levothyroxine sodium</i>	80
<i>larin fe 1.5/30</i>	72	<i>levoxyl</i>	80
<i>larin fe 1/20</i>	72	LEXIVA	17
<i>larissia tab</i>	72	<i>lidocaine</i>	109
LASTACAFT	101	<i>lidocaine hcl</i>	109
<i>latanoprost</i>	101	<i>lidocaine hcl (mouth-throat)</i>	111
LATUDA	57	<i>lidocaine inj 0.5%</i>	12
<i>leena tab</i>	72	<i>lidocaine inj 1.5%</i>	12
<i>leflunomide</i>	89	<i>lidocaine inj 1%</i>	12
LENVIMA 10 MG DAILY DOSE	32	<i>lidocaine inj 2%</i>	12
LENVIMA 14 MG DAILY DOSE	32	<i>lidocaine oint 5%</i>	109
LENVIMA 18 MG DAILY DOSE	32	<i>lidocaine-prilocaine</i>	109
LENVIMA 20 MG DAILY DOSE	32	<i>linezolid</i>	13
LENVIMA 24 MG DAILY DOSE	32	<i>linezolid in sodium chloride</i>	14
LENVIMA 8 MG DAILY DOSE	32	LINZESS	84, 85
<i>lessina</i>	72	<i>liothyronine sodium</i>	80
LETAIRIS	45	<i>lisinopril</i>	36
<i>letrozole</i>	30	<i>lisinopril & hydrochlorothiazide</i>	36
<i>leucovorin calcium</i>	34	<i>lithium carbonate</i>	62

<i>lithium carbonate er</i>	62	<i>medroxyprogesterone acetate tab</i>	80
LITHIUM SOLN 8MEQ/5ML	62	<i>mefloquine hcl</i>	16
LONSURF	33	<i>megestrol ac sus 40mg/ml</i>	30
<i>loperamide hcl</i>	85	<i>megestrol ac tab 20mg</i>	30
<i>lopinavir-ritonavir</i>	19	<i>megestrol ac tab 40mg</i>	30
<i>lorazepam</i>	45, 46	<i>megestrol sus 625mg/5ml</i>	30
<i>lorazepam intensol</i>	46	MEKINIST.....	32
<i>lorcet hd tab 10-325mg</i>	10	<i>meloxicam</i>	9
<i>lorcet plus tab 7.5-325</i>	10	<i>melphalan hcl</i>	26
<i>lortab tab 10-325mg</i>	10	<i>memantine hcl</i>	51
<i>lortab tab 5-325mg</i>	10	MENACTRA	92
<i>lortab tab 7.5-325</i>	10	MENOMUNE-A/C/Y/W-135	92
<i>loryna</i>	73	MENVEO.....	92
<i>losartan potassium</i>	37	<i>mercaptopurine</i>	27
<i>losartan-hydrochlorothiazide</i>	37	<i>meropenem</i>	14
LOTEMAX	100	<i>mesalamine</i>	83
<i>lovastatin</i>	38	<i>mesalamine w/ cleanser</i>	83
<i>low-ogestrel</i>	73	<i>mesna</i>	34
<i>loxapine succinate</i>	57	MESNEX	34
LUMIGAN	101	<i>metadate er tab 20mg</i>	60
LUMIZYME	76	<i>metformin er</i>	68
LUPRON DEPOT (1-MONTH).....	30	<i>metformin hcl</i>	68
LUPRON DEPOT INJ 11.25MG (3-MONTH).....	30	<i>methadone hcl</i>	10
LUPRON DEP-PED INJ 11.25MG	79	<i>methadone hcl 10mg</i>	10
LUPRON DEP-PED INJ 11.25MG (3-MONTH).....	79	<i>methadone hcl 5mg</i>	10
LUPRON DEP-PED INJ 15MG.....	79	<i>methadone hcl intensol</i>	11
LUPRON DEP-PED INJ 30MG (3-MONTH).....	79	<i>methazolamide</i>	43
LUPRON DEP-PED INJ 7.5MG	79	<i>methenamine hippurate</i>	14
<i>lutera</i>	73	<i>methimazole</i>	80
LYNPARZA	29	<i>methotrexate sodium inj</i>	27
LYRICA	48, 49	<i>methotrexate sodium tabs</i>	89
LYSODREN	30	<i>methyclothiazide</i>	43
<i>lyza</i>	73	<i>methylphenidate hcl</i>	61
M		<i>methylphenidate hcl oral soln</i>	61
MAGNESIUM SULFATE	94	<i>methylphenidate tab 10mg er</i>	61
MAGNESIUM SULFATE IN D5W.....	94	<i>methylphenidate tab 20mg er</i>	61
<i>magnesium sulfate in dextrose</i>	94	<i>methylpr ace inj 40mg/ml</i>	77
<i>malathion</i>	110	<i>methylpr ace inj 80mg/ml</i>	77
<i>maprotiline hcl</i>	52	<i>methylpr ss inj 125mg</i>	78
<i>marlissa</i>	73	<i>methylpr ss inj 1gm</i>	77
MARPLAN TAB 10MG	52	<i>methylpr ss inj 40mg</i>	78
MATULANE	33	<i>methylpred pak 4mg</i>	78
<i>meclizine hcl</i>	81	<i>methylpred tab 16mg</i>	78
<i>medroxyprogesterone acetate (contraceptive)</i> ..	73	<i>methylpred tab 32mg</i>	78

<i>methylpred tab 4mg</i>	78	MORPHINE SUL INJ 4MG/ML	11
<i>methylpred tab 8mg</i>	78	MORPHINE SULFATE	11
<i>metipranolol</i>	102	<i>morphine sulfate oral sol</i>	11
<i>metoclopramide hcl</i>	81	MOVANTIK	85
<i>metoclopramide inj</i>	82	MOVIPREP	84
<i>metolazone</i>	43	MOXEZA	99
<i>metoprolol & hydrochlorothiazide</i>	40	<i>moxifloxacin hcl (ophth)</i>	99
<i>metoprolol succinate</i>	40	MOZOBIL	88
<i>metoprolol tartrate</i>	40	MULTAQ	38
<i>metronidazole</i>	14	<i>mupirocin</i>	106
<i>metronidazole (topical)</i>	110	MUSTARGEN	26
<i>metronidazole gel 0.75%</i>	110	MYCAMINE	15
<i>metronidazole in nacl</i>	14	<i>mycophenolate mofetil</i>	91
<i>metronidazole vaginal</i>	87	<i>mycophenolate sodium</i>	91
<i>mexiletine hcl</i>	38	<i>myorisan</i>	106
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<i>microgestin 1.5/30</i>	73	<i>myzilra</i>	73
<i>microgestin 1/20</i>	73	N	
<i>microgestin fe 1.5/30</i>	73	<i>nabumetone</i>	9
<i>microgestin fe 1/20</i>	73	<i>nadolol</i>	40
<i>midodrine hcl</i>	44	<i>nafcillin sodium for inj</i>	24
<i>migergot</i>	62	<i>naftifine hcl</i>	107
<i>minitran</i>	44	NAGLAZYME	76
<i>minocycline hcl</i>	25	<i>nalbuphine hcl</i>	9
<i>minoxidil</i>	44	<i>naloxone inj 0.4mg/ml</i>	64
<i>mirtazapine</i>	52, 53	<i>naloxone inj 1mg/ml</i>	64
<i>misoprostol</i>	85	<i>naltrexone hcl</i>	64
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<i>mitomycin</i>	27	NAMENDA XR TITRATION PACK	51
<i>mitoxantrone hcl</i>	33	NAMZARIC	51
M-M-R II	92	<i>naproxen</i>	9
<i>moderiba tab 200mg</i>	20	<i>naproxen dr</i>	9
<i>moexipril hcl</i>	36	<i>naproxen sodium</i>	9
<i>moexipril-hydrochlorothiazide</i>	36	<i>naratriptan hcl</i>	62
<i>mometasone furoate</i>	109	NASONEX	105
<i>mometasone furoate (nasal)</i>	105	NATACYN	99
<i>mono-lynyah tab 0.25-35</i>	73	<i>nateglinide</i>	68
<i>mononessa</i>	73	NATPARA	79
<i>montelukast sodium</i>	104	NEBUPENT	14
<i>morgidox cap 1x50mg</i>	26	<i>necon 0.5/35-28</i>	73
<i>morphine ext-rel tab</i>	11	<i>necon 1/50-28</i>	73
<i>morphine sul inj 10mg/ml</i>	11	NECON 10/11 28 DAY	73
<i>morphine sul inj 15mg/ml</i>	11	<i>necon 7/7/7</i>	73
<i>morphine sul inj 1mg/ml</i>	11	<i>nefazodone hcl</i>	53

<i>neomycin sulfate</i>	12	<i>35/0.215-35/0.25-35 mg-mcg</i>	74
<i>neomycin-bacitracin zn-polymyxin</i>	99	<i>norlyroc</i>	74
<i>neomycin-polymy-dexameth</i>	98	NORMOSOL-M IN D5W	97
<i>neomycin-polymyxin-gramicidin</i>	99	NORMOSOL-R	97
<i>neomycin-polymyxin-hc (ophth)</i>	99	NORMOSOL-R IN D5W	98
<i>neomycin-polymyxin-hc (otic)</i>	111	NORPACE CR.....	38
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NEUPOGEN	88	<i>nortrel 0.5/35 (28)</i>	74
NEUPRO	55	<i>nortrel 1/35</i>	74
<i>nevirapine susp 50 mg/5ml</i>	17	<i>nortrel 7/7/7</i>	74
<i>nevirapine tab 200mg</i>	17	<i>nortriptyline hcl</i>	53
<i>nevirapine tb24</i>	17	NORVIR.....	17
NEXAVAR	32	NOVOLIN 70/30	66
<i>niacin er (antihyperlipidemic)</i>	39	NOVOLIN N.....	66
<i>niacor</i>	39	NOVOLIN R	66
<i>nicardipine hcl</i>	41	NOVOLOG	66
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NICOTROL NS	64	NOVOLOG FLEXPEN	66
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<i>nifedipine</i>	41	NOVOLOG PENFILL	66
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<i>nilutamide</i>	30	NUEDEXTA	62
<i>nimodipine</i>	41	NULOJIX.....	91
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NITRO-DUR DIS 0.3MG/HR.....	44	NUVARING	74
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<i>nitrofurantoin macrocrystal</i>	14	<i>nyata</i>	107
<i>nitrofurantoin monohyd macro</i>	14	NYMALIZE.....	42
<i>nitroglycerin</i>	44	<i>nystatin</i>	15
<i>nitroglycerin td patch</i>	44	<i>nystatin (mouth-throat)</i>	111
<i>nora-be tab 0.35mg</i>	73	<i>nystatin (topical)</i>	107
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<i>norethindrone acet & eth estra</i>	74	<i>ocella tab 3-0.03mg</i>	74
<i>norethindrone acetate</i>	80	OCTAGAM.....	90
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5</i> <i>mcg</i>	77	<i>octreotide acetate</i>	79
<i>norgest/ethi tab 0.25/35</i>	74	ODEFSEY	19
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	74	ODOMZO	29
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	74	OFEV	104
		<i>ofloxacin (ophth)</i>	99
		<i>ofloxacin (otic)</i>	111

<i>olanzapine</i>	57, 58	PANRETIN	110
<i>olmesartan medoxomil</i>	37	<i> pantoprazole sodium tbec</i>	85
<i>olmesartan medoxomil-amlodipine-</i>		<i> paricalcitol</i>	98
<i>hydrochlorothiazide</i>	37	<i> paroex sol 0.12%</i>	111
<i>olmesartan medoxomil-hydrochlorothiazide</i>	37	<i> paromomycin sulfate</i>	12
<i>olopatadine hcl 0.2%</i>	101	<i> paroxetine hcl tabs</i>	53
<i>omega-3-acid ethyl esters</i>	39	PASER D/R	19
<i>omeprazole cap 10mg</i>	85	PAXIL	53
<i>omeprazole cap 20mg</i>	85	PAZEO	101
<i>omeprazole cap 40mg</i>	85	PEDIARIX	92
<i>ondansetron hcl</i>	82	PEDVAX HIB.....	93
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ORKAMBI	104	PENICILLIN G POT IN DEXTROSE 3MU	24
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<i>oseltamivir phosphate</i>	20	<i> penicillin g sodium</i>	25
<i>oxacillin sodium</i>	24	<i> penicillin v potassium</i>	25
<i>oxaliplatin inj 100mg</i>	34	<i> penicilln gk inj 20mu</i>	25
<i>oxaliplatin inj 100mg/20ml</i>	34	<i> penicilln gk inj 5mu</i>	25
<i>oxaliplatin inj 50mg</i>	34	PENNSAID	110
<i>oxaliplatin inj 50mg/10ml</i>	34	PENTACEL	93
<i>oxandrolone tab 10mg</i>	65	PENTAM 300	14
<i>oxandrolone tab 2.5mg</i>	65	<i> pentoxifylline</i>	88
<i>oxcarbazepine</i>	49	PERFOROMIST	103
<i>oxybutynin chloride</i>	86	<i> perindopril erbumine</i>	36
<i>oxycodone hcl</i>	11	<i> periogard</i>	111
<i>oxycodone w/ acetaminophen 10-325mg</i>	11	<i> permethrin cre 5%</i>	110
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	11	<i> perphenazine</i>	58
<i>oxycodone w/ acetaminophen 5-325mg</i>	11	<i> pfizerpen-g inj 20mu</i>	25
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	11	<i> pfizerpen-g inj 5mu</i>	25
<i>oxycodone w/ acetaminophen soln</i>	11	<i> phenelzine sulfate</i>	53
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<i>paliperidone</i>	58	<i> phenytoin</i>	49
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<i>pamidronate inj 30mg</i>	69	<i> phenytoin sodium extended</i>	49
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PICATO	110	<i>prednisolone syp 15mg/5ml</i>	78
<i>pilocarpine hcl</i>	102	PREDNISONE CON 5MG/ML	78
<i>pilocarpine hcl (oral)</i>	111	<i>prednisone pak 10mg</i>	78
<i>pimozide</i>	58	<i>prednisone pak 5mg</i>	78
<i>pimtreea</i>	74	<i>prednisone sol 5mg/5ml</i>	78
<i>pindolol</i>	40	<i>prednisone tab 10mg</i>	78
<i>pioglitazone hcl</i>	69	<i>prednisone tab 1mg</i>	78
PIPER/TAZOBA INJ 12-1.5GM	25	<i>prednisone tab 2.5mg</i>	78
<i>piper/tazoba inj 2-0.25gm</i>	25	<i>prednisone tab 20mg</i>	78
<i>piper/tazoba inj 3-0.375gm</i>	25	<i>prednisone tab 50mg</i>	78
<i>piper/tazoba inj 36-4.5gm</i>	25	<i>prednisone tab 5mg</i>	78
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<i>pirmella 1/35</i>	74	<i>premasol 6%</i>	96
<i>piroxicam</i>	9	<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	98
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<i>podofilox</i>	110	PREZCOBIX.....	19
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<i>polymyxin b-trimethoprim</i>	100	PRIFTIN.....	19
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<i>pot chloride inj 2meq/ml</i>	98	PRISTIQ.....	53
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<i>potassium chloride microencapsulated crystals cr</i>	94	PROCALAMINE.....	96
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<i>potassium citrate (alkalinizer) er tabs</i>	86	<i>prochlorperazine maleate</i>	82
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<i>pramipexole tab 0.125mg</i>	55	<i>procto-med hc</i>	110
<i>pramipexole tab 0.25mg</i>	55	<i>procto-pak</i>	110
<i>pramipexole tab 0.5mg</i>	55	<i>proctosol hc cre 2.5%</i>	110
<i>pramipexole tab 0.75mg</i>	55	<i>proctozone-hc</i>	110
<i>pramipexole tab 1.5mg</i>	55	PROGLYCEM SUS 50MG/ML.....	79
<i>pramipexole tab 1mg</i>	55	PROLASTIN-C	104
<i>pravastatin sodium</i>	38	PROLENSA	100
<i>prazosin hcl</i>	36	PROLIA	80
<i>pred sod pho sol 5mg/5ml</i>	78	PROMACTA	88
<i>prednisolone acetate (ophth)</i>	100	<i>promethazine hcl</i>	82
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	100	<i>propafenone hcl</i>	38
<i>prednisolone sol 15mg/5ml</i>	78	<i>propafenone hcl 12hr</i>	38
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		<i>propranolol & hydrochlorothiazide</i>	40

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<i>ranitidine syrup</i>	83	<i>ropinirole tab 0.5mg</i>	55
RAPAMUNE	91	<i>ropinirole tab 1mg</i>	55
<i>rasagiline mesylate</i>	55	<i>ropinirole tab 2mg</i>	55
REBETOL SOLN	21	<i>ropinirole tab 3mg</i>	55
<i>reclipsen</i>	74	<i>ropinirole tab 4mg</i>	55
RECOMBIVAX HB	93	<i>ropinirole tab 5mg</i>	55
REGRANEX	111	<i>rosadan cre 0.75%</i>	110
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<i>sirolimus</i>	91	<i>sulfacet sod oin 10% op</i>	100
SIRTURO	20	<i>sulfacetamide sodium (acne)</i>	106
SIVEXTRO	14	<i>sulfacetamide sodium (ophth)</i>	100
<i>sodium chlor sol 0.9% irr</i>	111	<i>sulfacetamide sod-prednisolone</i>	99
<i>sodium chloride</i>	94, 98	SULFADIAZINE	12
<i>sodium chloride 0.45%</i>	98	<i>sulfamethoxazole-trimethop ds</i>	14
<i>sodium chloride inj 0.9%</i>	98	<i>sulfamethoxazole-trimethoprim</i>	14
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<i>tamoxifen citrate</i>	30	<i>tobramycin</i>	12
<i>tamsulosin hcl</i>	86	<i>tobramycin (ophth)</i>	100
TARCEVA	33	<i>tobramycin inj 1.2 gm/30ml</i>	12
TARGRETIN	110	<i>tobramycin inj 1.2gm</i>	12
<i>tarina fe 1/20</i>	75	<i>tobramycin inj 10mg/ml</i>	12
TASIGNA	33	<i>tobramycin inj 40mg/ml</i>	12
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