



GlobalHealth 2018 Formulary

(List of
Covered Drugs)

For Generations
Classic (HMO)



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

This formulary was updated
on 01/01/2018. For more
recent information or other
questions, please contact
GlobalHealth Customer Care at
1-866-494-3927 or,
for TTY users, 711

24 hours a day, seven days a week
www.GlobalHealth.com/medicare

HPMS Formulary File Submission ID: 00018202
Version 2

GlobalHealth is an HMO plan with
a Medicare contract. Enrollment in
GlobalHealth depends on contract
renewal.

GlobalHealth

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GlobalHealth is an HMO plan with a Medicare contract. Enrollment in GlobalHealth is dependent on contract renewal.

The formulary may change at any time, you will receive notice when necessary.

H3706_COMPFORMULARY_CLASSIC_2018 ACCEPTED

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 GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means Generations Classic (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

What is the Generations Classic (HMO) Formulary?

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 (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 01/01/2018. 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.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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 Agents. If you know what your drug is used for, look for the category name in the list that begins 7. 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 64. 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 cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GlobalHealth before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides a cap of 20 mg per prescription for Nexium. 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, our plan 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain 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 Generations Classic (HMO) formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Customer Care 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 GlobalHealth 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 Generations Classic (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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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, our plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions

would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

For more information

For more detailed information about your Generations Classic (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 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Generations Classic (HMO) Formulary

The formulary that begins on 7 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 64.

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

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

- LA – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Provider & Pharmacy Directory or call Customer Care, at 1-866-494-3927 (toll-free) 24 hours a day, seven days a week. TTY users should call 711.
- PA - Prior Authorization drugs are designated with the abbreviation PA;
- QL - Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug;
- ST - Step Therapy drugs are designated with the abbreviation ST;
- NM – Drugs that are not available by mail-order are designated with the abbreviation NM;
- B/D – Drugs that require coverage determination for Medicare Part B or Part D are designated with the abbreviation B/D;
- GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements /Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib CAPS 50mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	3	
<i>etodolac CAPS; TABS</i>	3	
<i>etodolac TB24</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	GC
<i>ketoprofen cap 50mg</i>	3	
<i>ketoprofen cap 75mg</i>	3	
<i>meloxicam TABS</i>	1	GC
<i>nabumetone TABS</i>	2	
<i>naproxen SUSP</i>	4	
<i>naproxen TABS</i>	1	GC
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl TABS</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>endocet</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription
drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	4	
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	3	QL (270 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days)
<i>methadone hcl 5mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl intensol</i>	3	QL (120 mL / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
<i>morphine sul inj 15mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate oral sol</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
oxycodone hcl CAPS	4	QL (180 caps / 30 days)
oxycodone hcl CONC; SOLN	4	
oxycodone hcl TABS	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen 2.5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 7.5-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen 10-325mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen soln	3	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

lidocaine inj 0.5%	2	B/D
lidocaine inj 0.5% preservative free (pf)	2	B/D
lidocaine inj 1%	2	B/D
lidocaine inj 1% preservative free (pf)	2	B/D
lidocaine inj 1.5% preservative free (pf)	2	B/D
lidocaine inj 2%	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

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

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	5	
atovaquone SUSP	5	
AZACTAM/DEX INJ	4	
aztreonam	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
clindamycin cap 75mg	1	GC
clindamycin cap 300 mg	1	GC
clindamycin hcl cap 150 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
<i>daptomycin</i>	5	
EMVERM	5	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid</i>	5	
<i>linezolid in sodium chloride</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim SUSP</i>	4	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim TABS</i>	2	
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg</i>	4	
VANCOMYCIN IN NACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b SOLR</i>	4	B/D
CANCIDAS	5	
CASPOFUNGIN ACETATE	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
FLUCONAZOLE INJ NACL 100	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	3	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENRESS CHEW 25mg	3	
ISENRESS CHEW 100mg	5	
ISENRESS PACK	5	
ISENRESS TABS	5	
ISENRESS HD	5	
<i>lamivudine</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP	4	
LEXIVA TABS	5	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tb24</i>	4	
NORVIR	3	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
SUSTIVA CAPS 50mg	4	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD	5	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	

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

ANTITUBERCULAR AGENTS

CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	GC
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

ANTIVIRALS

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

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

CEPHALOSPORINS

<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR; TABS	3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX SUSR 500mg/5ml	3	
tazicef SOLR	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK; SOLR; SUSR	3	
azithromycin TABS	1	GC
clarithromycin TABS	3	
clarithromycin er	3	
clarithromycin for susp	4	
DIFICID	5	
e.e.s. 400	4	
ery-tab	4	
ERYTHROCIN LACTOBIONATE	4	
erythrocin stearate	4	
erythromycin base	4	
erythromycin cap 250mg ec	4	
erythromycin ethylsuccinate TABS	4	
FLUOROQUINOLONES		
ciprofloxacin SUSR	4	
ciprofloxacin hcl tab 100mg	4	
ciprofloxacin hcl tab 250mg, 500mg, 750mg	1	GC
ciprofloxacin in d5w	3	
ciprofloxacin inj	3	
levofloxacin TABS	1	GC
levofloxacin in d5w	3	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	
PENICILLINS		
amoxicillin CAPS; SUSR; TABS	1	GC
amoxicillin CHEW	2	
amoxicillin & pot clavulanate CHEW; TB12	4	
amoxicillin & pot clavulanate SUSR	3	
amoxicillin & pot clavulanate TABS	2	
ampicillin & sulbactam sodium	4	
ampicillin cap	1	GC
ampicillin inj	4	
ampicillin sodium	4	
ampicillin sus	3	
BICILLIN L-A	4	
dicloxacillin sodium	3	
nafcillin sodium for inj 1gm, 2gm	4	
nafcillin sodium for inj 10gm	5	
oxacillin sodium 1gm, 2gm	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	GC
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	

TETRACYCLINES

<i>doxy 100</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS	3	
<i>doxycycline hyclate</i> CAPS	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate 20 mg</i>	3	
<i>doxycycline hyclate 100 mg</i>	3	
<i>minocycline hcl</i> CAPS	3	
<i>morgidox cap 1x50mg</i>	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN	5	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	4	B/D
<i>epirubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	5	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCEFREZ	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 5 200mg/10ml	5	B/D
DOCETAXEL SOLN	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate</i> (antineoplastic)	5	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate TABS</i>	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST	5	NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate 100mg</i>	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate 400mg</i>	5	QL (60 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

MISCELLANEOUS

<i>bexarotene</i>	5	NM, PA
DROXIA	3	
<i>hydroxyurea CAPS</i>	3	
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D, NM
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

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

PROTECTIVE AGENTS

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

TOPOISOMERASE INHIBITORS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

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Drug Name	Drug Tier	Requirements /Limits
<i>lisinopril & hydrochlorothiazide</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril TABS</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	
<i>spironolactone TABS</i>	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	GC
<i>ENTRESTO</i>	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil TABS</i>	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	GC

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

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

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

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl 1gm tab</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	4	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	3	
<i>fenofibrate micronized 67mg, 134mg, 200mg</i>	3	
<i>gemfibrozil TABS</i>	2	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic) 500mg</i>	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	4	
<i>niacor</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	5	NM, PA
<i>prevalite</i>	4	
<i>triklo</i>	4	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	3	
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	GC
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	GC
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	3	
<i>metoprolol tartrate SOCT</i>	3	
<i>metoprolol tartrate SOLN</i>	3	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	GC
<i>nadolol TABS</i>	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl SOLN; TABS</i>	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	
<i>amlodipine besylate TABS</i>	1	GC
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedical xl</i>	3	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl TBCR</i>	2	
<i>verapamil tab er</i>	2	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek .25mg</i>	3	PA; PA if 65 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
<i>digoxin sol 50mcg/ml</i>	3	PA; PA if 65 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
<i>TEKTURNA</i>	4	
<i>TEKTURNA HCT</i>	4	
<i>DIURETICS</i>		
<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	3	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide SOLN</i>	2	
<i>furosemide TABS</i>	1	GC
<i>furosemide inj</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torsemide tabs</i>	2	
<i>triamterene & hydrochlorothiazide</i> TABS	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK	4	
<i>clonidine hcl</i> TABS	1	GC
CORLANOR	4	
DEMSE	5	
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
NITRATES		
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam tab 0.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	GC, QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	GC, QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg</i>	2	
<i>buspirone hcl TABS 30mg</i>	4	
<i>fluvoxamine maleate TABS 25mg, 50mg</i>	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate TABS 100mg</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	1	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

ANTICONSULSANTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TBDP .5mg	3	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	3	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	3	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 1mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	5	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	
<i>valproate sodium oral soln</i>	3	
<i>valproate sodium soln 100mg/ml</i>	4	
<i>valproic acid</i>	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
zonisamide CAPS	3	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>galantamine hydrobromide er</i> 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	4	
<i>memantine hcl</i> SOLN	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS	3	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	4	
<i>rivastigmine td patch</i> 24hr 4.6 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 9.5 mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine td patch</i> 24hr 13.3 mg/24hr	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap</i> 10mg	1	GC, QL (30 caps / 30 days)
<i>fluoxetine cap</i> 20mg	1	GC, QL (120 caps / 30 days)
<i>fluoxetine cap</i> 40mg	1	GC
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	GC
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	GC, QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	3	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	GC
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIIBRYD STARTER PACK	4	
VIIIBRYD TAB	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	4	
APOKYN	5	NM, LA, PA
<i>benztropine mesylate</i> SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab</i> 0.5mg	2	
<i>pramipexole tab</i> 0.25mg	2	
<i>pramipexole tab</i> 0.75mg	2	
<i>pramipexole tab</i> 0.125mg	2	
<i>pramipexole tab</i> 1.5mg	2	
<i>pramipexole tab</i> 1mg	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab</i> 0.5mg	2	
<i>ropinirole tab</i> 0.25mg	2	
<i>ropinirole tab</i> 1mg	2	
<i>ropinirole tab</i> 2mg	2	
<i>ropinirole tab</i> 3mg	2	
<i>ropinirole tab</i> 4mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS</i>	4	
<i>selegiline hcl TABS</i>	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol con lactate</i>	2	
<i>haloperidol decanoate SOLN</i>	4	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg, 15mg, 20mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg, 15mg, 20mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate TB24 50mg</i>	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate TB24 300mg, 400mg</i>	4	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	3	QL (240 mL / 30 days)
<i>risperidone TABS 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TABS 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone TABS .25mg, .5mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone TBDP 1mg, 2mg, 3mg</i>	4	QL (60 tabs / 30 days)

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	4	QL (90 tabs / 30 days)

HYPNOTICS

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

MIGRAINE

<i>dihydroergotamine mesylate 1mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i>	4	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>RELPAX</i>	4	QL (12 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate CAPS</i>	1	GC
<i>lithium carbonate TABS</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
<i>tetrabenazine 12.5mg</i>	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine 25mg</i>	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen TABS</i>	2	

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

NARCOLEPSY/CATAPLEXY

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

PSYCHOTHERAPEUTIC-MISC

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

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTouch	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
TRESIBA FLEXTouch	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	GC, QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250mg	1	GC, QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500mg	1	GC, QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glip/metform tab 5-500mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide TB24 5mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl 2.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide xl 5mg</i>	1	GC, QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	GC, QL (75 tabs / 30 days)

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<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	GC
<i>alendronate sodium</i> TABS 35mg, 70mg	1	GC, QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj</i> 30mg	3	B/D
<i>pamidronate inj</i> 90mg	3	B/D
<i>zoledronic acid</i> 5mg/100ml	4	B/D, NM
ZOLEDRONIC INJ 4MG	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex powder</i>	4	
<i>kionex sus</i> 15gm/60ml	3	
<i>sodium polystyrene sulfonate oral susp</i>	3	
<i>sodium polystyrene sulfonate powd</i>	4	
<i>sps susp</i> 15gm/60ml	3	
SYPRINE	5	
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen</i> 1/35	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>ELLA</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	3	
<i>gildagia</i>	3	
<i>heather</i>	2	
<i>introvale</i>	3	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kimidess</i>	3	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena tab</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mono-lynyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	
NECON 10/11 28 DAY	3	
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	

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<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-lynyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	

ENDOMETRIOSIS

<i>danazol CAPS</i>	4	
SYNAREL	5	

ENZYME REPLACEMENTS

ADAGEN	5	NM, LA, PA
ALDURAZYPE	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA

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FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ZAVESCA	5	NM, LA, PA

ESTROGENS

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

GLUCOCORTICOIDS

<i>cortisone acetate TABS</i>	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	3	
<i>dexamethasone TABS</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	3	
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	3	B/D
<i>methylpr ss inj 40mg</i>	3	B/D
<i>methylpr ss inj 125mg</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	3	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
<i>prednisolone syp 15mg/5ml</i>	2	B/D
PREDNISONE CON 5MG/ML	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	GC, B/D
<i>prednisone tab 2.5mg</i>	1	GC, B/D
<i>prednisone tab 5mg</i>	1	GC, B/D
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
MIACALCIN	5	B/D
NATPARA	5	NM, PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	4	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder) CAPS</i>	3	QL (360 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) TABS</i>	3	QL (360 tabs / 30 days)
RENVELA PAK 2.4gm	3	QL (180 paks / 30 days)
RENVELA PAK .8gm	3	QL (540 paks / 30 days)
RENVELA TAB 800MG	3	QL (540 tabs / 30 days)

PROGESTINS

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

THYROID AGENTS

<i>levothyroxine sodium TABS</i>	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium TABS</i>	3	
<i>methimazole TABS</i>	2	
<i>propylthiouracil TABS</i>	3	
SYNTHROID	4	
<i>unithroid</i>	2	

VASOPRESSINS

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

GASTROINTESTINAL

ANTIEMETICS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	GC
<i>famotidine inj</i>	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	GC
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	

INFLAMMATORY BOWEL DISEASE

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

LAXATIVES

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	3	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 PACK</i>	3	
<i>polyethylene glycol 3350 POWD</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	

MISCELLANEOUS

<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	3	
GATTEX	5	NM, LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)
LINZESS 145mcg	3	QL (60 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate TABS</i>	3	
<i>ursodiol CAPS</i>	3	
<i>ursodiol TABS</i>	4	
XIFAXAN 550mg	5	PA

PANCREATIC ENZYMES

CREON	3	
ZENPEP	4	

PROTON PUMP INHIBITORS

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

GENITOURINARY

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Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
<i>tamsulosin hcl</i>	3	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	GC
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS	4	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	4	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	
<i>zazole cream 0.8%</i>	3	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN	4	
ELIQUIS	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
<i>heparin sodium/d5w</i>	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	

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

HEMATOPOIETIC GROWTH FACTORS

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

MISCELLANEOUS

<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	
CINRYZE	5	QL (20 vials / 30 days), NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	3	
<i>tranexamic acid</i> TABS	4	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM

IMMUNOSUPPRESSANTS

AZATHIOPRINE SOLR	4	B/D
<i>azathioprine TABS</i>	3	B/D
BENLYSTA SOLR	5	NM, PA
<i>cyclosporine CAPS; SOLN</i>	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D

VACCINES

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGRIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC	3	B/D
TETANUS/DIPHtheria TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL / SUPPLEMENTS

ELECTROLYTES

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

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 7%	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D

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Drug Name	Drug Tier	Requirements /Limits
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	2
<i>dextrose 5%</i>	2
DEXTROSE 5% /ELECTROLYTE	3
<i>dextrose 5%/lactated ring</i>	2
<i>dextrose 5%/nacl 0.2%</i>	2
DEXTROSE 5%/NACL 0.3%	4
<i>dextrose 5%/nacl 0.9%</i>	2
<i>dextrose 5%/nacl 0.33%</i>	2
<i>dextrose 5%/nacl 0.45%</i>	2
<i>dextrose 5%/nacl 0.225%</i>	2
<i>dextrose 5%/potassium chl</i>	2
<i>dextrose 10% flex contain</i>	2
DEXTROSE 10%/NACL 0.2%	3
<i>dextrose 10%/nacl 0.45%</i>	2
<i>dextrose 50%</i>	2
<i>dextrose inj 70%</i>	2
IONOSOL-MB/DEXTROSE 5%	4
ISOLYTE P	4

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE S	4	
<i>kcl</i> 0.15%/d5w/ <i>nacl</i> 0.2%	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl</i> 0.3%/d5w/ <i>nacl</i> 0.45%	2	
<i>kcl</i> 0.15%/d5w/ <i>nacl</i> 0.9%	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl</i> 0.075%/d5w/ <i>nacl</i> 0.45%	2	
<i>kcl</i> /d5w <i>inj</i> 0.3%	2	
<i>kcl</i> /d5w/ <i>nacl inj</i> 0.22%/0.45%	2	
<i>kcl</i> /d5w/ <i>nacl inj</i> .15/.33%	2	
<i>kcl</i> /d5w/ <i>nacl inj</i> .15/.45%	2	
<i>kcl</i> / <i>nacl inj</i> 0.3-0.9	2	
<i>kcl</i> / <i>nacl inj</i> 0.15%-0.9%	2	
<i>lactated ringer's inj</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj</i> 2meq/ml	2	
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride</i> SOLN 3%, 5%	2	
<i>sodium chloride</i> 0.45%	2	
<i>sodium chloride inj</i> 0.9%	2	

VITAMINS

<i>calcitriol</i> CAPS	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln</i> 1 mcg/ml	4	B/D
<i>paricalcitol</i> CAPS	4	B/D
<i>prenatal vitamin/folic acid</i> > 0.8 mg (generic)	2	
RAYALDEE	5	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	

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Drug Name	Drug Tier	Requirements/Limits
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
trifluridine SOLN	3	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	3	
PAZEO	3	

ANTIGLAUCOMA

ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
<i>timolol maleate gel</i>	4	
TRAVATAN Z	3	

MISCELLANEOUS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTIHISTAMINES		
<i>azelastine spr</i> 0.1%	3	
<i>azelastine spr</i> 0.15%	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride</i> SOLN	4	
<i>levocetirizine dihydrochloride</i> TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	GC
<i>albuterol sulfate</i> TABS; TB12	4	
<i>levalbuterol hcl</i> NEBU 1.25mg/3ml	4	B/D
<i>levalbuterol hcl soln nebu conc</i> 1.25 mg/0.5ml	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW	3	
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	2	
<i>zafirlukast</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb</i> 20mg/2ml	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine</i> (<i>anaphylaxis</i>) .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)

STERIOD INHALANTS

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

STERIOD/BETA-AGONIST COMBINATIONS

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

XANTHINES

<i>aminophylline inj</i>	3	
THEO-24	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	

TOPICAL

DERMATOLOGY, ACNE

<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamax</i>	3	
<i>clindamycin phosphate (topical) GEL; SOLN; SWAB</i>	3	
<i>clindamycin phosphate (topical) LOTN</i>	4	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid) GEL</i>	4	
<i>erythromycin (acne aid) SOLN</i>	3	
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin CREA</i>	4	PA
<i>tretinoin GEL .01%, .025%</i>	4	PA
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin OINT</i>	2	
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLON CREA</i>	4	
<i>SULFAMYLON PACK</i>	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nyata</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA; SOLN</i>	4	
<i>tazarotene CREA</i>	4	PA
<i>TAZORAC CREA .05%</i>	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide LOTN</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i>	3	
<i>betamethasone dipropionate augmented CREA</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented GEL; LOTN; OINT</i>	4	
<i>betamethasone valerate CREA; LOTN; OINT</i>	3	
<i>desoximetasone CREA; GEL; OINT</i>	4	
<i>fluocinolone acetonide CREA; OINT; SOLN</i>	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinolone acetonide oil scalp</i>	4	
<i>fluocinonide CREA .05%</i>	4	
<i>fluocinonide GEL</i>	4	
<i>fluocinonide SOLN</i>	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate CREA; OINT</i>	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical) CREA</i>	1	GC
<i>hydrocortisone (topical) LOTN</i>	3	
<i>hydrocortisone (topical) OINT</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate CREA</i>	2	
<i>mometasone furoate OINT; SOLN</i>	3	
<i>TEXACORT SOLN 2.5%</i>	4	
<i>triamcinolone acetonide (topical) CREA; OINT</i>	2	
<i>triamcinolone acetonide (topical) LOTN</i>	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine PTCH</i>	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl GEL</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl SOLN 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 gm / 30 days), PA
<i>lidocaine-prilocaine</i>	4	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate CREA; LOTN</i>	3	
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
<i>doxepin hcl (antipruritic)</i>	4	
<i>fluorouracil (topical) CREA 5%</i>	4	
<i>fluorouracil (topical) SOLN</i>	4	
<i>imiquimod CREA</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
PICATO	3	
<i>podofilox SOLN</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
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<i>paroex sol 0.12%</i>	1	GC
<i>periogard</i>	1	GC
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription
drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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<i>etoposide</i>	21	<i>fluocinolone acetonide oil scalp</i>	62
EVOTAZ	12	<i>fluocinonide</i>	62
<i>exemestane</i>	18	<i>fluocinonide emulsified base</i>	62
<i>ezetimibe</i>	23	<i>fluorometholone</i>	57
FABRAZYME	45	<i>fluorouracil</i>	17
<i>falmina</i>	42	<i>fluorouracil (topical)</i>	62
<i>famciclovir</i>	13	<i>fluoxetine cap 10mg</i>	31
<i>famotidine</i>	48	<i>fluoxetine cap 20mg</i>	31
<i>famotidine inj</i>	48	<i>fluoxetine cap 40mg</i>	31
FANAPT	33	<i>fluoxetine hcl</i>	31
FANAPT TITRATION PACK	33	<i>fluphenazine decanoate</i>	33
FARESTON	18	<i>fluphenazine hcl</i>	33
FARXIGA	39	<i>flurbiprofen</i>	7
FARYDAK	18	<i>flurbiprofen sodium</i>	57
FASLODEX	18	<i>flutamide</i>	18
<i>felbamate</i>	28	<i>fluticasone propionate</i>	62
<i>felodipine</i>	25	<i>fluticasone propionate (nasal)</i>	60
<i>femynor</i>	42	<i>fluvoxamine maleate</i>	27
<i>fenofibrate</i>	23	<i>fondaparinux sodium</i>	50
<i>fenofibrate micronized</i>	23	FORTEO	46
<i>fentanyl citrate</i>	7	<i>fosamprenavir tab 700 mg</i>	11
<i>fentanyl patch 100 mcg/hr</i>	8	<i>fosinopril sodium</i>	22
<i>fentanyl patch 12 mcg/hr</i>	8	<i>fosinopril sodium & hydrochlorothiazide</i>	21
<i>fentanyl patch 25 mcg/hr</i>	8	FREAMINE HBC 6.9%	55
<i>fentanyl patch 50 mcg/hr</i>	8	FREAMINE III	55
<i>fentanyl patch 75 mcg/hr</i>	8	<i>furosemide</i>	25
FENTORA	8		

<i>furosemide inj</i>	25	<i>glip/metform tab 2.5-500mg</i>	39
FUZEON	11	<i>glip/metform tab 5-500mg</i>	40
<i>fyavolv tab 1-5mg</i>	45	<i>glipizide</i>	40
FYCOMPA	28	<i>glipizide xl</i>	40
<i>gabapentin</i>	28	GLUCAGEN HYPOKIT.....	46
GABITRIL	29	GLUCAGON EMERGENCY KIT	46
<i>galantamine hydrobromide</i>	30	<i>glycopyrrolate</i>	48
<i>galantamine hydrobromide er</i>	30	<i>glycopyrrolate inj</i>	48
GAMASTAN S/D	52	GOLYTELY	48
GAMMAGARD LIQUID.....	52	<i>granisetron hcl</i>	47
GAMMAGARD S/D	52	GRANIX	51
GAMMAKED	52	<i>griseofulvin microsize</i>	11
GAMMAPLEX	52	<i>griseofulvin ultramicrosize</i>	11
GAMMAPLEX 10GM/100ML.....	52	<i>guanfacine er (adhd)</i>	36
GAMUNEX-C	52	HAEGARDA.....	51
<i>ganciclovir inj 500mg</i>	13	<i>halobetasol propionate</i>	62
GARDASIL 9	53	<i>haloperidol</i>	33
<i>gatifloxacin (ophth)</i>	57	<i>haloperidol con lactate</i>	33
GATTEX	49	<i>haloperidol decanoate</i>	33
GAUZE PADS 2	39	<i>haloperidol lactate inj 5 mg/ml</i>	33
<i>gavilyte-c</i>	48	HARVONI	13
<i>gavilyte-g</i>	48	HAVRIX.....	53
<i>gavilyte-h</i>	48	<i>heather</i>	42
<i>gavilyte-n/flavor pack</i>	48	<i>heparin sod (porcine) in d5w</i>	50
<i>gemcitabine inj soln</i>	17	<i>heparin sod inj 1000/ml</i>	50
<i>gemcitabine inj solr</i>	17	<i>heparin sod inj 10000/ml</i>	50
<i>gemfibrozil</i>	23	<i>heparin sod inj 20000/ml</i>	50
<i>generlac</i>	48	<i>heparin sod inj 5000/ml</i>	50
<i>gengraf</i>	53	<i>heparin sodium/d5w</i>	50
<i>gentak</i>	57	HEPARIN SODIUM/NACL 0.45%	50
<i>gentamicin in saline</i>	9	<i>hepatamine</i>	55
<i>gentamicin sulfate</i>	9	HERCEPTIN	18
<i>gentamicin sulfate (topical)</i>	61	HETLIOZ	36
<i>gentamicin sulfate soln (ophth)</i>	57	HEXALEN	16
GENVOYA.....	12	HIBERIX.....	53
GEODON	33	HUMIRA INJ 10MG/0.2ML	51
<i>gianvi tab 3-0.02mg</i>	42	HUMIRA KIT 20MG/0.4ML.....	51
<i>gildagia</i>	42	HUMIRA KIT 40MG/0.8ML.....	52
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GILOTRIF TAB 20MG.....	19	HUMIRA PEN.....	52
GILOTRIF TAB 30MG.....	19	HUMIRA PEN-CROHNS DISEASE.....	52
GILOTRIF TAB 40MG.....	19	HUMIRA PEN-PSORIASIS.....	52
<i>glatiramer acetate 40mg/ml</i>	37	HUMULIN R INJ U-500	39
<i>glatopa</i>	37	HUMULIN R U-500 KWIKPEN	39
GLEOSTINE	16	<i>hydralazine hcl</i>	26
<i>glimepiride</i>	39	<i>hydrochlorothiazide</i>	26
<i>glip/metform tab 2.5-250mg</i>	39		

<i>hydroco/apap tab 10-325mg</i>	8	INTRALIPID 30%.....	55
<i>hydroco/apap tab 5-325mg</i>	8	<i>intralipid inj 20%</i>	55
<i>hydroco/apap tab 7.5-325</i>	8	INTRON-A INJ 10MU.....	52
<i>hydrocodone-acetaminophen 7.5-325</i>		INTRON-A INJ 18MU.....	52
<i>mg/15ml</i>	8	INTRON-A INJ 25MU.....	52
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INTRON-A INJ 50MU.....	52
.....	8	<i>introvale</i>	42
<i>hydrocortisone</i>	45	INVANZ	10
<i>hydrocortisone (enema)</i>	48	INVEGA SUST INJ 117 MG/0.75 ML ...	33
<i>hydrocortisone (topical)</i>	62	INVEGA SUST INJ 156MG/ML.....	34
<i>hydrocortisone butyrate cream 0.1%</i> .	62	INVEGA SUST INJ 234 MG/1.5 ML	34
<i>hydrocortisone butyrate oint 0.1%</i> ...	62	INVEGA SUST INJ 39 MG/0.25 ML	33
<i>hydrocortisone butyrate soln 0.1%</i> ...	62	INVEGA SUST INJ 78 MG/0.5 ML	33
<i>hydrocortisone valerate</i>	62	INVEGA TRINZA.....	34
<i>hydromorphone hcl</i>	8	INVIRASE.....	11
<i>hydroxychloroquine sulfate</i>	52	INVOKAMET TAB 150-1000MG	40
<i>hydroxyprogesterone caproate</i>		INVOKAMET TAB 150-500MG.....	40
<i>(antineoplastic)</i>	18	INVOKAMET TAB 50-1000MG.....	40
<i>hydroxyurea</i>	20	INVOKAMET TAB 50-500MG	40
<i>hydroxyzine hcl</i>	59	INVOKAMET XR TAB 150-1000MG	40
<i>hydroxyzine pamoate</i>	59	INVOKAMET XR TAB 150-500MG.....	40
HYSINGLA ER	8	INVOKAMET XR TAB 50-1000MG.....	40
IBRANCE.....	18	INVOKAMET XR TAB 50-500MG.....	40
<i>ibuprofen</i>	7	INVOKANA	40
ICLUSIG.....	19	IONOSOL-MB/DEXTROSE 5%	55
IDHIFA	18	IPOL INACTIVATED IPV.....	53
IFEX INJ 3GM	16	<i>ipratropium bromide</i>	59
<i>ifosfamide inj 1gm</i>	16	<i>ipratropium bromide (nasal)</i>	59
<i>ifosfamide inj 1gm/20ml</i>	16	<i>ipratropium-albuterol nebu</i>	58
IFOSFAMIDE INJ 3GM	16	<i>irbesartan</i>	22
<i>ifosfamide inj 3gm/60ml</i>	16	<i>irbesartan-hydrochlorothiazide</i>	22
ILEVRO	57	IRESSA	20
<i>imatinib mesylate</i>	19	<i>irinotecan hcl</i>	21
IMBRUVICA CAP 140MG	20	ISENTRESS	11
<i>imipenem-cilastatin</i>	10	ISENTRESS HD	11
<i>imipramine hcl</i>	31	ISOLYTE P.....	55
<i>imiquimod</i>	62	ISOLYTE S.....	56
IMOVAX RABIES (H.D.C.V.)	53	<i>isoniazid</i>	13
INCRELEX	46	<i>isoniazid inj 100 mg/ml</i>	13
INCRUSE ELLIPTA	59	<i>isoniazid syp 50mg/5ml</i>	13
<i>indapamide</i>	26	<i>isosorb mononitrate tab</i>	26
INFANRIX.....	53	<i>isosorbide dinitrate</i>	26
INLYTA	20	<i>isosorbide dinitrate er</i>	26
INSULIN PEN NEEDLE	39	<i>isosorbide mononitrate er</i>	26
INSULIN SAFETY NEEDLES	39	<i>isradipine</i>	25
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<i>ivermectin</i>	10	KEYTRUDA	18
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JADENU	41	KINRIX	53
JADENU SPRINKLE	41	<i>kionex powder</i>	41
JAKAFI	20	<i>kionex sus 15gm/60ml</i>	41
<i>jantoven</i>	50	KISQALI.....	18
JANUMET	40	KISQALI FEMARA 200 DOSE	18
JANUMET XR TAB 100-1000.....	40	KISQALI FEMARA 400 DOSE	18
JANUMET XR TAB 50-1000	40	KISQALI FEMARA 600 DOSE	18
JANUMET XR TAB 50-500MG.....	40	<i>klor-con 10</i>	54
JANUVIA	40	<i>klor-con 8</i>	54
JENTADUETO	40	<i>klor-con m10</i>	54
JENTADUETO TAB XR 2.5-1000 MG ...	40	KLOR-CON M15.....	54
JENTADUETO TAB XR 5-1000 MG	40	<i>klor-con m20</i>	54
<i>jinteli</i>	45	<i>klor-con spr cap 10meq</i>	54
<i>jolessa tab 0.15-0.03 mg</i>	42	<i>klor-con spr cap 8meq</i>	54
<i>jolivette</i>	42	KORLYM.....	46
<i>juleber</i>	42	KUVAN.....	45
<i>junel 1.5/30</i>	42	KYNAMRO	23
<i>junel 1/20</i>	42	<i>labetalol hcl</i>	24
<i>junel fe 1.5/30</i>	42	<i>lactated ringer's inj</i>	56
<i>junel fe 1/20</i>	42	<i>lactulose</i>	48
JUXTAPID.....	23	<i>lactulose (encephalopathy)</i>	48
KADCYLA	18	<i>lamivudine</i>	11
KALETRA TAB 100-25MG.....	12	<i>lamivudine (hbv)</i>	13
KALETRA TAB 200-50MG.....	12	<i>lamivudine-zidovudine</i>	12
KALYDECO	60	<i>lamotrigine</i>	29
<i>kariva</i>	42	<i>larin 1.5/30</i>	42
<i>kcl 0.075%/d5w/nacl 0.45%</i>	56	<i>larin 1/20</i>	42
KCL 0.15%/D5W/NACL 0.225%	56	<i>larin fe 1.5/30</i>	42
<i>kcl 0.15%/d5w/nacl 0.9%</i>	56	<i>larin fe 1/20</i>	43
<i>kcl 0.3%/d5w/nacl 0.45%</i>	56	<i>larissia tab</i>	43
KCL 0.3%/D5W/NACL 0.9%	56	LASTACFT	58
<i>kcl/d5w inj 0.3%</i>	56	<i>latanoprost</i>	58
<i>kcl/d5w/nacl inj .15/.33%</i>	56	LATUDA	34
<i>kcl/d5w/nacl inj .15/.45%</i>	56	<i>leena tab</i>	43
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	56	<i>leflunomide</i>	52
<i>kcl/nacl inj 0.15%-0.9%</i>	56	LENVIMA 10 MG DAILY DOSE	20
<i>kcl/nacl inj 0.3-0.9</i>	56	LENVIMA 14 MG DAILY DOSE	20
<i>kcl0.15%/d5w/nacl0.2%</i>	56	LENVIMA 18 MG DAILY DOSE	20
<i>kelnor 1/35</i>	42	LENVIMA 20 MG DAILY DOSE	20
<i>ketoconazole</i>	11	LENVIMA 24 MG DAILY DOSE	20
<i>ketoconazole cream</i>	61	LENVIMA 8 MG DAILY DOSE	20
<i>ketoconazole shampoo</i>	61	<i>lessina</i>	43
<i>ketoprofen cap 50mg</i>	7	LETAIRIS	26
<i>ketoprofen cap 75mg</i>	7	<i>letrozole</i>	18
<i>ketorolac tromethamine (ophth)</i>	57	<i>leucovorin calcium</i>	21

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<i>leuprolide inj 1mg/0.2</i>	18	<i>liothyronine sodium</i>	47
<i>levalbuterol hcl</i>	59	<i>lisinopril</i>	22
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>lisinopril & hydrochlorothiazide.....</i>	22
<i>mg/0.5ml</i>	59	<i>lithium carbonate</i>	37
<i>levalbuterol tartrate hfa</i>	59	<i>lithium carbonate er</i>	37
LEVEMIR	39	LITHIUM SOLN 8MEQ/5ML	37
LEVEMIR FLEXTOUCH	39	LONSURF	20
<i>levetiracetam</i>	29	<i>loperamide hcl</i>	49
<i>levetiracetam in sodium chloride</i>	29	<i>lopinavir-ritonavir.....</i>	13
<i>levetiracetam inj</i>	29	<i>lorazepam</i>	27
<i>levetiracetam oral soln 100 mg/ml ...</i>	29	<i>lorazepam intensol</i>	27
<i>levobunolol hcl.....</i>	58	<i>lorcet hd tab 10-325mg</i>	8
<i>levocarnitine (metabolic modifiers) ...</i>	45	<i>lorcet plus tab 7.5-325</i>	8
<i>levocetirizine dihydrochloride</i>	59	<i>lortab tab 10-325mg</i>	8
<i>levofloxacin</i>	15	<i>lortab tab 5-325mg</i>	8
<i>levofloxacin in d5w.....</i>	15	<i>lortab tab 7.5-325.....</i>	8
<i>levofloxacin inj 25mg/ml</i>	15	<i>loryna.....</i>	43
<i>levofloxacin oral soln 25 mg/ml.....</i>	15	<i>losartan potassium</i>	22
<i>levoleucovorin calcium</i>	21	<i>losartan-hydrochlorothiazide</i>	22
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<i>levoleucovorin calcium 50mg</i>	21	<i>low-ogestrel</i>	43
<i>levonest</i>	43	<i>loxapine succinate</i>	34
<i>levonor/ethi tab</i>	43	LUMIGAN	58
<i>levonorgestrel & eth estradiol</i>	43	LUMIZYME.....	45
<i>levonorgestrel-ethinyl estradiol (91-</i>		LUPRON DEPOT (1-MONTH).....	18
<i>day)</i>	43	LUPRON DEPOT INJ 11.25MG (3-	
<i>levora 0.15/30-28</i>	43	<i>MONTH)</i>	18
<i>levothyroxine sodium.....</i>	47	LUPRON DEP-PED INJ 11.25MG	46
<i>levoxyl.....</i>	47	LUPRON DEP-PED INJ 11.25MG (3-	
LEXIVA	12	<i>MONTH)</i>	46
<i>lidocaine</i>	62	LUPRON DEP-PED INJ 15MG	46
<i>lidocaine hcl</i>	62	LUPRON DEP-PED INJ 30MG (3-MONTH)	
<i>lidocaine hcl (mouth-throat)</i>	63	<i>.....</i>	46
<i>lidocaine inj 0.5%</i>	9	LUPRON DEP-PED INJ 7.5MG	46
<i>lidocaine inj 0.5% preservative free (pf)</i>		<i>lutra</i>	43
<i>.....</i>	9	LYNPARZA.....	18
<i>lidocaine inj 1%</i>	9	LYRICA	29
<i>lidocaine inj 1% preservative free (pf)</i>	9	LYSODREN	18
<i>lidocaine inj 1.5% preservative free (pf)</i>		<i>lyza</i>	43
<i>.....</i>	9	<i>magnesium sulfate</i>	54
<i>lidocaine inj 2%</i>	9	MAGNESIUM SULFATE	54
<i>lidocaine oint 5%</i>	62	MAGNESIUM SULFATE IN D5W.....	54
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<i>linezolid in sodium chloride.....</i>	10	<i>maprotiline hcl.....</i>	31

<i>marlissa</i>	43	<i>methylpr ss inj 40mg</i>	45
MARPLAN TAB 10MG	31	<i>methylpred pak 4mg</i>	45
MATULANE	20	<i>methylpred tab 16mg</i>	45
MAVYRET	13	<i>methylpred tab 32mg</i>	45
<i>meclizine hcl</i>	47	<i>methylpred tab 4mg</i>	45
<i>medroxyprogesterone acetate</i> (contraceptive)	43	<i>methylpred tab 8mg</i>	45
<i>medroxyprogesterone acetate tab</i>	47	<i>metipranolol</i>	58
<i>mefloquine hcl</i>	11	<i>metoclopramide hcl</i>	47
<i>megestrol ac sus 40mg/ml</i>	18	<i>metoclopramide inj</i>	47
<i>megestrol ac tab 20mg</i>	19	<i>metolazone</i>	26
<i>megestrol ac tab 40mg</i>	19	<i>metoprolol & hydrochlorothiazide</i>	24
<i>megestrol sus 625mg/5ml</i>	19	<i>metoprolol succinate</i>	24
MEKINIST	20	<i>metoprolol tartrate</i>	24
<i>meloxicam</i>	7	<i>metronidazole</i>	10
<i>melphalan hcl</i>	16	<i>metronidazole (topical)</i>	63
<i>memantine hcl</i>	30	<i>metronidazole gel 0.75%</i>	63
MENACTRA	53	<i>metronidazole in nacl</i>	10
MENOMUNE-A/C/Y/W-135	53	<i>metronidazole vaginal</i>	50
MENVEO	53	<i>mexiletine hcl</i>	23
<i>mercaptopurine</i>	17	MIACALCIN	46
<i>meropenem</i>	10	<i>microgestin 1.5/30</i>	43
<i>mesalamine</i>	48	<i>microgestin 1/20</i>	43
<i>mesalamine w/ cleanser</i>	48	<i>microgestin fe 1.5/30</i>	43
<i>mesna</i>	21	<i>microgestin fe 1/20</i>	43
MESNEX	21	<i>midodrine hcl</i>	26
<i>metadate er tab 20mg</i>	36	<i>migergot</i>	36
<i>metformin er</i>	40	<i>minitran</i>	26
<i>metformin hcl</i>	40	<i>minocycline hcl</i>	16
<i>methadone hcl</i>	8	<i>minoxidil</i>	26
<i>methadone hcl 10mg</i>	8	<i>mirtazapine</i>	31
<i>methadone hcl 5mg</i>	8	<i>misoprostol</i>	49
<i>methadone hcl intensol</i>	8	MITIGARE	7
<i>methazolamide</i>	26	<i>mitomycin</i>	17
<i>methenamine hippurate</i>	10	<i>mitoxantrone hcl</i>	20
<i>methimazole</i>	47	M-M-R II	53
<i>methotrexate sodium inj</i>	17	<i>moderiba tab 200mg</i>	13
<i>methotrexate sodium tabs</i>	52	<i>moexipril hcl</i>	22
<i>methyclothiazide</i>	26	<i>moexipril-hydrochlorothiazide</i>	22
<i>methylphenidate hcl</i>	36	<i>mometasone furoate</i>	62
<i>methylphenidate hcl oral soln</i>	36	<i>mono-lyyah tab 0.25-35</i>	43
<i>methylphenidate tab 10mg er</i>	36	<i>mononessa</i>	43
<i>methylphenidate tab 20mg er</i>	36	<i>montelukast sodium</i>	59
<i>methylpr ace inj 40mg/ml</i>	45	<i>morgidox cap 1x50mg</i>	16
<i>methylpr ace inj 80mg/ml</i>	45	<i>morphine ext-rel tab</i>	8
<i>methylpr ss inj 125mg</i>	45	<i>morphine sul inj 10mg/ml</i>	8
<i>methylpr ss inj 1gm</i>	45	<i>morphine sul inj 15mg/ml</i>	8
		<i>morphine sul inj 1mg/ml</i>	8

MORPHINE SUL INJ 4MG/ML	8	<i>neomycin-polymyxin-hc (otic)</i>	63
<i>morphine sulfate</i>	8	NEPHRAMINE	55
MORPHINE SULFATE	8	NERLYNX.....	20
<i>morphine sulfate oral sol</i>	8	NEUPOGEN	51
MOVANTIK	49	NEUPRO	32
MOVIPREP	49	<i>nevirapine susp 50 mg/5ml</i>	12
MOXEZA.....	57	<i>nevirapine tab 200mg</i>	12
<i>moxifloxacin hcl (ophth)</i>	57	<i>nevirapine tb24</i>	12
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MULTAQ.....	23	<i>niacin er (antihyperlipidemic)</i>	23
<i>mupirocin</i>	61	<i>niacor</i>	23
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<i>mycophenolate mofetil</i>	53	NICOTROL NS.....	38
<i>mycophenolate sodium</i>	53	<i>nifedical xl</i>	25
<i>myorisan</i>	61	<i>nifedipine</i>	25
MYRBETRIQ.....	50	<i>nifedipine er</i>	25
<i>myzilra</i>	43	<i>nikki</i>	43
<i>nabumetone</i>	7	<i>nilutamide</i>	19
<i>nadolol</i>	24	<i>nimodipine</i>	25
<i>nafcillin sodium for inj</i>	15	NINLARO.....	18
NAGLAZYME	45	NIPENT	17
<i>nalbuphine hcl</i>	7	NITRO-BID	26
<i>naloxone inj 0.4mg/ml</i>	38	NITRO-DUR DIS 0.3MG/HR.....	26
<i>naloxone inj 1mg/ml</i>	38	NITRO-DUR DIS 0.8MG/HR.....	26
<i>naltrexone hcl</i>	38	<i>nitrofurantoin macrocrystal</i>	10
NAMENDA XR.....	30	<i>nitrofurantoin monohyd macro</i>	10
NAMENDA XR TITRATION PACK.....	30	<i>nitroglycerin</i>	26
NAMZARIC	30	<i>nitroglycerin td patch</i>	26
<i>naproxen</i>	7	<i>nora-be tab 0.35mg</i>	43
<i>naproxen dr</i>	7	NORDITROPIN FLEXPRO.....	46
<i>naproxen sodium</i>	7	<i>norethindrone (contraceptive)</i>	43
<i>naratriptan hcl</i>	36	<i>norethindrone acet & eth estra</i>	43
NATACYN	57	<i>norethindrone acetate</i>	47
<i>nateglinide</i>	41	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	45
NATPARA	46	<i>norgest/ethi tab 0.25/35</i>	43
NEBUPENT.....	10	<i>norgestimate-ethinyl estradiol</i> <i>(triphasic) 0.18-25/0.215-25/0.25-25</i> <i>mg-mcg</i>	43
<i>necon 0.5/35-28</i>	43	<i>norgestimate-ethinyl estradiol</i> <i>(triphasic) 0.18-35/0.215-35/0.25-35</i> <i>mg-mcg</i>	43
<i>necon 1/50-28</i>	43	<i>norlyroc</i>	43
NECON 10/11 28 DAY	43	NORMOSOL-M IN D5W.....	56
<i>necon 7/7/7</i>	43	NORMOSOL-R	56
<i>nefazodone hcl</i>	31	NORMOSOL-R IN D5W	56
<i>neomycin sulfate</i>	9		
<i>neomycin-bacitracin zn-polymyxin</i>	57		
<i>neomycin-polymy-dexameth</i>	56		
<i>neomycin-polymyxin-gramicidin</i>	57		
<i>neomycin-polymyxin-hc (ophth)</i>	56		

NORPACE CR	23	omeprazole cap 20mg.....	49
NORTHERA	26	omeprazole cap 40mg.....	49
nortrel 0.5/35 (28).....	43	ondansetron hcl	47
nortrel 1/35.....	43	ondansetron hcl inj.....	47
nortrel 7/7/7	43	ondansetron hcl oral soln	47
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NOVOLIN N	39	ORFADIN.....	45
NOVOLIN R	39	ORKAMBI	60
NOVOLOG	39	orsythia	43
NOVOLOG 70/30 FLEXPEN.....	39	oseltamivir phosphate.....	13
NOVOLOG FLEXPEN	39	oxacillin sodium	15, 16
NOVOLOG MIX 70/30.....	39	oxaliplatin inj 100mg	21
NOVOLOG PENFILL.....	39	oxaliplatin inj 100mg/20ml.....	21
NOXAFIL	11	oxaliplatin inj 50mg.....	21
NUCYNTA ER	9	oxaliplatin inj 50mg/10ml.....	21
NUEDEXTA	37	oxandrolone tab 10mg.....	38
NULOJIX	53	oxandrolone tab 2.5mg	38
NULYTELY/FLAVOR PACKS	49	oxcarbazepine	29
NUPLAZID	34	oxybutynin chloride	50
nutrilipid inj 20%	55	oxycodone hcl.....	9
NUVARING	43	oxycodone w/ acetaminophen 10-325mg.....	9
nyamyc.....	61	oxycodone w/ acetaminophen 2.5-325mg.....	9
nyata.....	61	oxycodone w/ acetaminophen 5-325mg.....	9
NYMALIZE	25	oxycodone w/ acetaminophen 7.5-325mg.....	9
nystatin	11	oxycodone w/ acetaminophen soln	9
nystatin (mouth-throat)	63	pacerone.....	23
nystatin (topical).....	61	paclitaxel	17
nystop	61	paliperidone	34
ocella tab 3-0.03mg	43	pamidronate disodium	41
OCTAGAM	52	PAMIDRONATE DISODIUM.....	41
octreotide acetate	46	pamidronate inj 30mg	41
ODEFSEY	13	pamidronate inj 90mg	41
ODOMZO.....	18	PANRETIN	63
OFEV	60	pantoprazole sodium tbec	49
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ofloxacin (otic).....	63	paroex sol 0.12%	63
olanzapine.....	34	paromomycin sulfate	9
olmesartan medoxomil.....	22	paroxetine hcl tabs.....	31
olmesartan medoxomil-amlodipine-hydrochlorothiazide	22	PASER D/R	13
olmesartan medoxomil-hydrochlorothiazide	22	PAXIL	31
olopatadine hcl 0.2%	58	PAZEO	58
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omeprazole cap 10mg.....	49		

PEDIARIX	53	<i>piper/tazoba inj 3-0.375gm</i>	16
PEDVAX HIB	53	<i>piper/tazoba inj 36-4.5gm</i>	16
<i>peg 3350/electrolytes</i>	49	<i>piper/tazoba inj 4-0.5gm</i>	16
<i>peg 3350-kcl-sod bicarb-sod chloride-</i>		<i>pirmella 1/35</i>	44
<i>sod sulfate</i>	49	<i>piroxicam</i>	7
<i>peg 3350-potassium chloride-sod</i>		PLASMA-LYTE A	56
<i>bicarbonate-sod chloride</i>	49	PLASMA-LYTE-148	56
PEGANONE	29	<i>podofilox</i>	63
PEGASYS	13	<i>polyethylene glycol 3350</i>	49
PEGASYS PROCLICK	14	<i>polymyxin b-trimethoprim</i>	57
PENICILLIN G POT IN DEXTROSE 2MU		POMALYST	19
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PENICILLIN G PROCAINE	16	<i>potassium chloride in nacl</i>	56
<i>penicillin g sodium</i>	16	<i>potassium chloride microencapsulated</i>	
<i>penicillin v potassium</i>	16	<i>crystals er</i>	54
<i>penicillin gk inj 20mu</i>	16	<i>potassium chloride tab cr 10 meq</i>	54
<i>penicillin gk inj 5mu</i>	16	<i>potassium citrate (alkalinizer) er tabs</i>	50
PENTACEL	53	PRADAXA	50
PENTAM 300	10	PRALUENT	24
<i>pentoxifylline</i>	51	<i>pramipexole tab 0.125mg</i>	32
<i>perindopril erbumine</i>	22	<i>pramipexole tab 0.25mg</i>	32
<i>periogard</i>	63	<i>pramipexole tab 0.5mg</i>	32
<i>permethrin cre 5%</i>	63	<i>pramipexole tab 0.75mg</i>	32
<i>perphenazine</i>	34	<i>pramipexole tab 1.5mg</i>	32
<i>pfizerpen-g inj 20mu</i>	16	<i>pramipexole tab 1mg</i>	32
<i>pfizerpen-g inj 5mu</i>	16	<i>prasugrel hcl</i>	51
<i>phenelzine sulfate</i>	31	<i>pravastatin sodium</i>	23
<i>phenobarbital</i>	29	<i>prazosin hcl</i>	22
<i>phenobarbital sodium</i>	29	<i>pred sod pho sol 5mg/5ml</i>	45
PHENOBARBITAL SODIUM	29	<i>prednisolone acetate (ophth)</i>	57
PHENYTEK	29	PREDNISOLONE SODIUM PHOSPHATE	
<i>phenytoin</i>	29	(OPHTH)	57
<i>phenytoin sodium</i>	29	<i>prednisolone sol 15mg/5ml</i>	45
<i>phenytoin sodium extended</i>	29	<i>prednisolone sol 25mg/5ml</i>	45
<i>philith</i>	43	<i>prednisolone syp 15mg/5ml</i>	45
PHOSPHOLINE IODIDE	58	PREDNISONE CON 5MG/ML	45
PICATO	63	<i>prednisone pak 10mg</i>	46
<i>pilocarpine hcl</i>	58	<i>prednisone pak 5mg</i>	46
<i>pilocarpine hcl (oral)</i>	63	<i>prednisone sol 5mg/5ml</i>	46
<i>pimozide</i>	34	<i>prednisone tab 10mg</i>	46
<i>pimtrea</i>	43	<i>prednisone tab 1mg</i>	46
<i>pindolol</i>	24	<i>prednisone tab 2.5mg</i>	46
<i>pioglitazone hcl</i>	41	<i>prednisone tab 20mg</i>	46
PIPER/TAZOBA INJ 12-1.5GM	16	<i>prednisone tab 50mg</i>	46
<i>piper/tazoba inj 2-0.25gm</i>	16	<i>prednisone tab 5mg</i>	46

PREMASOL 10%	55	quinapril hcl	22
premasol 6%	55	quinapril-hydrochlorothiazide	22
prenatal vitamin/folic acid > 0.8 mg (generic)	56	quinidine gluconate	23
prevalite	24	quinidine sulfate	23
previfem	44	quinine sulfate	11
PREZCOBIX	13	RABAVERT	53
PREZISTA.....	12	raloxifene tab 60mg	46
PRIFTIN	13	ramipril.....	22
PRIMAQUINE PHOSPHATE	11	RANEXA	26
primidone.....	29	ranitidine hcl	48
PRIVIGEN.....	52	ranitidine hcl inj	48
probenecid	7	ranitidine syrup.....	48
PROCALAMINE	55	RAPAMUNE.....	53
prochlorperazine inj.....	47	rasagiline mesylate.....	32
prochlorperazine maleate	47	RAYALDEE	56
prochlorperazine supp.....	47	REBETOL SOLN	14
PROCRT	51	reclipsen	44
procto-med hc	63	RECOMBIVAX HB.....	53
procto-pak	63	REGRANEX	63
proctosol hc cre 2.5%	63	RELENZA DISKHALER	14
proctozone-hc.....	63	RELISTOR	49
PROGLYCEM SUS 50MG/ML	46	RELPAK.....	36
PROLASTIN-C	60	REMICADE.....	52
PROLENSA.....	57	REMODULIN	26
PROLIA	46	REVELA PAK	47
PROMACTA	51	REVELA TAB 800MG	47
promethazine hcl	48	repaglinide	41
propafenone hcl	23	RESCRIPTOR	12
propafenone hcl 12hr.....	23	RESTASIS	58
proparacaine hcl	58	RESTASIS MULTIDOSE.....	58
propranolol & hydrochlorothiazide	24	RETROVIR IV INFUSION.....	12
propranolol cap er	24	REVLIMID.....	19
propranolol hcl.....	24	REXULTI	34
propranolol oral sol.....	24	REYATAZ.....	12
propylthiouracil	47	ribasphere	14
PROQUAD	53	ribavirin cap 200mg.....	14
PROSOL	55	ribavirin tab 200mg.....	14
protriptyline hcl.....	31	rifabutin	13
PULMICORT FLEXHALER	60	rifampin	13
PULMOZYME	60	RIFATER.....	13
PURIXAN.....	17	riluzole	37
pyrazinamide	13	rimantadine hydrochloride	14
pyridostigmine tab 60mg	37	ringer's	56
QUADRACEL	53	RISPERDAL INJ 12.5MG	34
quasense	44	RISPERDAL INJ 25MG	34
quetiapine fumarate	34	RISPERDAL INJ 37.5MG	34
		RISPERDAL INJ 50MG	34

<i>risperidone</i>	34, 35	<i>sirolimus</i>	53
RITUXAN	18	SIRTURO	13
RITUXAN HYCELA	18	SIVEXTRO	10
<i>rivastigmine tartrate</i>	30	<i>sodium chlor sol 0.9% irr</i>	63
<i>rivastigmine td patch 24hr 13.3</i> <i>mg/24hr</i>	30	<i>sodium chloride</i>	54, 56
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	30	<i>sodium chloride 0.45%</i>	56
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	30	<i>sodium chloride inj 0.9%</i>	56
<i>rizatriptan benzoate</i>	37	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	54
<i>rizatriptan benzoate odt</i>	37	<i>sodium phenylbutyrate</i>	45
<i>ropinirole tab 0.25mg</i>	32	<i>sodium polystyrene sulfonate oral susp</i>	41
<i>ropinirole tab 0.5mg</i>	32	<i>sodium polystyrene sulfonate powd</i> ...	41
<i>ropinirole tab 1mg</i>	32	SOLTAMOX	19
<i>ropinirole tab 2mg</i>	32	SOLU-CORTEF	46
<i>ropinirole tab 3mg</i>	32	SOMATULINE DEPOT	46
<i>ropinirole tab 4mg</i>	32	SOMAVERT	46
<i>ropinirole tab 5mg</i>	33	<i>sorine</i>	23
<i>rosadan cre 0.75%</i>	63	<i>sotalol hcl</i>	23
<i>rosuvastatin calcium</i>	23	<i>sotalol hcl (afib/afl)</i>	23
ROTARIX	53	SOVALDI	14
ROTATEQ	53	<i>spironolactone</i>	22
<i>roweepra</i>	29	<i>spironolactone & hydrochlorothiazide</i> ..	26
RUBRACA	18	<i>sprintec 28</i>	44
RYDAPT	20	SPRITAM	29
SABRIL	29	SPRYCEL	20
SANDIMMUNE	53	<i>sps susp 15gm/60ml</i>	41
SANDOSTATIN LAR DEPOT	46	<i>sronyx</i>	44
SANTYL	63	<i>ssd</i>	61
SAPHRIS	35	<i>stavudine</i>	12
<i>scopolamine patch</i>	48	<i>sterile water irrigation</i>	63
<i>selegiline hcl</i>	33	STIMATE	47
<i>selenium sulfide</i>	61	STIVARGA	20
SELZENTRY	12	<i>streptomycin sulfate</i>	9
SENSIPAR	41	STRIBILD	13
SEREVENT DISKUS	59	SUBOXONE MIS 12-3MG	38
<i>sertraline hcl</i>	31	SUBOXONE MIS 2-0.5MG	38
<i>setlakin tab</i>	44	SUBOXONE MIS 4-1MG	38
<i>sharobel</i>	44	SUBOXONE MIS 8-2MG	38
SIGNIFOR	46	<i>sucralfate</i>	49
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	26	<i>sulfacet sod oin 10% op</i>	57
SILENOR	36	<i>sulfacetamide sodium (acne)</i>	61
<i>silver sulfadiazine</i>	61	<i>sulfacetamide sodium (ophth)</i>	57
SIMBRINZA	58	<i>sulfacetamide sod-prednisolone</i>	56
<i>simvastatin</i>	23	SULFADIAZINE	9
		<i>sulfamethoxazole-trimethop ds</i>	10
		<i>sulfamethoxazole-trimethoprim</i>	10

<i>sulfamethoxazole-trimethoprim inj</i>	10	<i>temazepam</i>	36
SULFAMYLON	61	TENIVAC	54
<i>sulfasalazine</i>	48	<i>terazosin hcl</i>	22
<i>sulfasalazine ec</i>	48	<i>terbinafine hcl</i>	11
<i>sulindac</i>	7	<i>terbutaline sulfate</i>	59
<i>sumatriptan</i>	37	<i>terconazole vaginal</i>	50
<i>sumatriptan inj 4mg/0.5ml</i>	37	<i>testosterone</i>	38
<i>sumatriptan inj 6mg/0.5ml</i>	37	<i>testosterone cypionate</i>	39
<i>sumatriptan succinate</i>	37	<i>testosterone enanthate</i>	39
SUPRAX	14, 15	TETANUS/DIPHTHERIA TOXOID	54
SUPREP BOWEL PREP KIT	49	<i>tetrabenazine</i>	37
SUSTIVA	12	TEXACORT SOLN 2.5%	62
SUTENT	20	THALOMID	19
<i>syeda</i>	44	THEO-24	60
SYLATRON KIT 200MCG	20	<i>theophylline</i>	60
SYLATRON KIT 300MCG	20	<i>thioridazine hcl</i>	35
SYLATRON KIT 600MCG	20	<i>thiothixene</i>	35
SYMBICORT	60	<i>tiagabine hcl</i>	29
SYNAGIS	53	TIGECYCLINE	10
SYNAREL	44	<i>tilia fe</i>	44
SYNERCID	10	<i>timolol maleate</i>	24
SYNRIBO	20	<i>timolol maleate (ophth) soln</i>	58
SYNTHROID	47	<i>timolol maleate gel</i>	58
SYPRINE	41	TIVICAY	12
TABLOID	17	<i>tizanidine hcl</i>	38
<i>tacrolimus</i>	53	TOBRADEX	56
<i>tacrolimus (topical)</i>	63	TOBRADEX ST	57
TAFINLAR	20	<i>tobramycin</i>	9
TAGRISSO	20	<i>tobramycin (ophth)</i>	57
TAMIFLU	14	<i>tobramycin inj 1.2 gm/30ml</i>	9
<i>tamoxifen citrate</i>	19	<i>tobramycin inj 1.2gm</i>	9
<i>tamsulosin hcl</i>	50	<i>tobramycin inj 10mg/ml</i>	9
TARCEVA	20	<i>tobramycin inj 40mg/ml</i>	9
TARGRETIN	63	<i>tobramycin inj 80mg/2ml</i>	9
<i>tarina fe 1/20</i>	44	<i>tobramycin-dexamethasone</i>	57
TASIGNA	20	<i>tolterodine tartrate</i>	50
TAXOTERE	17	<i>topiramate</i>	29
<i>tazarotene</i>	61	<i>toposar</i>	21
<i>tazicef</i>	15	<i>topotecan inj 4mg</i>	21
TAZORAC	61	TOPOTECAN INJ 4MG/4ML	21
<i>taztia xt</i>	25	<i>torsemide tabs</i>	26
TECENTRIQ	18	TOVIAZ	50
TEFLARO	15	<i>tpn electrolytes</i>	54
TEGRETOL	29	TRACLEER	27
TEGRETOL-XR	29	TRADJENTA	41
TEKTURNA	25	<i>tramadol hcl</i>	7
TEKTURNA HCT	25	<i>tramadol-acetaminophen</i>	7

<i>trandolapril</i>	22	TWINRIX INJ	54
<i>tranexamic acid</i>	51	TYBOST	12
TRANSDERM-SCOP.....	48	TYKERB.....	20
<i>tranylcypromine sulfate</i>	31	TYPHIM VI	54
TRAVASOL.....	55	TYSABRI	37
TRAVATAN Z.....	58	ULORIC.....	7
<i>trazodone hcl</i>	31	<i>unithroid</i>	47
TRECTOR	13	<i>ursodiol</i>	49
TRELEGY ELLIPTA.....	58	<i>valacyclovir hcl</i>	14
TRELSTAR DEP INJ 3.75MG	19	VALCHLOR	63
TRELSTAR LA INJ 11.25MG.....	19	<i>valganciclovir hcl</i>	14
TRESIBA FLEXTOUCH.....	39	<i>valproate sodium oral soln</i>	29
<i>tretinoin</i>	61	<i>valproate sodium soln 100mg/ml</i>	29
<i>tretinoin (chemotherapy)</i>	21	<i>valproic acid</i>	29
<i>triamcinolone acetonide (mouth)</i>	63	<i>valsartan</i>	22
<i>triamcinolone acetonide (topical)</i>	62	<i>valsartan-hydrochlorothiazide</i>	22
<i>triamterene & hydrochlorothiazide</i>	26	<i>vancomycin hcl</i>	10
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	26	VANCOMYCIN IN NACL.....	10
<i>trifluoperazine hcl</i>	35	<i>vandazole</i>	50
<i>trifluridine</i>	57	VAQTA.....	54
<i>trihexyphenidyl hcl</i>	33	VARIVAX	54
<i>triklo</i>	24	VASCEPA.....	24
<i>tri-legest fe</i>	44	VELCADE.....	18
<i>tri-linyah</i>	44	<i>velivet</i>	44
<i>tri-lo marzia</i>	44	VEMLIDY	14
<i>tri-lo-estarylla</i>	44	VENCLEXTA	18
<i>tri-lo-sprintec</i>	44	VENCLEXTA STARTING PACK	18
<i>trilyte</i>	49	<i>venlafaxine hcl</i>	32
<i>trimethoprim</i>	10	VENTAVIS	27
<i>trimipramine maleate</i>	32	VENTOLIN HFA.....	59
<i>trinessa</i>	44	<i>verapamil cap er</i>	25
<i>trinessa lo</i>	44	<i>verapamil hcl</i>	25
TRINTELLIX	32	<i>verapamil tab er</i>	25
<i>tri-previfem</i>	44	VERSACLOZ.....	35
TRISENOX.....	21	VERZENIO	18
<i>tri-sprintec</i>	44	VESICARE	50
TRIUMEQ	13	<i>vestura</i>	44
<i>trivora-28</i>	44	VICTOZA.....	39
TROPHAMINE INJ 10%.....	55	VIDEX PEDIATRIC	12
<i>trospium chloride</i>	50	<i>vienva</i>	44
TRULICITY.....	39	<i>vigabatrin powd pack 500mg</i>	29
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TRUVADA TAB 133-200.....	13	VIIIBRYD TAB	32
TRUVADA TAB 167-250.....	13	VIMPAT.....	29, 30
TRUVADA TAB 200-300.....	13	<i>vinblastine sulfate</i>	17
		<i>vincasar pfs</i>	17

<i>vincristine sulfate</i>	17	<i>zazole cream 0.8%</i>	50
<i>vinorelbine tartrate</i>	17	ZEJULA	18
<i>viorele</i>	44	ZELBORAF	20
VIRACEPT	12	ZEMAIRA	60
VIRAMUNE	12	<i>zenatane</i>	61
VIREAD	12	<i>zenchent</i>	44
<i>voriconazole</i>	11	ZENPEP	49
VOSEVI	14	ZEPATIER	14
VOTRIENT	20	ZERIT	12
VRAYLAR	35	ZIAGEN	12
VRAYLAR THERAPY PACK	35	<i>zidovudine cap 100mg</i>	12
<i>vyfemla</i>	44	<i>zidovudine syp 50mg/5ml</i>	12
<i>warfarin sodium</i>	51	<i>zidovudine tab 300mg</i>	12
WELCHOL	24	<i>ziprasidone hcl</i>	35
XALKORI	20	ZIRGAN	57
XARELTO	51	<i>zoledronic acid</i>	41
XARELTO STARTER PACK	51	ZOLEDRONIC INJ 4MG	41
XATMEP	52	<i>zoledronic inj 4mg/5ml</i>	41
XELJANZ	52	ZOLINZA	18
XELJANZ XR	52	<i>zolmitriptan</i>	37
XGEVA	46	<i>zolmitriptan odt</i>	37
XIFAXAN	49	<i>zolpidem tartrate</i>	36
XIGDUO XR TAB 10-1000MG	41	<i>zonisamide</i>	30
XIGDUO XR TAB 10-500MG	41	ZONTIVITY	51
XIGDUO XR TAB 5-1000MG	41	ZORTRESS TAB 0.25MG	53
XIGDUO XR TAB 5-500MG	41	ZORTRESS TAB 0.5MG	53
XOLAIR	60	ZORTRESS TAB 0.75MG	53
XTANDI	19	ZOSTAVAX	54
<i>xulane dis 150-35</i>	44	<i>zovia 1/35e</i>	44
XULTOPHY 100/3.6	39	<i>zovia 1/50e</i>	44
XYREM	38	ZYDELIG	20
YERVOY	18	ZYKADIA	20
YF-VAX	54	ZYLET	57
<i>yuvaferm vaginal tablet 10 mcg</i>	45	ZYPREXA RELPREVV	35
<i>zafirlukast</i>	59	ZYPREXA RELPREVV INJ 210MG	35
<i>zarah</i>	44	ZYTIGA	19
ZAVESCA	45		

Multi-Language & Non-Discrimination Notice

GlobalHealth, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GlobalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GlobalHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact **Customer Care at 1-844-280-5555 (toll-free)**.

If you believe that GlobalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Attn: Director of Compliance and Legal Services, 701 NE 10th St, Ste 300, Oklahoma City, OK 73104-5403, Fax: (405) 280-5894, or E-mail: compliance@globalhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Care is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-280-5555 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-280-5555 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-844-280-5555 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-280-5555 (TTY: 711)번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-280-5555 (TTY: 711).

واليكم الصم هاتف (711). اتصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا: ملحوظة 1-844-280-5555 (برقم)

သတိပဋိရန်။ ။ ခုဗဗာ ဗမာစကား စေတတတုလွင် ဘာသာစကား လိုအပ်မှ အကူအညီမသားကို အခမဲ့၊
ဆော့ရကြပေးနေပါသည်။ ဖုန်းနံပါတ် 1-844-280-5555 (TTY: 711) ကို ခေါ်ဆိုပါသည်။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-280-5555 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-280-5555 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-280-5555 (ATS: 711).

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີຮ່ອມໃຫ້ທ່ານ. ໂທ 1-844-280-5555 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-280-5555 (TTY: 711).

1-844-280-5555 (TTY: 711) کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار 711).

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-844-280-5555 (TTY: 711).

شما برای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فارسی زبان به اگر: توجه

1-844-280-5555 (TTY: 711) بگیرید تماس با .باشد می فراهم



This formulary was updated on 01/01/2018
For more recent information or other questions, please
contact GlobalHealth Customer Care
at 1-866-494-3927 or, for TTY users, 711
24 hours a day, seven days a week
or visit www.GlobalHealth.com/medicare