



Integra Managed Care HMO

2019 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 19509, Version Number 4

This formulary was updated on 08/06/2018. For more recent information or other questions, please contact our Member Services number at 1-877-388-5195 (TTY users should call 711). Hours are Sunday through Saturday 8am to 8pm. NOTE: Between April 1 and September 30 Member Services hours for Saturday and Sunday will be operated by alternate technology. Or visit www.integramanagedcare.com.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Integra Managed Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 8/6/2018. 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, 2020, and from time to time during the year.

Integra Managed Care is an HMO plan with a Medicare contract and a contract with the New York State Medicaid program. Enrollment in Integra Managed Care depends on contract renewal.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-877-388-5195. TTY users call 711.

Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 1-877-388-5195. Los usuarios de TTY deben llamar al 711.

What is the Integra Managed Care Formulary?

A formulary is a list of covered drugs selected by Integra Managed Care 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. Integra Managed Care will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Integra Managed Care network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the contract year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Integra Managed Care’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 8/6/2018. To get updated information about the drugs covered by Integra Managed Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of non-maintenance changes to the formulary throughout the plan year, Integra Managed Care may make changes via errata sheets mailed to you. Additionally, you may visit our website for a link to the most current formulary

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 104. 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?

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Integra Managed Care 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 Integra Managed Care formulary?” below for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

What if my drug is not on the Formulary?

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

If you learn that Integra Managed Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Integra Managed Care.
- You can ask Integra Managed Care 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 Integra Managed Care Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Integra Managed Care 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, Integra Managed Care will only approve your request for an exception if the alternative drugs included on the plan’s formulary, 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 30 days you are a member of our plan.

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

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

For more information

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

If you have questions about us, 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>.

Integra Managed Care's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Integra Managed Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 104.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., <BRAND NAME EXAMPLE>) and generic drugs are listed in lower-case italics (e.g., <generic example>).

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

Integra 2019 (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	4
ANESTHETICS	7
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	7
ANTIBACTERIALS.....	8
ANTICONVULSANTS	16
ANTIDEMENTIA AGENTS.....	20
ANTIDEPRESSANTS.....	20
ANTIEMETICS	24
ANTIFUNGALS	25
ANTIGOUT AGENTS	26
ANTI-INFLAMMATORY AGENTS	27
ANTIMIGRAINE AGENTS.....	29
ANTIMYASTHENIC AGENTS	30
ANTIMYCOBACTERIALS.....	30
ANTINEOPLASTICS.....	31
ANTIPARASITICS	36
ANTIPARKINSON AGENTS.....	37
ANTIPSYCHOTICS.....	38
ANTISPASTICITY AGENTS.....	41
ANTIVIRALS.....	41
ANXIOLYTICS	46
BIPOLAR AGENTS	48
BLOOD GLUCOSE REGULATORS	50
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS.....	54
CARDIOVASCULAR AGENTS	55
CENTRAL NERVOUS SYSTEM AGENTS.....	65
DENTAL AND ORAL AGENTS.....	67
DERMATOLOGICAL AGENTS.....	67
ELECTROLYTES/MINERALS/METALS/VITAMINS	69
GASTROINTESTINAL AGENTS.....	73
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT.....	76
GENITOURINARY AGENTS	76
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL).....	78
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY).....	80
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)	81
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS).....	81
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID).....	87
HORMONAL AGENTS, SUPPRESSANT (ADRENAL).....	88
HORMONAL AGENTS, SUPPRESSANT (PITUITARY).....	88
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	89
IMMUNOLOGICAL AGENTS	89

INFLAMMATORY BOWEL DISEASE AGENTS.....	93
METABOLIC BONE DISEASE AGENTS	95
OPHTHALMIC AGENTS	95
OTIC AGENTS.....	98
RESPIRATORY TRACT/ PULMONARY AGENTS	98
SKELETAL MUSCLE RELAXANTS.....	103
SLEEP DISORDER AGENTS	103
Index of Drugs/Alphabetical Listing.....	104

List of Abbreviations

1: Covered Medications

BvD: Part B vs. Part D-This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

HRM: High Risk Medication (PA required for ages 65 or over)

LA: This prescription drug is limited to certain pharmacies.

MO: Mail Order Eligible-This prescription may also be available via mail.

PA1: Prior Authorization-You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA2: Prior Authorization (New Starts Only)-You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

QL: There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST1: Step Therapy-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

ST2: Step Therapy (New Starts Only)-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

Integra 2019 (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
ANALGESICS		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	MO; QL (400 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	MO; QL (5000 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	MO; QL (400 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA2; MO; HRM; QL (370 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA2; MO; HRM; QL (180 per 30 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA1; MO; HRM
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	MO; QL (370 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	MO; QL (5500 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (370 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	MO; QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (180 per 30 days)
LORCET ORAL TABLET 5-325 MG	1	MO; QL (370 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (370 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	MO; QL (360 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MO; QL (370 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction. Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST1; MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium transdermal solution 1.5 %</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 75 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	MO; QL (360 per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule 400 mg</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	MO; QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	MO; QL (80 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA1; MO; QL (180 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	ST1; MO; QL (10 per 30 days)
<i>hydromorphone hcl pf injection solution 50 mg/5ml</i>	1	BvD; MO; QL (240 per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (240 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	MO; QL (3600 per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	MO; QL (2700 per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	1	MO; QL (90 per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA1; MO; QL (180 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	ST1; MO; QL (10 per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	MO; QL (1920 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	MO; QL (360 per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	MO; QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	MO; QL (3600 per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	MO; QL (2700 per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	MO; QL (180 per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	MO; QL (1080 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (180 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine external patch 5 %</i>	1	PA1; MO; QL (90 per 30 days)
<i>lidocaine hcl external gel 2 %</i>	1	MO; QL (30 per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	MO; QL (50 per 30 days)
<i>lidocaine viscous mouth/throat solution 2 %</i>	1	MO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	MO; QL (30 per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	MO
<i>naltrexone hcl oral tablet 50 mg</i>	1	MO
OPIOID DEPENDENCE TREATMENTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	MO; QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	MO; QL (80 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	1	MO; QL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	1	MO; QL (90 per 30 days)
OPIOID REVERSAL AGENTS		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	MO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	MO
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (60 per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	MO; QL (56 per 28 days)
NICOTROL INHALATION INHALER 10 MG	1	MO
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	BvD; MO
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	MO
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	MO
<i>gentamicin sulfate external cream 0.1 %</i>	1	MO
<i>gentamicin sulfate external ointment 0.1 %</i>	1	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BvD; MO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	MO
<i>neomycin sulfate oral tablet 500 mg</i>	1	MO
<i>paromomycin sulfate oral capsule 250 mg</i>	1	MO
TOBI PODHALER INHALATION CAPSULE 28 MG	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD; MO
<i>tobramycin ophthalmic solution 0.3 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	BvD; MO
ANTIBACTERIALS, OTHER		
<i>acetic acid otic solution 2 %</i>	1	MO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	MO
<i>clindamycin phosphate external gel 1 %</i>	1	MO
<i>clindamycin phosphate external lotion 1 %</i>	1	MO
<i>clindamycin phosphate external solution 1 %</i>	1	MO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	MO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	BvD; MO
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD; MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	BvD; MO
<i>global alcohol prep ease pad 70 %</i>	1	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA1; MO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	PA1; MO
<i>linezolid oral tablet 600 mg</i>	1	PA1; MO
<i>methenamine hippurate oral tablet 1 gm</i>	1	MO
<i>metronidazole external cream 0.75 %</i>	1	MO
<i>metronidazole external gel 0.75 %, 1 %</i>	1	MO
<i>metronidazole external lotion 0.75 %</i>	1	MO
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	BvD; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>metronidazole vaginal gel 0.75 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin external ointment 2 %</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	1	PA1; MO; HRM; QL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	PA1; MO; HRM
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	1	MO; QL (30 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	PA1; MO; HRM
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	PA1; MO; HRM; QL (7590 per 120 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	1	MO
SIVEXTRO ORAL TABLET 200 MG	1	MO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	BvD; MO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	1	BvD; MO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	MO
VANDAZOLE VAGINAL GEL 0.75 %	1	MO
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	MO
ANTIBACTERIALS		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD; MO
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	MO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	MO
<i>cefadroxil oral tablet 1 gm</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	BvD; MO
<i>cefdinir oral capsule 300 mg</i>	1	MO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	1	BvD; MO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	MO
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	MO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	MO
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	1	BvD; MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	BvD; MO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	MO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	MO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	MO
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	MO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	BvD; MO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	BvD; MO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	BvD; MO
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	MO
SUPRAX ORAL CAPSULE 400 MG	1	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	BvD; MO
BETA-LACTAM, OTHER		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	1	BvD; MO
<i>aztreonam injection solution reconstituted 1 gm</i>	1	MO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA1; LA
<i>doripenem intravenous solution reconstituted 500 mg</i>	1	BvD; MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	BvD; MO
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	1	BvD; MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	BvD; MO
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	BvD; MO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	BvD; MO
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	1	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	MO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	BvD; MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	BvD; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	MO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	BvD; MO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	MO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	BvD; MO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	BvD; MO
MACROLIDES		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral packet 1 gm</i>	1	MO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	MO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	MO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
E.E.S. 400 ORAL TABLET 400 MG	1	MO
<i>ery external pad 2 %</i>	1	MO
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	1	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	BvD; MO
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	MO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	MO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	MO
<i>erythromycin external gel 2 %</i>	1	MO
<i>erythromycin external solution 2 %</i>	1	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	MO
QUINOLONES		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	MO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	BvD; MO
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	BvD; MO
<i>levofloxacin oral solution 25 mg/ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
MOXEZA OPHTHALMIC SOLUTION 0.5 %	1	MO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	BvD; MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	MO
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	MO
<i>ofloxacin oral tablet 400 mg</i>	1	MO
<i>ofloxacin otic solution 0.3 %</i>	1	MO
SULFONAMIDES		
<i>silver sulfadiazine external cream 1 %</i>	1	MO
SSD EXTERNAL CREAM 1 %	1	MO
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	MO
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
TETRACYCLINES		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	BvD; MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	MO

ANTICONVULSANTS

ANTICONVULSANTS, OTHER

BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA2; ST2; MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA2; ST2; MO
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	MO
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 1 mg/ml</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	MO; QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
ROWEEPPRA ORAL TABLET 1000 MG, 750 MG	1	MO
ROWEEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	1	ST2; MO

CALCIUM CHANNEL MODIFYING AGENTS

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 per 30 days)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1	MO
<i>lorazepam oral concentrate 2 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; QL (150 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	1	ST2; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	1	ST2; MO; QL (60 per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA2; MO; HRM; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA2; MO; HRM; QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	1	PA2; MO; HRM; QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PA2; MO; HRM; QL (300 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
SABRIL ORAL TABLET 500 MG	1	PA2; LA; QL (180 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>valproate sodium oral solution 250 mg/5ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>vigabatrin oral packet 500 mg</i>	1	PA2; MO; QL (180 per 30 days)
GLUTAMATE REDUCING AGENTS		
<i>felbamate oral suspension 600 mg/5ml</i>	1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST2; MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; MO; QL (30 per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	1	MO
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	1	MO
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
SODIUM CHANNEL AGENTS		
APTOM ORAL TABLET 200 MG, 400 MG, 800 MG	1	ST2; MO; QL (30 per 30 days)
APTOM ORAL TABLET 600 MG	1	ST2; MO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	ST2; MO; QL (2760 per 30 days)
BANZEL ORAL TABLET 200 MG	1	ST2; MO; QL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	1	ST2; MO; QL (240 per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
DILANTIN ORAL CAPSULE 30 MG	1	MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
PEGANONE ORAL TABLET 250 MG	1	ST2; MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	1	MO
VIMPAT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (1395 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	ST2; MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	1	ST2; MO
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil hcl oral tablet 23 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	MO; QL (180 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	MO; QL (30 per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	MO
<i>memantine hcl oral solution 2 mg/ml</i>	1	MO; QL (360 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	1	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	MO
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	MO; QL (1 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	MO; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST2; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	ST2; MO; QL (180 per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	MO
SSRIS/ SNRIS		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	ST2; MO
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	ST2; MO; QL (30 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	ST2; MO; QL (60 per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	MO; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	MO; QL (56 per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	1	MO; QL (900 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST2; MO; QL (30 per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	1	ST2; MO; QL (30 per 30 days)
TRICYCLICS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	ST2; MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA2; MO; HRM
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA2; MO; HRM
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	MO
SILENOR ORAL TABLET 3 MG, 6 MG	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	BvD; MO
COMPRO RECTAL SUPPOSITORY 25 MG	1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	1	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	MO; QL (4 per 12 days)
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	BvD; MO; QL (30 per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	BvD; MO; QL (12 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	BvD; MO; QL (60 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	1	BvD; MO
<i>granisetron hcl oral tablet 1 mg</i>	1	BvD; MO; QL (60 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BvD; MO; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	BvD; MO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BvD; MO
SYNDROS ORAL SOLUTION 5 MG/ML	1	BvD; MO; QL (120 per 30 days)
VARUBI ORAL TABLET 90 MG	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvD; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	1	BvD; MO
<i>amphotericin b injection solution reconstituted 50 mg</i>	1	BvD; MO
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	BvD; MO
<i>ciclopirox external solution 8 %</i>	1	MO
<i>ciclopirox olamine external cream 0.77 %</i>	1	MO
<i>ciclopirox olamine external suspension 0.77 %</i>	1	MO
<i>clotrimazole external cream 1 %</i>	1	MO
<i>clotrimazole external solution 1 %</i>	1	MO
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	MO
<i>econazole nitrate external cream 1 %</i>	1	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	BvD; MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	BvD; MO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	MO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	PA1; MO
JUBLIA EXTERNAL SOLUTION 10 %	1	MO
<i>ketoconazole external cream 2 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole external shampoo 2 %</i>	1	MO
<i>ketoconazole oral tablet 200 mg</i>	1	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	1	MO
NOXAFIL ORAL SUSPENSION 40 MG/ML	1	PA1; MO; QL (840 per 28 days)
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	1	PA1; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	MO
<i>nystatin external cream 100000 unit/gm</i>	1	MO
<i>nystatin external ointment 100000 unit/gm</i>	1	MO
<i>nystatin external powder 100000 unit/gm</i>	1	MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500000 unit</i>	1	MO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO; QL (90 per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	BvD; MO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA1; MO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA1; MO; QL (120 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; MO; QL (120 per 30 days)
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	MO
<i>probenecid oral tablet 500 mg</i>	1	MO
ULORIC ORAL TABLET 40 MG, 80 MG	1	ST1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORY AGENTS		
GLUCOCORTICOIDS		
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	MO
<i>betamethasone valerate external cream 0.1 %</i>	1	MO
<i>betamethasone valerate external lotion 0.1 %</i>	1	MO
<i>betamethasone valerate external ointment 0.1 %</i>	1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	MO
<i>cortisone acetate oral tablet 25 mg</i>	1	MO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	1	MO
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	MO
<i>prednisolone oral solution 15 mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
<i>prednisone oral solution 5 mg/5ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	MO
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST1; MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg</i>	1	MO
<i>ketoprofen oral capsule 75 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	MO; QL (360 per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tolmetin sodium oral capsule 400 mg</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	MO
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	MO; QL (40 per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	MO
PROPHYLACTIC		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>valproate sodium oral solution 250 mg/5ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
<i>naratriptan hcl oral tablet 2.5 mg</i>	1	MO; QL (9 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	MO; QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	MO; QL (24 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	MO; QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	MO; QL (24 per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	MO; QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (9 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	MO; QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	MO; QL (4.5 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	MO; QL (6 per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	MO; QL (12 per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	MO; QL (6 per 30 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine hcl oral tablet 125 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
<i>rifabutin oral capsule 150 mg</i>	1	MO
ANTITUBERCULARS		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	MO
<i>isoniazid oral syrup 50 mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
PASER ORAL PACKET 4 GM	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	BvD; MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
RIFATER ORAL TABLET 50-120-300 MG	1	MO
SIRTURO ORAL TABLET 100 MG	1	PA1; MO
TRECTOR ORAL TABLET 250 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD; MO
HEXALEN ORAL CAPSULE 50 MG	1	PA2; MO
LEUKERAN ORAL TABLET 2 MG	1	MO
MATULANE ORAL CAPSULE 50 MG	1	PA2; LA
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; MO; QL (60 per 14 days)
ANTIANDROGENS		
<i>bicalutamide oral tablet 50 mg</i>	1	MO
ERLEADA ORAL TABLET 60 MG	1	PA2; LA
<i>flutamide oral capsule 125 mg</i>	1	MO
<i>nilutamide oral tablet 150 mg</i>	1	MO; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 per 30 days)
YONSA ORAL TABLET 125 MG	1	PA2; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	1	PA2; MO; QL (120 per 30 days)
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; LA; QL (21 per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA2; LA; QL (28 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	1	PA2; MO; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG	1	PA2; MO; QL (60 per 30 days)
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE 140 MG	1	MO
FARESTON ORAL TABLET 60 MG	1	PA2; MO; QL (30 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
ANTIMETABOLITES		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG	1	PA2; LA; QL (150 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA2; LA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	LA
TABLOID ORAL TABLET 40 MG	1	PA2; MO
ANTINEOPLASTICS, OTHER		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	1	PA2; LA; QL (28 per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA2; MO; QL (4 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2; MO
ANTINEOPLASTICS		
GLEOSTINE ORAL CAPSULE 10 MG	1	MO
LYNPARZA ORAL CAPSULE 50 MG	1	PA2; LA; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG	1	PA2; LA; QL (180 per 30 days)
LYNPARZA ORAL TABLET 150 MG	1	PA2; LA; QL (120 per 30 days)
MESNEX ORAL TABLET 400 MG	1	MO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2; MO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; LA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA2; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA2; LA
ZEJULA ORAL CAPSULE 100 MG	1	PA2; LA; QL (90 per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	1	MO; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ENZYME INHIBITORS		
FARYDAK ORAL CAPSULE 10 MG	1	PA2; MO; QL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	1	PA2; MO; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2; MO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG	1	PA2; LA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA2; LA; QL (60 per 30 days)
KISQALI 200 DOSE ORAL TABLET 200 MG	1	PA2; MO; QL (30 per 30 days)
KISQALI 400 DOSE ORAL TABLET 200 MG	1	PA2; MO
KISQALI 600 DOSE ORAL TABLET 200 MG	1	PA2; MO
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA2; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 50 MG	1	PA2; LA; QL (60 per 30 days)
VERZENIO ORAL TABLET 200 MG	1	PA2; LA; QL (30 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA2; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA2; LA; QL (60 per 30 days)
MOLECULAR TARGET INHIBITORS		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA2; MO; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA2; MO
ALUNBRIG ORAL TABLET 180 MG	1	PA2; LA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA2; LA; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA2; LA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA2; LA; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA2; MO; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA2; MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA2; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA2; LA; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	1	PA2; LA; QL (56 per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	1	PA2; LA; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA2; LA; QL (84 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA2; MO; QL (63 per 28 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2; MO; QL (28 per 28 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; LA; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA2; LA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA2; LA; QL (30 per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA2; MO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA2; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA2; LA; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	1	PA2; LA; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	1	PA2; LA; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	1	PA2; LA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA2; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA2; MO; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA2; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA2; LA; QL (60 per 30 days)
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	1	PA2; MO; QL (60 per 30 days)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2; MO; QL (90 per 30 days)
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	1	PA2; MO; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	1	PA2; MO; QL (60 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA2; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA2; MO; QL (30 per 30 days)
NERLYNX ORAL TABLET 40 MG	1	PA2; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; LA; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
RYDAPT ORAL CAPSULE 25 MG	1	PA2; MO; QL (240 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA2; MO; QL (60 per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA2; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA2; MO; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA2; LA; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA2; MO; QL (28 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG	1	PA2; MO; QL (180 per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	1	PA2; MO; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA2; LA
TARCEVA ORAL TABLET 100 MG, 150 MG	1	PA2; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	1	PA2; MO; QL (90 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA2; MO; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	1	PA2; MO; QL (180 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA2; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA2; MO; QL (60 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; MO; QL (240 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	1	PA2; MO; QL (150 per 30 days)
RETINOIDS		
<i>bexarotene oral capsule 75 mg</i>	1	PA2; MO; QL (300 per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	1	MO
TARGRETIN EXTERNAL GEL 1 %	1	PA2; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	MO
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	MO
<i>tretinoin oral capsule 10 mg</i>	1	MO
TREATMENT ADJUNCTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
ANTIPARASITICS		
ANTHELMINTICS		
ALBENZA ORAL TABLET 200 MG	1	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	MO
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	1	MO; QL (150 per 30 days)
ALINIA ORAL TABLET 500 MG	1	MO; QL (40 per 30 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	1	MO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	MO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
DARAPRIM ORAL TABLET 25 MG	1	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>mefloquine hcl oral tablet 250 mg</i>	1	MO
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	1	BvD; MO
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	1	BvD; MO
<i>primaquine phosphate oral tablet 26.3 mg</i>	1	MO
<i>quinine sulfate oral capsule 324 mg</i>	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
PEDICULICIDES/SCABICIDES		
<i>malathion external lotion 0.5 %</i>	1	MO
<i>permethrin external cream 5 %</i>	1	MO
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA1; MO; HRM
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	1	PA1; MO; HRM
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA1; MO; HRM
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
ANTIPARKINSON AGENTS		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	1	PA1; LA; QL (60 per 28 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA1; LA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	1	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST1; MO
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	1	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA2; MO; HRM
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	MO; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	MO; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST2; MO; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST2; MO; QL (60 per 30 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	1	ST2; MO; QL (18 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1	MO
LATUDA ORAL TABLET 120 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG, 80 MG	1	MO; QL (60 per 30 days)
NUPLAZID ORAL TABLET 17 MG	1	ST2; LA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	MO; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	MO; QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	PA2; ST2; MO; HRM; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; MO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	PA2; ST2; MO; HRM; QL (2 per 28 days)
TREATMENT-RESISTANT		
<i>clozapine oral tablet 100 mg, 200 mg</i>	1	ST2; MO; QL (120 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	MO; QL (120 per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	ST2; MO; QL (120 per 30 days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	1	ST2; MO; QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST2; MO; QL (540 per 30 days)
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	MO
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	1	MO
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA1; MO; QL (30 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA1; MO; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	MO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	1	PA2; MO
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
RIBASPHERE ORAL CAPSULE 200 MG	1	MO
RIBASPHERE ORAL TABLET 200 MG	1	MO
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA1; MO; QL (30 per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; QL (30 per 30 days)
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
MAVYRET ORAL TABLET 100-40 MG	1	PA1; MO
VOSEVI ORAL TABLET 400-100-100 MG	1	PA1; MO
ANTI-HEPATITIS C (HCV) AGENTS, OTHERS		
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	1	PA2; MO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2; MO
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	1	PA1; MO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	1	PA1; MO
RIBASPHERE ORAL CAPSULE 200 MG	1	MO
RIBASPHERE ORAL TABLET 200 MG	1	MO
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA2; MO; QL (4 per 28 days)
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	BvD; MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>trifluridine ophthalmic solution 1 %</i>	1	MO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	MO
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET 50-200-25 MG	1	MO; QL (30 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	MO; QL (60 per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	MO; QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO; QL (180 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 50 MG	1	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG	1	MO; QL (45 per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	1	MO; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	1	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	1	MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	MO; QL (480 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	1	MO; QL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	1	MO; QL (60 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	MO; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO; QL (30 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 per 30 days)
RESCRIPTOR ORAL TABLET 100 MG	1	MO; QL (360 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	1	MO; QL (1200 per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	MO; QL (960 per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	1	MO; QL (60 per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	MO; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	MO; QL (60 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	1	MO; QL (30 per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	MO; QL (30 per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	1	MO; QL (60 per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	1	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO; QL (680 per 28 days)
JULUCA ORAL TABLET 50-25 MG	1	MO; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO; QL (60 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; QL (30 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1	MO; QL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	1	MO; QL (30 per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	1	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	MO; QL (30 per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	1	MO; QL (90 per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	1	MO; QL (1200 per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; QL (30 per 30 days)
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	1	MO; QL (2480 per 30 days)
<i>zidovudine oral capsule 100 mg</i>	1	MO; QL (180 per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	1	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	MO; QL (60 per 30 days)
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	MO; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 150 MG	1	MO; QL (240 per 30 days)
SELZENTRY ORAL TABLET 25 MG, 300 MG	1	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	1	MO; QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; QL (30 per 30 days)
TYBOST ORAL TABLET 150 MG	1	MO; QL (30 per 30 days)
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS ORAL CAPSULE 250 MG	1	MO; QL (120 per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	1	MO; QL (285 per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	1	MO; QL (450 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	1	MO; QL (270 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	MO; QL (30 per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	MO; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL CAPSULE 200 MG	1	MO; QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	1	MO; QL (120 per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	MO; QL (150 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	MO; QL (400 per 30 days)
NORVIR ORAL CAPSULE 100 MG	1	MO; QL (360 per 30 days)
NORVIR ORAL PACKET 100 MG	1	MO; QL (360 per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	MO; QL (480 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	1	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	1	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	1	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	1	MO; QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	1	MO; QL (30 per 30 days)
REYATAZ ORAL PACKET 50 MG	1	MO; QL (180 per 30 days)
<i>ritonavir oral tablet 100 mg</i>	1	MO; QL (360 per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	MO; QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	MO; QL (120 per 30 days)
ANTI-INFLUENZA AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	MO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	1	MO
<i>rimantadine hcl oral tablet 100 mg</i>	1	MO
ANXIOLYTICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANXIOLYTICS, OTHER		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA2; MO; HRM
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	MO; QL (120 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	MO
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO; QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	MO; QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	MO; QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	MO
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 1 mg/ml</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral tablet 2 mg</i>	1	MO; QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; QL (150 per 30 days)
SSRIS/ SNRIS		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	1	MO; QL (900 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
BIPOLAR AGENTS		
BIPOLAR AGENTS, OTHER		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	1	ST2; MO; QL (18 per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	MO; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	MO; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	1	MO; QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	PA2; ST2; MO; HRM; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST2; MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST2; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST2; MO
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	PA2; ST2; MO; HRM; QL (2 per 28 days)
MOOD STABILIZERS		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1	MO
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	1	MO
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	1	MO
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	1	MO
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium oral solution 8 meq/5ml</i>	1	MO
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	1	MO
<i>valproate sodium oral solution 250 mg/5ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>colesevelam hcl oral tablet 625 mg</i>	1	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	1	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	MO
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	1	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	1	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	MO
WELCHOL ORAL PACKET 3.75 GM	1	MO
BLOOD GLUCOSE REGULATORS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	MO
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	1	MO
GLYCEMIC AGENTS		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	MO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	MO
KORLYM ORAL TABLET 300 MG	1	PA2; MO
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	MO
INSULINS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	MO
<i>cvs gauze sterile pad 2"x2"</i>	1	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	MO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS		
ANTICOAGULANTS		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
ELIQUIS STARTER PACK ORAL TABLET 5 MG	1	MO
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	MO; QL (24 per 30 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	MO; QL (9 per 30 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	MO; QL (12 per 30 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	MO; QL (18 per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	MO; QL (11.2 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	MO; QL (7 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	MO; QL (5.6 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	MO; QL (8.4 per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BvD; MO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	MO
BLOOD FORMATION MODIFIERS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	1	PA1; MO
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA1; MO; QL (14 per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA1; MO; QL (14 per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 4000 UNIT/ML	1	PA1; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA1; MO; QL (23 per 30 days)
PROCRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA1; MO; QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA1; MO; QL (12 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA1; MO; QL (60 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA1; MO; QL (30 per 30 days)
HEMOSTASIS AGENTS		
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG	1	MO
BRILINTA ORAL TABLET 90 MG	1	MO; QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	PA1; MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA1; LA; QL (180 per 30 days)
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (45 per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	MO; QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA1; MO
<i>eprosartan mesylate oral tablet 600 mg</i>	1	MO; QL (30 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO; QL (30 per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	MO; QL (30 per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	MO; QL (90 per 30 days)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
ANTIARRHYTHMICS		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	PA1; MO; HRM
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	MO
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
CALCIUM CHANNEL BLOCKING AGENTS		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG	1	MO; QL (60 per 30 days)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	1	MO; QL (30 per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO; QL (30 per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	1	MO; QL (30 per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO; QL (60 per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	1	MO; QL (60 per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	1	MO; QL (30 per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	1	MO; QL (30 per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i>	1	MO; QL (60 per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
CARDIOVASCULAR AGENTS, OTHER		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	MO
DIGITEK ORAL TABLET 125 MCG	1	MO; QL (30 per 30 days)
DIGITEK ORAL TABLET 250 MCG	1	PA1; MO; HRM; QL (30 per 30 days)
DIGOX ORAL TABLET 125 MCG	1	MO; QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG	1	PA1; MO; HRM; QL (30 per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	PA1; MO; HRM; QL (255 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg</i>	1	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	PA1; MO; HRM; QL (30 per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	1	ST1; MO
TEKTURNA ORAL TABLET 150 MG, 300 MG	1	MO; QL (30 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA1; LA
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA1; LA
CARDIOVASCULAR AGENTS		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO; QL (45 per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	MO; QL (30 per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
DEMSER ORAL CAPSULE 250 MG	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; QL (30 per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO; QL (30 per 30 days)
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	MO; QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO; QL (30 per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
DIURETICS, LOOP		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	BvD; MO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl oral tablet 5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
DIURETICS, THIAZIDE		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 per 30 days)
<i>methyclothiazide oral tablet 5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	1	MO; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 150 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	1	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 40 mg, 48 mg, 54 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (45 per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
DYSLIPIDEMICS, OTHER		
<i>cholestyramine light oral powder 4 gm/dose</i>	1	MO
<i>cholestyramine oral packet 4 gm</i>	1	MO
<i>colesevelam hcl oral tablet 625 mg</i>	1	MO
<i>colestipol hcl oral packet 5 gm</i>	1	MO
<i>colestipol hcl oral tablet 1 gm</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	1	PA1; MO
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA1; LA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	1	PA1; MO
PREVALITE ORAL PACKET 4 GM	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA1; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA1; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA1; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	1	MO
WELCHOL ORAL PACKET 3.75 GM	1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL/ VENOUS		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	1	MO; QL (30 per 30 days)
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO; QL (30 per 30 days)
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	MO
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.4 MG	1	MO
RECTIV RECTAL OINTMENT 0.4 %	1	MO
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (90 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	MO; QL (120 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	MO; QL (360 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	MO; QL (150 per 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	ST1; MO; QL (30 per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; QL (120 per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	1	MO; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER		
BUTISOL SODIUM ORAL TABLET 30 MG	1	PA2; MO; HRM
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole oral tablet 50 mg</i>	1	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA1; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA1; MO; QL (120 per 30 days)
FIBROMYALGIA AGENTS		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG	1	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 200 MG, 225 MG, 300 MG	1	MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 75 MG	1	MO; QL (120 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	1	MO; QL (900 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	MO; QL (110 per 365 days)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	1	PA1; LA; QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	1	PA1; MO; QL (30 per 30 days)
AVONEX INTRAMUSCULAR KIT 30 MCG	1	PA1; MO
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA1; MO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA1; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA1; MO; QL (15 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	1	PA1; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	PA1; MO; QL (12 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA1; MO; QL (28 per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA1; MO; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA1; MO; QL (12 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	1	PA1; MO
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	1	PA1; MO
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	1	PA1; MO
TECFIDERA ORAL 120 & 240 MG	1	PA1; MO
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	1	PA1; MO; QL (60 per 30 days)

DENTAL AND ORAL AGENTS

DENTAL AND ORAL AGENTS

<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 50 mg</i>	1	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	MO

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA1; MO
<i>ammonium lactate external lotion 12 %</i>	1	MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	MO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	MO
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	MO
<i>calcipotriene external solution 0.005 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	MO
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	MO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	MO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	MO
<i>diclofenac sodium transdermal gel 1 %</i>	1	PA1; MO
<i>doxycycline hyclate oral capsule 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	MO
ELIDEL EXTERNAL CREAM 1 %	1	ST1; MO
EUCRISA EXTERNAL OINTMENT 2 %	1	MO
<i>fluorouracil external cream 5 %</i>	1	MO
<i>fluorouracil external solution 2 %, 5 %</i>	1	MO
<i>fluticasone propionate external cream 0.05 %</i>	1	MO
<i>fluticasone propionate external ointment 0.005 %</i>	1	MO
<i>imiquimod external cream 5 %</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
MYORISAN ORAL CAPSULE 30 MG	1	MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	MO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	MO
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	MO
<i>podofilox external solution 0.5 %</i>	1	MO
<i>prednicarbate external cream 0.1 %</i>	1	MO
<i>psorcon external cream 0.05 %</i>	1	MO
REGRANEX EXTERNAL GEL 0.01 %	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	MO
<i>selenium sulfide external lotion 2.5 %</i>	1	MO
<i>tazarotene external cream 0.1 %</i>	1	MO
TOLAK EXTERNAL CREAM 4 %	1	MO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	MO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	MO
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; MO; QL (60 per 14 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/ MINERAL REPLACEMENT		
CARBAGLU ORAL TABLET 200 MG	1	PA1; LA
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	BvD; MO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	BvD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD; MO
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	BvD; MO
<i>potassium chloride intravenous solution 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD; MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	BvD; MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	BvD; MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML	1	MO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	1	BvD; MO
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	1	BvD; MO
CHEMET ORAL CAPSULE 100 MG	1	MO
DEPEN TITRATABS ORAL TABLET 250 MG	1	MO
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	1	PA1; LA
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA1; LA
FERRIPROX ORAL TABLET 500 MG	1	PA1; LA
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	1	BvD; MO
KIONEX ORAL SUSPENSION 15 GM/60ML	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
SAMSCA ORAL TABLET 15 MG, 30 MG	1	MO; QL (60 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SPS ORAL SUSPENSION 15 GM/60ML	1	MO
<i>trientine hcl oral capsule 250 mg</i>	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	1	BvD; MO
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	1	BvD; MO
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	1	BvD; MO
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	1	BvD; MO
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	1	BvD; MO
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	1	BvD; MO
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	1	BvD; MO
<i>dextrose intravenous solution 10 %, 5 %</i>	1	BvD; MO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10- 0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	BvD; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvD; MO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD; MO
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	1	MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	MO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l- -%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40- 5-0.9 meq/l-%-%</i>	1	BvD; MO
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	1	BvD; MO
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	1	BvD; MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	BvD; MO
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	1	BvD; MO
<i>nutrilipid intravenous emulsion 20 %</i>	1	BvD; MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	1	BvD; MO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	BvD; MO
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvD; MO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	1	BvD; MO
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvD; MO
VITAMINS		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
GASTROINTESTINAL AGENTS		
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	MO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	MO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	MO; QL (4 per 12 days)
GASTROINTESTINAL AGENTS, OTHER		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
ENDARI ORAL PACKET 5 GM	1	LA
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA1; LA
<i>loperamide hcl oral capsule 2 mg</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	1	PA1; MO
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	MO
UCERIS RECTAL FOAM 2 MG/ACT	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
XIFAXAN ORAL TABLET 200 MG	1	MO
GASTROINTESTINAL AGENTS		
UCERIS RECTAL FOAM 2 MG/ACT	1	MO
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	MO
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
IRRITABLE BOWEL SYNDROME AGENTS		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (60 per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	MO
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
UCERIS RECTAL FOAM 2 MG/ACT	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM-GM/160ML	1	MO
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>enulose oral solution 10 gm/15ml</i>	1	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	MO
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	1	MO
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	MO
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	MO
<i>polyethylene glycol 3350 oral powder</i>	1	MO
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	1	MO
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	1	MO
PROTECTANTS		
CARAFATE ORAL SUSPENSION 1 GM/10ML	1	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>sucralfate oral tablet 1 gm</i>	1	MO
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	1	ST1; MO
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	MO
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10 mg</i>	1	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule delayed release 20 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 40 mg</i>	1	MO; QL (120 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	MO; QL (90 per 30 days)

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	1	MO
CYSTADANE ORAL POWDER	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA1; LA
KUVAN ORAL PACKET 100 MG, 500 MG	1	PA1; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	1	PA1; LA
<i>miglustat oral capsule 100 mg</i>	1	PA1; LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	PA1; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA1; LA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA1; MO
XURIDEN ORAL PACKET 2 GM	1	PA1; MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000 UNIT, 5000-24000 UNIT	1	MO

GENTOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
---	---	----

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	MO; QL (60 per 30 days)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (45 per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	1	MO; QL (30 per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 per 30 days)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
DEPEN TITRATABS ORAL TABLET 250 MG	1	MO
ELMIRON ORAL CAPSULE 100 MG	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	1	MO
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA1; MO
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	1	MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	MO
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	MO; QL (540 per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO; QL (540 per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>amcinonide external cream 0.1 %</i>	1	MO
<i>amcinonide external ointment 0.1 %</i>	1	MO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	MO
<i>betamethasone valerate external cream 0.1 %</i>	1	MO
<i>betamethasone valerate external lotion 0.1 %</i>	1	MO
<i>betamethasone valerate external ointment 0.1 %</i>	1	MO
<i>clobetasol propionate e external cream 0.05 %</i>	1	MO
<i>clobetasol propionate external cream 0.05 %</i>	1	MO
<i>clobetasol propionate external gel 0.05 %</i>	1	MO
<i>clobetasol propionate external ointment 0.05 %</i>	1	MO
<i>clobetasol propionate external solution 0.05 %</i>	1	MO
<i>cortisone acetate oral tablet 25 mg</i>	1	MO
<i>desonide external cream 0.05 %</i>	1	MO
<i>desonide external lotion 0.05 %</i>	1	MO
<i>desonide external ointment 0.05 %</i>	1	MO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	MO
<i>desoximetasone external gel 0.05 %</i>	1	MO
<i>desoximetasone external ointment 0.25 %</i>	1	MO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>diflorasone diacetate external cream 0.05 %</i>	1	MO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	MO
<i>fluocinolone acetonide external solution 0.01 %</i>	1	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	MO
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	MO
<i>fluocinonide external gel 0.05 %</i>	1	MO
<i>fluocinonide external ointment 0.05 %</i>	1	MO
<i>fluocinonide external solution 0.05 %</i>	1	MO
<i>fluticasone propionate external cream 0.05 %</i>	1	MO
<i>fluticasone propionate external ointment 0.005 %</i>	1	MO
<i>halobetasol propionate external cream 0.05 %</i>	1	MO
<i>halobetasol propionate external ointment 0.05 %</i>	1	MO
<i>hydrocortisone external cream 2.5 %</i>	1	MO
<i>hydrocortisone external lotion 2.5 %</i>	1	MO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>hydrocortisone valerate external cream 0.2 %</i>	1	MO
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	MO
<i>mometasone furoate external cream 0.1 %</i>	1	MO
<i>mometasone furoate external ointment 0.1 %</i>	1	MO
<i>prednicarbate external ointment 0.1 %</i>	1	MO
<i>prednisolone oral solution 15 mg/5ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
<i>prednisone oral solution 5 mg/5ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO
PROCTO-PAK RECTAL CREAM 1 %	1	MO
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	MO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
TRIDERM EXTERNAL CREAM 0.1 %	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA1; LA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
<i>misoprostol oral tablet 200 mcg</i>	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET 50 MG	1	MO
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA1; MO
ANDROGENS		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	1	PA1; MO
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	1	PA1; MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO
<i>methyltestosterone oral capsule 10 mg</i>	1	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA1; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA1; MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA1; MO
<i>testosterone transdermal solution 30 mg/act</i>	1	PA1; MO
ESTROGENS		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA1; MO; HRM
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA1; MO; HRM
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA1; MO; HRM
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	PA1; MO; HRM
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	MO
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	MO
CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DELYLA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
GIANVI ORAL TABLET 3-0.02 MG	1	MO
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA1; MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
MONONESSA ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
NORLYROC ORAL TABLET 0.35 MG	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
OSPHENA ORAL TABLET 60 MG	1	PA1; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	1	PA1; MO; HRM
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1	MO
QUASENSE ORAL TABLET 0.15-0.03 MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
VESTURA ORAL TABLET 3-0.02 MG	1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	BvD; MO
ERRIN ORAL TABLET 0.35 MG	1	MO
JOLIVETTE ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	PA2; MO; HRM
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA2; MO; HRM
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA ORAL TABLET 60 MG	1	PA1; MO
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO; QL (30 per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET 500 MG	1	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA2; MO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA2; MO; QL (1 per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA2; MO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA2; MO; QL (1 per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA2; MO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA2; MO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA2; MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA1; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA1; LA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	1	PA2; MO; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA1; LA; QL (60 per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA1; MO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	1	PA2; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA1; LA
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	1	PA1; MO
IMMUNE SUPPRESSANTS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	1	PA2; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	1	PA2; MO; QL (60 per 30 days)
AFINITOR ORAL TABLET 2.5 MG	1	PA2; MO; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	BvD; MO
AZASAN ORAL TABLET 100 MG, 75 MG	1	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA1; MO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA1; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	BvD; MO
DEPEN TITRATABS ORAL TABLET 250 MG	1	MO
ELIDEL EXTERNAL CREAM 1 %	1	ST1; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA1; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA1; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	1	PA1; MO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	1	PA1; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA1; MO
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA1; MO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA1; MO
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
<i>methotrexate oral tablet 2.5 mg</i>	1	BvD; MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD; MO
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	BvD; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	BvD; MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA1; MO
RAPAMUNE ORAL SOLUTION 1 MG/ML	1	BvD; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	BvD; MO
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD; MO
ZORTRESS ORAL TABLET 0.25 MG	1	PA2; MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	1	PA2; MO; QL (120 per 30 days)
IMMUNIZING AGENTS, PASSIVE		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	BvD; MO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD; MO
IMMUNOLOGICAL AGENTS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA1; LA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
ADACEL INTRAMUSCULAR SUSPENSION 5- 2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF- MCG/0.5	1	MO
<i>bcg vaccine injection injectable</i>	1	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	1	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD; MO
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	1	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	1	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	MO
IPOLE INJECTION INJECTABLE	1	MO
IXIARO INTRAMUSCULAR SUSPENSION	1	MO
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	1	MO
MENACTRA INTRAMUSCULAR INJECTABLE	1	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	MO
M-M-R II SUBCUTANEOUS INJECTABLE	1	MO
PEDIARIX INTRAMUSCULAR SUSPENSION	1	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	MO
PROQUAD SUBCUTANEOUS INJECTABLE	1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	1	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	1	BvD; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	MO
ROTATEQ ORAL SOLUTION	1	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	1	MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	1	BvD; MO
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	1	BvD; MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	MO
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	1	BvD; MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	1	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	MO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	MO
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	1	MO
YF-VAX SUBCUTANEOUS INJECTABLE	1	MO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	MO; QL (1 per 365 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	1	MO; QL (120 per 30 days)
<i>balsalazide disodium oral capsule 750 mg</i>	1	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	MO
COLOCORT RECTAL ENEMA 100 MG/60ML	1	MO
<i>cortisone acetate oral tablet 25 mg</i>	1	MO
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	1	MO
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	MO
<i>prednisolone oral solution 15 mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO
<i>prednisone oral solution 5 mg/5ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
PROCTOSOL HC RECTAL CREAM 2.5 %	1	MO
SULFONAMIDES		
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	BvD; MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	BvD; MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	1	PA1; MO; QL (2.4 per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA1; LA; HRM
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	1	ST1; MO; QL (1 per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG	1	BvD; MO; QL (30 per 30 days)
SENSIPAR ORAL TABLET 60 MG	1	BvD; MO; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	1	BvD; MO; QL (120 per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA1; MO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA1; MO; QL (2 per 28 days)
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	MO
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	MO
OPHTHALMIC AGENTS		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	MO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	MO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	MO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	MO
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	1	MO
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	MO
BEPREVE OPHTHALMIC SOLUTION 1.5 %	1	MO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	MO
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	MO
PAZEO OPHTHALMIC SOLUTION 0.7 %	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTIGLAUCOMA AGENTS		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	MO
AZOPT OPHTHALMIC SUSPENSION 1 %	1	MO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	1	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
<i>metipranolol ophthalmic solution 0.3 %</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	MO
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	1	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OPHTHALMIC GEL 0.5 %	1	MO
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	MO
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	1	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	MO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	1	MO
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	1	MO; QL (2.5 per 25 days)
OTIC AGENTS		
OTIC AGENTS		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	MO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	MO
<i>ofloxacin oral tablet 300 mg</i>	1	MO
RESPIRATORY TRACT/ PULMONARY AGENTS		
ANTI-HISTAMINES		
ASTEPRO NASAL SOLUTION 0.15 %	1	MO; QL (30 per 25 days)
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	MO; QL (30 per 25 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	MO
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	MO
<i>desloratadine oral tablet 5 mg</i>	1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA1; MO; HRM
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO; QL (30 per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	MO
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	MO
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	1	MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1	MO; QL (60 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	MO; QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	MO; QL (11 per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	MO; QL (16 per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	MO; QL (34 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANTILEUKOTRIENES		
<i>montelukast sodium oral packet 4 mg</i>	1	MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 per 30 days)
BRONCHODILATORS, ANTICHOLINERGIC		
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03 %</i>	1	MO; QL (60 per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	MO; QL (30 per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	1	MO; QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO; QL (4 per 30 days)
BRONCHODILATORS, SYMPATHOMIMETIC		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	MO; QL (1 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	MO; QL (60 per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO; QL (36 per 30 days)
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA1; LA
KALYDECO ORAL PACKET 50 MG, 75 MG	1	PA1; MO
KALYDECO ORAL TABLET 150 MG	1	PA1; LA
ORKAMBI ORAL TABLET 100-125 MG	1	PA1; LA
ORKAMBI ORAL TABLET 200-125 MG	1	PA1; LA; QL (120 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA1; MO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA1; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	1	MO
MAST CELL STABILIZERS		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; MO
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	MO; QL (30 per 30 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	MO
<i>theophylline oral solution 80 mg/15ml</i>	1	MO
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA1; LA; QL (90 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	1	PA1; LA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT ORAL TABLET 10 MG	1	PA1; LA; QL (90 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA1; MO; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	1	PA1; LA; QL (60 per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	1	PA1; LA; QL (120 per 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG	1	PA1; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BvD; MO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	1	PA1; LA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	MO; QL (4 per 30 days)
RESPIRATORY TRACT/ PULMONARY AGENTS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	MO; QL (60 per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	1	MO; QL (30 per 25 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	1	PA1; MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA1; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA1; MO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Drug Name	Drug Tier	Requirements/Limits
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol oral tablet 250 mg</i>	1	MO; QL (120 per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	1	PA1; MO; HRM
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	PA1; MO; HRM
<i>metaxalone oral tablet 800 mg</i>	1	PA1; MO; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA1; MO; HRM
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	PA1; MO; HRM
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	MO
SLEEP DISORDER AGENTS		
GABA RECEPTOR MODULATORS		
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	MO; QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	MO; QL (120 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	PA1; MO; HRM; QL (90 per 365 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (90 per 365 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA1; MO; HRM; QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	PA1; MO; HRM; QL (60 per 30 days)
SLEEP DISORDERS, OTHER		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA2; MO; HRM
HETLIOZ ORAL CAPSULE 20 MG	1	PA1; MO; QL (30 per 30 days)
NUVIGIL ORAL TABLET 200 MG	1	PA1; MO
XYREM ORAL SOLUTION 500 MG/ML	1	PA1; LA; QL (540 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3 of the introduction.Integra 2019 Formulary ID 19509, information last updated 08/06/2018 Version 4 Effective 01/01/2019

Index of Drugs/Alphabetical Listing

A		
abacavir sulfate.....	44	
abacavir sulfate-lamivudine .	44	
abacavir-lamivudine- zidovudine	44	
ABELCET	25	
ABILIFY MAINTENA. 20, 21, 39		
acamprosate calcium	7	
acarbose	50	
acebutolol hcl	57	
acetaminophen-codeine	4	
acetaminophen-codeine #3.....	4	
acetazolamide	62, 97	
acetazolamide er.....	62	
acetic acid.....	9	
acetylcysteine	102	
acitretin.....	67	
ACTHIB	91	
ACTIMMUNE	91	
acyclovir	43	
acyclovir sodium	43	
ADACEL.....	91	
adefovir dipivoxil	41	
ADEMPAS.....	101	
ADVAIR DISKUS..... 99, 100, 102		
ADVAIR HFA 99, 100, 102		
AFEDITAB CR.....	58	
AFINITOR	33, 89	
AFINITOR DISPERZ.....	89	
ALBENZA	36	
albuterol sulfate	100	
ALECENSA	33	
alendronate sodium	95	
alfuzosin hcl er	77	
ALINIA	36	
allopurinol	26	
alosetron hcl	74	
ALPHAGAN P.....	97	
alprazolam	47	
ALPRAZOLAM INTENSOL	47	
ALTAVERA	82	
ALUNBRIG	33	
alyacen 1/35.....	82	
amantadine hcl.....	37, 46	
AMBISOME	25	
amcinonide	78	
amikacin sulfate.....	8	
amiloride hcl.....	62	
amiloride-hydrochlorothiazide	60	
AMINOSYN II.....	71	
AMINOSYN II/ELECTROLYTES	71	
AMINOSYN/ELECTROLYT ES	70, 71	
AMINOSYN-HBC.....	71	
AMINOSYN-PF.....	71	
AMINOSYN-RF	70	
amiodarone hcl	57	
AMITIZA	74	
amitriptyline hcl	23	
amlodipine besy-benazepril hcl	60	
amlodipine besylate.....	58	
amlodipine besylate-valsartan	60	
amlodipine-atorvastatin	60	
amlodipine-olmesartan	60	
amlodipine-valsartan-hctz	60	
ammonium lactate	67	
AMNESTEEM	67	
amoxapine	23	
amoxicillin.....	12	
amoxicillin-pot clavulanate ..	12	
amoxicillin-pot clavulanate er	12	
amphetamine- dextroamphetamine	65	
amphotericin b.....	25	
ampicillin.....	13	
ampicillin sodium	13	
ampicillin-sulbactam sodium	13	
AMPYRA.....	66	
ANADROL-50	81	
anagrelide hcl	54	
anastrozole.....	32	
ANDROGEL	81	
ANDROGEL PUMP	81	
APOKYN	37	
aprepitant	24	
APRI.....	82	
APRISO.....	93	
APTIOM.....	19	
APTIVUS	45	
ARANELLE	82	
ARCALYST	91	
aripiprazole	21, 39	
ARNUITY ELLIPTA	99	
ASMANEX 120 METERED DOSES	99	
ASMANEX 30 METERED DOSES	99	
ASMANEX 60 METERED DOSES	99	
ASMANEX HFA	99	
aspirin-dipyridamole er	55	
ASSURE ID INSULIN SAFETY SYR	52	
ASTAGRAF XL.....	89	
ASTEPRO	98	
atazanavir sulfate	45	
atenolol	57	
atenolol-chlorthalidone.....	60	
atomoxetine hcl	65	
atorvastatin calcium.....	63	
atovaquone.....	36	
atovaquone-proguanil hcl	36	
ATRIPLA	44	
atropine sulfate	95	
AUBAGIO.....	66	
AUBRA	82	
AURYXIA.....	77	
AVIANE.....	82	
AVONEX	66	
AVONEX PEN.....	66	
AVONEX PREFILLED	66	
AZACTAM	12	
AZASAN.....	89	
azathioprine	89	
azelastine hcl	96, 98	
azithromycin	13, 14	
AZOPT	97	
aztreonam	12	
B		
bacitracin	9	
bacitracin-polymyxin b.....	96	
bacitra-neomycin-polymyxin- hc	96	
baclofen	41	
BACTOCILL IN DEXTROSE	13	

balsalazide disodium	93	bupropion hcl er (smoking det)	8	cefotaxime sodium.....	11
BALZIVA	82	.....	8	cefotetan disodium.....	11
BANZEL	19	bupropion hcl er (sr)	21	cefoxitin sodium	11
bcg vaccine.....	91	bupropion hcl er (xl).....	21	cefpodoxime proxetil.....	11
BELSOMRA	103	buspirone hcl	47	cefprozil	11
benazepril hcl	56	butalbital-acetaminophen	4	ceftazidime	11
benazepril-hydrochlorothiazide	60	butalbital-apap-caffeine.....	4	ceftriaxone sodium	11
.....	60	butalbital-asa-caff-codeine	4	cefuroxime axetil	11
BENLYSTA	89	butalbital-aspirin-caffeine	4	cefuroxime sodium	11
benznidazole.....	36	BUTISOL SODIUM	65	celecoxib.....	5, 28
benzoyl peroxide-erythromycin	67	BYSTOLIC	58	CELONTIN	17
.....	67	C		cephalexin.....	11, 12
benztropine mesylate.....	37	cabergoline	88	cetirizine hcl	98
BEPREVE	96	CABOMETYX.....	34	CHANTIX	8
BESIVANCE	14	calcipotriene	67	CHEMET.....	70
betamethasone dipropionate 27,	67, 78	calcitonin (salmon)	95	chlordiazepoxide hcl.....	47
betamethasone dipropionate		calcitriol.....	95	chlorhexidine gluconate.....	67
aug	27, 78	calcium acetate (phos binder)	77	chloroquine phosphate.....	36
betamethasone valerate ..	27, 78	.....	77	chlorothiazide	62
BETASERON	66	CALQUENCE.....	34	chlorpromazine hcl	24, 38
betaxolol hcl	57, 97	CAMILA	86	chlorthalidone	62
bethanechol chloride	77	candesartan cilexetil	56	chlorzoxazone.....	103
bexarotene	35	candesartan cilexetil-hctz	60	cholestyramine.....	63
BEXSERO.....	91	CAPRELSA.....	34	cholestyramine light	63
bicalutamide	31	captopril.....	56	ciclopirox	25
BICILLIN L-A	13	captopril-hydrochlorothiazide	61	ciclopirox olamine	25
BIKTARVY	43	.....	61	cilostazol.....	55
bisoprolol fumarate	58	CARAFATE.....	75	CINRYZE.....	89
bisoprolol-hydrochlorothiazide	60	CARBAGLU	69	CIPRODEX	98
.....	60	carbamazepine	19, 49	ciprofloxacin.....	15
BLEPHAMIDE S.O.P....	27, 96	carbamazepine er.....	19, 49	ciprofloxacin hcl.....	14
BLISOVI FE 1.5/30	82	carbidopa-levodopa	38	ciprofloxacin in d5w.....	14
BLISOVI FE 1/20	82	carbidopa-levodopa er	38	citalopram hydrobromide	22
BOOSTRIX.....	92	carbidopa-levodopa-		CLARAVIS	68
BOSULIF	33	entacapone	37	clarithromycin.....	14
BREO ELLIPTA	100	carisoprodol.....	103	clarithromycin er	14
briellyn	82	carisoprodol-aspirin.....	4	clemastine fumarate	98
BRILINTA	55	carteolol hcl	97	CLENPIQ	75
brimonidine tartrate	97	CARTIA XT.....	58	clindamycin hcl	9
BRIVIACT	16	carvedilol	58	clindamycin palmitate hcl.....	9
bromocriptine mesylate ..	37, 88	casprofungin acetate	25	clindamycin phos-benzoyl	
budesonide.....	74, 82, 94	CAYSTON	12, 101	perox	68
budesonide er.....	74, 82, 94	CAZIENT	82	clindamycin phosphate	9
bumetanide	62	cefaclor	10	clindamycin phosphate in d5w	
buprenorphine hcl.....	6, 7	cefaclor er	10	.....	9
buprenorphine hcl-naloxone	7	cefadroxil.....	10	CLINIMIX E/DEXTROSE	
hcl	7	cefazolin sodium.....	11	(2.75/10)	71
bupropion hcl.....	21	cefdinir.....	11	CLINIMIX E/DEXTROSE	
		cefepime hcl	11	(2.75/5)	71
		cefixime	11		

CLINIMIX E/DEXTROSE (4.25/10)	71	COMETRIQ (100 MG DAILY DOSE)	34	desoximetasone.....	78
CLINIMIX E/DEXTROSE (4.25/25)	71	COMETRIQ (140 MG DAILY DOSE)	34	desvenlafaxine er	22
CLINIMIX E/DEXTROSE (4.25/5)	71	COMETRIQ (60 MG DAILY DOSE)	34	desvenlafaxine succinate er ..	22
CLINIMIX E/DEXTROSE (5/15)	71	COMFORT ASSIST INSULIN SYRINGE.....	52	dexamethasone	27, 79, 94
CLINIMIX E/DEXTROSE (5/20)	71	COMPLERA	43	DEXAMETHASONE INTENSOL.....	27, 78, 94
CLINIMIX E/DEXTROSE (5/25)	71	COMPRO	24	dexamethasone sodium phosphate	97
CLINIMIX/DEXTROSE (2.75/5)	71	constulose	75	DEXILANT	75
CLINIMIX/DEXTROSE (4.25/10)	71	COPAXONE	66	dexmethylphenidate hcl	65
CLINIMIX/DEXTROSE (4.25/20)	71	CORLANOR	59	dextroamphetamine sulfate...	65
CLINIMIX/DEXTROSE (4.25/25)	71	cortisone acetate	27, 78, 94	dextroamphetamine sulfate er	65
CLINIMIX/DEXTROSE (4.25/5)	72	COTELLIC.....	34	dextrose.....	72
CLINIMIX/DEXTROSE (5/15)	72	CREON	76	dextrose-nacl.....	72
CLINIMIX/DEXTROSE (5/20)	72	CRIXIVAN	45	DIASTAT ACUDIAL ...	16, 17, 47
CLINIMIX/DEXTROSE (5/25)	72	cromolyn sodium	96, 101	DIASTAT PEDIATRIC	16, 17, 47
clobetasol propionate.....	78	CRYSELLE-28	82	diazepam.....	16, 17, 47, 48
clobetasol propionate e.....	78	cvs gauze sterile.....	52	DIAZEPAM INTENSOL ...	16, 17, 47
clomipramine hcl.....	23	CYCLAFEM 1/35	82	diclofenac potassium	5, 28
clonazepam.....	17, 47	CYCLAFEM 7/7/7	82	diclofenac sodium.5, 28, 68, 97	
clonidine hcl	55	cyclobenzaprine hcl.....	103	diclofenac sodium er.....	5, 28
clopidogrel bisulfate	55	cyclophosphamide	31	dicloxacillin sodium	13
clorazepate dipotassium .	17, 47	cyclosporine.....	89	dicyclomine hcl	73
clotrimazole	25	cyclosporine modified	89	didanosine.....	44
clotrimazole-betamethasone.	68	CYSTADANE.....	76	diflorasone diacetate	79
clozapine.....	41	CYSTAGON	76	diflunisal	5, 28
COARTEM	36	D		DIGITEK	59
codeine sulfate	6	DALIRESP	101	DIGOX	59
colchicine	26	danazol.....	81	digoxin	59, 60
colchicine-probenecid	26	dapsone.....	30	dihydroergotamine mesylate	29
colesevelam hcl	50, 63	DAPTACEL	92	DILANTIN	19
colestipol hcl	63	daptomycin	9	diltiazem hcl	59
colistimethate sodium (cba) ..	9, 10	DARAPRIM.....	36	diltiazem hcl er	58
COLOCORT	94	darifenacin hydrobromide er	76	diltiazem hcl er beads	58
COMBIGAN	97	DEBLITANE.....	82	diltiazem hcl er coated beads	58
COMBIVENT RESPIMAT	102	DELYLA	82	dilt-xr	59
		DEMSE.....	61	diphenoxylate-atropine ...	73, 74
		DEPEN TITRATABS ...	70, 77, 89	diphtheria-tetanus toxoids dt	92
		DEPO-PROVERA.....	86	disopyramide phosphate	57
		DESCOVY	44	disulfiram.....	7
		desipramine hcl.....	23	divalproex sodium	17, 29, 50
		desloratadine.....	98	divalproex sodium er	17, 29, 49
		desmopressin ace spray refig	80	dofetilide.....	57
		desmopressin acetate	80	donepezil hcl.....	20
		desogestrel-ethinyl estradiol.	82	doripenem	12
		desonide.....	78	dorzolamide hcl	97

dorzolamide hcl-timolol mal	97	eplerenone	62	FETZIMA	22
doxazosin mesylate	56, 77	eprosartan mesylate	56	FETZIMA TITRATION	22
doxepin hcl	23, 47, 103	ERAXIS	25	FIASP	52
doxercalciferol	73, 95	ergotamine-caffeine	29	FIASP FLEXTOUCH	52
DOXY 100	15	ERIVEDGE	34	finasteride	77
doxycycline hyclate	15, 67, 68	ERLEADA	31	FIRAZYR	89
doxycycline monohydrate	16, 67, 68	ERRIN	86	flecainide acetate	57
dronabinol	24	ery	14	FLOVENT DISKUS	99
drospirenone-ethinyl estradiol	83	ERY-TAB	14	FLOVENT HFA	99
DROXIA	31	ERYTHROCIN		fluconazole	25
duloxetine hcl	22, 48, 66	LACTOBIONATE	14	fluconazole in sodium chloride	25
DUREZOL	97	ERYTHROCIN STEARATE	14	flucytosine	25
dutasteride	77	erythromycin	14	fludrocortisone acetate	79
dutasteride-tamsulosin hcl	77	erythromycin base	14	flunisolide	99
DYMISTA	102	erythromycin ethylsuccinate	14	fluocinolone acetonide	79
E		ESBRIET	102	fluocinonide	79
E.E.S. 400	14	escitalopram oxalate	22, 48	fluocinonide emulsified base	79
econazole nitrate	25	esomeprazole magnesium	75	fluorometholone	97
EDURANT	43	esomeprazole strontium	75	fluorouracil	68
efavirenz	43	ESTARYLLA	83	fluoxetine hcl	22
ELIDEL	68, 89	estradiol	81	fluphenazine decanoate	38
ELIQUIS	54	ethambutol hcl	30	fluphenazine hcl	38
ELIQUIS STARTER PACK	54	ethosuximide	17	flurbiprofen	5, 28
ELMIRON	77	ethynodiol diac-eth estradiol	83	flurbiprofen sodium	97
EMCYT	31	EUCRISA	68	flutamide	31
EMEND	24	EVOTAZ	45	fluticasone propionate	68, 79, 99
EMOQUETTE	83	EXEL COMFORT POINT		fluticasone-salmeterol	100
EMSAM	21	PEN NEEDLE	52	fluvoxamine maleate	22
EMTRIVA	44	exemestane	32	fondaparinux sodium	54
EMVERM	36	EXJADE	70	FORTEO	95
enalapril maleate	56	ezetimibe	63	fosamprenavir calcium	45
enalapril-hydrochlorothiazide	61	F		fosinopril sodium	56
ENBREL	89, 90	FALMINA	83	fosinopril sodium-hctz	61
ENBREL SURECLICK	90	fanciclovir	43	FREAMINE HBC	70
ENDARI	74	famotidine	74	furosemide	62
ENDOCET	4	FANAPT	39	FUZEON	45
ENGERIX-B	92	FANAPT TITRATION PACK	39	FYCOMPA	18
enoxaparin sodium	54	FARESTON	31	G	
ENPRESSE-28	83	FARYDAK	33	gabapentin	17, 18
ENSKYCE	83	FAZACLO	41	galantamine hydrobromide	20
entacapone	37	felbamate	18	galantamine hydrobromide er	20
entecavir	41	felodipine er	59	GARDASIL 9	92
ENTRESTO	56	FEMYNOR	83	gatifloxacin	15
enulose	75	fenofibrate	63	GATTEX	74
epinephrine	100	fenofibrate micronized	62	GAVILYTE-C	75
EPITOL	19, 50	fentanyl	6	GAVILYTE-G	75
EPIVIR HBV	41	fentanyl citrate	6		
		FERRIPROX	70		

GAVILYTE-N WITH FLAVOR PACK	75	HUMULIN R U-500 (CONCENTRATED)	52	IPOL	92
gemfibrozil	63	HUMULIN R U-500 KWIKPEN.....	52	ipratropium bromide	100
generlac	75	hydralazine hcl	64	ipratropium-albuterol	102
GENGRAF	90	hydrochlorothiazide.....	62	irbesartan	56
GENTAK	8	hydrocodone-acetaminophen..	4	irbesartan-hydrochlorothiazide	61, 62
gentamicin in saline.....	8	hydrocodone-ibuprofen	4	IRESSA	34
gentamicin sulfate	8	hydrocortisone	27, 79, 94	ISENTRESS	43
GEODON	39, 48	hydrocortisone ace-pramoxine	27	ISENTRESS HD	43
GIANVI.....	83	hydrocortisone valerate	79	ISIBLOOM.....	83
GILENYA	66	hydromorphone hcl.....	6	ISOLYTE-P IN D5W	72
GILOTRIF.....	34	hydromorphone hcl pf	6	ISOLYTE-S.....	69
glatiramer acetate	66	hydroxychloroquine sulfate..	36	isoniazid.....	30
GLEOSTINE	32	hydroxyurea.....	31	isosorbide dinitrate	64
glimepiride	50	hydroxyzine hcl	24, 47, 98	isosorbide dinitrate er	64
glipizide	50	hydroxyzine pamoate.....	24, 47, 98	isosorbide mononitrate	64
glipizide er.....	50	I		isosorbide mononitrate er	64
glipizide-metformin hcl.....	51	ibandronate sodium	95	isotretinoin	68
global alcohol prep ease	9	IBRANCE	33	isradipine	59
GLUCAGEN HYPOKIT	52	IBU	5, 28	itraconazole.....	25
GLUCAGON EMERGENCY	52	ibuprofen	5, 28	ivermectin	36
glyburide-metformin	51	ICLUSIG	34	IXIARO	92
glycopyrrolate.....	73	IDHIFA	33	J	
GOCOVRI.....	37	ILEVRO	97	JAKAFI	34
granisetron hcl	24	imatinib mesylate	34	JANTOVEN	54
griseofulvin microsize	25	IMBRUVICA	34	JANUMET	51
griseofulvin ultramicrosize...	25	imipenem-cilastatin	12	JANUMET XR.....	52
guanfacine hcl	55	imipramine hcl.....	23	JANUVIA.....	51
guanfacine hcl er	65	imiquimod	68	JARDIANCE.....	51
guanidine hcl	30	IMOVAX RABIES	92	JOLIVETTE	86
H		INCRELEX	80	JUBLIA	25
halobetasol propionate.....	79	indapamide	62	JULEBER	83
haloperidol.....	39	indomethacin	5, 28	JULUCA.....	44
haloperidol decanoate.....	38	INFANRIX.....	92	JUNEL 1.5/30.....	83
haloperidol lactate	38, 39	INLYTA	34	JUNEL 1/20.....	83
HAVRIX	92	INTELENCE	43	JUNEL FE 1.5/30	83
heparin sodium (porcine)	54	INTRALIPID.....	72	JUNEL FE 1/20	83
HEPATAMINE	72	INTRAROSA	83	JUXTAPID	63
HETLIOZ	103	INTRON A	41, 42	K	
HEXALEN	31	INTROVALE	83	KALETRA	46
HUMIRA.....	90	INVANZ.....	12	KALYDECO	101
HUMIRA PEDIATRIC CROHNS START	90	INVEGA SUSTENNA.....	39	KARIVA.....	83
HUMIRA PEN	90	INVEGA TRINZA.....	40	kcl in dextrose-nacl.....	72
HUMIRA PEN-CD/UC/HS STARTER	90	INVIRASE	46	KELNOR 1/35.....	83
HUMIRA PEN-PS/UV STARTER	90	INVOKAMET	51	KELNOR 1/50.....	83
		INVOKAMET XR	51	ketoconazole	25, 26
		INVOKANA	51	ketoprofen.....	5, 28
		IONOSOL-MB IN D5W	72	ketorolac tromethamine	97
				KHEDEZLA.....	22
				KIMIDESS	83

KINRIX.....	92	LENVIMA 24 MG DAILY		losartan potassium.....	56
KIONEX.....	70	DOSE.....	35	losartan potassium-hctz	61
KISQALI 200 DOSE	33	LESSINA.....	84	LOTEMAX.....	98
KISQALI 400 DOSE	33	LETAIRIS	101	lovastatin.....	63
KISQALI 600 DOSE	33	letrozole	32	LOW-OGESTREL	84
KISQALI FEMARA 200		leucovorin calcium	32, 36	loxapine succinate	39
DOSE	33	LEUKERAN	31	LUMIGAN	98
KISQALI FEMARA 400		LEUKINE.....	55	LUPRON DEPOT (1-	
DOSE	33	leuprolide acetate.....	88	MONTH)	88
KISQALI FEMARA 600		LEVEMIR	53	LUPRON DEPOT (3-	
DOSE	33	LEVEMIR FLEXTOUCH ...	53	MONTH)	88
KLOR-CON	69, 70, 73	levetiracetam	16	LUPRON DEPOT (4-	
KLOR-CON 10	69, 73	levetiracetam er	16	MONTH)	88
KLOR-CON M10.....	69, 73	levobunolol hcl	97	LUPRON DEPOT (6-	
KLOR-CON M15.....	69, 73	levocarnitine	72	MONTH)	88
KLOR-CON M20.....	69, 73	levocetirizine dihydrochloride		LUTERA	84
KORLYM.....	52	.....	99	LYNPARZA.....	32
KURVELO.....	83	levofloxacin	15	LYRICA	17, 66
KUVAN	76	levofloxacin in d5w	15	LYSODREN.....	88
KYNAMRO	63	LEVONEST	84	LYZA	86
L		levonorgest-eth estrad 91-day		M	
labetalol hcl	58	.....	84	magnesium sulfate	69
lactulose.....	75	levonorgestrel-ethinyl estrad	84	malathion	37
lamivudine	42, 44	levonorg-eth estrad triphasic	84	maprotiline hcl.....	21
lamivudine-zidovudine.....	44	LEVORA 0.15/30 (28).....	84	marlissa.....	82, 84, 86
lamotrigine	18, 50	LEVO-T.....	87	MARPLAN.....	21
lamotrigine er	18, 50	levothyroxine sodium	87	MATULANE.....	31
lamotrigine starter kit-blue ..	19,	LEVOXYL	87	MAVYRET	42
50		LEXIVA	46	meclizine hcl.....	24
lamotrigine starter kit-green 19,		LIALDA	93	medroxyprogesterone acetate	
50		lidocaine	7	.....	86, 87
lamotrigine starter kit-orange		lidocaine hcl	7	mefloquine hcl	36
.....	19, 50	lidocaine viscous	7	megestrol acetate	87
LANTUS	53	lidocaine-prilocaine	7	MEKINIST	35
LANTUS SOLOSTAR	52	linezolid.....	9	meloxicam	5, 28
LARIN 1.5/30.....	83	LINZESS	74	memantine hcl	20
LARIN 1/20.....	83	liothyronine sodium.....	87	memantine hcl er	20
LARIN FE 1.5/30.....	83	lisinopril.....	57	MENACTRA.....	92
LARIN FE 1/20	83	lisinopril-hydrochlorothiazide		MENEST	82
LARISSIA	84	.....	61	MENVEO	92
latanoprost	98	lithium	50	mercaptopurine	90
LATUDA	40	lithium carbonate.....	50	meropenem	12
LEENA.....	84	lithium carbonate er.....	50	MESNEX.....	32
leflunomide.....	91	LIVALO	63	METADATE ER	65
LENVIMA 10 MG DAILY		LONSURF.....	32	metaxalone.....	103
DOSE	34	loperamide hcl	74	metformin hcl	51
LENVIMA 14 MG DAILY		lopinavir-ritonavir	46	metformin hcl er	51
DOSE	34	lorazepam	18, 48	methadone hcl.....	6
LENVIMA 20 MG DAILY		LORCET	4	methazolamide.....	62, 97
DOSE	34	LORYNA	84	methenamine hippurate	9

methimazole	89	mupirocin.....	10	nitrofurantoin	10
methocarbamol	103	mycophenolate mofetil	90	nitrofurantoin macrocrystal ..	10
methotrexate	90	mycophenolate sodium	90	nitrofurantoin monohyd macro	
methotrexate sodium	90	MYORISAN.....	68	.....	10
methotrexate sodium (pf)	90	MYRBETRIQ	77	nitroglycerin	64
methyclothiazide	62	MYTESI.....	74	NITROSTAT	64
methyldopa	55	N		NORA-BE	84
methylphenidate hcl	65	nabumetone	5, 28	NORDITROPIN FLEXPPO 80	
methylphenidate hcl er	65	nadolol	58	norethindrone.....	87
methylprednisolone ..27, 79, 94		nafcillin sodium.....	13	norethindrone acetate.....	87
methyltestosterone.....	81	naloxone hcl	8	norethindrone acet-ethinyl est	
metipranolol	97	naltrexone hcl	7	.....	84
metoclopramide hcl	24, 74	NAMZARIC.....	20	norgestimate-eth estradiol ...	85
metolazone	62	naproxen	5, 28	norgestim-eth estrad triphasic	
metoprolol succinate er	58	naproxen dr	5, 28	.....	85
metoprolol tartrate	58	naproxen sodium	5, 28	NORLYROC	85
metoprolol-		naproxen sodium er	5, 28	NORMOSOL-M IN D5W ...	72
hydrochlorothiazide.....	61	naratriptan hcl.....	29	NORMOSOL-R IN D5W	72
metronidazole	9	NATACYN	26	NORMOSOL-R PH 7.4.....	69
metronidazole in nacl	9	nateglinide	51	NORTHERA	56
mexiletine hcl	57	NATPARA	95	NORTREL 0.5/35 (28).....	85
MICROGESTIN 1.5/30	84	NEBUPENT	36	NORTREL 1/35 (21).....	85
MICROGESTIN 1/20	84	NECON 0.5/35 (28)	84	NORTREL 1/35 (28).....	85
MICROGESTIN FE 1.5/30..	84	NECON 7/7/7	84	NORTREL 7/7/7	85
MICROGESTIN FE 1/20.....	84	nefazodone hcl.....	21	nortriptyline hcl	23
midodrine hcl.....	56	neomycin sulfate.....	8	NORVIR.....	46
MIGERGOT.....	29	neomycin-bacitracin zn-		NOVOLIN 70/30.....	53
miglitol	51	polymyx	96	NOVOLIN N	53
miglustat	76	neomycin-polymyxin-		NOVOLIN R	53
MILI	84	dexameth	96	NOVOLOG	53
MINITRAN.....	64	neomycin-polymyxin-		NOVOLOG FLEXPEN.....	53
minocycline hcl	16, 67	gramicidin.....	96	NOVOLOG MIX 70/30	53
minoxidil	65	neomycin-polymyxin-hc	96, 98	NOVOLOG MIX 70/30	
mirtazapine	21	NEPHRAMINE.....	72	FLEXPEN.....	53
misoprostol	75, 81	NERLYNX.....	35	NOVOLOG PENFILL	53
M-M-R II.....	92	NEUPOGEN	55	NOXAFIL.....	26
moexipril hcl	57	NEUPRO	37	NUEDEXTA	65
moexipril-hydrochlorothiazide		nevirapine	44	NUPLAZID	40
.....	61	nevirapine er	43, 44	nutrilipid	72
mometasone furoate	79, 99	NEXAVAR	35	NUVARING.....	85
MONONESSA	84	niacin er (antihyperlipidemic)		NUVIGIL	103
montelukast sodium.....	100	.....	63	NYAMYC	26
morphine sulfate	6, 7	nicardipine hcl	59	nystatin	26
morphine sulfate (concentrate)		NICOTROL.....	8	nystatin-triamcinolone	68
.....	6, 7	nifedipine er.....	59	NYSTOP.....	26
morphine sulfate er.....	6	nifedipine er osmotic release	59	O	
MOVANTIK	74	NIKKI.....	84	OCELLA	85
MOXEZA.....	15	nilutamide.....	31	OCTAGAM.....	91
moxifloxacin hcl.....	15	NINLARO	32	octreotide acetate	88
moxifloxacin hcl in nacl.....	15	NITRO-DUR	64	ODEFSEY	44

ODOMZO	35	peg-3350/electrolytes	75	pramipexole dihydrochloride	38
OFEV	35, 102	PEGANONE	19	pramipexole dihydrochloride er	38
ofloxacin.....	15, 98	PEGASYS	42	prasugrel hcl	55
olanzapine.....	40, 48, 49	PEGASYS PROCLICK	42	pravastatin sodium.....	63
olmesartan medoxomil	56	penicillin g pot in dextrose ...	13	prazosin hcl.....	56, 77
olmesartan medoxomil-hctz 56,	61	penicillin g potassium.....	13	prednicarbate	68, 79
olmesartan-amlodipine-hctz .	61	penicillin g procaine	13	prednisolone	27, 79, 94
olopatadine hcl	96	penicillin g sodium	13	prednisolone acetate .	27, 94, 98
omega-3-acid ethyl esters.....	63	penicillin v potassium.....	13	prednisolone sodium phosphate	27, 80, 94, 98
omeprazole	75, 76	PENTAM.....	36	.....	27, 80, 94, 98
ondansetron	24	pentoxifylline er	60	prednisone.....	27, 28, 80, 94
ondansetron hcl	24	perindopril erbumine	57	PREDNISONE INTENSOL	27, 80, 94
ONFI.....	18	PERIOGARD	67	.....
OPSUMIT	102	permethrin	37	preferred plus insulin syringe	53
ORENCIA	91	perphenazine.....	24, 39	.....
ORENCIA CLICKJECT	90	phenelzine sulfate	21	PREMASOL.....	73
ORFADIN	76	phenobarbital	18	PREMPHASE.....	85
ORKAMBI.....	101	phenytoin	19	PREPOPIK	75
orphenadrine citrate er.....	103	phenytoin sodium extended..	19	PREVALITE	64
ORSYTHIA.....	85	PICATO.....	68	PREVIFEM	85
oseltamivir phosphate.....	46	pilocarpine hcl	67, 97	PREZCOBIX.....	46
OSPHENA	85, 87	pimozide	39	PREZISTA	46
oxacillin sodium	13	PIMTREA	85	PRIFTIN	30
oxandrolone.....	81	pindolol.....	58	primaquine phosphate.....	36
oxaprozin.....	5, 28	pioglitazone hcl	51	primidone.....	18
oxazepam.....	47	pioglitazone hcl-glimepiride.	52	PRIVIGEN	91
oxcarbazepine.....	19	pioglitazone hcl-metformin hcl	52	probenecid	26
oxybutynin chloride.....	77	.....		PROCALAMINE	73
oxybutynin chloride er	77	piperacillin sod-tazobactam so	13	prochlorperazine	24
oxycodone hcl	7	.....		prochlorperazine maleate	24, 39
oxycodone hcl er	6	PIRMELLA 1/35.....	85	PROCRIT	55
oxycodone-acetaminophen....	4	piroxicam.....	5, 28	PROCTO-PAK.....	80
oxycodone-aspirin	4	PLASMA-LYTE 148	69	PROCTOSOL HC	94
oxycodone-ibuprofen	5, 28	PLASMA-LYTE A	69	PROCTOZONE-HC.....	74, 80
OZEMPIC	51	PLEGRIDY	67	progesterone micronized	87
P		PLEGRIDY STARTER PACK	67	PROGLYCEM	52
PACERONE.....	57	.....		PROLASTIN-C	102
paliperidone er.....	40	podofilox	68	PROLENSA	98
PANRETIN	35	polyethylene glycol 3350	75	PROLIA.....	95
pantoprazole sodium	76	polymyxin b-trimethoprim ...	96	PROMACTA.....	55
paricalcitol.....	95	POMALYST	31	promethazine hcl	24, 99
paromomycin sulfate	8	PORTIA-28	85	propafenone hcl	57
paroxetine hcl	22, 48	potassium chloride.....	70	propafenone hcl er	57
PASER	30	potassium chloride crys er....	69	proparacaine hcl.....	95
PAXIL	22, 48	potassium chloride er.....	69, 70	propranolol hcl.....	58
PAZEO	96	potassium chloride in dextrose	72	propranolol hcl er	58
PEDIARIX	92	.....		propranolol-hctz	61
PEDVAX HIB.....	92	potassium chloride in nacl....	70	propylthiouracil	89
peg 3350/electrolytes.....	75	potassium citrate er.....	77	PROQUAD.....	92
		PRALUENT	64		

PROSOL.....	73	rimantadine hcl	46	SOLQUA.....	53
protriptyline hcl	23	risedronate sodium	95	SOLTAMOX.....	31
psorcon	68	RISPERDAL CONSTA .40, 49		SOMATULINE DEPOT	88
PULMOZYME.....	101, 102	risperidone	40, 49	SOMAVERT	88
PURIXAN	32	ritonavir	46	SORINE.....	57
pyrazinamide	30	rivastigmine	20	sotalol hcl.....	57
pyridostigmine bromide	30	rivastigmine tartrate.....	20	sotalol hcl (af).....	57
Q		rizatriptan benzoate	29	SPIRIVA HANDIHALER .100	
QUADRACEL	92	ropinirole hcl	38	SPIRIVA RESPIMAT	100
QUASENSE	85	rosuvastatin calcium	63	spironolactone.....	62
quetiapine fumarate ..21, 40, 49		ROTARIX	93	spironolactone-hctz.....	61
quinapril hcl.....	57	ROTATEQ	93	SPRINTEC 28	85
quinapril-hydrochlorothiazide		ROWEEPRA	16	SPRITAM.....	16
.....	61	ROWEEPRA XR	16	SPRYCEL.....	35
quinidine sulfate	57	RUBRACA.....	32	SPS	70
quinine sulfate	36	RYDAPT	35	SRONYX.....	85
R		RYTARY.....	38	SSD.....	15
RABAVERT	92	S		stavudine.....	44
raloxifene hcl.....	87	SABRIL.....	18	STIOLTO RESPIMAT	102
ramipril	57	SAMSCA.....	70	STIVARGA	35
RANEXA	60	SANDIMMUNE	91	STRIBILD	43
ranitidine hcl.....	74	SANTYL	69	SUBOXONE	8
RAPAFLO.....	77	SAPHRIS.....	40, 49	sucrafate.....	75
RAPAMUNE	91	SAVELLA.....	66	sulfacetamide sodium	15, 96
rasagiline mesylate	38	SAVELLA TITRATION		sulfacetamide sodium (acne) 15	
RAVICTI.....	76	PACK	66	sulfacetamide-prednisolone .28,	
RECLIPSEN.....	85	scopolamine.....	24, 73	96	
RECOMBIVAX HB	93	selegiline hcl.....	38	sulfadiazine.....	15
RECTIV	64	selenium sulfide.....	69	sulfamethoxazole-trimethoprim	
REGRANEX	68	SELZENTRY	45	.....	15
RELENZA DISKHALER	46	SENSIPAR	95	sulfasalazine	94
RELI-ON INSULIN		SEREVENT DISKUS	101	sulindac.....	5, 29
SYRINGE.....	53	sertraline hcl	22, 23, 48	sumatriptan	29
repaglinide	51	SETLAKIN	85	sumatriptan succinate	29, 30
repaglinide-metformin hcl....	52	sevelamer carbonate	78	SUPRAX	12
REPATHA	64	SHAROBEL.....	85	SUPREP BOWEL PREP KIT	
REPATHA PUSHTRONEX		SHINGRIX.....	93	.....	70
SYSTEM	64	SIGNIFOR.....	88	SUTENT	35
REPATHA SURECLICK	64	sildenafil citrate	102	SYEDA.....	85
RESCRIPTOR.....	44	SILENOR	23, 47	SYLATRON	32, 43
RESTASIS	96	silver sulfadiazine.....	15	SYMDEKO	101
REVLIMID	31, 32	SIMBRINZA	97	SYMFI.....	44
REXULTI.....	40	simvastatin.....	63	SYMFI LO.....	44
REYATAZ	46	sirolimus	91	SYNAREL.....	88
RIBASPHERE	42	SIRTURO	30	SYNDROS	24
ribavirin	42	SIVEXTRO	10	SYNJARDY	51
rifabutin	30	sodium chloride	70	SYNJARDY XR.....	51
rifampin	30	sodium phenylbutyrate ...	76, 77	SYNRIBO.....	32
RIFATER	30	sodium polystyrene sulfonate		SYNTHROID	87
riluzole.....	66	.....	70		

T					U
TABLOID	32	tolmetin sodium.....	5, 29	UCERIS	74
tacrolimus	91	tolterodine tartrate	77	ULORIC	26
TAFINLAR	35	tolterodine tartrate er	77	UNITHROID	87
TAGRISSO	35	topiramate	19, 29	UPTRAVI.....	60
tamoxifen citrate.....	31	torsemide	62	ursodiol	74
tamsulosin hcl.....	77	TOUJEO MAX SOLOSTAR		V	
TARCEVA	35	.....	53	valacyclovir hcl	43
TARGRETIN	35	TOUJEO SOLOSTAR	53	VALCHLOR	31, 69
TARINA FE 1/20	86	TPN ELECTROLYTES	73	valganciclovir hcl	41
TASIGNA	35	TRACLEER	102	valproate sodium	18, 29, 50
tazarotene	69	tramadol hcl.....	7	valproic acid	18, 29, 50
TAZTIA XT	59	tramadol-acetaminophen	4	valsartan.....	56
TECFIDERA.....	67	trandolapril	57	valsartan-hydrochlorothiazide	
TEFLARO.....	12	tranexamic acid.....	55	.....	61
TEGRETOL-XR	19, 50	tranylcypromine sulfate.....	22	vancomycin hcl.....	10
TEKTRNA	60	TRAVASOL.....	73	VANDAZOLE	10
TEKTRNA HCT	61	TRAVATAN Z.....	98	VAQTA	93
telmisartan	56	trazodone hcl	21	VARIVAX.....	93
telmisartan-hctz	61	TRECATOR.....	30	VARIZIG.....	93
temazepam.....	103	TRELSTAR MIXJECT	88	VARUBI.....	24
TENIVAC	93	TRESIBA FLEXTOUCH.....	53	VASCEPA.....	64
tenofovir disoproxil fumarate		tretinoin	36, 69	VELIVET	86
.....	42, 45	triamcinolone acetonide	67, 80	VELPHORO.....	71, 78
terazosin hcl.....	56, 77	triamterene-hctz.....	61	VEMLIDY.....	42
terbinafine hcl.....	26	TRIDERM	80	VENCLEXTA	32
terbutaline sulfate	101	trientine hcl.....	70	VENCLEXTA STARTING	
terconazole	26	trifluoperazine hcl.....	39	PACK	32
testosterone.....	81	trifluridine.....	43	venlafaxine hcl.....	23, 48
testosterone cypionate	81	trihexyphenidyl hcl.....	37	venlafaxine hcl er	23, 48
testosterone enanthate	81	TRI-LEGEST FE.....	86	VENTOLIN HFA	101
tetanus-diphtheria toxoids td	93	TRILYTE	75	verapamil hcl	59
tetrabenazine.....	66	trimethoprim.....	10	verapamil hcl er	59
tetracycline hcl	16	TRI-MILI.....	86	VERSACLOZ.....	41
THALOMID.....	31	trimipramine maleate.....	23	VERZENIO	33
theophylline	101	TRINESSA (28)	86	VESTURA.....	86
theophylline er.....	101	TRINTELLIX.....	23	VICTOZA.....	51
thioridazine hcl.....	39	TRI-PREVIFEM	86	VIDEX.....	45
thiothixene.....	39	TRI-SPRINTEC	86	VIDEX EC.....	45
tiagabine hcl	18	TRIUMEQ.....	45	VIENVA	86
tigecycline	10	TRIVORA (28).....	86	vigabatrin	18
timolol maleate.....	29, 58, 97	TRI-VYLIBRA	86	VIIBRYD	23
tinidazole	10	TROPHAMINE.....	73	VIIBRYD STARTER PACK	
TIVICAY	43	TRULICITY	51	.....	23
tizanidine hcl	41, 103	TRUMENBA.....	93	VIMPAT.....	19, 20
TOBI PODHALER	8, 101	TRUVADA	45	VIRACEPT.....	46
tobramycin.....	8	TWINRIX.....	93	VIRAMUNE.....	44
tobramycin sulfate	9	TYBOST	45	VIREAD	42, 45
tobramycin-dexamethasone..	96	TYKERB	35	voriconazole	26
TOLAK	69	TYMLOS.....	95	VOSEVI	42
		TYPHIM VI	93		

VOTRIENT	35	XTANDI.....	31	ziprasidone hcl.....	41, 49
VRAYLAR.....	41, 49	XULTOPHY	53	ZIRGAN	41
VYFEMLA.....	86	XURIDEN	76	ZOLINZA.....	26, 33
VYLIBRA	86	XYREM.....	103	zolmitriptan.....	30
W		Y		zolpidem tartrate	103
warfarin sodium.....	54	YF-VAX.....	93	zonisamide	17
WELCHOL	51, 64	YONSA	31	ZORTRESS	91
X		Z		ZOSTAVAX.....	93
XALKORI.....	35	zafirlukast	100	ZOVIA 1/35E (28)	86
XARELTO	54	zaleplon	103	ZYDELIG.....	33
XARELTO STARTER PACK		ZEJULA	32	ZYKADIA.....	35
.....	54	ZELBORAF	35	ZYLET	96
XATMEP	91	ZENCHENT	86	ZYPREXA RELPREVV	41, 49
XGEVA.....	95	ZENPEP	76	ZYTIGA	31
XIFAXAN.....	10, 74	ZERIT.....	45		
XOLAIR.....	102	zidovudine	45		

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-388-5195. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-388-5195. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-388-5195。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-388-5195。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kamisa 1-877-388-5195. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-388-5195. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-388-5195 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-388-5195. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-388-5195번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-388-5195. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-388-5195. سيقوم شخص ما بتحديثك بمساعدتك. هذه خدمة مجانية العربية.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-388-5195. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-388-5195. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-388-5195. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-388-5195. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-388-5195 फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-388-5195 にお電話ください。日本語を話す人 者 が支援いたします。これは 無料のサービスです。

Non-Discrimination Statement

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

Integra Managed Care provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call Integra Managed Care at 1-877-388-5195 (TTY/TDD: 711)

If you believe that Integra Managed Care has not provided you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Integra by:

- Mail: Appeals and Grievance Manager
Integra Managed Care, Inc.
1981 Marcus Avenue, Suite 100
Lake Success, NY 11042
- Phone: 1-877-388-5195 (TTY/TDD: 711) Monday through Friday 8:00 AM to 5:00 PM.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: 1-800-868-1019 (TTY/TDD: 1-800-537-7697)