



FORMULARY LIST OF COVERED DRUGS

Johns Hopkins Advantage MD D-SNP (HMO)

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

HPMS Approved Formulary File Submission ID 00025229

This formulary was updated on **04/01/2025** For more recent information or other questions, please contact Johns Hopkins Advantage MD D-SNP (HMO) Customer Service at 1-877-293-4998 (TTY users should call 711), 24 hours a day, 7 days a week, or visit www.hopkinsmedicare.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 Johns Hopkins Advantage MD.

When it refers to “plan” or “our plan,” it means Johns Hopkins Advantage MD D-SNP (HMO).

This document includes the list of the drugs (formulary) for our plan which is current as of 04/01/2025. For 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, 2025 and from time to time during the year.

What is the Johns Hopkins Advantage MD D-SNP (HMO) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.hopkinsmedicare.com/members/part-d-coverage-determinations-and-appeals/>

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

Immediate substitutions of certain new versions of brand name drugs and original biological products. We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Johns Hopkins Advantage MD D-SNP (HMO) Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Johns Hopkins Advantage MD D-SNP (HMO) Formulary?”
- **Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2025. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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 - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS”. If you know what your drug is used for, look for the category name in the list that begins page 10. 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 74. 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?

Our plan 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Johns Hopkins Advantage MD D-SNP (HMO) formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Johns Hopkins Advantage MD D-SNP (HMO) Formulary?

You can ask our plan 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we will cover a onetime temporary supply for up to 30-days (or 31-days if you are a long-term care resident) from a network pharmacy. During this period you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Johns Hopkins Advantage MD D-SNP (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan 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 1-800MEDICARE (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>.

Johns Hopkins Advantage MD D-SNP (HMO) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

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

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

PA – Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL – Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for rosuvastatin.

ST – Step Therapy. In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

NM – Not available at mail-order pharmacies

B/D – 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.

I – This drug's Tier Copay may not apply to you. Our plan covered insulin is no more than \$35 for a one-month supply. Call Customer Service for your estimated cost.

Some additional drugs that are not covered by Medicare may be covered through your Maryland Department of Health (Medicaid) benefits. Members can learn about the Maryland drug program at: <https://mmcp.health.maryland.gov/pap/pages/preferred-drug-list.aspx>.

Johns Hopkins Advantage MD D-SNP (HMO)		
Cost Sharing Tier	Standard Retail Cost-Sharing (in-network)	Standard Mail Order Cost-Sharing (in-network)
All Formulary Drugs	<p style="text-align: center;">25% or \$0 / \$1.60 / \$4.90 for generics (including drugs treated as generics) \$0 / \$4.80 / \$12.15 for all other drugs *</p>	<p style="text-align: center;">25% or \$0 / \$1.60 / \$4.90 for generics (including drugs treated as generics) \$0 / \$4.80 / \$12.15 for all other drugs *</p>

NOTE:

- Drugs are provided in a Long-Term Care Facility up to a 31-day supply
- Mail order is available to conveniently order up to a 90-day supply of medications. Contact us by calling the phone number listed on the front and back page.
- You can find complete cost-sharing information in your Evidence of Coverage

*Cost sharing is based on your level of Extra Help.

Johns Hopkins Advantage MD D-SNP (HMO)

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> (generic of MITIGARE) CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	1	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg MITIGARE CAPS .6mg QL (60 caps / 30 days)	1	QL
<i>probenecid</i> TABS 500mg	1	
MISCELLANEOUS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	1	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg	1	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
<i>naproxen sodium</i> TABS 275mg	1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	1	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **V/I** - Vaccines / Insulins (see below)

9

V/I - This drug's Tier Copay may not apply to you. Our plan covers most Part D vaccines at no cost to you. Our plan covered insulin is no more than \$35 for a one-month supply. Call Customer Service for your estimated cost.

Drug Name	Drug Requirements/ Tier	Limits
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	1	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	1	QL
<i>endocet tab</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	1	QL
<i>endocet tab</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 5-325 mg QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-acetaminophen tab</i> 10-325 mg QL (180 tabs / 30 days)	1	QL
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg QL (150 tabs / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	1	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **V/I** - Vaccines / Insulins (see below)

10

V/I - This drug's Tier Copay may not apply to you. Our plan covers most Part D vaccines at no cost to you. Our plan covered insulin is no more than \$35 for a one-month supply. Call Customer Service for your estimated cost.

Drug Name	Tier	Drug Requirements/ Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	1	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	1	QL
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	1	QL PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NM PA
<i>atovaquone</i> (generic of MEPRON) <i>SUSP 750mg/5ml</i> QL (300 mL / 30 days)	1	QL PA
<i>aztreonam</i> (generic of AZACTAM) <i>SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NM PA
<i>clindamycin hcl</i> (generic of CLEOCIN) <i>CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) <i>SOLR 75mg/5ml</i>	1	

Drug Name	Tier	Drug Requirements/ Limits
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) <i>SOLN 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) <i>SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	
<i>daptomycin</i> (generic of DAPTOMYCIN) <i>SOLR 350mg</i>	1	
<i>daptomycin SOLR 500mg</i>	1	
<i>EMVERM CHEW 100mg</i> QL (12 tabs / year)	1	QL
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **V/I** - Vaccines / Insulins (see below)

11

V/I - This drug's Tier Copay may not apply to you. Our plan covers most Part D vaccines at no cost to you. Our plan covered insulin is no more than \$35 for a one-month supply. Call Customer Service for your estimated cost.

Drug Name	Drug Requirements/ Tier	Limits
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	1	
IMPAVIDO CAPS 50mg	1	PA
<i>ivermectin (generic of STROMECTOL) TABS 3mg</i>	1	QL PA
QL (12 tabs / 90 days)		
<i>linezolid (generic of ZYVOX) SOLN 600mg/300ml</i>	1	
<i>linezolid (generic of ZYVOX) SUSR 100mg/5ml</i>	1	QL
QL (1800 mL / 30 days)		
<i>linezolid (generic of ZYVOX) TABS 600mg</i>	1	QL
QL (60 tabs / 30 days)		
LINEZOLID INJ 2MG/ML	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate (generic of HIPREX) TABS 1gm</i>	1	
<i>metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml</i>	1	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg</i>	1	QL
QL (6 tabs / 30 days)		
<i>nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg</i>	1	
<i>pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg</i>	1	
<i>polymyxin b sulfate SOLR 500000unit</i>	1	
<i>praziquantel TABS 600mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>pyrimethamine (generic of DARAPRIM) TABS 25mg</i>	1	QL PA
QL (90 tabs / 30 days)		
<i>streptomycin sulfate SOLR 1gm</i>	1	
<i>sulfadiazine TABS 500mg</i>	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
TOBI PODHALER CAPS 28mg	1	NM PA
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	1	NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg</i>	1	QL
QL (80 caps / 180 days)		
<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg</i>	1	QL
QL (160 caps / 180 days)		
<i>vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm</i>	1	
<i>vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	

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Drug Name	Drug Requirements/ Tier	Limits
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> (generic of AMBISOME) SUSR 50mg	1	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml; TABS 50mg	1	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR 40mg/ml; TABS 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> (generic of NOXAFIL) SUSP 40mg/ml QL (630 mL / 30 days)	1	QL PA
<i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg QL (93 tabs / 30 days)	1	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	1	PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	1	QL PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	1	QL
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	1	NM
<i>abacavir sulfate</i> TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM
<i>atazanavir sulfate</i> CAPS 150mg	1	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	1	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	1	QL NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	1	QL NM
EDURANT TABS 25mg	1	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	1	NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NM
FUZEON SOLR 90mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	1	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	1	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	1	QL NM
REYATAZ PACK 50mg	1	NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml	1	NM
SUNLENCA TBPK 300mg	1	NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
TIVICAY TABS 10mg, 25mg, 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
COMPLERA TAB	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	NM
DESCOVY TAB 200/25MG	1	NM
DOVATO TAB 50-300MG	1	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> (generic of SYMFI LO)	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> (generic of SYMFI)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (generic of TRUVADA)	1	NM

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14

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Drug Name	Drug Requirements/ Tier	Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (generic of TRUVADA)	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (generic of TRUVADA)	1	NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i> (generic of KALETRA)	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i> (generic of KALETRA)	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine</i> CAPS 250mg	1	
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg	1	
<i>rifampin</i> (generic of RIFADIN) SOLR 600mg	1	

Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	1	NM PA
TRECTOR TABS 250mg	1	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM ST
<i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NM PA
EPCLUSA PAK 200-50MG	1	NM PA
EPCLUSA TAB 200-50MG	1	NM PA
EPCLUSA TAB 400-100	1	NM PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM PA
HARVONI PAK 45-200MG	1	NM PA
HARVONI TAB 45-200MG	1	NM PA
HARVONI TAB 90-400MG	1	NM PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	1	QL NM PA
MAVYRET PAK 50-20MG	1	NM PA
MAVYRET TAB 100-40MG	1	NM PA
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL

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15

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Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	1	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	1	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	1	
VOSEVI TAB	1	NM PA
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	1	QL
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	

Drug Name	Drug Requirements/ Tier	Limits
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin</i> PACK 1gm; TABS 600mg	1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	

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16

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Drug Name	Drug Requirements/ Tier Limits
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1
<i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg	1
DIFICID SUSR 40mg/ml; TABS 200mg	1
e.e.s. 400 TABS 400mg	1
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1
ERYTHROCIN LACTOBIONATE SOLR 500mg	1
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1
<i>erythromycin ethylsuccinate</i> TABS 400mg	1
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	1
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	1
<i>ciprofloxacin hcl</i> TABS 750mg	1
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1
<i>levofloxacin in d5w iv soln</i> 250 1 mg/50ml	1
<i>levofloxacin in d5w iv soln</i> 500 1 mg/100ml	1
<i>levofloxacin in d5w iv soln</i> 750 1 mg/150ml	1
<i>moxifloxacin hcl</i> TABS 400mg	1

Drug Name	Drug Requirements/ Tier Limits
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	1
PENICILLINS - DRUGS TO TREAT INFECTIONS	
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml; TABS 500mg, 875mg	1
<i>amoxicillin</i> (generic of AMOXICILLIN) SUSR 400mg/5ml	1
<i>amoxicillin & k clavulanate</i> <i>chew tab</i> 400-57 mg	1
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 200-28.5 mg/5ml	1
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 250-62.5 mg/5ml	1
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 400-57 mg/5ml	1
<i>amoxicillin & k clavulanate for</i> <i>susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES- 600)	1
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1
<i>amoxicillin & k clavulanate tab</i> 500-125 mg (generic of AUGMENTIN)	1
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1
<i>amoxicillin & k clavulanate tab</i> <i>er</i> 12hr 1000-62.5 mg	1
<i>ampicillin</i> CAPS 500mg	1
<i>ampicillin & sulbactam sodium</i> <i>for inj</i> 1.5 (1-0.5) gm (generic of UNASYN)	1
<i>ampicillin & sulbactam sodium</i> <i>for inj</i> 3 (2-1) gm (generic of UNASYN)	1
<i>ampicillin & sulbactam sodium</i> <i>for iv soln</i> 1.5 (1-0.5) gm	1
<i>ampicillin & sulbactam sodium</i> <i>for iv soln</i> 3 (2-1) gm	1

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17

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Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin & sulbactam sodium</i> for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	1	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	1	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	1	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	1	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	1	QL NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	1	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D NM
BENDEKA SOLN 100mg/4ml	1	B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM

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Drug Name	Drug Requirements/ Tier	Limits
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> (generic of VIDAZA) SUSR 100mg	1	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
<i>gemcitabine hcl</i> SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	1	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	1	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	1	QL NM PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	1	QL NM PA
<i>pemetrexed disodium</i> (generic of ALIMTA) SOLR 100mg, 500mg	1	B/D
<i>pemetrexed disodium</i> SOLR 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	1	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	1	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	1	QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	1	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	1	QL NM PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM PA
<i>fulvestrant</i> (generic of FASLODEX) SOSY 250mg/5ml	1	B/D
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM PA
LYSODREN TABS 500mg	1	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> (generic of NILANDRON) TABS 150mg	1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	1	QL NM PA
ORGOVYX TABS 120mg	1	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	1	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	1	QL NM PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	

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19

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Drug Name	Drug Requirements/ Tier	Limits
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	1	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	1	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	1	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	1	QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	1	QL NM PA
<i>lenalidomide</i> CAPS 20mg, 25mg QL (21 caps / 28 days)	1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	1	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	1	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	1	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	1	QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	1	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	1	QL NM PA
<i>doxorubicin hcl</i> (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL) SUSP 2mg/ml	1	B/D
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	1	
<i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>irinotecan hcl</i> SOLN 500mg/25ml	1	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	1	QL NM PA
MATULANE CAPS 50mg <i>tretinoin</i> (chemotherapy) CAPS 10mg	1	NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
MITOTIC INHIBITORS		
<i>docetaxel</i> (generic of DOCETAXEL) CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i> (generic of ABRAXANE)	1	B/D NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	1	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	1	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	1	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	1	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	1	QL NM PA

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20

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Drug Name	Drug Requirements/ Tier	Limits
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	1	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	1	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	1	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	1	QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg <i>bortezomib</i> (generic of VELCADE) SOLR 3.5mg	1	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	1	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	1	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	1	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	1	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	1	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	1	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	1	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	1	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	1	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
COMETRIQ KIT 140MG QL (112 caps / 28 days)	1	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	1	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	1	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	1	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	1	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	1	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	1	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	1	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg QL (30 tabs / 30 days)	1	QL NM PA
<i>erlotinib hcl</i> TABS 150mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg QL (150 tabs / 30 days)	1	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	1	QL NM PA

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21

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Drug Name	Drug Requirements/ Tier	Limits
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 5mg QL (60 tabs / 30 days)	1	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	1	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	1	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	1	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	1	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	1	QL NM PA
HERCEP HYLEC SOL 60-10000	1	NM PA
HERCEPTIN SOLR 150mg	1	NM PA
HERZUMA SOLR 150mg, 420mg	1	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	1	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	1	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	1	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	1	QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	1	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	1	QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	1	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	1	QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	1	QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	1	QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	1	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	1	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	1	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	1	QL NM PA
KADCYLA SOLR 100mg, 160mg	1	B/D NM
KANJINTI SOLR 150mg, 420mg	1	NM PA
KEYTRUDA SOLN 100mg/4ml	1	NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	1	QL NM PA
KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	1	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	1	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	1	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	1	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	1	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	1	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	1	QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	1	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	1	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	1	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	1	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	1	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	1	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	1	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	1	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	1	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	1	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	1	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	1	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	1	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	1	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	1	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	1	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	1	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	1	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	1	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	1	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	1	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	1	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	1	QL NM PA
MONJUVI SOLR 200mg	1	NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	1	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	1	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	1	QL NM PA
OGIVRI SOLR 150mg, 420mg	1	NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	1	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	1	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	1	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	1	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	1	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	1	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	1	QL NM PA
PHESGO SOL	1	NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	1	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	1	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	1	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	1	QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	1	QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	1	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	1	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	1	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	1	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	1	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	1	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	1	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	1	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	1	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	1	QL NM PA
SCSEMBLIX TABS 100mg QL (120 tabs / 30 days)	1	QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	1	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	1	QL NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	1	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	1	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	1	QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	1	QL NM PA
TAGRISSE TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	1	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	1	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	1	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	1	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	1	QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	1	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	1	QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	1	QL NM PA
TRAZIMERA SOLR 150mg, 420mg	1	NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	1	QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	1	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	1	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	1	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	1	QL NM PA
VENCLEXTA TABS 10mg, 50mg QL (112 tabs / 28 days)	1	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	1	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	1	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	1	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	1	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	1	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	1	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
VORANIGO TABS 10mg QL (60 tabs / 30 days)	1	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	1	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	1	QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	1	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	1	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	1	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	1	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	1	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	1	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	1	QL NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **V/I** - Vaccines / Insulins (see below)

25

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Drug Name	Drug Requirements/ Tier	Limits
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	1	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	1	QL NM PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i> (generic of LOTENSIN HCT)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide</i> tab 10-12.5 mg (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide</i> tab 20-12.5 mg (generic of ZESTORETIC)	1	
<i>lisinopril & hydrochlorothiazide</i> tab 20-25 mg (generic of ZESTORETIC)	1	

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Drug Name	Drug Requirements/ Tier	Limits
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 5mg	1	
<i>ramipril</i> (generic of ALTACE) CAPS 2.5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL
QL (30 tabs / 30 days)		
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (generic of AMLODIPINE/OLMESARTAN MED)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	1	QL
QL (30 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (generic of ATACAND HCT) QL (60 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	1	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	1	QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	1	QL
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	1	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR)	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-5 mg</i> QL (30 tabs / 30 days)	1	QL
<i>telmisartan-amlodipine tab 40-10 mg</i> QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)	1	QL
QL (60 tabs / 30 days)		
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)	1	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg	1	QL
QL (60 tabs / 30 days)		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg	1	QL
QL (30 tabs / 30 days)		
<i>irbesartan</i> TABS 75mg	1	QL
QL (30 tabs / 30 days)		
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg	1	QL
QL (30 tabs / 30 days)		
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg	1	QL
QL (60 tabs / 30 days)		
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1	QL
QL (30 tabs / 30 days)		
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg	1	QL
QL (60 tabs / 30 days)		
<i>valsartan</i> (generic of DIOVAN) TABS 320mg	1	QL
QL (30 tabs / 30 days)		
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	1	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	1	QL
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm	1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; TABS 1gm	1	
<i>colestipol hcl</i> PACK 5gm	1	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	1	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	1	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	1	QL
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	1	PA
prevalite PACK 4gm	1	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1	
bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10- 6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100- 25 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
metoprolol & hydrochlorothiazide tab 100- 50 mg	1	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	1	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	1	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	1	QL
pindolol TABS 5mg, 10mg	1	
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	1	
propranolol hcl SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	

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31

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Drug Name	Drug Requirements/ Tier	Limits
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg	1	
<i>bumetanide</i> (generic of BUMEX) TABS .5mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	1	
<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D V/I - Vaccines / Insulins (see below)

32

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Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate (generic of TEKTURN) TABS 150mg, 300mg</i>	1	
<i>clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr</i>	1	
<i>clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr</i>	1	
<i>clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)</i>	1	QL
<i>digoxin SOLN .05mg/ml</i>	1	
<i>digoxin (generic of LANOXIN) SOLN .25mg/ml</i>	1	
<i>digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)</i>	1	QL
<i>droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)</i>	1	QL NM PA
<i>droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)</i>	1	QL NM PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i> PA applies if 70 years and older	1	PA
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg</i> QL (60 tabs / 30 days)	1	QL
<i>metyrosine (generic of DEMSER) CAPS 250mg</i>	1	NM PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i> QL (30 tabs / 30 days)	1	QL PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg</i>	1	
<i>isosorbide dinitrate TABS 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	1	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1	
<i>nitroglycerin (generic of NITROLINGUAL) SOLN .4mg/spray</i>	1	
<i>nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg</i>	1	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
<i>alyq (generic of ADCIRCA) TABS 20mg</i> QL (60 tabs / 30 days)	1	QL NM PA
<i>ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg</i> QL (30 tabs / 30 days)	1	QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	1	QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>sildenafil citrate</i> (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	1	QL NM PA
<i>tadalafil</i> (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	1	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL

Drug Name	Tier	Drug Requirements/ Limits
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	1	QL
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	1	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	1	QL
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	1	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> (generic of NAMENDA TITRATION PAK) PA applies if 29 years and younger	1	PA
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> (generic of NAMZARIC)	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> (generic of NAMZARIC)	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	1	QL PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	1	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	1	QL PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	1	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	1	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	1	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	1	QL PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	1	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>mirtazapine</i> (generic of REMERON SOLTAB) TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	1	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	1	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	1	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	1	QL PA
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>vilazodone hcl</i> (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	1	QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	1	QL NM PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	1	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	1	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	1	QL NM PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg</i> QL (30 tabs / 30 days)	1	QL
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i> PA applies if 70 years and older	1	PA
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	1	QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	1	QL
<i>aripiprazole SOLN 1mg/ml</i> QL (900 mL / 30 days)	1	QL
<i>aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i> QL (30 tabs / 30 days)	1	QL
<i>aripiprazole TBDP 10mg, 15mg</i> QL (60 tabs / 30 days)	1	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	1	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	1	QL
ARISTADA INITIO PRSY 675mg/2.4ml	1	
<i>asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg</i> QL (60 tabs / 30 days)	1	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	1	QL
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine (generic of CLOZARIL) TABS 25mg</i>	1	
<i>clozapine TABS 50mg</i>	1	
<i>clozapine (generic of CLOZARIL) TABS 100mg</i> QL (270 tabs / 30 days)	1	QL
<i>clozapine TABS 200mg</i> QL (120 tabs / 30 days)	1	QL
<i>clozapine TBDP 12.5mg, 25mg</i>	1	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	1	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	1	QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	1	QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	1	QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	1	QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	1	QL PA
FANAPT PAK QL (2 packs / year)	1	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 1 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	1	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	1	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	1	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	1	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	1	QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	1	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	1	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	1	QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
<i>olanzapine</i> TABS 7.5mg, 15mg QL (30 tabs / 30 days)	1	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	1	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	1	QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	1	QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	1	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	1	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TABS .25mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	1	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	1	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	1	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	1	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	1	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	1	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL

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39

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Drug Name	Drug Requirements/ Tier	Limits
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	1	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	1	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	1	QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	1	QL PA
<i>carbamazepine</i> CHEW 100mg, 200mg	1	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	1	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	1	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	1	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	1	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	1	QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	1	QL PA
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	

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40

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Drug Name	Drug Requirements/ Tier	Limits
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	1	QL NM PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	1	QL PA
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	1	QL NM PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	1	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	1	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	1	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	1	QL
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	1	QL
<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	1	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	1	QL
<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	

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Drug Name	Drug Requirements/ Tier	Limits
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg QL (10 buccal films / 30 days)	1	QL
<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	1	QL
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	1	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	1	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
<i>primidone</i> TABS 125mg	1	
<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	1	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	1	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	1	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	1	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	1	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	1	QL
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	1	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	

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42

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Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	
<i>topiramate</i> CPSP 50mg	1	
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL
QL (10 blister packs per 30 days)		
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL
QL (10 blister packs per 30 days)		
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL
QL (10 blister packs per 30 days)		
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL
QL (10 blister packs per 30 days)		
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg	1	QL NM PA
QL (180 packets / 30 days)		
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg	1	QL NM PA
QL (180 tabs / 30 days)		
<i>vigadrone</i> (generic of SABRIL) PACK 500mg	1	QL NM PA
QL (180 packets / 30 days)		
<i>vigadrone</i> (generic of SABRIL) TABS 500mg	1	QL NM PA
QL (180 tabs / 30 days)		
VIGAFYDE SOLN 100mg/ml	1	QL NM PA
QL (900 mL / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>vigpoder</i> (generic of SABRIL) PACK 500mg	1	QL NM PA
QL (180 packets / 30 days)		
XCOPRI TABS 25mg, 50mg, 100mg	1	QL
QL (30 tabs / 30 days)		
XCOPRI TABS 150mg, 200mg	1	QL
QL (60 tabs / 30 days)		
XCOPRI PAK 12.5-25	1	QL
QL (28 tabs / 28 days)		
XCOPRI PAK 50-100MG	1	QL
QL (28 tabs / 28 days)		
XCOPRI PAK 100-150	1	QL
QL (56 tabs / 28 days)		
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL
QL (56 tabs / 28 days)		
XCOPRI PAK 150-200MG (TITRATION)	1	QL
QL (28 tabs / 28 days)		
ZONISADE SUSP 100mg/5ml	1	QL PA
QL (900 mL / 30 days)		
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
<i>zonisamide</i> CAPS 50mg	1	
ZTALMY SUSP 50mg/ml	1	QL NM PA
QL (1100 mL / 30 days)		
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR)	1	QL PA
QL (30 caps / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	1	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>doxepin hcl (sleep)</i> (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL
<i>eszopiclone</i> (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	1	QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	1	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	1	QL NM PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	1	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	1	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	1	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	1	QL NM PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	1	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	1	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL

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45

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Drug Name	Drug Requirements/ Tier	Limits
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	1	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	1	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	1	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	1	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	1	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	1	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	1	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	1	QL NM PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	1	QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	1	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	1	QL NM PA

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46

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Drug Name	Tier	Drug Requirements/ Limits
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	1	QL NM PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
<i> glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
<i> glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	1	QL NM PA
<i> glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	1	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	1	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i> baclofen</i> TABS 5mg QL (90 tabs / 30 days)	1	QL
<i> baclofen</i> TABS 10mg, 20mg	1	
<i> carisoprodol</i> (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i> dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg	1	
<i> dantrolene sodium</i> CAPS 50mg, 100mg	1	

Drug Name	Tier	Drug Requirements/ Limits
<i> methocarbamol</i> TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i> methocarbamol</i> TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA
<i> tizanidine hcl</i> TABS 2mg	1	
<i> tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i> armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	1	QL PA
<i> armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA
<i> modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA
<i> modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	1	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i> acamprosate calcium</i> TBEC 333mg	1	
<i> buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL
<i> buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL

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47

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Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	1	QL
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg QL (60 tabs / 30 days)	1	QL
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg QL (56 tabs / 28 days)	1	QL
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> QL (2 packs / year)	1	QL
VIVITROL SUSR 380mg	1	NM

Drug Name	Drug Requirements/ Tier	Limits
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>danazol</i> CAPS 50mg, 100mg, 200mg		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg QL (600 caps / 30 days)	1	QL PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg		
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>glipizide xl</i> TB24 2.5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	1	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	1	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	1	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	1	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	1	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	1	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	1	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	1	QL PA
<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	1	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	1	QL PA
<i>pioglitazone hcl</i> (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL
QL (90 tabs / 30 days)		
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	1	QL
QL (90 tabs / 30 days)		
repaglinide TABS 2mg	1	QL
QL (240 tabs / 30 days)		
repaglinide TABS .5mg, 1mg	1	QL
QL (120 tabs / 30 days)		
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL PA
QL (30 tabs / 30 days)		
SYNJARDY TAB 5-500MG	1	QL
QL (120 tabs / 30 days)		
SYNJARDY TAB 5-1000MG	1	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5-500	1	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5- 1000MG	1	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 5- 1000MG	1	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 10-1000	1	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 12.5- 1000	1	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 25-1000	1	QL
QL (30 tabs / 30 days)		
TRADJENTA TABS 5mg	1	QL
QL (30 tabs / 30 days)		
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL
QL (60 tabs / 30 days)		
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL
QL (30 tabs / 30 days)		
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL
QL (60 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL
QL (30 tabs / 30 days)		
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL PA
QL (4 pens / 28 days)		
XIGDUO XR TAB 2.5-1000	1	QL
QL (60 tabs / 30 days)		
XIGDUO XR TAB 5-500MG	1	QL
QL (60 tabs / 30 days)		
XIGDUO XR TAB 5-1000MG	1	QL
QL (60 tabs / 30 days)		
XIGDUO XR TAB 10-500MG	1	QL
QL (30 tabs / 30 days)		
XIGDUO XR TAB 10-1000	1	QL
QL (30 tabs / 30 days)		
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	V/I
ADMELOG SOLOSTAR SOPN 100unit/ml	1	V/I
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	V/I
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL PA
QL (10 patches / 30 days)		
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL PA
QL (8 patches / 24 days)		
CEQUR SIMPL MIS INSERTER	1	QL PA
QL (2 inserters / year)		
FIASP SOLN 100unit/ml	1	V/I
FIASP FLEXTOUCH SOPN 100unit/ml	1	V/I
FIASP PENFILL SOCT 100unit/ml	1	V/I
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA

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50

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Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	1	V/I B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	V/I
INSULIN PEN NEEDLES: BD- EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD- EMBECTA	1	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	1	V/I
NOVOLIN INJ 70/30 FP (brand RELION not covered)	1	V/I
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	1	V/I
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	1	V/I
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	1	V/I
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	1	V/I
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	1	V/I
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	1	V/I
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	1	V/I

Drug Name	Drug Requirements/ Tier	Limits
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	1	V/I
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	1	V/I
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	1	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	1	QL PA
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	1	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	1	QL PA
OMNIPOD 5 LB KIT INTRO G6 QL (1 kit / year)	1	QL PA
OMNIPOD 5 LB MIS PODS G6 QL (15 pods / 30 days)	1	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	1	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	1	QL PA

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51

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Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	1	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	1	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	1	V/I QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	V/I
TOUJEO SOLOSTAR SOPN 300unit/ml	1	V/I
TRESIBA SOLN 100unit/ml	1	V/I
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	V/I
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	1	V/I QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	1	QL NM
<i>risedronate sodium</i> TABS 5mg, 150mg	1	
<i>risedronate sodium</i> (generic of ACTONEL) TABS 35mg	1	
<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
XGEVA SOLN 120mg/1.7ml	1	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	1	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
<i>deferasirox</i> (generic of JADENU) TABS 90mg, 180mg, 360mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg, 250mg, 500mg	1	NM PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	1	NM
<i>sodium polystyrene sulfonate</i> <i>powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	1	NM PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	

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52

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Drug Name	Drug Requirements/ Tier Limits
<i>azurette</i>	1
<i>balziva</i>	1
<i>blisovi 24 fe</i>	1
<i>blisovi fe 1.5/30</i>	1
<i>briellyn</i>	1
<i>camila</i> TABS .35mg	1
<i>camrese</i>	1
<i>camrese lo</i>	1
<i>chateal eq</i>	1
<i>cryselle-28</i>	1
<i>cyred eq</i>	1
<i>dasetta 1/35</i>	1
<i>dasetta 7/7/7</i>	1
<i>daysee</i>	1
<i>deblitane</i> TABS .35mg	1
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1
<i>desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)</i>	1
<i>dolishale</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	1
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	1
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	1
<i>elinest</i>	1
<i>eluryng</i> (generic of NUVARING)	1
<i>emzahh</i> TABS .35mg	1
<i>enilloring</i> (generic of NUVARING)	1
<i>enpresse-28</i>	1
<i>enskyce</i>	1
<i>errin</i> TABS .35mg	1
<i>estarylla</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	1
<i>falmina</i>	1
<i>finzala</i>	1
<i>hailey 1.5/30</i>	1
<i>hailey 24 fe</i>	1
<i>haloette</i> (generic of NUVARING)	1
<i>heather</i> TABS .35mg	1
<i>iclevia</i>	1
<i>incassia</i> TABS .35mg	1
<i>introvale</i>	1
<i>isibloom</i>	1
<i>jasmiel</i> (generic of YAZ)	1
<i>jolessa</i>	1
<i>juleber</i>	1
<i>junel 1.5/30</i>	1
<i>junel 1/20</i>	1
<i>junel fe 1.5/30</i>	1
<i>junel fe 1/20</i>	1
<i>junel fe 24</i>	1
<i>kaitlib fe</i>	1
<i>kariva</i>	1
<i>kelnor 1/35</i>	1
<i>kelnor 1/50</i>	1
<i>kurvelo</i>	1
<i>larin 1.5/30</i>	1
<i>larin 1/20</i>	1
<i>larin 24 fe</i>	1
<i>larin fe 1.5/30</i>	1
<i>larin fe 1/20</i>	1
<i>layolis fe</i>	1
<i>leena</i>	1
<i>lessina</i>	1
<i>levonest</i>	1

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Drug Name	Drug Requirements/ Tier	Limits
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levora 0.15/30-28	1	
LILETTA IUD 20.1mcg/day	1	NM
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna (generic of YAZ)	1	
low-ogestrel	1	
lutra	1	
lyleq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	

Drug Name	Drug Requirements/ Tier	Limits
microgestin fe 1/20	1	
mili	1	
mono-lynyah	1	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	1	NM
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	

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<i>nylia 7/7/7</i>	1
<i>ocella</i> (generic of YASMIN 28)	1
<i>philith</i>	1
<i>pimtreea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>setlakin</i>	1
<i>sharobel</i> TABS .35mg	1
<i>simliya</i>	1
<i>simpesse</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i> (generic of YASMIN 28)	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
<i>tilia fe</i>	1
<i>tri-estarylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarylla</i>	1
<i>tri-lo-marzia</i>	1
<i>tri-lo-mili</i>	1
<i>tri-lo-sprintec</i>	1
<i>tri-mili</i>	1
<i>tri-nymyo</i>	1
<i>tri-sprintec</i>	1
<i>tri-vylibra</i>	1
<i>tri-vylibra lo</i>	1
<i>trivora-28</i>	1
<i>turqoz</i>	1
<i>tydemy</i> (generic of SAFYRAL)	1
<i>velivet</i>	1
<i>vestura</i> (generic of YAZ)	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1

Drug Name	Drug Requirements/ Tier Limits
<i>xulane</i>	1
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i> (generic of YASMIN 28)	1
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
<i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)	1
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	1
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	1
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	1
<i>estradiol valerate</i> OIL 40mg/ml	1
<i>fyavolv tab 0.5mg-2.5mcg</i>	1
<i>fyavolv tab 1mg-5mcg</i>	1
<i>jinteli</i>	1
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>mimvey</i> (generic of ACTIVELLA)	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	1	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	1	B/D
<i>methylprednisolone</i> TABS 32mg	1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	1	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 1000mg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NM PA
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	1	NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	1	NM PA
CERDELGA CAPS 84mg	1	NM PA
CEREZYME SOLR 400unit	1	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	1	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	1	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	1	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml; TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM PA
GENOTROPIN CART 5mg, 12mg	1	NM PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM PA
INCRELEX SOLN 40mg/4ml	1	NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	1	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM PA
<i>mifepristone (hyperglycemia)</i> (generic of KORLYM) TABS 300mg	1	NM PA
NAGLAZYME SOLN 1mg/ml	1	NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>octreotide acetate</i> SOLN 200mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1	
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM PA
SYNAREL SOLN 2mg/ml	1	PA
VEOZAH TABS 45mg	1	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

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57

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Drug Name	Drug Requirements/ Tier	Limits
<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> (generic of ROCALTROL) SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>paricalcitol</i> CAPS 4mcg	1	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>scopolamine</i> PT72 1mg/3days QL (10 patches / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	1	QL PA

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	1	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	1	QL

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	1	QL PA
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	1	QL PA
<i>hydrocortisone (intra-rectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	1	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	1	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	1	QL
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	1	QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i> (generic of GOLYTELY)	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	1	

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59

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	1	QL PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	1	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	1	
GATTEX KIT 5mg	1	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	1	QL
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	1	QL
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	1	QL PA
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VOWST CAP QL (12 caps / 30 days)	1	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
<i>lansoprazole</i> CPDR 15mg QL (60 caps / 30 days)	1	QL
<i>lansoprazole</i> (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	1	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	1	QL
<i>dutasteride</i> (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	1	QL
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	1	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **V/I** - Vaccines / Insulins (see below)

60

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Drug Name	Drug Requirements/ Tier	Limits
<i>finasteride</i> (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
<i>tadalafil</i> (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	1	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>fesoterodine fumarate</i> (generic of TOVIAZ) TB24 4mg, 8mg QL (30 tabs / 30 days)	1	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	1	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	1	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	1	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	1	QL ST
<i>tolterodine tartrate</i> TABS 1mg QL (60 tabs / 30 days)	1	QL
<i>tolterodine tartrate</i> (generic of DETROL) TABS 2mg QL (60 tabs / 30 days)	1	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	1	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	1	QL
<i>dabigatran etexilate mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	1	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	1	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	1	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	1	QL

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61

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Drug Name	Drug Requirements/ Tier	Limits
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	1	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	1	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	1	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	1	QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM PA

Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	1	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	1	QL NM PA
<i>anagrelide hcl</i> CAPS 1mg	1	
<i>anagrelide hcl</i> (generic of AGRYLIN) CAPS .5mg	1	
BERINERT KIT 500unit QL (24 boxes / 30 days)	1	QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	1	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	1	QL NM PA
<i>icatibant acetate</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	1	QL NM PA
<i>l-glutamine (sickle cell)</i> (generic of ENDARI) PACK 5gm	1	NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	1	QL NM PA
SIKLOS TABS 100mg, 1000mg	1	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	1	QL NM PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
<i>tranexamic acid</i> TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg PA applies if 70 years and older	1	PA
<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	1	QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	1	QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
COSENTYX SOLN 125mg/5ml	1	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	1	QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	1	QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	1	QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	1	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	1	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	1	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	1	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	1	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	1	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	1	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	1	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	1	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	1	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	1	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	1	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	1	QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	1	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	1	QL NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	1	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	1	QL NM PA
INFLIXIMAB SOLR 100mg	1	NM PA
REMICADE SOLR 100mg	1	NM PA
RENFLEXIS SOLR 100mg	1	NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	1	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	1	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	1	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	1	QL NM PA
SKYRIZI SOLN 600mg/10ml	1	NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	1	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	1	QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	1	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	1	QL NM PA
STELARA SOLN 130mg/26ml	1	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	1	QL NM PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml QL (1 pen / 28 days)	1	QL NM PA
TREMFYA SOLN 200mg/20ml	1	NM PA
TREMFYA SOSY 100mg/ml, 200mg/2ml QL (1 syringe / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	1	QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	1	QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	1	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	1	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	1	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	1	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	1	QL
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM PA
GAMASTAN INJ	1	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NM PA
ARCALYST SOLR 220mg	1	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	1	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	1	QL NM PA
BENLYSTA SOLR 120mg, 400mg	1	NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	1	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	1	B/D NM
<i>everolimus</i> (<i>immunosuppressant</i>) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg, 1mg	1	B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM
NULOJIX SOLR 250mg	1	B/D NM
PROGRAF PACK .2mg, 1mg	1	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	1	QL NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	V/I
ACTHIB INJ	1	V/I
ADACEL INJ	1	V/I
AREXVY SUSR 120mcg/0.5ml	1	V/I
BCG VACCINE SOLR 50mg	1	V/I
BEXSERO INJ	1	V/I
BOOSTRIX INJ	1	V/I
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	V/I B/D
GARDASIL 9 INJ	1	V/I
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	V/I

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Drug Name	Drug Requirements/ Tier	Limits
HEPLISAV-B SOSY 20mcg/0.5ml	1	V/I B/D
HIBERIX SOLR 10mcg	1	V/I
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	V/I B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	V/I
IXCHIQ INJ	1	V/I
IXIARO INJ	1	V/I
JYNNEOS SUSP .5ml	1	V/I B/D
KINRIX INJ	1	V/I
M-M-R II INJ	1	V/I
MENACTRA INJ	1	V/I
MENQUADFI INJ	1	V/I
MENVEO INJ	1	V/I
MENVEO SOL	1	V/I
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	V/I
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	V/I
PENBRAYA INJ	1	V/I
PENTACEL INJ	1	V/I
PRIORIX INJ	1	V/I
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	V/I
RABAERT INJ	1	V/I B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	V/I B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	V/I QL
TENIVAC INJ 5-2LF	1	V/I B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	V/I
TRUMENBA INJ	1	V/I
TWINRIX INJ	1	V/I
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	V/I

Drug Name	Drug Requirements/ Tier	Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	V/I
VARIVAX SUSR 1350pfu/0.5ml	1	V/I
VAXCHORA SUS	1	
YF-VAX INJ	1	V/I
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> (generic of KCL 0.3%/D5W/NACL 0.9%)	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (generic of POTASSIUM CHLORIDE/SODIUM)	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate</i> SOLN 50%	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i> (generic of PLASMA-LYTE A)	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	

Drug Name	Drug Requirements/ Tier	Limits
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml	1	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D

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67

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Drug Name	Drug Requirements/ Tier	Limits
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	

Drug Name	Drug Requirements/ Tier	Limits
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	1	QL
QL (12 mL / 30 days)		
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEM VY SOLN .25%	1	NM PA
ZIRGAN GEL .15%	1	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

<i>bromfenac sodium (ophth) (generic of PROLENSA) SOLN .07%</i>	1	
<i>bromfenac sodium (ophth) (generic of BROMSITE) SOLN .075%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	

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68

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Drug Name	Drug Requirements/ Tier	Limits
<i>difluprednate</i> (generic of DUREZOL) EMUL .05%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone</i> (<i>ophth</i>) (generic of FML LIQUIFILM) SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) SOLN .4%	1	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) SOLN .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> (generic of ALREX) SUSP .2%	1	
<i>prednisolone acetate</i> (<i>ophth</i>) (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl</i> (<i>ophth</i>) SOLN .05%	1	
<i>cromolyn sodium</i> (<i>ophth</i>) SOLN 4%	1	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl</i> (<i>ophth</i>) SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> (generic of ALPHAGAN P) SOLN .15%	1	
<i>brinzolamide</i> (generic of AZOPT) SUSP 1%	1	
<i>carteolol hcl</i> (<i>ophth</i>) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	1	
<i>latanoprost</i> (generic of XALATAN) SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate</i> (<i>ophth</i>) SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate</i> (<i>ophthalmic</i>) SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NM PA
CYSTARAN SOLN .44%	1	NM PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid</i> (<i>otic</i>) SOLN 2%	1	
<i>ciprofloxacin-dexamethasone</i> (<i>otic susp</i> 0.3-0.1%	1	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide</i> (<i>otic</i>) (generic of DERMOTIC) OIL .01%	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	1	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	1	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	1	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	1	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	1	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	1	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	1	QL
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	1	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)</i>	1	QL
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i> PA applies if 70 years and older	1	PA
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i> PA applies if 70 years and older after a 30 day supply in a calendar year	1	PA
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)</i>	1	QL
<i>levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)</i>	1	QL
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)</i>	1	QL

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70

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Drug Name	Drug Requirements/ Tier	Limits
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	1	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	1	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	1	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	1	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	1	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> (generic of ACCOLATE) TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	1	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	1	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	1	NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	1	QL NM PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2- PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of AdrenaClick)	1	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	1	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	1	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	1	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	1	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	1	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	1	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	1	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	1	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	1	QL NM PA

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71

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Drug Name	Tier	Drug Requirements/ Limits
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	1	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) CAPS 267mg QL (270 caps / 30 days)	1	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	1	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	1	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	1	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	1	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	1	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	1	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	1	QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	1	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	1	QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	1	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	1	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	1	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	1	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	1	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	1	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	1	QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide</i> (nasal) SOLN .025% QL (3 bottles / 30 days)	1	QL
<i>fluticasone propionate</i> (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	1	QL PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	1	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	1	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	1	QL
<i>budesonide</i> (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	1	QL

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72

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Drug Name	Drug Requirements/ Tier	Limits
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	1	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	1	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	1	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	1	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	1	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	1	QL
<i>brey-na</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	1	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	1	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	1	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	1	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	1	QL
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	1	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>ery</i> PADS 2% QL (60 pledgets / 30 days)	1	QL

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73

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Drug Name	Drug Requirements/ Tier	Limits
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2% QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	1	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	1	QL
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>twice-daily clindamycin</i> <i>phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	1	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	1	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	1	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	1	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole (topical)</i> SOLN 1% QL (60 mL / 30 days)	1	QL
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> QL (45 gm / 30 days)	1	QL
<i>econazole nitrate</i> CREA 1% QL (85 gm / 30 days)	1	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	1	QL PA
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA

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74

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Drug Name	Drug Requirements/ Tier	Limits
ENSTILAR AER QL (120 gm / 30 days)	1	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	1	QL PA
TAZORAC CREA .05% QL (60 gm / 30 days)	1	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented CREA .05%; GEL .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	1	QL
<i>betamethasone dipropionate</i> augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	1	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	1	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> 1% QL (30 gm / 30 days)	1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	1	QL

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75

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Drug Name	Drug Requirements/ Tier	Limits
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL
QL (454 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL
QL (454 gm / 30 days)		
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL PA
QL (60 mL / 30 days)		
<i>lidocaine</i> OINT 5%	1	QL PA
QL (50 gm / 30 days)		
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		
<i>lidocaine hcl</i> SOLN 4%	1	QL PA
QL (50 mL / 30 days)		
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D QL
QL (30 gm / 30 days)		
<i>lidocan</i> (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		
<i>tridacaine ii</i> (generic of LIDODERM) PTCH 5%	1	QL PA
QL (3 patches / 1 day)		
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1%	1	QL NM PA
QL (60 gm / 30 days)		
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL
QL (300 mL / 28 days)		
<i>fluorouracil (topical)</i> CREA 5%	1	QL
QL (40 gm / 30 days)		
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL
QL (10 mL / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocortisone (rectal)</i> 1%	CREA 1	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL
QL (24 packets / 30 days)		
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%	1	QL
QL (45 gm / 30 days)		
<i>metronidazole (topical)</i> GEL .75%	1	QL
QL (45 gm / 30 days)		
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%	1	QL
QL (59 mL / 30 days)		
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4%	1	QL
QL (30 gm / 30 days)		
PANRETIN GEL .1%	1	QL PA
QL (60 gm / 30 days)		
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	QL PA
QL (100 gm / 30 days)		
<i>podofilox</i> SOLN .5%	1	QL
QL (7 mL / 28 days)		
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL PA
QL (100 gm / 30 days)		
VALCHLOR GEL .016%	1	QL NM PA
QL (60 gm / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
<i>permethrin</i> (generic of ELIMITE) CREA 5% QL (60 gm / 30 days)	1	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	1	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	1	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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77

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Index

- A**
abacavir sulfate13
abacavir sulfate-lamivudine tab 600-300 mg.....14
ABELCET.....13
ABILIFY
 see *aripiprazole*37
ABILIFY ASIMTUFII37
ABILIFY MAINTENA37
abiraterone acetate19
ABRAXANE
 see *paclitaxel inj 100mg*20
ABRYSVO.....65
acamprosate calcium47
acarbose48
ACCOLATE
 see *zafirlukast*.....71
ACCUPRIL
 see *quinapril hcl*.....27
accutane.....73
acebutolol hcl.....31
acetaminophen w/ codeine soln 120-12 mg/5ml.....10
acetaminophen w/ codeine tab 300-15 mg.....10
acetaminophen w/ codeine tab 300-30 mg.....10
acetaminophen w/ codeine tab 300-60 mg.....10
acetazolamide.....32
acetic acid.....61
acetic acid (otic).....69
acetylcysteine71
ACIPHEX
 see *rabeprazole sodium*60
acitretin.....74
ACTHIB INJ65
ACTIMMUNE65
ACTIVEVILLA
 see *estradiol & norethindrone acetate tab 1-0.5 mg*55
 see *mimvey*.....56
ACTONEL
 see *risedronate sodium*52
ACTOPLUS MET
 see *pioglitazone hcl-metformin hcl tab 15-850 mg*..... 50
ACTOS
 see *pioglitazone hcl* 49
ACULAR
 see *ketorolac tromethamine (ophth)* 69
ACULAR LS
 see *ketorolac tromethamine (ophth)* 69
acyclovir 15
acyclovir sodium 15
ADACEL INJ 65
ADALIMUMAB-AACF (2 PEN) 63
ADALIMUMAB-AACF (2 SYRING)..... 63
ADALIMUMAB-AACF STARTER P 63
ADCIRCA
 see *alyq* 33
 see *tadalafil (pulmonary hypertension)*..... 34
ADDERALL
 see *amphetamine-dextroamphetamine tab 10 mg*..... 44
 see *amphetamine-dextroamphetamine tab 12.5 mg*..... 44
 see *amphetamine-dextroamphetamine tab 15 mg*..... 44
 see *amphetamine-dextroamphetamine tab 20 mg*..... 44
 see *amphetamine-dextroamphetamine tab 30 mg*..... 44
 see *amphetamine-dextroamphetamine tab 5 mg*..... 43
 see *amphetamine-dextroamphetamine cap er 24hr 10 mg*... 43
 see *amphetamine-dextroamphetamine cap er 24hr 15 mg*... 44
 see *amphetamine-dextroamphetamine cap er 24hr 20 mg*... 44
 see *amphetamine-dextroamphetamine cap er 24hr 25 mg*... 44
 see *amphetamine-dextroamphetamine cap er 24hr 30 mg*... 44
 see *amphetamine-dextroamphetamine cap er 24hr 5 mg* 43
adefovir dipivoxil 15
ADMELOG 50
ADMELOG SOLOSTAR. 50
ADVAIR DISKUS
 see *fluticasone-salmeterol aer powder ba 100-50 mcg/act ..* 73
 see *fluticasone-salmeterol aer powder ba 250-50 mcg/act ..* 73
 see *fluticasone-salmeterol aer powder ba 500-50 mcg/act ..* 73
 see *wixela inhub*..... 73
ADVAIR HFA AER 115/21 73
ADVAIR HFA AER 230/21 73
ADVAIR HFA AER 45/21 72
AFINITOR
 see *everolimus*..... 21
 see *torpenz*..... 25

AFINITOR DISPERZ see everolimus..... 21, 22	ALYFTREK TAB 10-50-125 71	<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i> 27
<i>afirmelle</i>.....52	ALYFTREK TAB 4-20-5071	<i>amlodipine besylate- valsartan tab 10-160 mg</i> 27
AGRYLIN see <i>anagrelide hcl</i> .....62	ALYGLO..... 64	<i>amlodipine besylate- valsartan tab 10-320 mg</i> 28
AIMOVIG.....45	<i>alyq</i> 33	<i>amlodipine besylate- valsartan tab 5-160 mg</i> 27
AIRSUPRA AER 90- 80MCG.....73	<i>amantadine hcl</i> 36	<i>amlodipine besylate- valsartan tab 5-320 mg</i> 27
AKEEGA TAB 100/500 ...19	AMBIEN see <i>zolpidem tartrate</i> .. 45	AMLODIPINE/OLMESART AN MED see <i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i> 27
AKEEGA TAB 50/500MG.....19	AMBISOME see <i>amphotericin b liposome</i> 13	see <i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i> 27
<i>ala-cort</i>.....75	<i>ambrisentan</i> 33	see <i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i> 27
<i>albendazole</i> .....11	<i>amethia</i> 52	see <i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i> 27
<i>albuterol sulfate</i> 70, 71	<i>amethyst</i> 52	<i>amnestem</i> 73
ALCAINE see <i>proparacaine hcl</i> ...69	<i>amikacin sulfate</i> 11	<i>amoxapine</i> 35
<i>alclometasone dipropionate</i>.....75	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> 32	<i>amoxicillin</i> 17
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY.....50	<i>amiloride hcl</i> 32	AMOXICILLIN see <i>amoxicillin</i> 17
ALDACTONE see <i>spironolactone</i> .....27	<i>amiodarone hcl</i> 29	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i> ... 17
ALDURAZYME .....56	<i>amitriptyline hcl</i> 35	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> 17
ALECENSA.....20	<i>amlodipine besylate</i> 32	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> 17
<i>alendronate sodium</i>.....52	<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> 26	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> 17
<i>alfuzosin hcl</i>.....60	<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> 26	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> 17
ALIMTA see <i>pemetrexed disodium</i> .....19	<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> 26	<i>amoxicillin & k clavulanate for susp 250-125 mg</i> 17
<i>aliskiren fumarate</i> .....33	<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> 26	
<i>allopurinol</i>.....9	<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> 26	
<i>alosetron hcl</i> .....60	<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> 26	
ALPHAGAN P see <i>brimonidine tartrate</i>.....69	<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i> 27	
<i>alprazolam</i> .....34	<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i> 27	
ALREX see <i>loteprednol etabonate</i> .....69	<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i> 27	
ALTACE see <i>ramipril</i>.....27		
<i>altavera</i> .....52		
ALUNBRIG.....20		
ALUNBRIG PAK .....20		
ALVAIZ.....62		
ALVESCO.....72		
<i>alyacen 1/35</i>.....52		
<i>alyacen 7/7/7</i> .....52		

<i>amoxicillin & k clavulanate</i> <i>tab 500-125 mg</i>.....17	<i>ampicillin & sulbactam</i> <i>sodium for inj 1.5 (1-0.5)</i> <i>gm</i> 17	AREXVY..... 65
<i>amoxicillin & k clavulanate</i> <i>tab 875-125 mg</i>.....17	<i>ampicillin & sulbactam</i> <i>sodium for inj 3 (2-1) gm</i> 17	ARICEPT see <i>donepezil</i> <i>hydrochloride</i> 34
<i>amoxicillin & k clavulanate</i> <i>tab er 12hr 1000-62.5 mg</i>.....17	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 1.5 (1-</i> <i>0.5) gm</i> 17	ARIKAYCE 11
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 10 mg</i>.....43	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 15 (10-</i> <i>5) gm</i> 18	ARIMIDEX see <i>anastrozole</i> 19
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 15 mg</i>.....44	<i>ampicillin & sulbactam</i> <i>sodium for iv soln 3 (2-1)</i> <i>gm</i> 17	<i>aripiprazole</i> 37
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 20 mg</i>.....44	<i>ampicillin sodium</i> 18	ARISTADA 37
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 25 mg</i>.....44	AMPYRA see <i>dalfampridine</i> 46	ARISTADA INITIO 37
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 30 mg</i>.....44	ANAFRANIL see <i>clomipramine hcl.</i> 35	ARIXTRA see <i>fondaparinux sodium</i> 62
<i>amphetamine-</i> <i>dextroamphetamine cap</i> <i>er 24hr 5 mg</i>.....43	<i>anagrelide hcl.</i> 62	<i>armodafinil</i> 47
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>10 mg</i>.....44	ANAPROX DS see <i>naproxen sodium</i> ... 9	ARNUITY ELLIPTA..... 72
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>12.5 mg</i> .....44	<i>anastrozole</i> 19	AROMASIN see <i>exemestane</i> 19
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>15 mg</i>.....44	ANCOBON see <i>flucytosine</i> 13	<i>asenapine maleate</i> 37
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>20 mg</i>.....44	ANDROGEL PUMP see <i>testosterone pump</i> 48	<i>ashlyna</i> 52
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>30 mg</i>.....44	ANORO ELLIPT AER 62.5- 25..... 70	<i>aspirin-dipyridamole cap er</i> <i>12hr 25-200 mg</i> 62
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>5 mg</i>.....44	ANUSOL-HC see <i>hydrocortisone</i> <i>(rectal)</i> 76	ASTAGRAF XL 65
<i>amphetamine-</i> <i>dextroamphetamine tab</i> <i>7.5 mg</i>.....44	see <i>procto-med hc</i> 76	ATACAND see <i>candesartan cilexetil</i> 29
<i>amphotericin b</i>.....13	see <i>proctosol hc</i> 76	ATACAND HCT see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> <i>16-12.5 mg</i> 28
<i>amphotericin b liposome</i> .13	see <i>proctozone-hc</i> 76	see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> <i>32-12.5 mg</i> 28
<i>ampicillin</i> .....17	<i>aprepitant</i> 58	see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab</i> <i>32-25 mg</i> 28
	<i>aprepitant capsule therapy</i> <i>pack 80 & 125 mg</i> 58	<i>atazanavir sulfate</i> 13
	<i>apri</i> 52	ATELVIA see <i>risedronate sodium</i> 52
	APRISO see <i>mesalamine</i> 59	<i>atenolol</i> 31
	APTIOM..... 40	<i>atenolol & chlorthalidone</i> <i>tab 100-25 mg</i> 31
	APTIVUS..... 13	<i>atenolol & chlorthalidone</i> <i>tab 50-25 mg</i> 31
	ARALAST NP..... 71	ATIVAN see <i>lorazepam</i> 34
	<i>aranelle</i> 52	<i>atomoxetine hcl.</i> 44
	ARAVA see <i>leflunomide</i> 64	<i>atorvastatin calcium</i> 30
	ARCALYST 65	<i>atovaquone</i> 11

<i>atovaquone-proguanil hcl</i> tab 250-100 mg.....13	see <i>rasagiline mesylate</i> 37	<i>benazepril hcl</i> 27
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg.....13	<i>azithromycin</i> 16	BENDAMUSTINE
ATROPINE SULFATE.....69	AZOPT	HYDROCHLORID..... 18
<i>atropine sulfate</i> (<i>ophthalmic</i>).....69	see <i>brinzolamide</i> 69	BENDEKA 18
ATROVENT HFA.....70	<i>aztreonam</i> 11	BENICAR
<i>abra eq</i>.....52	AZULFIDINE	see <i>olmesartan</i>
AUGMENTIN	see <i>sulfasalazine</i> 59	<i>medoxomil</i> 29
see <i>amoxicillin & k</i>	AZULFIDINE EN-TABS	BENICAR HCT
<i>clavulanate tab 500-</i>	see <i>sulfasalazine</i> 59	see <i>olmesartan</i>
<i>125 mg</i>.....17	<i>azurette</i> 53	<i>medoxomil-</i>
AUGMENTIN ES-600	B	<i>hydrochlorothiazide tab</i>
see <i>amoxicillin & k</i>	<i>bacitracin (ophthalmic)</i> ... 68	<i>20-12.5 mg</i> 28
<i>clavulanate for susp</i>	<i>bacitracin-polymyxin b</i>	see <i>olmesartan</i>
<i>600-42.9 mg/5ml</i>.....17	<i>ophth oint</i> 68	<i>medoxomil-</i>
AUGTYRO 20, 21	<i>bacitracin-polymyxin-</i>	<i>hydrochlorothiazide tab</i>
<i>aurovela 1/20</i>.....52	<i>neomycin-hc ophth oint</i>	<i>40-12.5 mg</i> 28
<i>aurovela 24 fe</i>.....52	<i>1%</i> 68	see <i>olmesartan</i>
<i>aurovela fe 1.5/30</i>.....52	<i>baclofen</i> 47	<i>medoxomil-</i>
<i>aurovela fe 1/20</i>.....52	BACTRIM	<i>hydrochlorothiazide tab</i>
AUSTEDO.....46	see <i>sulfamethoxazole-</i>	<i>40-25 mg</i> 28
AUSTEDO XR .....46	<i>trimethoprim tab 400-</i>	BENLYSTA 65
AUSTEDO XR TAB TITR	<i>80 mg</i> 12	BENZAMYCIN
KIT .....46	BACTRIM DS	see <i>benzoyl peroxide-</i>
AUVELITY TAB 45-105MG	see <i>sulfamethoxazole-</i>	<i>erythromycin gel 5-3%</i>
.....35	<i>trimethoprim tab 800-</i>	..... 73
AVALIDE	<i>160 mg</i> 12	<i>benzoyl peroxide-</i>
see <i>irbesartan-</i>	BAFIERTAM 46	<i>erythromycin gel 5-3%</i> 73
<i>hydrochlorothiazide tab</i>	<i>balsalazide disodium</i> 59	<i>benztropine mesylate</i> 36
<i>150-12.5 mg</i>.....28	BALVERSA 21	BERINERT 62
see <i>irbesartan-</i>	<i>balziva</i> 53	BESIVANCE..... 68
<i>hydrochlorothiazide tab</i>	BANZEL	BESREMI 20
<i>300-12.5 mg</i> .....28	see <i>rufinamide</i> 42	<i>betaine powder for oral</i>
AVAPRO	BARACLUDGE 15	<i>solution</i> 56
see <i>irbesartan</i> .....29	see <i>entecavir</i> 15	<i>betamethasone</i>
<i>aviane</i>.....52	BASAGLAR KWIKPEN .. 50	<i>dipropionate (topical)</i> .. 75
AVODART	BCG VACCINE 65	<i>betamethasone</i>
see <i>dutasteride</i> .....60	<i>benazepril &</i>	<i>dipropionate augmented</i>
<i>ayuna</i>.....52	<i>hydrochlorothiazide tab</i>	..... 75
AYVAKIT .....21	<i>10-12.5 mg</i> 26	<i>betamethasone valerate</i> . 75
<i>azacitidine</i>.....19	<i>benazepril &</i>	BETAPACE
AZACTAM	<i>hydrochlorothiazide tab</i>	see <i>sotalol hcl</i> 30
see <i>aztreonam</i> .....11	<i>20-12.5 mg</i> 26	BETAPACE AF
<i>azathioprine</i> .....65	<i>benazepril &</i>	see <i>sotalol hcl (afib/afI)</i> 30
<i>azelastine hcl</i>.....70	<i>hydrochlorothiazide tab</i>	BETASERON..... 46
<i>azelastine hcl (ophth)</i>.....69	<i>20-25 mg</i> 26	<i>betaxolol hcl</i> 31
AZILECT	<i>benazepril &</i>	<i>betaxolol hcl (ophth)</i> 69
	<i>hydrochlorothiazide tab</i>	<i>bethanechol chloride</i> 61
	<i>5-6.25mg</i> 26	BETOPTIC-S..... 69

BEVESPI AER 9-4.8MCG.....70	<i>briellyn</i> 53	<i>buspirone hcl</i> 34
<i>bexarotene</i>.....20	BRILINTA..... 62	<i>butorphanol tartrate</i> 10
<i>bexarotene (topical)</i>.....76	<i>brimonidine tartrate</i> 69	BYSTOLIC
BEXSERO INJ.....65	<i>brinzolamide</i> 69	<i>see nebivolol hcl</i> 31
BEYAZ	BRIVIACT..... 40	C
<i>see drospirenone-ethinyl</i>	<i>bromfenac sodium (ophth)</i>	<i>cabergoline</i> 56
<i>estradiol-levomefolate</i>	..... 68	CABOMETYX..... 21
<i>tab 3-0.02-0.451 mg</i> 53	<i>bromocriptine mesylate</i> .. 36	<i>calcipotriene</i> 74
BIAXIN XL	BROMSITE	<i>calcitonin (salmon) spray</i> 52
<i>see clarithromycin</i>.....17	<i>see bromfenac sodium</i>	<i>calcitrene</i> 74
<i>bicalutamide</i>.....19	(<i>ophth</i>)..... 68	<i>calcitriol</i> 58
BICILLIN L-A.....18	BRONCHITOL..... 71	<i>calcitriol (oral)</i> 58
BIKTARVY TAB 30-120-15	BRUKINSA..... 21	CALQUENCE..... 21
MG.....14	<i>budesonide</i> 59	<i>camila</i> 53
BIKTARVY TAB 50-200-25	<i>budesonide (inhalation)</i> .. 72	CAMPTOSAR
MG.....14	<i>budesonide-formoterol</i>	<i>see irinotecan hcl</i> 20
<i>bisoprolol &</i>	<i>fumarate dihyd aerosol</i>	<i>camrese</i> 53
<i>hydrochlorothiazide tab</i>	160-4.5 mcg/act 73	<i>camrese lo</i> 53
10-6.25 mg.....31	<i>budesonide-formoterol</i>	CANASA
<i>bisoprolol &</i>	<i>fumarate dihyd aerosol</i>	<i>see mesalamine</i> 59
<i>hydrochlorothiazide tab</i>	80-4.5 mcg/act 73	CANCIDAS
2.5-6.25 mg.....31	<i>bumetanide</i> 32	<i>see caspofungin acetate</i>
<i>bisoprolol &</i>	BUMEX	..... 13
<i>hydrochlorothiazide tab</i>	<i>see bumetanide</i> 32	<i>candesartan cilexetil</i> 29
5-6.25 mg.....31	BUPHENYL	<i>candesartan cilexetil-</i>
<i>bisoprolol fumarate</i>.....31	<i>see sodium</i>	<i>hydrochlorothiazide tab</i>
BIVIGAM.....64	<i>phenylbutyrate</i> 57	16-12.5 mg 28
<i>blisovi 24 fe</i>.....53	<i>buprenorphine hcl</i> 47	<i>candesartan cilexetil-</i>
<i>blisovi fe 1.5/30</i>.....53	<i>buprenorphine hcl-</i>	<i>hydrochlorothiazide tab</i>
BOOSTRIX INJ.....65	<i>naloxone hcl sl film 12-3</i>	32-12.5 mg 28
<i>bortezomib</i>.....21	<i>mg (base equiv)</i> 48	<i>candesartan cilexetil-</i>
BORTEZOMIB.....21	<i>buprenorphine hcl-</i>	<i>hydrochlorothiazide tab</i>
<i>bosentan</i>.....34	<i>naloxone hcl sl film 2-0.5</i>	32-25 mg 28
BOSULIF.....21	<i>mg (base equiv)</i> 47	CAPLYTA..... 37
BRAFTOVI.....21	<i>buprenorphine hcl-</i>	CAPRELSA..... 21
BREO ELLIPTA INH 100-	<i>naloxone hcl sl film 4-1</i>	<i>captopril</i> 27
25.....73	<i>mg (base equiv)</i> 48	<i>captopril &</i>
BREO ELLIPTA INH 200-	<i>buprenorphine hcl-</i>	<i>hydrochlorothiazide tab</i>
25.....73	<i>naloxone hcl sl film 8-2</i>	25-15 mg 26
BREO ELLIPTA INH 50-	<i>mg (base equiv)</i> 48	<i>captopril &</i>
25MCG.....73	<i>buprenorphine hcl-</i>	<i>hydrochlorothiazide tab</i>
<i>breyana</i>.....73	<i>naloxone hcl sl tab 2-0.5</i>	25-25 mg 26
BREZTRI AERO AER	<i>mg (base equiv)</i> 48	<i>captopril &</i>
SPHERE.....70	<i>buprenorphine hcl-</i>	<i>hydrochlorothiazide tab</i>
BREZTRI AERO AER	<i>naloxone hcl sl tab 8-2</i>	50-15 mg 26
SPHERE	<i>mg (base equiv)</i> 48	<i>captopril &</i>
(INSTITUTIONAL PACK)	<i>bupropion hcl</i> 35	<i>hydrochlorothiazide tab</i>
.....70	<i>bupropion hcl (smoking</i>	50-25 mg 26
	<i>deterrent)</i> 48	CARAFATE

see <i>sucralfate</i>	60	see <i>diltiazem hcl coated</i>		<i>ceftriaxone sodium</i>	16
<i>carb/levo orally</i>		<i>beads</i>	32	<i>cefuroxime axetil</i>	16
<i>disintegrating tab 10-</i>		CARDURA		<i>cefuroxime sodium</i>	16
<i>100mg</i>	36	see <i>doxazosin mesylate</i>		CELEBREX	
<i>carb/levo orally</i>		.....	27	see <i>celecoxib</i>	9
<i>disintegrating tab 25-</i>		<i>carglumic acid</i>	56	<i>celecoxib</i>	9
<i>100mg</i>	36	<i>carisoprodol</i>	47	CELEXA	
<i>carb/levo orally</i>		CARNITOR		see <i>citalopram</i>	
<i>disintegrating tab 25-</i>		see <i>levocarnitine</i>		<i>hydrobromide</i>	35
<i>250mg</i>	36	(<i>metabolic modifiers</i>)		CELLCEPT	
CARBAGLU		.....	57	see <i>mycophenolate</i>	
see <i>carglumic acid</i>	56	<i>carteolol hcl (ophth)</i>	69	<i>mofetil</i>	65
<i>carbamazepine</i>	40	<i>cartia xt</i>	32	CELONTIN	
CARBATROL		<i>carvedilol</i>	31	see <i>methsuximide</i>	42
see <i>carbamazepine</i>	40	CASODEX		<i>cephalexin</i>	16
<i>carbidopa & levodopa tab</i>		see <i>bicalutamide</i>	19	CEQUR SIMPL KIT PATCH	
<i>10-100 mg</i>	36	<i>casprofungin acetate</i>	13	2U (3-DAY).....	50
<i>carbidopa & levodopa tab</i>		CATAPRES-TTS-1		CEQUR SIMPL KIT PATCH	
<i>25-100 mg</i>	36	see <i>clonidine</i>	33	2U (4-DAY).....	50
<i>carbidopa & levodopa tab</i>		CATAPRES-TTS-2		CEQUR SIMPL MIS	
<i>25-250 mg</i>	36	see <i>clonidine</i>	33	INSERTER.....	50
<i>carbidopa & levodopa tab</i>		CATAPRES-TTS-3		CERDELGA.....	56
<i>er 25-100 mg</i>	36	see <i>clonidine</i>	33	CEREZYME.....	56
<i>carbidopa & levodopa tab</i>		CAYSTON.....	11	<i>cetirizine hcl</i>	70
<i>er 50-200 mg</i>	36	<i>cefaclor</i>	16	<i>cevimeline hcl</i>	77
<i>carbidopa-levodopa-</i>		<i>cefadroxil</i>	16	<i>chateal eq</i>	53
<i>entacapone tabs 12.5-</i>		CEFAZOLIN.....	16	CHEMET.....	52
<i>50-200 mg</i>	36	CEFAZOLIN INJ		<i>chlorhexidine gluconate</i>	
<i>carbidopa-levodopa-</i>		1GM/50ML.....	16	(<i>mouth-throat</i>).....	77
<i>entacapone tabs 18.75-</i>		<i>cefazolin sodium</i>	16	<i>chloroquine phosphate</i> ...	13
<i>75-200 mg</i>	37	CEFAZOLIN SOLN		<i>chlorpromazine hcl</i>	37
<i>carbidopa-levodopa-</i>		2GM/100ML-4%.....	16	<i>chlorthalidone</i>	32
<i>entacapone tabs 25-100-</i>		CEFAZOLIN/DEX SOL		<i>cholestyramine</i>	30
<i>200 mg</i>	37	1GM/50ML-4%.....	16	<i>cholestyramine light</i>	30
<i>carbidopa-levodopa-</i>		CEFAZOLIN/DEX SOL		CIALIS	
<i>entacapone tabs 31.25-</i>		2GM/50ML-3%.....	16	see <i>tadalafil</i>	61
<i>125-200 mg</i>	37	CEFAZOLIN/DEX SOL		<i>ciclopirox</i>	74
<i>carbidopa-levodopa-</i>		3GM/150ML-4%.....	16	<i>ciclopirox olamine</i>	74
<i>entacapone tabs 37.5-</i>		<i>cefdinir</i>	16	<i>cilostazol</i>	62
<i>150-200 mg</i>	37	<i>cefepime hcl</i>	16	CILOXAN.....	68
<i>carbidopa-levodopa-</i>		<i>cefixime</i>	16	CIMDUO TAB 300-300... 14	
<i>entacapone tabs 50-200-</i>		CEFOTAN		<i>cinacalcet hcl</i>	56
<i>200 mg</i>	37	see <i>cefotetan disodium</i>		CIPRO	
<i>carboplatin</i>	18	.....	16	see <i>ciprofloxacin hcl</i> ...	17
CARDIZEM		<i>cefotetan disodium</i>	16	<i>ciprofloxacin 200 mg/100ml</i>	
see <i>diltiazem hcl</i>	32	<i>cefoxitin sodium</i>	16	<i>in d5w</i>	17
CARDIZEM CD		<i>cefpodoxime proxetil</i>	16	<i>ciprofloxacin 400 mg/200ml</i>	
see <i>cartia xt</i>	32	<i>cefprozil</i>	16	<i>in d5w</i>	17
		<i>ceftazidime</i>	16	<i>ciprofloxacin hcl</i>	17

<i>ciprofloxacin hcl (ophth)</i> ..68	CLINDMYC/NAC INJ	COLY-MYCIN M
<i>ciprofloxacin-</i>	900/50ML 11	see <i>colistimethate</i>
<i>dexamethasone otic susp</i>	CLINIMIX INJ 4.25/D10.. 67	<i>sodium</i> 11
0.3-0.1%.....69	CLINIMIX INJ 4.25/D5W 67	COMBIGAN SOL 0.2/0.5%
<i>cisplatin</i> .....18	CLINIMIX INJ 5%/D15W 67	..... 69
<i>citalopram hydrobromide</i> 35	CLINIMIX INJ 5%/D20W 67	COMBIVENT AER 20-100
<i>claravis</i>.....73	CLINIMIX INJ 6/5 67	..... 70
<i>clarithromycin</i>.....17	CLINIMIX INJ 8/10..... 67	COMETRIQ (60MG DOSE)
CLEOCIN	CLINIMIX INJ 8/14..... 68	..... 21
see <i>clindamycin hcl</i> .....11	<i>clinisol sf 15%</i> 68	COMETRIQ KIT 100MG. 21
see <i>clindamycin</i>	CLINOLIPID EMU 20%.. 68	COMETRIQ KIT 140MG. 21
<i>phosphate vaginal</i> ...61	<i>clobazam</i> 40	COMPLERA TAB..... 14
CLEOCIN PEDIATRIC	<i>clobetasol propionate</i> 75	<i>compro</i> 58
GRANULE	<i>clobetasol propionate e.</i> 75	<i>constulose</i> 59
see <i>clindamycin</i>	<i>clomipramine hcl</i> 35	COPAXONE..... 46
<i>palmitate hydrochloride</i>	<i>clonazepam</i> 40	see <i>glatiramer acetate</i> 47
.....11	<i>clonidine</i> 33	see <i>glatopa</i> 47
CLEOCIN PHOSPHATE	<i>clonidine hcl</i> 33	COPIKTRA..... 21
see <i>clindamycin</i>	<i>clopidogrel bisulfate</i> 62	COREG
<i>phosphate</i>.....11	<i>clorazepate dipotassium</i> 40	see <i>carvedilol</i> 31
CLEOCIN-T	<i>clotrimazole</i> 77	CORLANOR..... 33
see <i>clindamycin</i>	<i>clotrimazole (topical)</i> 74	see <i>ivabradine hcl</i> 33
<i>phosphate (topical)</i> ..73	<i>clotrimazole w/</i>	CORTEF
CLIMARA	<i>betamethasone cream 1-</i>	see <i>hydrocortisone</i> 56
see <i>estradiol</i>.....55	0.05%..... 74	CORTENEMA
CLINDAGEL	<i>clozapine</i> 37, 38	see <i>hydrocortisone</i>
see <i>clindamycin</i>	CLOZARIL	(<i>intrarectal</i>)..... 59
<i>phosphate (topical)</i> ..73	see <i>clozapine</i> 37	COSENTYX 63
<i>clindamycin hcl</i> .....11	COARTEM TAB 20-120MG	COSENTYX
<i>clindamycin palmitate</i>	..... 13	SENSOREADY PEN .. 63
<i>hydrochloride</i> .....11	COBENFY CAP 100-20MG	COSENTYX UNOREADY
<i>clindamycin phosphate</i> ...11	..... 38	..... 63
<i>clindamycin phosphate</i>	COBENFY CAP 125-30MG	COSOFT
(<i>topical</i>).....73	..... 38	see <i>dorzolamide hcl-</i>
<i>clindamycin phosphate in</i>	COBENFY CAP 50-20MG	<i>timolol maleate ophth</i>
<i>d5w iv soln 300 mg/50ml</i>	..... 38	<i>soln 2-0.5%</i> 69
.....11	COBENFY STRT CAP	COTELLIC..... 21
<i>clindamycin phosphate in</i>	PACK..... 38	COZAAR
<i>d5w iv soln 600 mg/50ml</i>	COLAZAL	see <i>losartan potassium</i>
.....11	see <i>balsalazide disodium</i>	..... 29
<i>clindamycin phosphate in</i>	..... 59	CREON CAP 12000UNT 60
<i>d5w iv soln 900 mg/50ml</i>	<i>colchicine</i> 9	CREON CAP 24000UNT 60
.....11	<i>colchicine w/ probenecid</i>	CREON CAP 3000UNIT. 60
<i>clindamycin phosphate</i>	<i>tab 0.5-500 mg</i> 9	CREON CAP 36000UNT 60
<i>vaginal</i>.....61	<i>colesevelam hcl</i> 30	CREON CAP 6000UNIT. 60
CLINDMYC/NAC INJ	COLESTID	CRESTOR
300/50ML .....11	see <i>colestipol hcl</i> 30	see <i>rosuvastatin calcium</i>
CLINDMYC/NAC INJ	<i>colestipol hcl</i> 30	..... 30
600/50ML .....11	<i>colistimethate sodium</i> 11	<i>cromolyn sodium</i> 71

<i>cromolyn sodium</i> (<i>mastocytosis</i>).....60	DARAPRIM see <i>pyrimethamine</i> 12	see <i>flac</i> 69
<i>cromolyn sodium (ophth)</i> 69	<i>darunavir</i> 13, 14	see <i>fluocinolone</i> <i>acetonide (otic)</i> 69
<i>cryselle-28</i>.....53	<i>dasatinib</i> 21	DESCOVY TAB 120-15MG 14
<i>cyclobenzaprine hcl</i>.....47	<i>dasetta 1/35</i> 53	DESCOVY TAB 200/25MG 14
<i>cyclophosphamide</i>.....18	<i>dasetta 7/7/7</i> 53	<i>desipramine hcl</i> 35
CYCLOPHOSPHAMIDE .18	DAURISMO..... 21	<i>desmopressin acetate</i> 57
CYCLOPHOSPHAMIDE MONOHYDR.....18	<i>daysee</i> 53	<i>desmopressin acetate</i> <i>spray</i> 57
<i>cycloserine</i>.....15	DAYVIGO..... 45	<i>desmopressin acetate</i> <i>spray refrigerated</i> 57
<i>cyclosporine</i>.....65	DDAVP see <i>desmopressin</i> <i>acetate</i> 57	<i>desogest-eth estrad & eth</i> <i>estrad tab 0.15-0.02/0.01</i> <i>mg(21/5)</i> 53
<i>cyclosporine modified (for</i> <i>microemulsion)</i>.....65	<i>deblitane</i> 53	<i>desvenlafaxine succinate</i> 35
CYKLOKAPRON see <i>tranexamic acid</i>....62	<i>deferasirox</i> 52	DETROL see <i>tolterodine tartrate</i> 61
CYMBALTA see <i>duloxetine hcl</i>.....35	DELESTROGEN see <i>estradiol valerate</i> . 55	<i>dexamethasone</i> 56
<i>cyproheptadine hcl</i> .....70	DELSTRIGO TAB..... 14	DEXAMETHASONE INTENSOL..... 56
<i>cyred eq</i> .....53	DEMSEER see <i>metyrosine</i> 33	<i>dexamethasone sodium</i> <i>phosphate</i> 56
CYSTADANE see <i>betaine powder for</i> <i>oral solution</i>.....56	DENGVAXIA SUS 65	<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> 68
CYSTADROPS.....69	DEPAKOTE see <i>divalproex sodium</i> 41	<i>dexmethylphenidate hcl</i> .. 44
CYSTAGON.....56	DEPAKOTE ER see <i>divalproex sodium</i> 40	<i>dextrose</i> 68
CYSTARAN .....69	DEPAKOTE SPRINKLES see <i>divalproex sodium</i> 40	<i>dextrose 10% w/ sodium</i> <i>chloride 0.45%</i> 66
<i>cytarabine</i> .....19	DEPEN TITRATABS see <i>penicillamine</i> 52	<i>dextrose 2.5% w/ sodium</i> <i>chloride 0.45%</i> 66
CYTOMEL see <i>liothyronine sodium</i>.....58	DEPO-MEDROL see <i>methylprednisolone</i> <i>acetate</i> 56	DEXTROSE 2.5%/SODIUM CHLO see <i>dextrose 2.5% w/</i> <i>sodium chloride 0.45%</i> 66
CYTOTEC see <i>misoprostol</i>.....60	DEPO-PROVERA CONTRACEPTIV see <i>medroxyprogesterone</i> <i>acetate (contraceptive)</i> 54	<i>dextrose 5% in lactated</i> <i>ringers</i> 66
D	DEPO-SUBQ PROVERA 104..... 53	<i>dextrose 5% w/ sodium</i> <i>chloride 0.2%</i> 66
D10W/NACL INJ 0.2%....66	<i>depo-testosterone</i> 48	<i>dextrose 5% w/ sodium</i> <i>chloride 0.225%</i> 66
D2.5W/NACL INJ 0.45%.66	DERMA-SMOOTH/FS BODY see <i>fluocinolone</i> <i>acetonide</i> 75	<i>dextrose 5% w/ sodium</i> <i>chloride 0.3%</i> 66
<i>dabigatran etexilate</i> <i>mesylate</i>.....61	DERMA-SMOOTH/FS SCALP see <i>fluocinolone</i> <i>acetonide</i> 75	<i>dextrose 5% w/ sodium</i> <i>chloride 0.45%</i> 66
<i>dalfampridine</i> .....46	DERMOTIC	<i>dextrose 5% w/ sodium</i> <i>chloride 0.9%</i> 66
DALIRESP see <i>roflumilast</i>.....72		
<i>danazol</i>.....48		
DANTRIUM see <i>dantrolene sodium</i> 47		
<i>dantrolene sodium</i>.....47		
DANZITEN.....21		
<i>dapsone</i> .....11		
DAPTACEL INJ .....65		
<i>daptomycin</i>.....11		
DAPTOMYCIN.....11 see <i>daptomycin</i>.....11		

DEXTROSE 5%/SODIUM CHLORIDE see <i>dextrose 5% w/ sodium chloride 0.3%</i> .....66	DIOVAN see <i>valsartan</i> 29	<i>doxepin hcl</i> 35
DEXTROSE/SODIUM CHLORIDE see <i>dextrose 5% w/ sodium chloride 0.225%</i> .....66	DIOVAN HCT see <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> 29	<i>doxepin hcl (sleep)</i> 45
DIACOMIT .....40	see <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> 29	DOXIL see <i>doxorubicin hcl liposomal</i> 20
<i>diazepam</i> .....40	see <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> 29	<i>doxorubicin hcl</i> 20
<i>diazepam (anticonvulsant)</i> .....40	see <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> 29	<i>doxorubicin hcl liposomal</i> 20
<i>diazepam inj</i>.....40	see <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> 29	DOXORUBICIN HYDROCHLORIDE see <i>doxorubicin hcl</i> 20
<i>diazepam intensol</i> .....40	DIP/TET PED INJ 25-5LFU 65	<i>doxy 100</i> 18
<i>diazoxide</i>.....56	<i>diphenhydramine hcl</i> 70	<i>doxycycline (monohydrate)</i> 18
<i>diclofenac potassium</i>.....9	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> ... 60	<i>doxycycline hyclate</i> 18
<i>diclofenac sodium</i>.....9	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> 60	DRIZALMA SPRINKLE .. 35
<i>diclofenac sodium (ophth)</i> .....68	DIPROLENE see <i>betamethasone dipropionate augmented</i> 75	<i>dronabinol</i> 58
<i>diclofenac sodium (topical)</i> .....76	<i>dipyridamole</i> 63	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> 53
<i>dicloxacillin sodium</i>.....18	<i>disopyramide phosphate</i> 30	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> 53
<i>dicyclomine hcl</i> .....59	<i>disulfiram</i> 48	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> 53
DIFICID .....17	<i>divalproex sodium</i> 40, 41	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 53
DIFLUCAN see <i>fluconazole</i>.....13	<i>docetaxel</i> 20	<i>droxidopa</i> 33
<i>diflunisal</i> .....9	DOCETAXEL 20 see <i>docetaxel</i> 20	DULERA AER 100-5MCG 73
<i>difluprednate</i> .....69	DOCIVYX 20	DULERA AER 200-5MCG 73
<i>digoxin</i>.....33	<i>dofetilide</i> 30	DULERA AER 50-5MCG 73
<i>dihydroergotamine mesylate</i>.....45	<i>dolishale</i> 53	<i>duloxetine hcl</i> 35
DILANTIN.....40 see <i>phenytoin sodium extended</i>.....42	<i>donepezil hydrochloride</i> . 34	DUPIXENT 63
DILANTIN INFATABS see <i>phenytoin</i>.....42	DOPTLET 62	DUREZOL see <i>difluprednate</i> 69
DILANTIN-125 see <i>phenytoin</i>.....42	<i>dorzolamide hcl</i> 69	<i>dutasteride</i> 60
DILAUDID see <i>hydromorphone hcl</i>.....10	<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> 69	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> 60
<i>diltiazem hcl</i>.....32	<i>dotti</i> 55	E
<i>diltiazem hcl coated beads</i>.....32	DOVATO TAB 50-300MG 14	<i>e.e.s. 400</i> 17
<i>diltiazem hcl extended release beads</i>.....32	<i>doxazosin mesylate</i> 27	EC-NAPROSYN see <i>naproxen</i> 9
<i>dilt-xr</i>.....32		see <i>naproxen dr</i> 9

<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>.....14	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> 26	<i>eplerenone</i> 27
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>.....14	ENBREL..... 63	EPRONTIA..... 41
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>.....14	ENBREL MINI..... 63	<i>ergotamine w/ caffeine tab 1-100 mg</i> 45
EFFEXOR XR	ENBREL SURECLICK... 63	ERIVEDGE..... 21
see <i>venlafaxine hcl</i>.....36	ENDARI	ERLEADA..... 19
EFFIENT	see <i>l-glutamine (sickle cell)</i> 62	<i>erlotinib hcl</i> 21
see <i>prasugrel hcl</i>.....63	<i>endocet tab 10-325mg</i> ... 10	<i>errin</i> 53
ELIDEL	<i>endocet tab 2.5-325mg</i> .. 10	<i>ertapenem sodium</i> 11
see <i>pimecrolimus</i>.....76	<i>endocet tab 5-325mg</i> 10	<i>ery</i> 73
ELIGARD.....19	<i>endocet tab 7.5-325mg</i> .. 10	ERYGEL
ELIMITE	ENGERIX-B..... 65	see <i>erythromycin (acne aid)</i> 74
see <i>permethrin</i>.....77	<i>enilloring</i> 53	<i>ery-tab</i> 17
<i>elinst</i>.....53	<i>enoxaparin sodium</i> 62	ERYTHROCIN
ELIQUIS.....61	<i>enpresse-28</i> 53	LACTOBIONATE..... 17
ELIQUIS STARTER PACK	<i>enskyce</i> 53	see <i>erythromycin lactobionate</i> 17
.....61	ENSTILAR AER..... 75	<i>erythromycin (acne aid)</i> .. 74
<i>eluryng</i>.....53	<i>entacapone</i> 37	<i>erythromycin (ophth)</i> 68
EMEND BIPACK	<i>entecavir</i> 15	<i>erythromycin base</i> 17
see <i>aprepitant</i>.....58	ENTRESTO CAP 15-16MG	<i>erythromycin ethylsuccinate</i>
EMGALITY.....45	..... 28	..... 17
EMSAM.....35	ENTRESTO CAP 6-6MG28	<i>erythromycin lactobionate</i>
<i>emtricitabine</i>.....14	ENTRESTO TAB 24-26MG	..... 17
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>.....14	..... 28	ESBRIET
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>.....15	ENTRESTO TAB 49-51MG	see <i>pirfenidone</i> 72
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>.....15	..... 28	<i>escitalopram oxalate</i> 35
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>.....15	ENTRESTO TAB 97-103MG..... 28	<i>esomeprazole magnesium</i>
EMTRIVA.....14	<i>enulose</i> 59	..... 60
see <i>emtricitabine</i>.....14	EPCLUSA PAK 150-37.515	<i>estarylla</i> 53
EMVERM.....11	EPCLUSA PAK 200-50MG	ESTRACE
<i>emzahn</i>.....53	..... 15	see <i>estradiol</i> 55
<i>enalapril maleate</i>.....27	EPCLUSA TAB 200-50MG	see <i>estradiol vaginal</i> ... 55
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>.....26	..... 15	<i>estradiol</i> 55
	EPCLUSA TAB 400-100 15	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> 55
	EPIDIOLEX..... 41	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> ... 55
	<i>epinephrine (anaphylaxis)</i>	<i>estradiol vaginal</i> 55
	..... 33, 71	<i>estradiol valerate</i> 55
	EPIPEN 2-PAK	<i>eszopiclone</i> 45
	see <i>epinephrine (anaphylaxis)</i> 71	<i>ethambutol hcl</i> 15
	EPIPEN-JR 2-PAK	<i>ethosuximide</i> 41
	see <i>epinephrine (anaphylaxis)</i> 71	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> 53
	<i>epitol</i> 41	
	EPIVIR	
	see <i>lamivudine</i> 14	

<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	53	<i>fludrocortisone acetate</i> ...	56
<i>etodolac</i>	9	<i>flunisolide (nasal)</i>	72
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	53	<i>fluocinolone acetonide</i>	75
<i>etoposide</i>	20	<i>fluocinolone acetonide (otic)</i>	69
<i>etravirine</i>	14	<i>fluocinonide</i>	75
EULEXIN	19	<i>fluocinonide emulsified base</i>	75
<i>euthyrox</i>	57	<i>fluorometholone (ophth)</i> .	69
<i>everolimus</i>	21, 22	<i>fluorouracil</i>	19
<i>everolimus (immunosuppressant)</i> ..	65	<i>fluorouracil (topical)</i>	76
EVISTA		<i>fluoxetine hcl</i>	35
<i>see raloxifene hcl</i>	57	<i>fluphenazine decanoate</i> .	38
EVOTAZ TAB 300-150	15	<i>fluphenazine hcl</i>	38
EVOXAC		<i>flurbiprofen</i>	9
<i>see cevimeline hcl</i>	77	<i>flurbiprofen sodium</i>	69
EXELON		<i>fluticasone propionate</i>	75
<i>see rivastigmine</i>	35	<i>fluticasone propionate (nasal)</i>	72
<i>exemestane</i>	19	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	73
EXFORGE		<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	73
<i>see amlodipine besylate-valsartan tab 10-160 mg</i>	27	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	73
<i>see amlodipine besylate-valsartan tab 10-320 mg</i>	28	<i>fluvoxamine maleate</i>	34
<i>see amlodipine besylate-valsartan tab 5-160 mg</i>	27	FML LIQUIFILM	
<i>see amlodipine besylate-valsartan tab 5-320 mg</i>	27	<i>see fluorometholone (ophth)</i>	69
EXJADE		FOCALIN	
<i>see deferasirox</i>	52	<i>see dexmethylphenidate hcl</i>	44
EYSUVIS	69	<i>fondaparinux sodium</i>	62
<i>ezetimibe</i>	30	FOSAMAX	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	30	<i>see alendronate sodium</i>	52
<i>ezetimibe-simvastatin tab 10-20 mg</i>	30	<i>fosamprenavir calcium</i> ...	14
<i>ezetimibe-simvastatin tab 10-40 mg</i>	30	<i>fosinopril sodium</i>	27
<i>ezetimibe-simvastatin tab 10-80 mg</i>	30	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	26
F		<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	26
FABRAZYME	57	FOTIVDA	22
<i>falmina</i>	53	FRUZAQLA	22
<i>famciclovir</i>	15		
<i>famotidine</i>	59		
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	59		
FANAPT	38		
FANAPT PAK	38		
FARESTON			
<i>see toremifene citrate</i> .	20		
FARXIGA	48		
FASENRA	71		
FASENRA PEN	71		
FASLODEX			
<i>see fulvestrant</i>	19		
<i>felbamate</i>	41		
FELBATOL			
<i>see felbamate</i>	41		
<i>felodipine</i>	32		
FEMARA			
<i>see letrozole</i>	19		
<i>fenofibrate</i>	30		
<i>fenofibrate micronized</i>	30		
<i>fentanyl</i>	9		
<i>fesoterodine fumarate</i>	61		
FETZIMA	35		
FETZIMA CAP TITRATIO	35		
FIASP	50		
FIASP FLEXTOUCH	50		
FIASP PENFILL	50		
FIASP PUMPCART	50		
<i>finasteride</i>	61		
<i>finngolimod hcl</i>	47		
FINTEPLA	41		
<i>finzala</i>	53		
FIRAZYR			
<i>see icanitbant acetate</i> ...	62		
<i>see sajazir</i>	62		
FIRMAGON	19		
<i>flac</i>	69		
FLAREX	69		
FLEBOGAMMA DIF	64		
<i>flecainide acetate</i>	30		
<i>fluconazole</i>	13		
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	13		
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	13		
<i>flucytosine</i>	13		

FULPHILA.....	62	<i>gentamicin in saline inj 1.2</i>		<i>griseofulvin ultramicrosize</i>	
<i>fulvestrant</i>	19	<i>mg/ml</i>	11	.....	13
<i>furosemide</i>	32	<i>gentamicin in saline inj 1.6</i>		<i>guanfacine hcl</i>	33
<i>furosemide inj</i>	32	<i>mg/ml</i>	11	<i>guanfacine hcl (adhd)</i>	44
FUZEON	14	<i>gentamicin in saline inj 2</i>		H	
<i>fyavolv tab 0.5mg-2.5mcg</i>		<i>mg/ml</i>	11	HAEGARDA.....	62
.....	55	<i>gentamicin sulfate</i>	11	<i>hailey 1.5/30</i>	53
<i>fyavolv tab 1mg-5mcg</i>	55	<i>gentamicin sulfate (ophth)</i>		<i>hailey 24 fe</i>	53
FYCOMPA	41	.....	68	HALDOL DECANOATE	
G		<i>gentamicin sulfate (topical)</i>		100	
<i>gabapentin</i>	41	.....	74	see <i>haloperidol</i>	
<i>galantamine hydrobromide</i>		GENVOYA TAB.....	15	<i>decanoate</i>	38
.....	34	GEODON		HALDOL DECANOATE 50	
<i>gallifrey</i>	57	see <i>ziprasidone hcl</i>	39	see <i>haloperidol</i>	
GAMASTAN INJ.....	64	see <i>ziprasidone mesylate</i>		<i>decanoate</i>	38
GAMMAGARD LIQUID ...	64	.....	40	HALDOL DECANOATE 50	
GAMMAGARD S/D IGA		GILENYA		see <i>haloperidol</i>	
LESS TH	64	see <i> fingolimod hcl</i>	47	<i>decanoate</i>	38
GAMMAKED.....	65	GILOTRIF	22	<i>halobetasol propionate</i> ...	75
GAMMAPLEX.....	65	<i>glatiramer acetate</i>	47	<i>haloette</i>	53
GAMUNEX-C.....	65	<i>glatopa</i>	47	<i>haloperidol</i>	38
<i>ganciclovir sodium</i>	15	GLEEVEC		<i>haloperidol decanoate</i>	38
GARDASIL 9 INJ.....	65	see <i> imatinib mesylate</i> .	22	<i>haloperidol lactate</i>	38
GASTROCROM		GLEOSTINE	18	HARVONI PAK 33.75-	
see <i>cromolyn sodium</i>		<i>glimepiride</i>	48	150MG	15
(<i>mastocytosis</i>).....	60	<i>glipizide</i>	48	HARVONI PAK 45-200MG	
<i>gatifloxacin (ophth)</i>	68	<i>glipizide xl</i>	49	.....	15
GATTEX.....	60	<i>glipizide-metformin hcl tab</i>		HARVONI TAB 45-200MG	
GAUZE PADS 2	50	2.5-250 mg.....	49	.....	15
<i>gavilyte-c</i>	59	<i>glipizide-metformin hcl tab</i>		HARVONI TAB 90-400MG	
<i>gavilyte-g</i>	59	2.5-500 mg.....	49	.....	15
<i>gavilyte-n/flavor pack</i>	59	<i>glipizide-metformin hcl tab</i>		HAVRIX	65
GAVRETO	22	5-500 mg	49	<i>heather</i>	53
<i>gefitinib</i>	22	GLUCOTROL XL		HEP SOD/NACL INJ	
<i>gemcitabine hcl</i>	19	see <i>glipizide</i>	48	25000UNT	62
GEMCITABINE		see <i>glipizide xl</i>	49	<i>heparin sodium (porcine)</i>	62
HYDROCHLORIDE		<i>glycopyrrolate</i>	59	HEPLISAV-B.....	66
see <i>gemcitabine hcl</i>	19	<i>glydo</i>	76	HERCEP HYLEC SOL 60-	
<i>gemfibrozil</i>	30	GLYXAMBI TAB 10-5 MG		10000.....	22
<i>generlac</i>	59	.....	49	HERCEPTIN	22
<i>gengraf</i>	65	GLYXAMBI TAB 25-5 MG		HERZUMA.....	22
GENOTROPIN	57	.....	49	HETLIOZ	
GENOTROPIN MINIQWICK		GOLYTELY		see <i>tasimelteon</i>	45
.....	57	see <i>gavilyte-g</i>	59	HIBERIX.....	66
<i>gentamicin in saline inj 0.8</i>		see <i>peg 3350-kcl-na</i>		HIPREX	
<i>mg/ml</i>	11	<i>bicarb-nacl-na sulfate</i>		see <i>methenamine</i>	
<i>gentamicin in saline inj 1</i>		<i>for soln 236 gm</i>	59	<i>hippurate</i>	12
<i>mg/ml</i>	11	<i>granisetron hcl</i>	58	HUMIRA	63
		<i>griseofulvin microsize</i>	13	HUMIRA PEN.....	63

HUMIRA PEN-CD/UC/HS START.....63	see <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> 28	<i>indapamide</i> 32
HUMIRA PEN-PEDIATRIC UC S.....63	I	INDERAL LA see <i>propranolol hcl</i> 31
HUMULIN R U-500 (CONCENTR .....51	<i>ibandronate sodium</i> 52	INFANRIX INJ..... 66
HUMULIN R U-500 KWIKPEN.....51	IBRANCE 22	INFLIXIMAB 64
<i>hydralazine hcl</i>.....33	<i>ibu</i> 9	INLYTA 22
HYDREA see <i>hydroxyurea</i> .....20	<i>ibuprofen</i> 9	INQOVI TAB 35-100MG. 19
<i>hydrochlorothiazide</i> .....32	<i>icatibant acetate</i> 62	INREBIC..... 22
<i>hydrocodone bitartrate</i> .....9	<i>iclevia</i> 53	INSPRA see <i>eplerenone</i> 27
<i>hydrocodone- acetaminophen soln 7.5- 325 mg/15ml</i> .....10	ICLUSIG 22	INSULIN PEN NEEDLES: BD-EMBECTA..... 51
<i>hydrocodone- acetaminophen tab 10- 325 mg</i> .....10	IDACIO (2 PEN)..... 63	INSULIN SAFETY NEEDLES: BD- EMBECTA 51
<i>hydrocodone- acetaminophen tab 5-325 mg</i>.....10	IDACIO (2 SYRINGE) 63	INSULIN SYRINGES: BD- EMBECTA 51
<i>hydrocodone- acetaminophen tab 7.5- 325 mg</i> .....10	IDACIO CROHN INJ DISEASE 64	INTELENCE 14 see <i>etravirine</i> 14
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>.....10	IDACIO PLAQU INJ PSORIASIS 64	INTRALIPID 68
<i>hydrocortisone</i> .....56	IDHIFA..... 22	<i>introvale</i> 53
<i>hydrocortisone (intrarectal)</i> .....59	<i>imatinib mesylate</i> 22	INTUNIV see <i>guanfacine hcl (adhd)</i> 44
<i>hydrocortisone (rectal)</i> ....76	IMBRUVICA 22	INVEGA see <i>paliperidone</i> 39
<i>hydrocortisone (topical)</i> ...75	<i>imipenem-cilastatin intravenous for soln 250 mg</i> 11	INVEGA HAFYERA 38
<i>hydrocortisone sod succinate</i> .....56	<i>imipenem-cilastatin intravenous for soln 500 mg</i> 12	INVEGA SUSTENNA 38
<i>hydrocortisone valerate</i> ...75	<i>imipramine hcl</i> 35	INVEGA TRINZA 38
<i>hydromorphone hcl</i>.....10	<i>imiquimod</i> 76	IPOL INJ INACTIVE 66
<i>hydroxychloroquine sulfate</i>.....64	IMITREX see <i>sumatriptan succinate</i> 46	<i>ipratropium bromide</i> 70
<i>hydroxyurea</i> .....20	IMITREX STATDOSE REFILL see <i>sumatriptan succinate</i> 46	<i>ipratropium bromide (nasal)</i> 70
<i>hydroxyzine hcl</i>.....70	IMITREX STATDOSE SYSTEM see <i>sumatriptan succinate</i> 46	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> 70
<i>hydroxyzine pamoate</i> .....70	IMKELDI 22	<i>irbesartan</i> 29
HYZAAR see <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> .....28	IMOVAX RABIES (H.D.C.V.) 66	<i>irbesartan- hydrochlorothiazide tab 150-12.5 mg</i> 28
see <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> .....28	IMPAVIDO..... 12	<i>irbesartan- hydrochlorothiazide tab 300-12.5 mg</i> 28
	IMURAN see <i>azathioprine</i> 65	IRESSA see <i>gefitinib</i> 22
	INBRIJA..... 37	<i>irinotecan hcl</i> 20
	<i>incassia</i> 53	ISENTRESS..... 14
	INCRELEX 57	ISENTRESS HD 14
	INCRUSE ELLIPTA 70	<i>isibloom</i> 53
		ISOLYTE-P INJ /D5W 66

ISOLYTE-S INJ PH 7.4...66	<i>junel</i> 1.5/30..... 53	<i>kcl</i> 40 meq/l (0.3%) in
<i>isoniazid</i>.....15	<i>junel</i> 1/20..... 53	dextrose 5% & nacl
ISORDIL TITRADOSE	<i>junel</i> fe 1.5/30 53	0.45% inj..... 67
see <i>isosorbide dinitrate</i>	<i>junel</i> fe 1/20..... 53	<i>kcl</i> 40 meq/l (0.3%) in
.....33	<i>junel</i> fe 24..... 53	dextrose 5% & nacl 0.9%
<i>isosorbide dinitrate</i>.....33	JYLAMVO 64	inj..... 67
<i>isosorbide mononitrate</i> ...33	JYNNEOS 66	<i>kcl</i> 40 meq/l (0.3%) in nacl
<i>isotretinoin</i>.....74	K	0.9% inj..... 67
<i>isradipine</i>.....32	KADCYLA 22	KCL/D5W/NACL INJ
ITOVEBI.....22	<i>kaitlib</i> fe 53	0.3/0.9% 67
<i>itraconazole</i>.....13	KALETRA	<i>kelnor</i> 1/35..... 53
<i>ivabradine hcl</i>.....33	see <i>lopinavir-ritonavir</i>	<i>kelnor</i> 1/50..... 53
<i>ivermectin</i>.....12	<i>soln</i> 400-100 mg/5ml	KEPPRA
IWILFIN .....20	(80-20 mg/ml) 15	see <i>levetiracetam</i> 41
IXCHIQ INJ .....66	see <i>lopinavir-ritonavir tab</i>	see <i>roweepa</i> 42
IXIARO INJ .....66	100-25 mg 15	KEPPRA XR
J	see <i>lopinavir-ritonavir tab</i>	see <i>levetiracetam</i> 41
JADENU	200-50 mg 15	KERENDIA 27
see <i>deferasirox</i> .....52	KALYDECO..... 71	KESIMPTA 47
JAKAFI.....22	KANJINTI 22	<i>ketoconazole</i> 13
<i>jantoven</i>.....62	<i>kariva</i> 53	<i>ketoconazole (topical)</i> 74
JANUMET TAB 50-1000.49	KCL 0.3%/D5W/NACL	<i>ketorolac tromethamine</i>
JANUMET TAB 50-500MG	0.9%	(<i>ophth</i>) 69
.....49	see <i>kcl</i> 40 meq/l (0.3%)	KEYTRUDA..... 22
JANUMET XR TAB 100-	in dextrose 5% & nacl	KINRIX INJ 66
1000.....49	0.9% inj..... 67	<i>kionex</i> 52
JANUMET XR TAB 50-	<i>kcl</i> 10 meq/l (0.075%) in	KISQALI 200 DOSE 22
1000.....49	dextrose 5% & nacl	KISQALI 200 PAK
JANUMET XR TAB 50-	0.45% inj..... 66	FEMARA..... 22
500MG.....49	<i>kcl</i> 20 meq/l (0.149%) in	KISQALI 400 DOSE 22
JANUVIA.....49	nacl 0.45% inj..... 67	KISQALI 400 PAK
JARDIANCE .....49	<i>kcl</i> 20 meq/l (0.15%) in	FEMARA..... 22
<i>jasmiel</i>.....53	dextrose 5% & nacl 0.2%	KISQALI 600 DOSE 22
<i>javygtor</i>.....57	inj 66	KISQALI 600 PAK
JAYPIRCA .....22	<i>kcl</i> 20 meq/l (0.15%) in	FEMARA..... 22
JENTADUETO TAB 2.5-	dextrose 5% & nacl	KITABIS PAK
1000.....49	0.45% inj..... 66	see <i>tobramycin</i> 12
JENTADUETO TAB 2.5-	<i>kcl</i> 20 meq/l (0.15%) in	KLARON
500.....49	dextrose 5% & nacl 0.9%	see <i>sulfacetamide</i>
JENTADUETO TAB 2.5-	inj 66	<i>sodium (acne)</i> 74
850.....49	<i>kcl</i> 20 meq/l (0.15%) in nacl	<i>klayesta</i> 74
JENTADUETO TAB XR	0.45% inj..... 67	KLONOPIN
2.5-1000MG .....49	<i>kcl</i> 20 meq/l (0.15%) in nacl	see <i>clonazepam</i> 40
JENTADUETO TAB XR 5-	0.9% inj..... 67	<i>klor-con</i> 67
1000MG.....49	<i>kcl</i> 30 meq/l (0.224%) in	<i>klor-con</i> 10..... 67
<i>jinteli</i> .....55	dextrose 5% & nacl	<i>klor-con</i> 8..... 67
<i>jolessa</i> .....53	0.45% inj..... 67	<i>klor-con</i> m10 67
<i>juleber</i> .....53		<i>klor-con</i> m15 67
JULUCA TAB 50-25MG ..15		<i>klor-con</i> m20 67

KORLYM		
see <i>mifepristone</i>		
(<i>hyperglycemia</i>)	.....	57
KOSELUGO	.....	23
<i>kourzeq</i>	.....	77
KRAZATI	.....	23
<i>kurvelo</i>	.....	53
KUVAN		
see <i>javygtor</i>	.....	57
see <i>sapropterin</i>		
<i>dihydrochloride</i>	.....	57
L		
<i>labetalol hcl</i>	.....	31
<i>lacosamide</i>	.....	41
<i>lacosamide oral</i>	.....	41
<i>lactated ringer's solution</i>	.....	67
<i>lactic acid (ammonium</i>		
<i>lactate)</i>	.....	76
<i>lactulose</i>	.....	59
<i>lactulose (encephalopathy)</i>	.....	59
LAMICTAL		
see <i>lamotrigine</i>	.....	41
see <i>subvenite</i>	.....	42
LAMICTAL CHEWABLE		
DISPERS		
see <i>lamotrigine</i>	.....	41
LAMICTAL XR		
see <i>lamotrigine</i>	.....	41
<i>lamivudine</i>	.....	14
<i>lamivudine (hbv)</i>	.....	15
<i>lamivudine-zidovudine tab</i>		
150-300 mg	.....	15
<i>lamotrigine</i>	.....	41
LANOXIN		
see <i>digoxin</i>	.....	33
<i>lanreotide acetate</i>	.....	57
<i>lansoprazole</i>	.....	60
<i>lapatinib ditosylate</i>	.....	23
<i>larin 1.5/30</i>	.....	53
<i>larin 1/20</i>	.....	53
<i>larin 24 fe</i>	.....	53
<i>larin fe 1.5/30</i>	.....	53
<i>larin fe 1/20</i>	.....	53
LASIX		
see <i>furosemide</i>	.....	32
<i>latanoprost</i>	.....	69
LATUDA		
see <i>lurasidone hcl</i>	.....	38
<i>layolis fe</i>	.....	53
LAZCLUZE	.....	23
<i>leena</i>	.....	53
<i>leflunomide</i>	.....	64
<i>lenalidomide</i>	.....	20
LENVIMA 10 MG DAILY		
DOSE	.....	23
LENVIMA 12MG DAILY		
DOSE	.....	23
LENVIMA 20 MG DAILY		
DOSE	.....	23
LENVIMA 4 MG DAILY		
DOSE	.....	23
LENVIMA 8 MG DAILY		
DOSE	.....	23
LENVIMA CAP 14 MG ...	23	
LENVIMA CAP 18 MG ...	23	
LENVIMA CAP 24 MG ...	23	
<i>lessina</i>	.....	53
LETAIRIS		
see <i>ambrisentan</i>	.....	33
<i>letrozole</i>	.....	19
<i>leucovorin calcium</i>	.....	26
<i>leuprolide acetate</i>	.....	19
<i>levabuterol hcl</i>	.....	71
<i>levabuterol tartrate</i>	.....	71
<i>levetiracetam</i>	.....	41
LEVETIRACETAM	.....	41
see <i>levetiracetam in</i>		
<i>sodium chloride iv soln</i>		
1000 mg/100ml	.....	41
see <i>levetiracetam in</i>		
<i>sodium chloride iv soln</i>		
1500 mg/100ml	.....	41
see <i>levetiracetam in</i>		
<i>sodium chloride iv soln</i>		
500 mg/100ml	.....	41
<i>levetiracetam in sodium</i>		
<i>chloride iv soln 1000</i>		
mg/100ml	.....	41
<i>levetiracetam in sodium</i>		
<i>chloride iv soln 1500</i>		
mg/100ml	.....	41
<i>levetiracetam in sodium</i>		
<i>chloride iv soln 500</i>		
mg/100ml	.....	41
<i>levobunolol hcl</i>	.....	69
<i>levocarnitine (metabolic</i>		
<i>modifiers)</i>	.....	57
<i>levocetirizine</i>		
<i>dihydrochloride</i>	.....	70
<i>levofloxacin</i>	.....	17
<i>levofloxacin in d5w iv soln</i>		
250 mg/50ml	.....	17
<i>levofloxacin in d5w iv soln</i>		
500 mg/100ml	.....	17
<i>levofloxacin in d5w iv soln</i>		
750 mg/150ml	.....	17
levonest	.....	53
<i>levonor-eth est tab 0.15-</i>		
<i>0.02/0.025/0.03 mg & eth</i>		
<i>est 0.01 mg</i>	.....	54
<i>levonorgestrel & ethinyl</i>		
<i>estradiol (91-day) tab</i>		
0.15-0.03 mg	.....	54
<i>levonorgestrel & ethinyl</i>		
<i>estradiol tab 0.1 mg-20</i>		
mcg	.....	54
<i>levonorgestrel & ethinyl</i>		
<i>estradiol tab 0.15 mg-30</i>		
mcg	.....	54
<i>levonorgestrel-eth estra tab</i>		
0.05-30/0.075-40/0.125-		
30mg-mcg	.....	54
<i>levonorgestrel-ethinyl</i>		
<i>estradiol (continuous) tab</i>		
90-20 mcg	.....	54
<i>levonorg-eth est tab 0.1-</i>		
<i>0.02mg(84) & eth est tab</i>		
0.01mg(7)	.....	54
<i>levonorg-eth est tab 0.15-</i>		
<i>0.03mg(84) & eth est tab</i>		
0.01mg(7)	.....	54
levora 0.15/30-28	.....	54
levo-t	.....	58
<i>levothyroxine sodium</i>	.....	58
<i>levoxyl</i>	.....	58
LEXAPRO		
see <i>escitalopram oxalate</i>	.....	35
<i>l-glutamine (sickle cell)</i>	...	62
LIALDA		
see <i>mesalamine</i>	.....	59
LIBERVANT	.....	42
<i>lidocaine</i>	.....	76
<i>lidocaine hcl</i>	.....	76
<i>lidocaine hcl (local anesth.)</i>	.....	9

<i>lidocaine hcl (mouth-throat)</i> .....77	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> 15	see <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> 26
<i>lidocaine-prilocaine cream 2.5-2.5%</i>.....76	<i>lopinavir-ritonavir tab 100-25 mg</i> 15	LOTRONEX see <i>alosetron hcl</i> 60
<i>lidocan</i>.....76	<i>lopinavir-ritonavir tab 200-50 mg</i> 15	<i>lovastatin</i> 30
LIDODERM see <i>lidocaine</i>.....76	LOPRESSOR see <i>metoprolol tartrate</i> 31	LOVAZA see <i>omega-3-acid ethyl esters cap 1 gm</i> 31
see <i>lidocan</i>.....76	<i>lorazepam</i> 34	LOVENOX see <i>enoxaparin sodium</i> 62
see <i>tridacaine ii</i>.....76	<i>lorazepam intensol</i> 34	<i>low-ogestrel</i> 54
LILETTA.....54	LORBRENA 23	<i>loxapine succinate</i> 38
<i>linezolid</i> .....12	<i>loryna</i> 54	LUMAKRAS 23
LINEZOLID INJ 2MG/ML 12	<i>losartan potassium</i> 29	LUMIGAN 69
LINZESS .....60	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> 28	LUMIZYME..... 57
<i>liothyronine sodium</i> .....58	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> 28	LUNESTA see <i>eszopiclone</i> 45
LIPITOR see <i>atorvastatin calcium</i>.....30	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> 28	LUPRON DEPOT (1-MONTH) 19
<i>lisinopril</i> .....27	LOTEMAX..... 69	LUPRON DEPOT (3-MONTH) 19
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>.....26	LOTENSIN see <i>benazepril hcl</i> 27	LUPRON DEPOT-PED (1-MONTH)..... 57
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>.....26	LOTENSIN HCT see <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> 26	LUPRON DEPOT-PED (3-MONTH)..... 57
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>.....26	see <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> 26	LUPRON DEPOT-PED (6-MONTH)..... 57
<i>lithium</i>.....46	see <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> 26	<i>lurasidone hcl</i> 38
<i>lithium carbonate</i> .....46	<i>loteprednol etabonate</i> 69	<i>lutra</i> 54
LITHOBID see <i>lithium carbonate</i> ..46	LOTREL see <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> 26	LYBALVI TAB 10-10MG. 38
LIVTENCITY .....15	see <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> 26	LYBALVI TAB 15-10MG. 38
LODINE see <i>etodolac</i>.....9	see <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> 26	LYBALVI TAB 20-10MG. 38
<i>loestrin 1.5/30-21</i>.....54		LYBALVI TAB 5-10MG... 38
<i>loestrin 1/20-21</i>.....54		<i>lyleq</i> 54
<i>loestrin fe 1.5/30</i>.....54		<i>lyllana</i> 55
<i>loestrin fe 1/20</i>.....54		LYNPARZA 23
LOKELMA .....52		LYRICA see <i>pregabalin</i> 42
LOMOTIL see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>.....60		LYSODREN 19
LONSURF TAB 15-6.14..19		LYTGOBI (12 MG DAILY DOSE) 23
LONSURF TAB 20-8.19..19		LYTGOBI (16 MG DAILY DOSE) 23
<i>loperamide hcl</i> .....60		LYTGOBI (20 MG DAILY DOSE) 23
LOPID see <i>gemfibrozil</i>.....30		<i>lyza</i> 54

M		
MACROBID		
see <i>nitrofurantoin</i>		
<i>monohyd macro</i> .....12		
MACRODANTIN		
see <i>nitrofurantoin</i>		
<i>macrocrystal</i>.....12		
<i>magnesium sulfate</i> .....67		
MAGNESIUM SULFATE 67		
see <i>magnesium sulfate</i>		
.....67		
MAGNESIUM SULFATE IN D5W		
see <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>.....67		
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....67		
MALARONE		
see <i>atovaquone-proguanil hcl tab 250-100 mg</i>.....13		
see <i>atovaquone-proguanil hcl tab 62.5-25 mg</i>.....13		
<i>malathion</i> .....77		
<i>maraviroc</i> .....14		
<i>marlissa</i>.....54		
MARPLAN.....35		
MATULANE .....20		
MAVYRET PAK 50-20MG		
.....15		
MAVYRET TAB 100-40MG		
.....15		
MAXALT		
see <i>rizatriptan benzoate</i>		
.....46		
MAXALT-MLT		
see <i>rizatriptan benzoate</i>		
.....46		
MAXITROL		
see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>.....68		
see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>.....68		
<i>meclizine hcl</i> .....58		
MEDROL		
see <i>methylprednisolone</i>		
..... 56		
MEDROL DOSEPAK		
see <i>methylprednisolone</i>		
..... 56		
<i>medroxyprogesterone acetate</i> 57		
<i>medroxyprogesterone acetate (contraceptive)</i> 54		
<i>mefloquine hcl</i> 13		
<i>megestrol acetate</i> 19, 57		
<i>megestrol acetate (appetite)</i> 57		
MEKINIST 23		
MEKTOVI 23		
<i>meloxicam</i> 9		
<i>memantine hcl</i> 34		
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> 34		
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> 34		
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> 34		
MENACTRA INJ 66		
MENQUADFI INJ 66		
MENVEO INJ 66		
MENVEO SOL 66		
MEPRON		
see <i>atovaquone</i> 11		
<i>mercaptapurine</i> 19		
<i>meropenem</i> 12		
<i>mesalamine</i> 59		
<i>mesalamine w/ cleanser</i> . 59		
<i>mesna</i> 26		
MESNEX 26		
see <i>mesna</i> 26		
MESTINON		
see <i>pyridostigmine bromide</i> 46		
<i>metformin hcl</i> 49		
<i>methadone hcl</i> 9, 10		
<i>methadone hydrochloride i</i> 10		
METHADOSE		
see <i>methadone hydrochloride i</i> 10		
see <i>methadone hydrochloride i</i> 10		
<i>methazolamide</i> 32		
<i>methenamine hippurate</i> .. 12		
<i>methimazole</i> 58		
<i>methocarbamol</i> 47		
<i>methotrexate sodium</i> 19, 64		
<i>methsuximide</i> 42		
METHYLIN		
see <i>methylphenidate hcl</i>		
..... 44		
<i>methylphenidate hcl</i> .. 44, 45		
<i>methylprednisolone</i> 56		
<i>methylprednisolone acetate</i> 56		
<i>methylprednisolone sod succ</i> 56		
<i>methyltestosterone</i> 48		
<i>metoclopramide hcl</i> 58		
<i>metolazone</i> 32		
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> 31		
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> 31		
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> 31		
<i>metoprolol succinate</i> 31		
<i>metoprolol tartrate</i> 31		
METROCREAM		
see <i>metronidazole (topical)</i> 76		
METROLOTION		
see <i>metronidazole (topical)</i> 76		
<i>metronidazole</i> 12		
METRONIDAZOLE		
see <i>metronidazole</i> 12		
<i>metronidazole (topical)</i> ... 76		
<i>metronidazole vaginal</i> 61		
<i>metyrosine</i> 33		
<i>mibelas 24 fe</i> 54		
<i>micafungin sodium</i> 13		
MICARDIS		
see <i>telmisartan</i> 29		
MICARDIS HCT		

see <i>telmisartan-hydrochlorothiazide tab</i> 40-12.5 mg .....29	<i>multiple electrolytes ph 5.5</i> 67	<i>naratriptan hcl</i> 45
see <i>telmisartan-hydrochlorothiazide tab</i> 80-12.5 mg .....29	<i>multiple electrolytes ph 7.4</i> 67	NARDIL
see <i>telmisartan-hydrochlorothiazide tab</i> 80-25 mg .....29	<i>mupirocin</i> 74	see <i>phenelzine sulfate</i> 36
<i>microgestin 1.5/30</i>.....54	MYCAMINE	<i>nateglinide</i> 49
<i>microgestin 1/20</i>.....54	see <i>micafungin sodium</i> 13	NAYZILAM 42
<i>microgestin fe 1.5/30</i>.....54	<i>mycophenolate mofetil</i> ... 65	<i>nebivolol hcl</i> 31
<i>microgestin fe 1/20</i>.....54	<i>mycophenolate sodium</i> .. 65	NEBUPENT
<i>midodrine hcl</i> .....33	MYFORTIC	see <i>pentamidine isethionate inh</i> 12
MIEBO.....69	see <i>mycophenolate sodium</i> 65	<i>necon 0.5/35-28</i> 54
<i>mifepristone (hyperglycemia)</i> .....57	MYRBETRIQ..... 61	<i>nefazodone hcl</i> 36
<i>mili</i>.....54	MYSOLINE	<i>neomycin sulfate</i> 12
<i>mimvey</i>.....56	see <i>primidone</i> 42	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 68
MINIVELLE	N	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> 68
see <i>lyllana</i> .....55	<i>nabumetone</i> 9	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> 68
<i>minocycline hcl</i> .....18	<i>nadolol</i> 31	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> 68
<i>minoxidil</i> .....33	<i>nafcillin sodium</i> 18	<i>neomycin-polymyxin-hc ophth susp</i> 68
<i>mirtazapine</i> 35, 36	NAGLAZYME..... 57	<i>neomycin-polymyxin-hc otic soln 1%</i> 70
<i>misoprostol</i>.....60	<i>nalbuphine hcl</i> 10	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> 70
MITIGARE.....9	<i>naloxone hcl</i> 48	<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> 68
see <i>colchicine</i> .....9	<i>naltrexone hcl</i> 48	<i>neo-polycin hc ophth oint 1%</i> 68
M-M-R II INJ .....66	NAMENDA TITRATION PAK	NEORAL
M-NATAL PLUS TAB .....67	see <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> 34	see <i>cyclosporine modified (for microemulsion)</i> 65
<i>modafinil</i>.....47	NAMZARIC	see <i>gengraf</i> 65
<i>moexipril hcl</i>.....27	see <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> 34	NERLYNX 23
<i>molindone hcl</i>.....38	see <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> 34	NEURONTIN
<i>mometasone furoate</i> .....76	NAMZARIC CAP 14-10MG 34	see <i>gabapentin</i> 41
MONJUVI.....23	NAMZARIC CAP 21-10MG 34	<i>nevirapine</i> 14
<i>mono-linyah</i> .....54	NAMZARIC CAP 28-10MG 34	NEXAVAR
<i>montelukast sodium</i> .....71	NAMZARIC CAP 7-10MG 34	see <i>sorafenib tosylate</i> . 24
<i>morphine sulfate</i>.....10	NAMZARIC CAP PACK . 34	NEXIUM
MOUNJARO .....49	NAPROSYN	
MOVANTIK.....60	see <i>naproxen</i> 9	
<i>moxifloxacin hcl</i> .....17	<i>naproxen</i> 9	
<i>moxifloxacin hcl (ophth)</i> ..68	<i>naproxen dr</i> 9	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....17	<i>naproxen sodium</i> 9	
MRESVIA.....66		
MS CONTIN		
see <i>morphine sulfate</i> ...10		
MULTAQ .....30		

see <i>esomeprazole</i>			
<i>magnesium</i>	60		
NEXLETOL	31		
NEXLIZET TAB 180/10MG			
.....	31		
NEXPLANON.....	54		
<i>niacin (antihyperlipidemic)</i>			
.....	31		
<i>nicardipine hcl</i>	32		
NICOTROL INHALER	48		
NICOTROL NS	48		
<i>nifedipine</i>	32		
<i>nikki</i>	54		
NILANDRON			
see <i>nilutamide</i>	19		
<i>nilutamide</i>	19		
<i>nimodipine</i>	32		
NINLARO	23		
<i>nitazoxanide</i>	12		
<i>nitisinone</i>	57		
NITRO-BID.....	33		
<i>nitrofurantoin macrocrystal</i>			
.....	12		
<i>nitrofurantoin monohyd</i>			
<i>macro</i>	12		
<i>nitroglycerin</i>	33		
<i>nitroglycerin (intra-anal)</i> ..	76		
NITROLINGUAL			
see <i>nitroglycerin</i>	33		
NITROSTAT			
see <i>nitroglycerin</i>	33		
<i>nizatidine</i>	59		
<i>nora-be</i>	54		
<i>norelgestromin-ethinyl</i>			
<i>estradiol td ptwk 150-35</i>			
<i>mcg/24hr</i>	54		
<i>norethindrone & ethinyl</i>			
<i>estradiol-fe chew tab 0.4</i>			
<i>mg-35 mcg</i>	54		
<i>norethindrone & ethinyl</i>			
<i>estradiol-fe chew tab 0.8</i>			
<i>mg-25 mcg</i>	54		
<i>norethindrone</i>			
(<i>contraceptive</i>).....	54		
<i>norethindrone ace & ethinyl</i>			
<i>estradiol tab 1 mg-20</i>			
<i>mcg</i>	54		
<i>norethindrone ace & ethinyl</i>			
<i>estradiol tab 1.5 mg-30</i>			
<i>mcg</i>	54		
<i>norethindrone ace & ethinyl</i>			
<i>estradiol-fe tab 1 mg-20</i>			
<i>mcg</i>	54		
<i>norethindrone ace-eth</i>			
<i>estradiol-fe chew tab 1</i>			
<i>mg-20 mcg (24)</i>	54		
<i>norethindrone acetate</i>	57		
<i>norethindrone acetate-</i>			
<i>ethinyl estradiol tab 0.5</i>			
<i>mg-2.5 mcg</i>	56		
<i>norethindrone acetate-</i>			
<i>ethinyl estradiol tab 1</i>			
<i>mg-5 mcg</i>	56		
<i>norethindrone ac-ethinyl</i>			
<i>estradiol-fe tab 1-20/1-30/1-</i>			
<i>35 mg-mcg</i>	54		
<i>norgestimate & ethinyl</i>			
<i>estradiol tab 0.25 mg-35</i>			
<i>mcg</i>	54		
<i>norgestimate-eth estradiol tab</i>			
<i>0.18-25/0.215-25/0.25-25</i>			
<i>mg-mcg</i>	54		
<i>norgestimate-eth estradiol tab</i>			
<i>0.18-35/0.215-35/0.25-35</i>			
<i>mg-mcg</i>	54		
<i>norlyroc</i>	54		
NORPACE			
see <i>disopyramide</i>			
<i>phosphate</i>	30		
NORPRAMIN			
see <i>desipramine hcl</i>	35		
NORTHERA			
see <i>droxidopa</i>	33		
<i>nortrel 0.5/35 (28)</i>	54		
<i>nortrel 1/35 (21)</i>	54		
<i>nortrel 1/35 (28)</i>	54		
<i>nortrel 7/7/7</i>	54		
<i>nortriptyline hcl</i>	36		
NORVASC			
see <i>amlodipine besylate</i>			
.....	32		
NORVIR	14		
see <i>ritonavir</i>	14		
NOVOLIN INJ 70/30	51		
NOVOLIN INJ 70/30 FP ..	51		
NOVOLIN N	51		
NOVOLIN N FLEXPEN ..	51		
NOVOLIN R	51		
NOVOLIN R FLEXPEN ..	51		
NOVOLOG	51		
NOVOLOG FLEXPEN....	51		
NOVOLOG MIX INJ 70/30			
.....	51		
NOVOLOG MIX INJ			
FLEXPEN	51		
NOVOLOG PENFILL.....	51		
NOXAFIL			
see <i>posaconazole</i>	13		
NUBEQA	19		
NUDEXTA CAP 20-10MG			
.....	46		
NULOJIX	65		
NUPLAZID.....	38		
NURTEC	45		
NUTRILIPID	68		
NUVARING			
see <i>eluryng</i>	53		
see <i>enilloring</i>	53		
see <i>etonogestrel-ethinyl</i>			
<i>estradiol va ring 0.12-</i>			
<i>0.015 mg/24hr</i>	53		
see <i>haloette</i>	53		
NUVIGIL			
see <i>armodafinil</i>	47		
NUZYRA.....	18		
<i>nyamyc</i>	74		
<i>nylia 1/35</i>	54		
<i>nylia 7/7/7</i>	55		
<i>nystatin</i>	13		
NYSTATIN			
see <i>nystatin (mouth-</i>			
<i>throat)</i>	77		
<i>nystatin (mouth-throat)</i> ...	77		
<i>nystatin (topical)</i>	74		
<i>nystop</i>	74		
O			
<i>ocella</i>	55		
OCTAGAM	65		
<i>octreotide acetate</i>	57		
OCUFLOX			
see <i>ofloxacin (ophth)</i> ..	68		
ODEFSEY TAB.....	15		
ODOMZO	23		
OFEV	71		
<i>ofloxacin (ophth)</i>	68		

<i>ofloxacin (otic)</i>	70	OMNIPOD DASH MIS		<i>oxycodone w/</i>	
OGIVRI.....	23	PODS.....	51	<i>acetaminophen tab 5-325</i>	
OGSIVEO	23	OMNIPOD GO KIT		<i>mg</i>	11
OJEMDA	23	10UNT/DY	51	<i>oxycodone w/</i>	
OJJAARA.....	23	OMNIPOD GO KIT		<i>acetaminophen tab 7.5-</i>	
<i>olanzapine</i>	38, 39	15UNT/DY	51	<i>325 mg</i>	11
<i>olmesartan medoxomil</i>	29	OMNIPOD GO KIT		OZEMPIC (0.25 OR 0.5	
<i>olmesartan medoxomil-</i>		20UNT/DY	51	MG/DOSE)	49
<i>hydrochlorothiazide tab</i>		OMNIPOD GO KIT		OZEMPIC (0.25 OR	
<i>20-12.5 mg</i>	28	25UNT/DY	51	0.5MG/DOSE)	49
<i>olmesartan medoxomil-</i>		OMNIPOD GO KIT		OZEMPIC (1MG/DOSE). 49	
<i>hydrochlorothiazide tab</i>		30UNT/DY	51	OZEMPIC (2MG/DOSE). 49	
<i>40-12.5 mg</i>	28	OMNIPOD GO KIT		P	
<i>olmesartan medoxomil-</i>		35UNT/DY	52	<i>pacerone</i>	30
<i>hydrochlorothiazide tab</i>		OMNIPOD GO KIT		<i>paclitaxel</i>	20
<i>40-25 mg</i>	28	40UNT/DY	52	<i>paclitaxel inj 100mg</i>	20
<i>olmesartan-amlodipine-</i>		OMNIPOD MIS CLASSIC		<i>paliperidone</i>	39
<i>hydrochlorothiazide tab</i>		.....	52	PAMELOR	
<i>20-5-12.5 mg</i>	28	<i>ondansetron</i>	58	<i>see nortriptyline hcl</i>	36
<i>olmesartan-amlodipine-</i>		<i>ondansetron hcl</i>	58	<i>pamidronate disodium</i>	52
<i>hydrochlorothiazide tab</i>		ONFI		PAMIDRONATE	
<i>40-10-12.5 mg</i>	28	<i>see clobazam</i>	40	DISODIUM.....	52
<i>olmesartan-amlodipine-</i>		ONTRUZANT.....	23	PANRETIN	76
<i>hydrochlorothiazide tab</i>		ONUREG	19	<i>pantoprazole sodium</i>	60
<i>40-10-25 mg</i>	28	OPIPZA	39	PANZYGA	65
<i>olmesartan-amlodipine-</i>		OPSUMIT	34	<i>paricalcitol</i>	58
<i>hydrochlorothiazide tab</i>		ORFADIN		PARLODEL	
<i>40-5-12.5 mg</i>	28	<i>see nitisinone</i>	57	<i>see bromocriptine</i>	
<i>olmesartan-amlodipine-</i>		ORGOVYX.....	19	<i>mesylate</i>	36
<i>hydrochlorothiazide tab</i>		ORKAMBI GRA 100-125	71	PARNATE	
<i>40-5-25 mg</i>	28	ORKAMBI GRA 150-188	71	<i>see tranlycypromine</i>	
<i>omega-3-acid ethyl esters</i>		ORKAMBI GRA 75-94MG		<i>sulfate</i>	36
<i>cap 1 gm</i>	31	.....	71	<i>paroxetine hcl</i>	36
<i>omeprazole</i>	60	ORKAMBI TAB 100-125	71	PAXIL	
OMNIPOD 5 DX KIT INT		ORKAMBI TAB 200-125	72	<i>see paroxetine hcl</i>	36
G7G6	51	ORSERDU	19	PAXLOVID TAB 150-10016	
OMNIPOD 5 DX MIS POD		<i>oseltamivir phosphate</i> ...	15,	PAXLOVID TAB 300-10016	
G7G6	51	16		<i>pazopanib hcl</i>	24
OMNIPOD 5 G7 KIT		<i>oxacillin sodium</i>	18	PEDIAPRED	
INTRO	51	<i>oxaliplatin</i>	19	<i>see prednisolone sodium</i>	
OMNIPOD 5 G7 MIS PODS		<i>oxcarbazepine</i>	42	<i>phosphate</i>	56
.....	51	<i>oxybutynin chloride</i>	61	PEDIARIX INJ 0.5ML	66
OMNIPOD 5 LB KIT INTRO		<i>oxycodone hcl</i>	10	PEDVAX HIB.....	66
G6	51	<i>oxycodone w/</i>		<i>peg 3350-kcl-na bicarb-</i>	
OMNIPOD 5 LB MIS PODS		<i>acetaminophen tab 10-</i>		<i>nacl-na sulfate for soln</i>	
G6	51	<i>325 mg</i>	11	<i>236 gm</i>	59
OMNIPOD DASH KIT		<i>oxycodone w/</i>		<i>peg 3350-kcl-sod bicarb-</i>	
INTRO	51	<i>acetaminophen tab 2.5-</i>		<i>nacl for soln 420 gm</i> ...	59
		<i>325 mg</i>	11	PEGASYS	16

PEMAZYRE	24	<i>phenelzine sulfate</i>	36	see <i>hydroxychloroquine sulfate</i>	64
<i>pemetrexed disodium</i>	19	PHENERGAN		PLASMA-LYTE A	
PENBRAYA INJ.....	66	see <i>promethazine hcl</i> .	59	see <i>multiple electrolytes ph 7.4</i>	67
<i>penicillamine</i>	52	<i>phenobarbital</i>	42	PLAVIX	
<i>penicillin g potassium</i>	18	<i>phenobarbital sodium</i>	42	see <i>clopidogrel bisulfate</i>	
<i>penicillin g sodium</i>	18	<i>phenytek</i>	42	.....	62
<i>penicillin v potassium</i>	18	<i>phenytoin</i>	42	<i>plenamine</i>	68
PENTACEL INJ	66	<i>phenytoin sodium</i>	42	PLENVU SOL	59
PENTAM 300		<i>phenytoin sodium extended</i>	42	<i>podofilox</i>	76
see <i>pentamidine</i>		.....	42	<i>polycin ophth oint</i>	68
<i>isethionate inj</i>	12	PHESGO SOL	24	<i>polymyxin b sulfate</i>	12
<i>pentamidine isethionate inh</i>		<i>philith</i>	55	<i>polymyxin b-trimethoprim</i>	
.....	12	PIFELTRO.....	14	<i>ophth soln 10000 unit/ml-0.1%</i>	68
<i>pentamidine isethionate inj</i>		<i>pilocarpine hcl</i>	69	POMALYST.....	20
.....	12	<i>pilocarpine hcl (oral)</i>	77	<i>portia-28</i>	55
<i>pentoxifylline</i>	62	<i>pimecrolimus</i>	76	<i>posaconazole</i>	13
PEPCID		<i>pimozide</i>	39	POT CHL 20MEQ/L IN	
see <i>famotidine</i>	59	<i>pimtrea</i>	55	NACL 0.45% INJ.....	67
PERCOCET		<i>pindolol</i>	31	POT CHL 20MEQ/L IN	
see <i>endocet tab 10-325mg</i>	10	<i>pioglitazone hcl</i>	49	NACL 0.9% INJ.....	67
see <i>endocet tab 2.5-325mg</i>	10	<i>pioglitazone hcl-metformin</i>		POT CHL 40MEQ/L IN	
see <i>endocet tab 5-325mg</i>	10	<i>hcl tab 15-500 mg</i>	50	NACL 0.9% INJ.....	67
.....	10	<i>pioglitazone hcl-metformin</i>		<i>potassium chloride</i>	67
see <i>endocet tab 7.5-325mg</i>	10	<i>hcl tab 15-850 mg</i>	50	POTASSIUM CHLORIDE	
see <i>oxycodone w/acetaminophen tab 10-325 mg</i>	11	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	18	see <i>potassium chloride</i>	67
see <i>oxycodone w/acetaminophen tab 2.5-325 mg</i>	11	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	18	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	67
see <i>oxycodone w/acetaminophen tab 5-325 mg</i>	11	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	18	<i>potassium chloride microencapsulated crystals er</i>	67
see <i>oxycodone w/acetaminophen tab 7.5-325 mg</i>	11	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	18	POTASSIUM	
PERIDEX		<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	18	CHLORIDE/SODIUM	
see <i>chlorhexidine gluconate (mouth-throat)</i>	77	PIQRAY 200MG DAILY		see <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	67
see <i>perio gard</i>	77	DOSE.....	24	see <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	67
<i>perindopril erbumine</i>	27	PIQRAY 250MG TAB		see <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	67
<i>perio gard</i>	77	DOSE.....	24	<i>potassium citrate (alkalinizer)</i>	61
<i>permethrin</i>	77	PIQRAY 300MG DAILY		PRADAXA	
<i>perphenazine</i>	39	DOSE.....	24	see <i>dabigatran etexilate mesylate</i>	61
<i>pfizerpen</i>	18	<i>pirfenidone</i>	72	<i>pramipexole</i>	
		<i>piroxicam</i>	9	<i>dihydrochloride</i>	37
		PLAQUENIL			

<i>prasugrel hcl</i>.....63	<i>prochlorperazine</i> 58	<i>pyridostigmine bromide</i> .. 46
<i>pravastatin sodium</i>.....30	<i>prochlorperazine edisylate</i> 58	<i>pyrimethamine</i> 12
<i>praziquantel</i> .....12	<i>prochlorperazine maleate</i> 58	Q
<i>prazosin hcl</i>.....27	PROCRIT 62	QINLOCK 24
PRED FORTE see <i>prednisolone acetate</i> (<i>ophth</i>) .....69	<i>proctocort</i> 76	QUADRACEL INJ 0.5ML 66
<i>prednisolone</i> .....56	<i>procto-med hc</i> 76	QUALAQUIN see <i>quinine sulfate</i> 13
<i>prednisolone acetate</i> (<i>ophth</i>) .....69	<i>proctosol hc</i> 76	QUESTRAN see <i>cholestyramine</i> 30
PREDNISOLONE SODIUM PHOSP .....69	<i>proctozone-hc</i> 76	QUESTRAN LIGHT see <i>cholestyramine light</i> 30
<i>prednisolone sodium</i> <i>phosphate</i> .....56	<i>progesterone</i> 57	see <i>prevalite</i> 31
<i>prednisone</i> .....56	PROGLYCEM see <i>diazoxide</i> 56	<i>quetiapine fumarate</i> 39
PREDNISONO INTENSOL.....56	PROGRAF 65	<i>quinapril hcl</i> 27
<i>pregabalin</i> .....42	see <i>tacrolimus</i> 65	<i>quinidine sulfate</i> 30
PREMASOL SOL 10%...68	PROLASTIN-C..... 72	<i>quinine sulfate</i> 13
PRENATAL TAB 27-1MG.....67	PROLENSA see <i>bromfenac sodium</i> (<i>ophth</i>)..... 68	QULIPTA 45
PRENATAL TAB PLUS...67	PROLIA 52	R
PREVACID see <i>lansoprazole</i>.....60	<i>promethazine hcl</i> 58, 59	RABAVERT INJ 66
<i>prevalite</i>.....31	PROMETRIUM see <i>progesterone</i> 57	<i>rabeprazole sodium</i> 60
PREVYMIS .....16	<i>propafenone hcl</i> 30	<i>raloxifene hcl</i> 57
PREZCOBIX TAB 800-150.....15	<i>proparacaine hcl</i> 69	<i>ramipril</i> 27
PREZISTA .....14	<i>propranolol hcl</i> 31	<i>ranolazine</i> 33
see <i>darunavir</i> 13, 14	<i>propylthiouracil</i> 58	<i>rasagiline mesylate</i> 37
PRIFTIN .....15	PROQUAD INJ 66	RECLAST see <i>zoledronic acid</i> 52
<i>primaquine phosphate</i>.....13	PROSCAR see <i>finasteride</i> 61	<i>reclipsen</i> 55
PRIMAQUINE PHOSPHATE.....13	PROSOL INJ 20% 68	RECOMBIVAX HB..... 66
see <i>primaquine</i> <i>phosphate</i>.....13	PROTONIX see <i>pantoprazole sodium</i> 60	RECTIV see <i>nitroglycerin (intra-</i> <i>anal)</i> 76
PRIMAXIN IV see <i>imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg.....12	<i>protriptyline hcl</i> 36	REGLAN see <i>metoclopramide hcl</i> 58
<i>primidone</i> .....42	PROVERA see <i>medroxyprogesterone</i> <i>acetate</i> 57	REGRANEX 77
PRIORIX INJ.....66	PROVIGIL see <i>modafinil</i> 47	RELENZA DISKHALER . 16
PRISTIQ see <i>desvenlafaxine</i> <i>succinate</i> .....35	PROZAC see <i>fluoxetine hcl</i> 35	RELISTOR 60
PRIVIGEN.....65	PULMICORT see <i>budesonide</i> (<i>inhalation</i>)..... 72	REMERON see <i>mirtazapine</i> 35
<i>probenecid</i>.....9	PULMOZYME 72	REMERON SOLTAB see <i>mirtazapine</i> 36
PROCARDIA XL see <i>nifedipine</i>.....32	PURIXAN 19	REMICADE 64
	<i>pyrazinamide</i> 15	RENFLEXIS 64
		<i>repaglinide</i> 50
		REPATHA 31
		REPATHA PUSHTRONEX SYSTEM..... 31
		REPATHA SURECLICK. 31

RESTASIS	69	ROCKLATAN DRO.....	69	SENSIPAR	
RESTASIS MULTIDOSE	69	<i>roflumilast</i>	72	<i>see cinacalcet hcl</i>	56
RESTORIL		<i>ropinirole hydrochloride</i> ..	37	SEREVENT DISKUS.....	71
<i>see temazepam</i>	45	<i>rosuvastatin calcium</i>	30	SEROQUEL	
RETEVMO	24	ROTARIX SUS.....	66	<i>see quetiapine fumarate</i>	
RETIN-A		ROTATEQ SOL	66	.....	39
<i>see tretinoin</i>	74	ROWASA		SEROQUEL XR	
RETROVIR		<i>see mesalamine w/</i>		<i>see quetiapine fumarate</i>	
<i>see zidovudine</i>	14	<i>cleanser</i>	59	.....	39
REVATIO		<i>rowepra</i>	42	<i>sertraline hcl</i>	36
<i>see sildenafil citrate</i>		ROXICODONE		<i>setlakin</i>	55
<i>(pulmonary</i>		<i>see oxycodone hcl</i>	10	<i>sharobel</i>	55
<i>hypertension)</i>	34	ROZLYTREK	24	SHINGRIX.....	66
REVUFORJ.....	24	RUBRACA.....	24	SIGNIFOR	57
REXULTI.....	39	<i>rufinamide</i>	42	SIKLOS.....	62
REYATAZ	14	RUKOBIA	14	<i>sildenafil citrate (pulmonary</i>	
<i>see atazanavir sulfate</i> ..	13	RYBELSUS.....	50	<i>hypertension)</i>	34
REZLIDHIA	24	RYDAPT	24	SILENOR	
REZUROCK.....	65	S		<i>see doxepin hcl (sleep)</i>	
RHOPRESSA	69	SABRIL		.....	45
<i>ribavirin (hepatitis c)</i>	16	<i>see vigabatrin</i>	43	SILVADENE	
<i>rifabutin</i>	15	<i>see vigadrone</i>	43	<i>see silver sulfadiazine</i> ..	74
RIFADIN		<i>see vigpoder</i>	43	<i>see ssd</i>	74
<i>see rifampin</i>	15	SAFYRAL		<i>silver sulfadiazine</i>	74
<i>rifampin</i>	15	<i>see drospirenone-ethinyl</i>		SIMBRINZA SUS 1-0.2%69	
<i>riluzole</i>	46	<i>estradiol-levomefolate</i>		<i>simliya</i>	55
<i>rimantadine hydrochloride</i>		<i>tab 3-0.03-0.451 mg</i>	53	<i>simpesse</i>	55
.....	16	<i>see tydemy</i>	55	<i>simvastatin</i>	30
RINVOQ.....	64	<i>sajazir</i>	62	SINEMET	
RINVOQ LQ.....	64	SALAGEN		<i>see carbidopa &</i>	
<i>risedronate sodium</i>	52	<i>see pilocarpine hcl (oral)</i>		<i>levodopa tab 10-100</i>	
RISPERDAL		.....	77	<i>mg</i>	36
<i>see risperidone</i>	39	SANDIMMUNE		<i>see carbidopa &</i>	
RISPERDAL CONSTA		<i>see cyclosporine</i>	65	<i>levodopa tab 25-100</i>	
<i>see risperidone</i>		SANDOSTATIN		<i>mg</i>	36
<i>microspheres</i>	39	<i>see octreotide acetate</i>	57	SINGULAIR	
<i>risperidone</i>	39	SANTYL	77	<i>see montelukast sodium</i>	
<i>risperidone microspheres</i>	39	SAPHRIS		.....	71
RITALIN		<i>see asenapine maleate</i>		<i>sirolimus</i>	65
<i>see methylphenidate hcl</i>		.....	37	SIRTURO	15
.....	45	<i>sapropterin dihydrochloride</i>		SKYRIZI	64
<i>ritonavir</i>	14	.....	57	SKYRIZI PEN.....	64
<i>rivastigmine</i>	35	SCEMBLIX	24	<i>sod sulfate-pot sulf-mg sulf</i>	
<i>rivastigmine tartrate</i>	35	<i>scopolamine</i>	59	<i>oral sol 17.5-3.13-1.6</i>	
<i>rivelsa</i>	55	SECUADO	39	<i>gm/177ml</i>	59
<i>rizatriptan benzoate</i> ..	45, 46	<i>selegiline hcl</i>	37	<i>sodium chloride</i>	67
ROCALTROL		<i>selenium sulfide</i>	74	<i>sodium chloride (gu</i>	
<i>see calcitriol</i>	58	SELZENTRY	14	<i>irrigant)</i>	77
<i>see calcitriol (oral)</i>	58	<i>see maraviroc</i>	14		

sodium fluoride chew; tab;
1.1 (0.5 f) mg/ml soln...67
SODIUM OXYBATE.....47
sodium phenylbutyrate....57
sodium polystyrene
sulfonate powder52
solifenacin succinate.....61
SOLQUA INJ 100/33.....52
SOLTAMOX.....19
SOLU-CORTEF.....56
see hydrocortisone sod
succinate56
SOLU-MEDROL
see methylprednisolone
sod succ56
SOMA
see carisoprodol47
SOMATULINE DEPOT ...57
SOMAVERT.....57
sorafenib tosylate24
sotalol hcl.....30
sotalol hcl (afib/af)30
SOTYKTU64
spironolactone27
spironolactone &
hydrochlorothiazide tab
25-25 mg.....32
SPORANOX
see itraconazole.....13
sprintec 2855
SPRITAM.....42
SPRYCEL
see dasatinib.....21
sps.....52
sps rectal.....52
sronyx.....55
ssd.....74
STELARA.....64
STIVARGA.....24
STRATTERA
see atomoxetine hcl....44
streptomycin sulfate12
STRIBILD TAB15
STROMECTOL
see ivermectin.....12
SUBOXONE
see buprenorphine hcl-
naloxone hcl sl film 12-
3 mg (base equiv)....48
see buprenorphine hcl-
naloxone hcl sl film 2-
0.5 mg (base equiv) 47
see buprenorphine hcl-
naloxone hcl sl film 4-1
mg (base equiv) 48
see buprenorphine hcl-
naloxone hcl sl film 8-2
mg (base equiv) 48
subvenite..... 42
sucralfate..... 60
sulfacetamide sodium
(acne)..... 74
sulfacetamide sodium
(opth) 68
sulfacetamide sodium-
prednisolone ophth soln
10-0.23(0.25)% 68
sulfadiazine 12
sulfamethoxazole-
trimethoprim iv soln 400-
80 mg/5ml..... 12
sulfamethoxazole-
trimethoprim susp 200-40
mg/5ml..... 12
sulfamethoxazole-
trimethoprim tab 400-80
mg..... 12
sulfamethoxazole-
trimethoprim tab 800-160
mg..... 12
SULFAMYLON..... 74
sulfasalazine 59
sulindac 9
sumatriptan 46
sumatriptan succinate ... 46
sunitinib malate..... 24
SUNLENCA..... 14
SUPREP BOWEL PREP
KIT
see sod sulfate-pot sulf-
mg sulf oral sol 17.5-
3.13-1.6 gm/177ml.. 59
SUTENT
see sunitinib malate.... 24
syeda..... 55
SYMBICORT
see breyna..... 73
see budesonide-
formoterol fumarate
dihyd aerosol 160-4.5
mcg/act 73
see budesonide-
formoterol fumarate
dihyd aerosol 80-4.5
mcg/act 73
SYMDEKO TAB 100-15072
SYMDEKO TAB 50-75MG
..... 72
SYMFI
see efavirenz-
lamivudine-tenofovir df
tab 600-300-300 mg 14
SYMFI LO
see efavirenz-
lamivudine-tenofovir df
tab 400-300-300 mg 14
SYMPAZAN 42
SYMTUZA TAB..... 15
SYNALAR
see fluocinolone
acetonide 75
SYNAREL..... 57
SYNJARDY TAB 12.5-
1000MG 50
SYNJARDY TAB 12.5-500
..... 50
SYNJARDY TAB 5-
1000MG 50
SYNJARDY TAB 5-500MG
..... 50
SYNJARDY XR TAB 10-
1000 50
SYNJARDY XR TAB 12.5-
1000 50
SYNJARDY XR TAB 25-
1000 50
SYNJARDY XR TAB 5-
1000MG 50
SYNTHROID 58
see euthyrox..... 57
see levo-t..... 58
see levothyroxine sodium
..... 58
see levoxyl..... 58
see unithroid..... 58
SYPRINE

see <i>trientine hcl</i>	52				
T					
TABRECTA.....	24				
<i>tacrolimus</i>	65				
<i>tacrolimus (topical)</i>	76				
<i>tadalafil</i>	61				
<i>tadalafil (pulmonary hypertension)</i>	34				
TAFINLAR.....	24				
TAGRISSO	24				
TALZENNA	24				
TAMIFLU					
see <i>oseltamivir phosphate</i>	15, 16				
<i>tamoxifen citrate</i>	19				
<i>tamsulosin hcl</i>	61				
TARCEVA					
see <i>erlotinib hcl</i>	21				
TARGRETIN					
see <i>bexarotene</i>	20				
see <i>bexarotene (topical)</i>	76				
<i>tarina 24 fe</i>	55				
<i>tarina fe 1/20 eq</i>	55				
TASIGNA	24				
<i>tasimelteon</i>	45				
TAVNEOS.....	62				
<i>tazarotene</i>	75				
<i>tazicef</i>	16				
TAZORAC.....	75				
see <i>tazarotene</i>	75				
TAZVERIK	24				
TECENTRIQ	24				
TECENTRIQ INJ					
HYBREZA	24				
TEFLARO	16				
TEGRETOL					
see <i>carbamazepine</i>	40				
see <i>epitol</i>	41				
TEGRETOL-XR					
see <i>carbamazepine</i>	40				
TEKTURNA					
see <i>aliskiren fumarate</i>	33				
<i>telmisartan</i>	29				
<i>telmisartan-amlodipine tab 40-10 mg</i>	28				
<i>telmisartan-amlodipine tab 40-5 mg</i>	28				
<i>telmisartan-amlodipine tab 80-10 mg</i>	29				
<i>telmisartan-amlodipine tab 80-5 mg</i>	29				
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	29				
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	29				
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	29				
<i>temazepam</i>	45				
TENIVAC INJ 5-2LF	66				
<i>tenofovir disoproxil fumarate</i>	14				
TENORETIC 100					
see <i>atenolol & chlorthalidone tab 100-25 mg</i>	31				
TENORETIC 50					
see <i>atenolol & chlorthalidone tab 50-25 mg</i>	31				
TENORMIN					
see <i>atenolol</i>	31				
TEPMETKO	24				
<i>terazosin hcl</i>	27				
<i>terbinafine hcl</i>	13				
<i>terbutaline sulfate</i>	71				
<i>terconazole vaginal</i>	61				
TERIPARATIDE.....	52				
<i>testosterone</i>	48				
<i>testosterone cypionate</i>	48				
<i>testosterone enanthate</i>	48				
<i>testosterone pump</i>	48				
<i>tetrabenazine</i>	46				
<i>tetracycline hcl</i>	18				
THALOMID.....	20				
THEO-24.....	72				
<i>theophylline</i>	72				
<i>thioridazine hcl</i>	39				
<i>thiothixene</i>	39				
<i>tiadylt er</i>	32				
<i>tiagabine hcl</i>	42				
TIAZAC					
see <i>diltiazem hcl extended release beads</i>	32				
see <i>tiadylt er</i>	32				
TIBSOVO	25				
TICOVAC	66				
<i>tigecycline</i>	18				
TIKOSYN					
see <i>dofetilide</i>	30				
<i>tilia fe</i>	55				
<i>timolol maleate</i>	32				
<i>timolol maleate (ophth)</i>	69				
<i>tinidazole</i>	12				
TIVICAY	14				
TIVICAY PD	14				
<i>tizanidine hcl</i>	47				
TOBI PODHALER.....	12				
TOBRADEX OIN 0.3-0.1%	68				
<i>tobramycin</i>	12				
<i>tobramycin (ophth)</i>	68				
<i>tobramycin sulfate</i>	12				
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	68				
<i>tolterodine tartrate</i>	61				
TOPAMAX					
see <i>topiramate</i>	43				
TOPAMAX SPRINKLE					
see <i>topiramate</i>	43				
<i>topiramate</i>	43				
TOPROL XL					
see <i>metoprolol succinate</i>	31				
<i>toremifene citrate</i>	20				
<i>torpenz</i>	25				
<i>torse mide</i>	32				
TOUJEO MAX SOLOSTAR	52				
TOUJEO SOLOSTAR	52				
TOVIAZ					
see <i>fesoterodine fumarate</i>	61				
TPN ELECTROL INJ.....	67				
TRACLEER					
see <i>bosentan</i>	34				
TRADJENTA.....	50				
<i>tramadol hcl</i>	11				
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	11				

<i>trandolapril</i>.....27	<i>hydrochlorothiazide tab</i>	TRUMENBA INJ 66
<i>tranexamic acid</i> .....62	40-5-25 mg 28	TRUQAP 25
<i>tranylcypromine sulfate</i> ...36	TRICOR	TRUVADA
TRAVASOL INJ 10% .....68	see <i>fenofibrate</i> 30	see <i>emtricitabine-</i>
TRAZIMERA .....25	<i>tridacaine ii</i> 76	<i>tenofovir disoproxil</i>
<i>trazodone hcl</i>.....36	<i>triderm</i> 76	<i>fumarate tab 100-150</i>
TRECATOR.....15	<i>trientine hcl</i> 52	<i>mg</i> 14
TRELEGY AER ELLIPTA	<i>tri-estarylla</i> 55	see <i>emtricitabine-</i>
100-62.5-25 MCG .....70	<i>trifluoperazine hcl</i> 39	<i>tenofovir disoproxil</i>
TRELEGY AER ELLIPTA	<i>trifluridine</i> 68	<i>fumarate tab 133-200</i>
200-62.5-25 MCG .....70	<i>trihexyphenidyl hcl</i> 37	<i>mg</i> 15
TREMFYA.....64	TRIJARDY XR TAB ER	see <i>emtricitabine-</i>
<i>treprostinil</i> .....34	24HR 10-5-1000MG ... 50	<i>tenofovir disoproxil</i>
TRESIBA.....52	TRIJARDY XR TAB ER	<i>fumarate tab 167-250</i>
TRESIBA FLEXTOUCH..52	24HR 12.5-2.5-1000MG	<i>mg</i> 15
<i>tretinoin</i> .....74	..... 50	see <i>emtricitabine-</i>
<i>tretinoin (chemotherapy)</i> .20	TRIJARDY XR TAB ER	<i>tenofovir disoproxil</i>
<i>triamcinolone acetonide</i>	24HR 25-5-1000MG ... 50	<i>fumarate tab 200-300</i>
(<i>mouth</i>).....77	TRIJARDY XR TAB ER	<i>mg</i> 15
<i>triamcinolone acetonide</i>	24HR 5-2.5-1000MG .. 50	TRUXIMA 25
(<i>topical</i>).....76	TRIKAFTA PAK 59.5MG 72	TUKYSA 25
<i>triamterene &</i>	TRIKAFTA PAK 75MG... 72	TURALIO..... 25
<i>hydrochlorothiazide cap</i>	TRIKAFTA TAB 100-50-	<i>turqoz</i> 55
37.5-25 mg .....32	75MG & 150MG 72	<i>twice-daily clindamycin</i>
<i>triamterene &</i>	TRIKAFTA TAB 50-25-	<i>phosphate (topical)</i> 74
<i>hydrochlorothiazide tab</i>	37.5MG & 75MG 72	TWINRIX INJ..... 66
37.5-25 mg .....33	<i>tri-legest fe</i> 55	TYBOST 14
<i>triamterene &</i>	TRILEPTAL	<i>tydemy</i> 55
<i>hydrochlorothiazide tab</i>	see <i>oxcarbazepine</i> 42	TYENNE 64
75-50 mg .....33	<i>tri-linyah</i> 55	TYGACIL
TRIBENZOR	<i>tri-lo-estarylla</i> 55	see <i>tigecycline</i> 18
see <i>olmesartan-</i>	<i>tri-lo-marzia</i> 55	TYKERB
<i>amlodipine-</i>	<i>tri-lo-mili</i> 55	see <i>lapatinib ditosylate</i> 23
<i>hydrochlorothiazide tab</i>	<i>tri-lo-sprintec</i> 55	TYPHIM VI 66
20-5-12.5 mg .....28	<i>trimethoprim</i> 12	U
see <i>olmesartan-</i>	<i>tri-mili</i> 55	UBRELVY..... 46
<i>amlodipine-</i>	<i>trimipramine maleate</i> 36	UCERIS
<i>hydrochlorothiazide tab</i>	TRINTELLIX..... 36	see <i>budesonide</i> 59
40-10-12.5 mg .....28	<i>tri-nymyo</i> 55	UNASYN
see <i>olmesartan-</i>	<i>tri-sprintec</i> 55	see <i>ampicillin &</i>
<i>amlodipine-</i>	TRIUMEQ PD TAB 15	<i>sulbactam sodium for</i>
<i>hydrochlorothiazide tab</i>	TRIUMEQ TAB 15	<i>inj 1.5 (1-0.5) gm</i> 17
40-10-25 mg .....28	<i>trivora-28</i> 55	see <i>ampicillin &</i>
see <i>olmesartan-</i>	<i>tri-vylibra</i> 55	<i>sulbactam sodium for</i>
<i>amlodipine-</i>	<i>tri-vylibra lo</i> 55	<i>inj 3 (2-1) gm</i> 17
<i>hydrochlorothiazide tab</i>	TROGARZO..... 14	UNASYN BULK PACK
40-5-12.5 mg .....28	TROPHAMINE INJ 10%. 68	see <i>ampicillin &</i>
see <i>olmesartan-</i>	<i>trospium chloride</i> 61	<i>sulbactam sodium for</i>
<i>amlodipine-</i>	TRULICITY..... 50	<i>iv soln 15 (10-5) gm</i> 18

<i>unithroid</i>.....58	<i>vancomycin hcl</i> 12	VFEND IV
UROCIT-K 10	VANCOMYCIN	see <i>voriconazole</i> 13
see <i>potassium citrate</i>	HYDROCHLORIDE	VIDAZA
(<i>alkalinizer</i>).....61	see <i>vancomycin hcl</i> 12	see <i>azacitidine</i> 19
UROCIT-K 15	VANCOMYCIN INJ 1 GM12	<i>vienna</i> 55
see <i>potassium citrate</i>	VANCOMYCIN INJ 500MG	<i>vigabatrin</i> 43
(<i>alkalinizer</i>).....61	..... 12	<i>vigadrone</i> 43
UROXATRAL	VANCOMYCIN INJ 750MG	VIGAFYDE..... 43
see <i>alfuzosin hcl</i>.....60	..... 13	VIGAMOX
URSO FORTE	VANFLYTA..... 25	see <i>moxifloxacin hcl</i>
see <i>ursodiol</i>.....60	VAQTA..... 66	(<i>ophth</i>)..... 68
<i>ursodiol</i>.....60	<i>varenicline tartrate</i> 48	<i>vigpoder</i> 43
V	<i>varenicline tartrate tab 11 x</i>	VIIBRYD
VAGIFEM	0.5 mg & 42 x 1 mg start	see <i>vilazodone hcl</i> 36
see <i>estradiol vaginal</i> ...55	<i>pack</i> 48	<i>vilazodone hcl</i> 36
see <i>yuvafem</i>.....56	VARIVAX..... 66	VIMPAT
<i>valacyclovir hcl</i>.....16	VASCEPA..... 31	see <i>lacosamide</i> 41
VALCHLOR.....76	VASERETIC	see <i>lacosamide oral</i> ... 41
VALCYTE	see <i>enalapril maleate &</i>	<i>vincristine sulfate</i> 20
see <i>valganciclovir hcl</i> ..16	<i>hydrochlorothiazide tab</i>	<i>vinorelbine tartrate</i> 20
<i>valganciclovir hcl</i>.....16	10-25 mg..... 26	<i>viorele</i> 55
VALIUM	VASOTEC	VIRACEPT..... 14
see <i>diazepam</i>.....40	see <i>enalapril maleate</i> . 27	VIREAD..... 14
<i>valproate sodium</i>.....43	VAXCHORA SUS..... 66	see <i>tenofovir disoproxil</i>
<i>valproic acid</i>.....43	VELCADE	<i>fumarate</i> 14
<i>valsartan</i>.....29	see <i>bortezomib</i> 21	VITRAKVI..... 25
<i>valsartan-</i>	<i>velivet</i> 55	VIVELLE-DOT
<i>hydrochlorothiazide tab</i>	VELSIPITY..... 64	see <i>dotti</i> 55
160-12.5 mg.....29	VENCLEXTA..... 25	see <i>estradiol</i> 55
<i>valsartan-</i>	VENCLEXTA TAB START	VIVITROL..... 48
<i>hydrochlorothiazide tab</i>	PK..... 25	VIZIMPRO..... 25
160-25 mg.....29	<i>venlafaxine hcl</i> 36	VONJO..... 25
<i>valsartan-</i>	VENTOLIN HFA..... 71	VORANIGO..... 25
<i>hydrochlorothiazide tab</i>	VENTOLIN HFA	<i>voriconazole</i> 13
320-12.5 mg.....29	(INSTITUTIONAL PACK)	VOSEVI TAB..... 16
<i>valsartan-</i>	..... 71	VOTRIENT
<i>hydrochlorothiazide tab</i>	VEOZAH..... 57	see <i>pazopanib hcl</i> 24
320-25 mg.....29	<i>verapamil hcl</i> 32	VOWST CAP..... 60
<i>valsartan-</i>	VERELAN	VRAYLAR..... 39
<i>hydrochlorothiazide tab</i>	see <i>verapamil hcl</i> 32	<i>vyfemla</i> 55
80-12.5 mg.....29	VERQUVO..... 33	<i>vylibra</i> 55
VALTOCO 10 MG DOSE 43	VERSACLOZ..... 39	VYTORIN
VALTOCO 15 MG DOSE 43	VERZENIO..... 25	see <i>ezetimibe-</i>
VALTOCO 20 MG DOSE 43	VESICARE	<i>simvastatin tab 10-10</i>
VALTOCO 5 MG DOSE ..43	see <i>solifenacin succinate</i>	<i>mg</i> 30
VALTRESX	..... 61	see <i>ezetimibe-</i>
see <i>valacyclovir hcl</i>.....16	<i>vestura</i> 55	<i>simvastatin tab 10-20</i>
VANCOCIN	VFEND	<i>mg</i> 30
see <i>vancomycin hcl</i>.....12	see <i>voriconazole</i> 13	

see ezetimibe- simvastatin tab 10-40 mg.....	30	XIFAXAN.....	60	see drospirenone-ethinyl estradiol tab 3-0.02 mg	53
see ezetimibe- simvastatin tab 10-80 mg.....	30	XIGDUO XR TAB 10-1000	50	see jasmiel.....	53
VYZULTA.....	69	XIGDUO XR TAB 10- 500MG.....	50	see loryna.....	54
W		XIGDUO XR TAB 2.5-1000	50	see nikki.....	54
warfarin sodium.....	62	XIGDUO XR TAB 5- 1000MG.....	50	see vestura.....	55
water for irrigation, sterile irrigation soln.....	77	XIGDUO XR TAB 5-500MG	50	YF-VAX INJ.....	66
WELCHOL		XIIDRA.....	69	yuvafem.....	56
see colesevelam hcl....	30	XOFLUZA.....	16	Z	
WELIREG.....	20	XOLAIR.....	72	zafemy.....	55
WELLBUTRIN SR		XOSPATA.....	25	zafirlukast.....	71
see bupropion hcl.....	35	XPOVIO PAK (100 MG ONCE WEEKLY).....	25	zaleplon.....	45
WELLBUTRIN XL		XPOVIO PAK (40 MG ONCE WEEKLY).....	25	ZANAFLEX	
see bupropion hcl.....	35	XPOVIO PAK (40 MG TWICE WEEKLY).....	25	see tizanidine hcl.....	47
wera.....	55	XPOVIO PAK (60 MG ONCE WEEKLY).....	25	ZARONTIN	
WESTAB PLUS TAB 27- 1MG.....	67	XPOVIO PAK (60 MG TWICE WEEKLY).....	25	see ethosuximide.....	41
wixela inhub.....	73	XPOVIO PAK (80 MG ONCE WEEKLY).....	25	ZARXIO.....	62
wymzya fe.....	55	XPOVIO PAK (80 MG TWICE WEEKLY).....	25	ZEGALOGUE.....	56
X		XTANDI.....	20	ZEJULA.....	25
XALATAN		xulane.....	55	ZELBORAF.....	25
see latanoprost.....	69	XULTOPHY INJ 100/3.6	52	ZEMAIRA.....	72
XALKORI.....	25	XYLOCAINE		ZEMPLAR	
XANAX		see lidocaine hcl (local anesth.).....	9	see paricalcitol.....	58
see alprazolam.....	34	XYLOCAINE-MPF		zenatane.....	74
XARELTO.....	62	see lidocaine hcl (local anesth.).....	9	ZENPEP CAP 10000UNT	60
XARELTO STAR TAB		Y		ZENPEP CAP 15000UNT	60
15/20MG.....	62	YASMIN 28		ZENPEP CAP 20000UNT	60
XATMEP.....	64	see drospirenone-ethinyl estradiol tab 3-0.03 mg	53	ZENPEP CAP 25000UNT	60
XCOPRI.....	43	see ocella.....	55	ZENPEP CAP 3000UNIT60	60
XCOPRI PAK 100-150....	43	see syeda.....	55	ZENPEP CAP 40000UNT	60
XCOPRI PAK 12.5-25....	43	see zumandimine.....	55	ZENPEP CAP 5000UNIT60	60
XCOPRI PAK 150-200MG (MAINTENANCE).....	43	YAZ		ZENPEP CAP 60000UNT	60
XCOPRI PAK 150-200MG (TITRATION).....	43			ZESTORETIC	
XCOPRI PAK 50-100MG	43			see lisinopril & hydrochlorothiazide tab 10-12.5 mg.....	26
XDEMVY.....	68			see lisinopril & hydrochlorothiazide tab 20-12.5 mg.....	26
XELJANZ.....	64			see lisinopril & hydrochlorothiazide tab 20-25 mg.....	26
XELJANZ XR.....	64				
XENAZINE					
see tetrabenazine.....	46				
XERMELO.....	60				
XGEVA.....	52				
XHANCE.....	72				

ZESTRIL		
see <i>lisinopril</i>	27	
ZETIA		
see <i>ezetimibe</i>	30	
ZIAGEN		
see <i>abacavir sulfate</i>	13	
<i>zidovudine</i>	14	
<i>ziprasidone hcl</i>	39	
<i>ziprasidone mesylate</i>	40	
ZIRABEV	25	
ZIRGAN.....	68	
ZITHROMAX		
see <i>azithromycin</i>	16	
ZOCOR		
		see <i>simvastatin</i>
		30
		<i>zoledronic acid</i>
		52
		ZOLINZA
		25
		ZOLOFT
		see <i>sertraline hcl</i>
		36
		<i>zolpidem tartrate</i>
		45
		ZONEGRAN
		see <i>zonisamide</i>
		43
		ZONISADE
		43
		<i>zonisamide</i>
		43
		ZORTRESS
		see <i>everolimus</i>
		(<i>immunosuppressant</i>)
	
		65
		<i>zovia 1/35</i>
		55
		ZTALMY
		43
		<i>zumandimine</i>
		55
		ZURZUVAE
		36
		ZYDELIG
		26
		ZYKADIA
		26
		ZYLET SUS 0.5-0.3%.....
		68
		ZYPREXA
		see <i>olanzapine</i>
		38
		ZYTIGA
		see <i>abiraterone acetate</i>
	
		19
		ZYVOX
		see <i>linezolid</i>
		12

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-293-5325 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-293-5325 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-293-5325 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-293-5325 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-293-5325 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin

Form CMS-10802
(Expires 12/31/25)

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gọi 1-877-293-5325 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-293-5325 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-293-5325 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-293-5325 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-293-5325. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-293-5325 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-293-5325 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-293-5325 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis

rele nou nan 1-877-293-5325 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-293-5325 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-293-5325 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802
(Expires 12/31/25)

Y0124_MAMultiLanguageInsert0223_C

Johns Hopkins Advantage MD is a Medicare Advantage plan with a Medicare contract offering HMO and PPO products. Enrollment in Johns Hopkins Advantage MD depends on contract renewal.

This formulary was updated on 04/01/2025. For more recent information or other questions, please contact Johns Hopkins Advantage MD (HMO) Customer Service at 1-877-293-4998 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.hopkinsmedicare.com.