



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 5

This formulary was updated on 05/14/2019. 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 5/14/2019. 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 5/14/2019. 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. Alternatively, you may 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.

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)
List of Drugs by Medical Condition

ANALGESICS	9
ANESTHETICS	10
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	11
ANTIBACTERIALS	11
ANTICONVULSANTS	18
ANTIDEMENTIA AGENTS	21
ANTIDEPRESSANTS	22
ANTIEMETICS	24
ANTIFUNGALS	25
ANTIGOUT AGENTS	27
ANTI-INFLAMMATORY AGENTS	27
ANTIMIGRAINE AGENTS	28
ANTIMYASTHENIC AGENTS	29
ANTIMYCOBACTERIALS	29
ANTINEOPLASTICS	29
ANTIPARASITICS	35
ANTIPARKINSON AGENTS	36
ANTIPSYCHOTICS	37
ANTIVIRALS	40
ANXIOLYTICS	44
BIPOLAR AGENTS	45
BLOOD GLUCOSE REGULATORS	46
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	49
CARDIOVASCULAR AGENTS	51
CENTRAL NERVOUS SYSTEM AGENTS	59
DENTAL AND ORAL AGENTS	61
DERMATOLOGICAL AGENTS	62
ELECTROLYTES/MINERALS/METALS/VITAMINS	65
GASTROINTESTINAL AGENTS	69
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	71
GENITOURINARY AGENTS	71
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	73
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	74

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	79
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	80
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	80
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	81
IMMUNOLOGICAL AGENTS	81
INFLAMMATORY BOWEL DISEASE AGENTS.....	85
METABOLIC BONE DISEASE AGENTS	85
MISCELLANEOUS.....	86
OPHTHALMIC AGENTS	86
OTIC AGENTS	89
RESPIRATORY TRACT AGENTS	89
SKELETAL MUSCLE RELAXANTS	93
SLEEP DISORDER AGENTS.....	94

Integra 2019 (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
OPIOID ANALGESICS, LONG-ACTING		
<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	MO; QL (10 per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (240 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>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>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 (1); QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA2; MO; HRM (1); QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA2; MO; HRM (1); QL (180 per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	PA2; MO; HRM (1); QL (370 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA2; MO; HRM (1); QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	MO; QL (360 per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1	MO; QL (370 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	BvD; MO; QL (240 per 30 days)
LORCET ORAL TABLET 5-325 MG	1	MO; QL (370 per 30 days)
<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>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>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	MO; QL (360 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MO; QL (370 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	MO; QL (30 per 30 days)
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	MO
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
OPIOID ANTAGONISTS		
<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
<i>naltrexone hcl oral tablet 50 mg</i>	1	MO
NARCAN NASAL LIQUID 4 MG/0.1ML	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)
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)
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA1; 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 injection solution 40 mg/ml</i>	1	BvD; MO
<i>neomycin sulfate oral tablet 500 mg</i>	1	MO
<i>paromomycin sulfate oral capsule 250 mg</i>	1	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD; MO
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	BvD; MO
ANTIBACTERIALS, OTHER		
<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 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>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	BvD; MO
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	BvD; MO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	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 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>nitrofurantoin macrocrystal oral capsule 100 mg</i>	1	PA1; MO; HRM (1); QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	PA1; MO; HRM (1)
<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 (1)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	PA1; MO; HRM (1); 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>trimethoprim oral tablet 100 mg</i>	1	MO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	BvD; MO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	MO
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium injection solution reconstituted 1 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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>doripenem intravenous solution reconstituted 500 mg</i>	1	BvD; MO
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	BvD; MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 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
<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
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	BvD; MO
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</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
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	BvD; MO
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
SULFONAMIDES		
<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
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO
TETRACYCLINES		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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 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
<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, 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
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA2; MO
EPITOL ORAL TABLET 200 MG	1	MO
<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
<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
ROWEEPRA ORAL TABLET 1000 MG, 750 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
ROWEEPRA 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
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	1	MO
BARBITURATES		
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	PA2; MO; HRM (1); 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 (1); QL (90 per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	1	PA2; MO; HRM (1); QL (120 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	1	PA2; MO; HRM (1); QL (300 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
BENZODIAZEPINES		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	1	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	1	MO
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	ST2; MO; QL (60 per 30 days)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	1	ST2; MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	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>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<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)
LYRICA ORAL CAPSULE 100 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 SOLUTION 20 MG/ML	1	MO; QL (900 per 30 days)
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; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	1	PA2; QL (180 per 30 days)
VIGADRONE ORAL PACKET 500 MG	1	PA2; QL (180 per 30 days)
GLUTAMATE REDUCING AGENTS		
<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
<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>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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	1	ST2; MO; QL (30 per 30 days)
APTIOM 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)
DILANTIN ORAL CAPSULE 30 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
VIMPAT ORAL SOLUTION 10 MG/ML	1	ST2; MO; QL (1395 per 30 days)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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		
<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 er (xl) oral tablet extended release 24 hour 450 mg</i>	1	MO; QL (30 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>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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)
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
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	MO
SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS		
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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)
<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
TRICYCLICS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA2; MO; HRM (1)
<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 (1)
<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 (1)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	PA2; MO; HRM (1)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA2; MO; HRM (1)
<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
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

ANTIEMETICS

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS, OTHER		
COMPRO RECTAL SUPPOSITORY 25 MG	1	MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 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 (1)
<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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole external cream 1 %</i>	1	MO
<i>clotrimazole external solution 1 %</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
<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 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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)
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
ANTI-INFLAMMATORY AGENTS		
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 gel 1 %</i>	1	PA1; 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>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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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>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
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
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)
<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>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	MO; QL (8 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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		
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
PRIFTIN ORAL TABLET 150 MG	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO
<i>rifabutin oral capsule 150 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
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD; MO
GLEOSTINE ORAL CAPSULE 10 MG	1	MO
LEUKERAN ORAL TABLET 2 MG	1	MO
ANTIANGIOGENIC AGENTS		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 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)
ANTIMETABOLITES		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD; MO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	LA
TABLOID ORAL TABLET 40 MG	1	PA2; MO
ANTINEOPLASTICS		
<i>bexarotene oral capsule 75 mg</i>	1	PA2; MO; QL (300 per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	MO
CALQUENCE ORAL CAPSULE 100 MG	1	PA2; LA; QL (60 per 30 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA2; MO; QL (60 per 30 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA2; MO
EMCYT ORAL CAPSULE 140 MG	1	MO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA2; MO; QL (28 per 28 days)
ERLEADA ORAL TABLET 60 MG	1	PA2; LA
FARESTON ORAL TABLET 60 MG	1	PA2; MO; QL (30 per 30 days)
<i>fluorouracil external cream 5 %</i>	1	MO
<i>fluorouracil external solution 2 %, 5 %</i>	1	MO
<i>flutamide oral capsule 125 mg</i>	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
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 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
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA2; MO
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
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)
LYSODREN ORAL TABLET 500 MG	1	MO
MATULANE ORAL CAPSULE 50 MG	1	PA2; LA
MESNEX ORAL TABLET 400 MG	1	MO
NERLYNX ORAL TABLET 40 MG	1	PA2; LA; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	MO; QL (60 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA2; MO
PANRETIN EXTERNAL GEL 0.1 %	1	MO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA2; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
TARGRETIN EXTERNAL GEL 1 %	1	PA2; MO
TIBSOVO ORAL TABLET 250 MG	1	PA2; LA; QL (60 per 30 days)
TOLAK EXTERNAL CREAM 4 %	1	MO
<i>toremifene citrate oral tablet 60 mg</i>	1	PA2; QL (30 per 30 days)
<i>tretinoin oral capsule 10 mg</i>	1	MO
VALCHLOR EXTERNAL GEL 0.016 %	1	PA2; MO; QL (60 per 14 days)
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)
XTANDI ORAL CAPSULE 40 MG	1	PA2; LA; QL (120 per 30 days)

AROMATASE INHIBITORS, 3RD GENERATION

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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)
MOLECULAR TARGET INHIBITORS		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA2; MO; QL (120 per 30 days)
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 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)
BRAFTOVI ORAL CAPSULE 50 MG	1	PA2; LA; QL (270 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA2; LA; QL (180 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA2; LA
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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA2; LA; QL (30 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA2; MO
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)
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
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	1	PA2; MO
LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (3) MG	1	PA2; MO
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA2; MO
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	1	PA2; MO
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	1	PA2; MO
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	1	PA2; MO
LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 MG	1	PA2; MO
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	1	PA2; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	1	PA2; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA2; MO; QL (90 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)
MEKTOVI ORAL TABLET 15 MG	1	PA2; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	1	PA2; LA; QL (120 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA2; MO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA2; LA; QL (21 per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA2; 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)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA2; LA
TALZENNA ORAL CAPSULE 0.25 MG	1	PA2; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA2; MO; QL (30 per 30 days)
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)
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
VITRAKVI ORAL CAPSULE 100 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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	1	PA2; MO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA2; MO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA2; MO; QL (30 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)
XOSPATA ORAL TABLET 40 MG	1	PA2; MO
YONSA ORAL TABLET 125 MG	1	PA2; MO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA2; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA2; MO; QL (240 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)
ZYKADIA ORAL CAPSULE 150 MG	1	PA2; MO; QL (150 per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA2; MO; QL (120 per 30 days)

ANTIPARASITICS

ANTHELMINTICS

<i>albendazole oral tablet 200 mg</i>	1	
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>mefloquine hcl oral tablet 250 mg</i>	1	MO
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
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 (1)
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	1	PA1; MO; HRM (1)
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	PA1; MO; HRM (1)
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 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
<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
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA1; LA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST1; MO
DOPAMINE AGONISTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
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
<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
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>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)
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	1	MO
<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>molindone hcl oral tablet 10 mg, 25 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>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg</i>	1	BvD; MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA2; MO; HRM (1)
<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
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	MO
<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)
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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

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 CAPSULE 34 MG	1	LA
NUPLAZID ORAL TABLET 10 MG, 17 MG	1	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)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	MO; QL (1 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	1	PA2; ST2; MO; HRM (1); 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 (1); QL (2 per 28 days)
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
ANTIHEPATITIS AGENTS		
<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
<i>lamivudine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA1; MO; QL (30 per 30 days)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	PA1; MO; QL (30 per 30 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA2; MO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	PA2; MO
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING		
MAVYRET ORAL TABLET 100-40 MG	1	PA1; MO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA1; MO
VOSEVI ORAL TABLET 400-100-100 MG	1	PA1; MO
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
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>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	MO
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
ATRIPLA ORAL TABLET 600-200-300 MG	1	MO; QL (30 per 30 days)
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)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO; QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	MO; QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	MO; QL (60 per 30 days)
PIFELTRO ORAL TABLET 100 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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR ORAL TABLET 100 MG	1	MO; QL (360 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	1	MO; QL (180 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)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; QL (30 per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<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)
CIMDUO ORAL TABLET 300-300 MG	1	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 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)
<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)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO; QL (30 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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)
<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)
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)
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)
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)
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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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 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>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
XOFLUZA ORAL TABLET THERAPY PACK 20 (2) MG, 40 (2) MG	1	MO
ANTIRETROVIRAL COMBINATIONS		
BIKTARVY ORAL TABLET 50-200-25 MG	1	MO; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; QL (30 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; QL (30 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; QL (30 per 30 days)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 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 (1)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	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)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</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>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)
BIPOLAR AGENTS		
MOOD STABILIZERS		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	1	ST2; MO; QL (18 per 30 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	MO; QL (90 per 30 days)

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS, SUPPLY

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
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	MO
<i>global alcohol prep ease pad 70 %</i>	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

ANTIDIABETIC AGENTS

<i>acarbose oral tablet 100 mg, 25 mg, 50 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
<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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 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>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 oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	1	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	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
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO

GLYCEMIC AGENTS

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	1	MO
GLUCAGON EMERGENCY INJECTION KIT 1 MG	1	MO
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	MO
INSULINS		
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/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
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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, 2.5 MG, 20 MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	MO
BLOOD FORMATION MODIFIERS		
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)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
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 PACKET 12.5 MG	1	PA1; MO; QL (360 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)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA1; MO; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	1	PA1; MO; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	1	PA1; MO; QL (16 per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
PLATELET MODIFYING AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO
<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 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 (1)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO

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)
<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>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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
<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 (1)
<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, 160 mg, 80 mg</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
ANTIHYPERTENSIVE COMBINATIONS		
<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-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)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA1; 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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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)
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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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>sotalol hcl oral tablet 120 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
CALCIUM CHANNEL BLOCKING AGENTS		
<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
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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		
<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
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA1; LA
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 (1); 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 (1); QL (30 per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	1	PA1; MO; HRM (1); QL (255 per 30 days)
<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 (1); QL (30 per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	1	PA1; MO
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA1; LA; QL (180 per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	1	ST1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	1	PA1; LA; QL (4 per 28 days)
TEKTRNA ORAL TABLET 150 MG, 300 MG	1	MO; QL (30 per 30 days)
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>toremide 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>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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

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 packet 3.75 gm</i>	1	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	1	MO; HRM (1)
<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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

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
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
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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		
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA1; MO
<i>riluzole oral tablet 50 mg</i>	1	MO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA1; 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)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA AGENTS		
LYRICA ORAL CAPSULE 150 MG	1	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 75 MG	1	MO; QL (120 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		
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, 40 MG/ML	1	PA1; MO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA1; MO; QL (60 per 30 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)
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		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	MO
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	MO
<i>lidocaine viscous mouth/throat solution 2 %</i>	1	MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	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>amcinonide external cream 0.1 %</i>	1	MO
<i>amcinonide external ointment 0.1 %</i>	1	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 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
<i>calcipotriene external solution 0.005 %</i>	1	MO
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	MO
<i>clindamycin phos-benzoyl perox external gel 1-5 %</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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol prop emollient base 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>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	MO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	MO
COLOCORT RECTAL ENEMA 100 MG/60ML	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
<i>diflorasone diacetate external cream 0.05 %</i>	1	MO
<i>ery external pad 2 %</i>	1	MO
<i>erythromycin external gel 2 %</i>	1	MO
<i>erythromycin external solution 2 %</i>	1	MO
EUCRISA EXTERNAL OINTMENT 2 %	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>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>gentamicin sulfate external cream 0.1 %</i>	1	MO
<i>gentamicin sulfate external ointment 0.1 %</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate external cream 0.05 %</i>	1	MO
<i>halobetasol propionate external ointment 0.05 %</i>	1	MO
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</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 rectal enema 100 mg/60ml</i>	1	MO
<i>hydrocortisone valerate external cream 0.2 %</i>	1	MO
<i>hydrocortisone valerate external ointment 0.2 %</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
<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>mometasone furoate external cream 0.1 %</i>	1	MO
<i>mometasone furoate external ointment 0.1 %</i>	1	MO
<i>mupirocin external ointment 2 %</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>pimecrolimus external cream 1 %</i>	1	ST1
<i>podofilox external solution 0.5 %</i>	1	MO
<i>prednicarbate external cream 0.1 %</i>	1	MO
<i>prednicarbate external ointment 0.1 %</i>	1	MO
PROCTO-PAK RECTAL CREAM 1 %	1	MO
PROCTOSOL HC RECTAL CREAM 2.5 %	1	MO
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	MO
<i>psorcon external cream 0.05 %</i>	1	MO
RECTIV RECTAL OINTMENT 0.4 %	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
REGRANEX EXTERNAL GEL 0.01 %	1	PA1; MO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	MO
<i>selenium sulfide external lotion 2.5 %</i>	1	MO
<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>tazarotene external cream 0.1 %</i>	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
<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
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<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
<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
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 PACKET 20 MEQ	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	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
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	BvD; 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, 2 meq/ml (20 ml), 20 meq/100ml</i>	1	BvD; MO
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	1	MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	BvD; MO
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET ORAL CAPSULE 100 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
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	1	MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	MO
KIONEX ORAL SUSPENSION 15 GM/60ML	1	MO
LOKELMA ORAL PACKET 10 GM, 5 GM	1	MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	1	BvD; MO
SAMSCA ORAL TABLET 15 MG, 30 MG	1	MO; QL (60 per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<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
NUTRIENTS		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	1	BvD; MO
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	1	BvD; MO
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 %	1	BvD; MO
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	1	BvD; MO
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	1	BvD; MO
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	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/DEXTROSE (4.25/10) 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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	1	BvD; MO
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
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	1	BvD; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	1	BvD; MO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD; MO
ISOLYTE-S INTRAVENOUS SOLUTION	1	BvD; MO
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	1	BvD; MO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	1	BvD; MO
<i>nutrilipid intravenous emulsion 20 %</i>	1	BvD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	1	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD; MO
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
GASTROINTESTINAL AGENTS, OTHER		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	1	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
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
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
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
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	1	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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)
<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

ENZYME REPLACEMENT/MODIFIERS

CARBAGLU ORAL TABLET 200 MG	1	PA1; LA
CYSTADANE ORAL POWDER	1	MO
ENDARI ORAL PACKET 5 GM	1	LA
GALAFOLD ORAL CAPSULE 123 MG	1	PA1; LA; QL (14 per 28 days)
KUVAN ORAL PACKET 100 MG, 500 MG	1	PA1; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	1	PA1; LA
<i>levocarnitine oral solution 1 gm/10ml</i>	1	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	1	BvD; MO
<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 powder 3 gm/tsp</i>	1	PA1; MO
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA1; MO
XURIDEN ORAL PACKET 2 GM	1	PA1; MO

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<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>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>silodosin oral capsule 4 mg, 8 mg</i>	1	MO; QL (30 per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 per 30 days)
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA1; LA
DEPEN TITRATABS ORAL TABLET 250 MG	1	MO
ELMIRON ORAL CAPSULE 100 MG	1	MO
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	1	PA1; 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
<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
VAGINAL PRODUCTS		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
INTRAROSA VAGINAL INSERT 6.5 MG	1	PA1; MO
<i>metronidazole vaginal gel 0.75 %</i>	1	MO
OSPHENA ORAL TABLET 60 MG	1	PA1; MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
VANDAZOLE VAGINAL GEL 0.75 %	1	MO

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)

GLUCOCORTICOIDS/MINERALOCORTICOIDS

<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
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>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 oral solution 15 mg/5ml</i>	1	MO
<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
UCERIS RECTAL FOAM 2 MG/ACT	1	MO

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>cortisone acetate oral tablet 25 mg</i>	1	MO
DEMSER ORAL CAPSULE 250 MG	1	MO
<i>fludrocortisone acetate oral tablet 0.1 mg</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		
<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%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA1; MO
<i>testosterone transdermal solution 30 mg/act</i>	1	PA1; MO
CONTRACEPTIVES		
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
CAZANT ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
CRYSSELLE-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
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	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
<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
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	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
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
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
NIKKI ORAL TABLET 3-0.02 MG	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO
<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
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
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
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
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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 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
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
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1	MO
ESTROGENS		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA1; MO; HRM (1)
<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 (1)
<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 (1)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	PA1; MO; HRM (1)
PREMPHASE ORAL TABLET 0.625-5 MG	1	PA1; MO; HRM (1)
PROGESTINS		
CAMILA ORAL TABLET 0.35 MG	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
DEBLITANE 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
INCASSIA ORAL TABLET 0.35 MG	1	MO
JOLIVETTE ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	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 (1)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	PA2; MO; HRM (1)
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
NORLYROC ORAL TABLET 0.35 MG	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO; QL (30 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA2; MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
<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
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	1	MO
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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
ORLISSA ORAL TABLET 150 MG, 200 MG	1	PA1; MO
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
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
KORLYM ORAL TABLET 300 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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	1	PA2; MO
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		
IMMUNE SUPPRESSANTS		
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
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>methotrexate oral tablet 2.5 mg</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
RAPAMUNE ORAL SOLUTION 1 MG/ML	1	BvD; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>sirolimus oral solution 1 mg/ml</i>	1	BvD
<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 MG	1	PA2; MO; QL (60 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	1	PA2; MO; QL (120 per 30 days)
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1	PA2; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA1; LA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA1; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA1; 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-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA1
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA1; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA1
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>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	1	BvD; MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA1; MO
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA1; MO
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	BvD; MO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD; 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
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	1	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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
IPOL 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 SUSPENSION RECONSTITUTED	1	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	1	MO
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD; MO
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/0.5ML	1	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD; MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
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 (1)
<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)
MISCELLANEOUS		
MISCELLANEOUS		
<i>cvs gauze sterile pad 2"x2"</i>	1	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	MO
OXERVATE OPHTHALMIC SOLUTION 0.002 %	1	PA1; MO
RESTASIS OPHTHALMIC EMULSION 0.05 %	1	MO; QL (60 per 30 days)
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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
PAZEO OPHTHALMIC SOLUTION 0.7 %	1	MO
OPHTHALMIC ANTIGLAUCOMA AGENTS		
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>dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</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-INFECTIVES		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	MO
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	MO
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	MO
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	MO
<i>gentamicin sulfate 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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
MOXEZA OPHTHALMIC SOLUTION 0.5 %	1	MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3 %</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 sodium ophthalmic solution 10 %</i>	1	MO
<i>tobramycin ophthalmic solution 0.3 %</i>	1	MO
<i>trifluridine ophthalmic solution 1 %</i>	1	MO
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	MO
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	MO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	
<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
LOTEMAX OPHTHALMIC GEL 0.5 %	1	MO
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	MO
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	1	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	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
<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 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
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	MO
OTIC AGENTS		
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	1	MO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	1	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	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 otic solution 0.3 %</i>	1	MO
RESPIRATORY TRACT AGENTS		
ANTI-HISTAMINES		
<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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

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
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO
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
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	1	MO
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
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, PHOSPHODIESTERASE INHIBITORS (XANTHINES)		

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	MO; QL (30 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA1; MO; QL (90 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
BRONCHODILATORS, SYMPATHOMIMETIC		
<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
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
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 PACKET 100-125 MG, 150-188 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

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE 28 MG	1	MO
NASAL AGENTS		
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)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	1	MO; QL (30 per 25 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>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)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	MO; QL (34 per 30 days)
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)
OPSUMIT ORAL TABLET 10 MG	1	PA1; LA; 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)
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
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
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO; QL (12 per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	MO; QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	MO
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; 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)
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)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	1	ST1; MO; QL (60 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	1	PA1; MO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA1; MO

SKELETAL MUSCLE RELAXANTS

SKELETAL MUSCLE RELAXANTS

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<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 (1)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	PA1; MO; HRM (1)
<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 (1)
<i>metaxalone oral tablet 800 mg</i>	1	PA1; MO; HRM (1)

You can find information on what the symbols and abbreviations on this table mean by going to page 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA1; MO; HRM (1)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	PA1; MO; HRM (1)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	MO
SLEEP DISORDER AGENTS		
BENZODIAZEPINES		
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	MO; QL (120 per 30 days)
<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)
GABA RECEPTOR MODULATORS		
<i>zaleplon oral capsule 10 mg</i>	1	PA1; MO; HRM (1); 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 (1); QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	PA1; MO; HRM (1); 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)
BUTISOL SODIUM ORAL TABLET 30 MG	1	PA2; MO; HRM (1)
HETLIOZ ORAL CAPSULE 20 MG	1	PA1; MO; QL (30 per 30 days)
NUVIGIL ORAL TABLET 200 MG	1	PA1; MO
SILENOR ORAL TABLET 3 MG, 6 MG	1	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 6 of the introduction. Integra 2019 Formulary ID 19509, information last updated 05/14/2019 Version 5 Effective 05/01/2019

Index of Drugs/Alphabetical Listing

A		
abacavir sulfate.....	42	
abacavir sulfate-lamivudine .	42	
abacavir-lamivudine- zidovudine	42	
ABELCET.....	25	
ABILIFY MAINTENA.....	38	
abiraterone acetate.....	32	
acamprosate calcium	11	
acarbose	46	
acebutolol hcl	54	
acetaminophen-codeine	9	
acetaminophen-codeine #3.....	9	
acetazolamide	57	
acetazolamide er.....	57	
acetic acid.....	89	
acetylcysteine	92	
acitretin.....	62	
ACTHIB	83	
ACTIMMUNE	82	
acyclovir	41	
acyclovir sodium	41	
ADACEL.....	83	
adefovir dipivoxil	40	
ADEMPAS.....	92	
ADVAIR DISKUS.....	92	
ADVAIR HFA	93	
AFINITOR	32	
AFINITOR DISPERZ.....	32	
albendazole.....	35	
albuterol sulfate	91	
ALECENSA	32	
alendronate sodium	85	
alfuzosin hcl er	72	
ALINIA	35	
allopurinol	27	
alosetron hcl	69	
ALPHAGAN P.....	87	
alprazolam	45	
ALPRAZOLAM INTENSOL	45	
ALTAVERA	74	
ALUNBRIG	32	
alyacen 1/35.....	74	
amantadine hcl.....	36	
AMBISOME	25	
amcinonide	62	
amikacin sulfate.....	11	
amiloride hcl.....	57	
amiloride-hydrochlorothiazide	53	
AMINOSYN II.....	67	
AMINOSYN II/ELECTROLYTES.....	67	
AMINOSYN/ELECTROLYT ES	67	
AMINOSYN-HBC.....	67	
AMINOSYN-PF.....	67	
AMINOSYN-RF	67	
amiodarone hcl	52	
AMITIZA	70	
amitriptyline hcl	24	
amlodipine besy-benazepril hcl	53	
amlodipine besylate.....	55	
amlodipine besylate-valsartan	53	
amlodipine-atorvastatin	56	
amlodipine-olmesartan	53	
amlodipine-valsartan-hctz	53	
ammonium lactate	62	
AMNESTEEM.....	62	
amoxapine	24	
amoxicillin.....	15	
amoxicillin-pot clavulanate ..	15	
amoxicillin-pot clavulanate er	15	
amphetamine- dextroamphetamine	60	
amphotericin b.....	25	
ampicillin.....	15	
ampicillin sodium.....	15	
ampicillin-sulbactam sodium	15	
ANADROL-50	74	
anagrelide hcl	51	
anastrozole.....	32	
ANORO ELLIPTA.....	93	
APOKYN	37	
aprepitant	25	
APRI.....	74	
APRISO.....	85	
APTIOM.....	21	
APTIVUS	43	
ARANELLE.....	74	
ARCALYST.....	82	
ARIKAYCE	12	
aripiprazole.....	38	
ARNUITY ELLIPTA.....	90	
ASMANEX 120 METERED DOSES	90	
ASMANEX 30 METERED DOSES	90	
ASMANEX 60 METERED DOSES	90	
ASMANEX HFA	90	
aspirin-dipyridamole er	51	
ASSURE ID INSULIN SAFETY SYR	46	
ASTAGRAF XL.....	81	
ASTEPRO	92	
atazanavir sulfate	43	
atenolol	54	
atenolol-chlorthalidone.....	53	
atomoxetine hcl	60	
atorvastatin calcium.....	58	
atovaquone.....	35	
atovaquone-proguanil hcl	35	
ATRIPLA	41	
atropine sulfate	86	
AUBAGIO.....	61	
AUBRA	74	
AURYXIA.....	72	
AVIANE.....	74	
AVONEX	61	
AVONEX PEN.....	61	
AVONEX PREFILLED	61	
AZACTAM	14	
AZASAN.....	81	
azathioprine	81	
azelastine hcl	86, 92	
azithromycin	16	
AZOPT	87	
aztreonam	14	
B		
bacitracin	87	
bacitracin-polymyxin b.....	87	
bacitra-neomycin-polymyxin- hc	88	
baclofen	93	
BACTOCILL IN DEXTROSE	15	
balsalazide disodium	85	
BALZIVA.....	74	
BANZEL	21	
bcg vaccine	83	
BELSOMRA	94	
benazepril hcl.....	52	

benazepril-hydrochlorothiazide	53	butalbital-aspirin-caffeine	9	CELONTIN	19
BENLYSTA	81	BUTISOL SODIUM	94	cephalexin	14
benznidazole	35	BYSTOLIC	54	cetirizine hcl	89
benzoyl peroxide-erythromycin	62	C		CHANTIX	11
benztropine mesylate	36	cabergoline	79	CHEMET	66
BEPREVE	86	CABOMETYX	32	chlordiazepoxide hcl	45
BESIVANCE	87	calcipotriene	62	chlorhexidine gluconate	62
betamethasone dipropionate	62	calcitonin (salmon)	85	chloroquine phosphate	35
betamethasone dipropionate		calcitriol	85	chlorothiazide	57
aug	62	calcium acetate (phos binder)	72	chlorpromazine hcl	37
betamethasone valerate	62	CALQUENCE	30	chlorthalidone	57
BETASERON	61	CAMILA	78	chlorzoxazone	93
betaxolol hcl	54, 87	candesartan cilexetil	51	cholestyramine	58
bethanechol chloride	72	candesartan cilexetil-hctz	53	cholestyramine light	58
bexarotene	30	CAPRELSA	32	ciclopirox	25
BEXSERO	83	captopril	52	ciclopirox olamine	25
bicalutamide	30	captopril-hydrochlorothiazide	53	cilostazol	51
BICILLIN L-A	15	CARAFATE	70	CIMDUO	42
BIKTARVY	44	CARBAGLU	71	CINRYZE	56
bisoprolol fumarate	54	carbamazepine	18	CIPRODEX	89
bisoprolol-hydrochlorothiazide	53	carbamazepine er	18	ciprofloxacin	17
BLEPHAMIDE S.O.P.	88	carbidopa-levodopa	36	ciprofloxacin hcl	17, 87, 89
BLISOVI FE 1.5/30	74	carbidopa-levodopa er	36	ciprofloxacin in d5w	17
BLISOVI FE 1/20	74	carbidopa-levodopa-entacapone	36	citalopram hydrobromide	23
BOOSTRIX	83	carisoprodol	93	CLARAVIS	62
BOSULIF	32	carisoprodol-aspirin	93	clarithromycin	16
BRAFTOVI	32	carteolol hcl	87	clarithromycin er	16
BREO ELLIPTA	93	CARTIA XT	55	clemastine fumarate	89
brillyn	74	carvedilol	54	CLENPIQ	70
BRILINTA	51	caspofungin acetate	25	clindamycin hcl	12
brimonidine tartrate	87	CAYSTON	91	clindamycin palmitate hcl	12
BRIVIACT	18	CAZIENT	75	clindamycin phos-benzoyl perox	62
bromocriptine mesylate	37	cefaclor	13	clindamycin phosphate .. 12, 62, 72	
BROMSITE	88	cefaclor er	13	clindamycin phosphate in d5w	12
budesonide	73	cefadroxil	13	CLINIMIX E/DEXTROSE (2.75/10)	67
budesonide er	73	cefazolin sodium	13	CLINIMIX E/DEXTROSE (2.75/5)	67
bumetanide	57	cefdinir	13	CLINIMIX E/DEXTROSE (4.25/10)	67
buprenorphine hcl	11	cefepime hcl	13	CLINIMIX E/DEXTROSE (4.25/25)	67
buprenorphine hcl-naloxone hcl	11	cefixime	13	CLINIMIX E/DEXTROSE (4.25/5)	67
bupropion hcl	22	cefotaxime sodium	14	CLINIMIX E/DEXTROSE (5/15)	67
bupropion hcl er (smoking det)	11	cefotetan disodium	14	CLINIMIX E/DEXTROSE (5/20)	67
bupropion hcl er (sr)	22	cefoxitin sodium	14		
bupropion hcl er (xl)	22	cefpodoxime proxetil	14		
buspirone hcl	45	cefprozil	14		
butalbital-acetaminophen	9	ceftazidime	14		
butalbital-apap-caffeine	9	ceftriaxone sodium	14		
butalbital-asa-caff-codeine	9	cefuroxime axetil	14		
		cefuroxime sodium	14		
		celecoxib	27		

CLINIMIX/DEXTROSE (4.25/10)	67	CRIXIVAN	43	DIASTAT ACUDIAL	19
CLINIMIX/DEXTROSE (4.25/25)	68	cromolyn sodium	86, 93	DIASTAT PEDIATRIC	19
CLINIMIX/DEXTROSE (4.25/5)	68	CRYSELLE-28	75	diazepam	19, 45
CLINIMIX/DEXTROSE (5/15)	68	cvs gauze sterile	86	DIAZEPAM INTENSOL	45
CLINIMIX/DEXTROSE (5/20)	68	CYCLAFEM 1/35	75	diclofenac potassium	27
CLINIMIX/DEXTROSE (5/25)	68	CYCLAFEM 7/7/7	75	diclofenac sodium	27, 88
clobazam	19	cyclobenzaprine hcl	93	diclofenac sodium er	27
clobetasol prop emollient base	63	cyclophosphamide	29	dicloxacillin sodium	15
clobetasol propionate	63	cyclosporine	81	dicyclomine hcl	69
clomipramine hcl	24	cyclosporine modified	81	didanosine	42
clonazepam	45	CYRED EQ	75	diflorasone diacetate	63
clonidine	51	CYSTADANE	71	diflunisal	27
clonidine hcl	51	CYSTAGON	72	DIGITEK	56
clopidogrel bisulfate	51	D		DIGOX	56
clorazepate dipotassium	45	dalfampridine er	61	digoxin	56
clotrimazole	26, 62	DALIRESP	91	dihydroergotamine mesylate	28
clotrimazole-betamethasone	63	danazol	74	DILANTIN	21
clozapine	37	dapsone	12	diltiazem hcl	55
COARTEM	35	DAPTACEL	83	diltiazem hcl er	55
codeine sulfate	9	daptomycin	12	diltiazem hcl er beads	55
colchicine	27	DARAPRIM	35	diltiazem hcl er coated beads	55
colchicine-probenecid	27	darifenacin hydrobromide er	71	dilt-xr	55
colesevelam hcl	58	DAURISMO	30	diphenoxylate-atropine	69
colestipol hcl	58	DEBLITANE	79	diphtheria-tetanus toxoids dt	83
colistimethate sodium (cba)	12	DELSTRIGO	44	disopyramide phosphate	52
COLOCORT	63	DELYLA	75	disulfiram	11
COMBIGAN	87	DEMSEER	74	divalproex sodium	19, 20
COMBIVENT RESPIMAT	91	DEPEN TITRATABS	72	divalproex sodium er	19
COMETRIQ (100 MG DAILY DOSE)	32	DEPO-PROVERA	79	dofetilide	52
COMETRIQ (140 MG DAILY DOSE)	32	DESCOVY	42	donepezil hcl	21
COMETRIQ (60 MG DAILY DOSE)	32	desipramine hcl	24	doripenem	15
COMFORT ASSIST INSULIN SYRINGE	46	desloratadine	89	dorzolamide hcl	87
COMPLERA	41	desmopressin ace spray refrig	79	dorzolamide hcl-timolol mal	87
COMPRO	25	desmopressin acetate	79	dorzolamide hcl-timolol mal pf	87
constulose	70	desogestrel-ethinyl estradiol	75	doxazosin mesylate	51
COPAXONE	61	desonide	63	doxepin hcl	24
COPIKTRA	30	desoximetasone	63	doxercalciferol	85
CORLANOR	56	desvenlafaxine er	23	DOXY 100	17
cortisone acetate	74	desvenlafaxine succinate er	23	doxycycline hyclate	18
COTELLIC	32	dexamethasone	73	doxycycline monohydrate	18
CREON	69	DEXAMETHASONE INTENSOL	73	dronabinol	25
		dexamethasone sodium		drospirenone-ethinyl estradiol	75
		phosphate	88	DROXIA	30
		DEXILANT	70	duloxetine hcl	23
		dexmethylphenidate hcl	60	DUREZOL	88
		dextroamphetamine sulfate	60	dutasteride	72
		dextroamphetamine sulfate er	60	dutasteride-tamsulosin hcl	72
		dextrose	68	DYMISTA	92
		dextrose-nacl	65	E	
				E.E.S. 400	16

econazole nitrate.....	26	esomeprazole strontium.....	71	fluoxetine hcl	23
EDURANT.....	41	ESTARYLLA.....	75	fluphenazine decanoate	37
efavirenz	41	estradiol	72, 78	fluphenazine hcl.....	37
ELIQUIS	49	ethambutol hcl	29	flurbiprofen.....	27
ELIQUIS STARTER PACK	49	ethosuximide	19	flurbiprofen sodium	88
ELMIRON.....	72	ethynodiol diac-eth estradiol	75	flutamide.....	30
EMCYT.....	30	EUCRISA	63	fluticasone propionate	63, 92
EMEND.....	25	EVOTAZ.....	43	fluticasone-salmeterol.....	93
EMOQUETTE	75	EXEL COMFORT POINT		fluvoxamine maleate	24
EMSAM	23	PEN NEEDLE.....	46	fondaparinux sodium	49
EMTRIVA.....	42	exemestane	32	FORTEO.....	86
EMVERM	35	EXJADE.....	66	fosamprenavir calcium	43
enalapril maleate	52	ezetimibe	58	fosinopril sodium.....	52
enalapril-hydrochlorothiazide		F		fosinopril sodium-hctz.....	53
.....	53	FALMINA.....	75	FREAMINE HBC	68
ENBREL	82	famciclovir.....	41	furosemide	57
ENBREL MINI	82	famotidine.....	69	FUZEON	43
ENBREL SURECLICK	82	FANAPT	38	FYCOMPA.....	18, 20
ENDARI.....	71	FANAPT TITRATION PACK		G	
ENDOCET	9	.....	38	gabapentin.....	20
ENERGIX-B	83	FARESTON	30	GALAFOLD.....	71
enoxaparin sodium	49	FARYDAK.....	32	galantamine hydrobromide ...	21
ENPRESSE-28.....	75	FAZACLO.....	37	galantamine hydrobromide er	
ENSKYCE	75	felbamate	18	.....	21
entacapone.....	36	felodipine er.....	55	GARDASIL 9.....	83, 84
entecavir	40	FEMYNOR	75	gatifloxacin	87
ENTRESTO	53	fenofibrate	58	GATTEX	69
enulose.....	70	fenofibrate micronized	57	GAVILYTE-C.....	70
EPIDIOLEX.....	18	fentanyl.....	9	GAVILYTE-G.....	70
epinephrine	93	fentanyl citrate.....	9	GAVILYTE-N WITH	
EPITOL	18	FERRIPROX	66	FLAVOR PACK	70
EPIVIR HBV.....	40	FETZIMA.....	23	gemfibrozil	58
eplerenone	57	FETZIMA TITRATION	23	generlac.....	70
eprosartan mesylate	51	FIASP	48	GENGRAF	81
ERAXIS	26	FIASP FLEXTOUCH	48	GENTAK.....	87
ergotamine-caffeine.....	28	finasteride	72	gentamicin in saline	12
ERIVEDGE	30	FIRAZYR.....	56	gentamicin sulfate.....	12, 63, 87
ERLEADA	30	FIRVANQ	12	GEODON	45
ERRIN.....	79	flecainide acetate	52	GIANVI.....	75
ertapenem sodium	15	FLOVENT DISKUS	90	GILENYA	61
ery.....	63	FLOVENT HFA.....	90	GILOTRIF	33
ERY-TAB.....	16	fluconazole	26	glatiramer acetate.....	61
ERYTHROCIN		fluconazole in sodium chloride		GLEOSTINE	29
LACTOBIONATE.....	17	.....	26	glimepiride.....	46
ERYTHROCIN STEARATE		flucytosine	26	glipizide	46
.....	17	fludrocortisone acetate	74	glipizide er	46
erythromycin	63, 87	flunisolide	92	glipizide-metformin hcl	46
erythromycin base	17	fluocinolone acetonide ...	63, 89	global alcohol prep ease	46
erythromycin ethylsuccinate	17	fluocinonide.....	63	GLUCAGEN HYPOKIT.....	48
ESBRIET.....	92	fluocinonide emulsified base	63	GLUCAGON EMERGENCY	
escitalopram oxalate.....	23	fluorometholone	88	.....	48
esomeprazole magnesium	70	fluorouracil	30	glyburide-metformin.....	46

glycopyrrolate.....	69	IMBRUVICA	33	JASMIEL.....	75
GOCOVRI.....	36	imipenem-cilastatin	15	JOLIVETTE	79
granisetron hcl	25	imipramine hcl.....	24	JUBLIA	26
griseofulvin microsize	26	imiquimod	64	JULEBER	75
griseofulvin ultramicrosize...	26	IMOVAX RABIES	84	JULUCA.....	42
guanfacine hcl	51	INCASSIA.....	79	JUNEL 1.5/30.....	75
guanfacine hcl er	60	INCRELEX	79	JUNEL 1/20.....	75
guanidine hcl	29	indapamide	57	JUNEL FE 1.5/30	75
H		indomethacin	27	JUNEL FE 1/20	75
halobetasol propionate.....	64	INFANRIX.....	84	JUXTAPID	58
haloperidol.....	38	INLYTA	33	K	
haloperidol decanoate.....	37	INTELENCE.....	41	KALETRA	43, 44
haloperidol lactate	38	INTRALIPID.....	68	KALYDECO	91
HAVRIX	84	INTRAROSA	73	KARIVA.....	75
heparin sodium (porcine)	49	INTRON A.....	40	kcl in dextrose-nacl.....	65
HEPATAMINE.....	68	INTROVALE.....	75	KELNOR 1/35.....	76
HETLIOZ.....	94	INVEGA SUSTENNA.....	38	KELNOR 1/50.....	76
HUMIRA.....	83	INVEGA TRINZA.....	39	ketoconazole	26
HUMIRA PEDIATRIC		INVIRASE	43	ketorolac tromethamine	88
CROHNS START	82	INVOKAMET.....	46	KHEDEZLA.....	24
HUMIRA PEN	82	INVOKAMET XR	46	KINRIX	84
HUMIRA PEN-CD/UC/HS		INVOKANA	46	KIONEX.....	66
STARTER	82	IONOSOL-MB IN D5W	66	KISQALI 200 DOSE.....	33
HUMIRA PEN-PS/UV/ADOL		IPOL	84	KISQALI 400 DOSE.....	33
HS START	82, 83	ipratropium bromide.....	90, 92	KISQALI 600 DOSE.....	33
HUMULIN R U-500		ipratropium-albuterol.....	91	KISQALI FEMARA 200	
(CONCENTRATED)	48	irbesartan	51	DOSE.....	30
HUMULIN R U-500		irbesartan-hydrochlorothiazide		KISQALI FEMARA 400	
KWIKPEN	48	.....	53	DOSE.....	30
hydralazine hcl	59	IRESSA	33	KISQALI FEMARA 600	
hydrochlorothiazide.....	57	ISENTRESS	43	DOSE.....	30
hydrocodone-acetaminophen	10	ISENTRESS HD	43	KLOR-CON	65, 66
hydrocodone-ibuprofen	10	ISIBLOOM.....	75	KLOR-CON 10	65
hydrocortisone	64, 73	ISOLYTE-P IN D5W	66	KLOR-CON M10.....	65
hydrocortisone ace-pramoxine		ISOLYTE-S.....	68	KLOR-CON M15.....	65
.....	64	isoniazid.....	29	KLOR-CON M20.....	65
hydrocortisone valerate	64	isosorbide dinitrate	59	KORLYM.....	80
hydromorphone hcl	10	isosorbide dinitrate er	59	KURVELO	76
hydromorphone hcl pf	10	isosorbide mononitrate	59	KUVAN.....	71
hydroxychloroquine sulfate..	86	isosorbide mononitrate er	59	KYNAMRO	58
hydroxyurea.....	30	isotretinoin.....	64	L	
hydroxyzine hcl	45	isradipine	55	labetalol hcl	54
hydroxyzine pamoate	45	itraconazole	26	lactulose	70
I		ivermectin.....	35	lamivudine	40, 42
ibandronate sodium	86	IXIARO	84	lamivudine-zidovudine	42
IBRANCE	33	J		lamotrigine.....	20
IBU	27	JAKAFI	33	lamotrigine er.....	20
ibuprofen	27	JANTOVEN	50	lamotrigine starter kit-blue ...	20
ICLUSIG	33	JANUMET	47	lamotrigine starter kit-green .	20
IDHIFA	30	JANUMET XR.....	47	lamotrigine starter kit-orange	
ILEVRO	88	JANUVIA.....	47	.....	20
imatinib mesylate	33	JARDIANCE.....	47	LANTUS	48

LANTUS SOLOSTAR	48	LEXIVA	44	meclizine hcl.....	25
LARIN 1.5/30.....	76	LIALDA	85	medroxyprogesterone acetate	
LARIN 1/20.....	76	lidocaine	10	.....	76, 79
LARIN FE 1.5/30.....	76	lidocaine hcl	10	mefloquine hcl	35
LARIN FE 1/20.....	76	lidocaine viscous	62	megestrol acetate	79
LARISSIA.....	76	lidocaine-prilocaine	11	MEKINIST	34
latanoprost	89	linezolid	12	MEKTOVI.....	34
LATUDA	39	LINZESS	70	meloxicam	27
LEENA.....	76	liothyronine sodium.....	80	memantine hcl	22
leflunomide.....	83	lisinopril.....	52	memantine hcl er	22
LENVIMA 10 MG DAILY		lisinopril-hydrochlorothiazide		MENACTRA.....	84
DOSE	33	.....	53	MENEST	78
LENVIMA 12 MG DAILY		lithium	46	MENVEO	84
DOSE	33	lithium carbonate.....	46	mercaptopurine	30
LENVIMA 14 MG DAILY		lithium carbonate er.....	45	meropenem	15
DOSE	33	LIVALO	58	MESNEX.....	31
LENVIMA 18 MG DAILY		LOKELMA	66	METADATE ER	60
DOSE	33	LONSURF.....	30	metaxalone.....	93
LENVIMA 20 MG DAILY		loperamide hcl	69	metformin hcl	47
DOSE	33	lopinavir-ritonavir	44	metformin hcl er	47
LENVIMA 24 MG DAILY		lorazepam	45	methadone hcl.....	9
DOSE	33	LORBRENA	34	methazolamide.....	57
LENVIMA 4 MG DAILY		LORCET	10	methenamine hippurate	12
DOSE	33	LORYNA	76	methimazole	81
LENVIMA 8 MG DAILY		losartan potassium	51	methocarbamol	94
DOSE	33	losartan potassium-hctz	53	methotrexate	81
LESSINA	76	LOTEMAX	88	methotrexate sodium	81
LETAIRIS	92	lovastatin	58	methotrexate sodium (pf)	30
letrozole.....	32	LOW-OGESTREL	76	methyclothiazide.....	57
leucovorin calcium	30	loxapine succinate	38	methyl dopa	51
LEUKERAN	29	LUMIGAN	89	methylphenidate hcl.....	60
LEUKINE.....	50	LUPRON DEPOT (1-		methylphenidate hcl er	60
leuprolide acetate.....	30	MONTH)	31	methylprednisolone	73
LEVEMIR	48	LUPRON DEPOT (3-		methyltestosterone	74
LEVEMIR FLEXTOUCH ...	48	MONTH)	31	metoclopramide hcl	69
levetiracetam	18	LUPRON DEPOT (4-		metolazone.....	57
levetiracetam er	18	MONTH)	31	metoprolol succinate er.....	54
levobunolol hcl.....	87	LUPRON DEPOT (6-		metoprolol tartrate	54
levocarnitine	71	MONTH)	31	metoprolol-	
levocetirizine dihydrochloride		LUTERA	76	hydrochlorothiazide	53
.....	90	LYNPARZA.....	31	metronidazole	12, 64, 73
levofloxacin.....	17	LYRICA	20, 61	metronidazole in nacl	12
levofloxacin in d5w	17	LYSODREN.....	31	mexiletine hcl	52
LEVONEST	76	LYZA	79	MICROGESTIN 1.5/30.....	76
levonorgest-eth estrad 91-day		M		MICROGESTIN 1/20.....	76
.....	76	magnesium sulfate.....	66	MICROGESTIN FE 1.5/30 ..	76
levonorgestrel-ethinyl estrad	76	malathion	36	MICROGESTIN FE 1/20	76
levonorg-eth estrad triphasic	76	maprotiline hcl.....	22	midodrine hcl	51
LEVORA 0.15/30 (28).....	76	marlissa.....	76	MIGERGOT	28
LEVO-T	80	MARPLAN	23	miglitol	47
levothyroxine sodium.....	80	MATULANE.....	31	miglustat	71
LEVOXYL	80	MAVYRET	40	MILI	77

MINITRAN.....	59	neomycin-polymyxin-		NOVOLOG	49
minocycline hcl	18	gramicidin.....	88	NOVOLOG FLEXPEN.....	48
minoxidil	59	neomycin-polymyxin-hc	89	NOVOLOG MIX 70/30	48
mirtazapine	22	NEPHRAMINE.....	68	NOVOLOG MIX 70/30	
misoprostol	70	NERLYNX.....	31	FLEXPEN.....	48
M-M-R II.....	84	NEUPOGEN	50	NOVOLOG PENFILL	48
moexipril hcl	52	NEUPRO	37	NOXAFIL.....	26
moexipril-hydrochlorothiazide		nevirapine	41	NUEDEXTA	60
.....	54	nevirapine er	41	NUPLAZID	39
molindone hcl.....	38	NEXAVAR	34	nutrilipid	68
mometasone furoate	64, 92	niacin er (antihyperlipidemic)		NUVARING.....	77
MONONESSA	77	.....	58	NUVIGIL	94
montelukast sodium.....	90	nicardipine hcl	55	NYAMYC	26
morphine sulfate.....	10	NICOTROL.....	11	nystatin	26, 62
morphine sulfate (concentrate)		nifedipine er.....	55	nystatin-triamcinolone	64
.....	10	nifedipine er osmotic release		NYSTOP.....	26
morphine sulfate er.....	9	.....	55, 56	O	
MOVANTIK	69	NIKKI.....	77	OCELLA	77
MOXEZA.....	88	nilutamide.....	31	OCTAGAM.....	83
moxifloxacin hcl.....	17, 88	NINLARO	34	octreotide acetate	80
moxifloxacin hcl in nacl.....	17	NITRO-DUR	59	ODEFSEY	44
mupirocin	64	nitrofurantoin.....	13	ODOMZO.....	31
mycophenolate mofetil.....	81	nitrofurantoin macrocrystal .	12,	OFEV	92
mycophenolate sodium.....	81	13		ofloxacin	17, 88, 89
MYORISAN.....	64	nitrofurantoin monohyd macro		olanzapine.....	39
MYRBETRIQ	71	.....	13	olanzapine-fluoxetine hcl	46
MYTESI.....	69	nitroglycerin	59	olmesartan medoxomil	51
N		NITROSTAT.....	59	olmesartan medoxomil-hctz .	54
nabumetone	27	NOCDURNA	79	olmesartan-amlodipine-hctz .	54
nadolol	54	NORA-BE	79	olopatadine hcl.....	86
nafticillin sodium.....	16	NORDITROPIN FLEXPRO	79	omega-3-acid ethyl esters	58
naloxone hcl	11	norethindrone.....	79	omeprazole	71
naltrexone hcl	11	norethindrone acetate	79	ondansetron.....	25
NAMZARIC.....	22	norethindrone acet-ethinyl est		ondansetron hcl.....	25
naproxen	27, 28	.....	77	OPSUMIT.....	92
naproxen dr.....	27	norgestimate-eth estradiol	77	ORENCIA	83
naproxen sodium	28	norgestim-eth estrad triphasic		ORENCIA CLICKJECT	83
naproxen sodium er	28	.....	77	ORFADIN	71
naratriptan hcl.....	28	NORLYROC	79	ORILISSA	80
NARCAN	11	NORMOSOL-M IN D5W	66	ORKAMBI	91
NATACYN	26	NORMOSOL-R IN D5W	67	orphenadrine citrate er	94
nateglinide	47	NORMOSOL-R PH 7.4	68	ORSYTHIA.....	77
NATPARA	86	NORTHERA	56	oseltamivir phosphate	44
NEBUPENT	35	NORTREL 0.5/35 (28).....	77	OSPHENA.....	73
NECON 0.5/35 (28)	77	NORTREL 1/35 (21).....	77	oxacillin sodium	16
nefazodone hcl.....	22	NORTREL 1/35 (28).....	77	oxandrolone	74
neomycin sulfate	12	NORTREL 7/7/7	77	oxaprozin	28
neomycin-bacitracin zn-		nortriptyline hcl	24	oxazepam	94
polymyx.....	88	NORVIR.....	44	oxcarbazepine	21
neomycin-polymyxin-		NOVOLIN 70/30.....	48	OXERVATE.....	86
dexameth	88, 89	NOVOLIN N.....	48	oxybutynin chloride.....	72
		NOVOLIN R	48	oxybutynin chloride er.....	72

oxycodone hcl	10	piperacillin sod-tazobactam so	16	PROCTO-PAK	64
oxycodone hcl er	9	PIRMELLA 1/35	77	PROCTOSOL HC	64
oxycodone-acetaminophen... ..	10	piroxicam.....	28	PROCTOZONE-HC	64
oxycodone-aspirin	10	PLASMA-LYTE 148	68	progesterone micronized	79
oxycodone-ibuprofen	10	PLASMA-LYTE A	68	PROGLYCEM	48
OZEMPIC	47	PLEGRIDY	61	PROLASTIN-C	93
P		PLEGRIDY STARTER PACK	61	PROLENSA	89
PACERONE.....	52	podofilox	64	PROLIA.....	86
paliperidone er	39	polymyxin b-trimethoprim ...	88	PROMACTA.....	50
PANRETIN	31	POMALYST	34	promethazine hcl	25
pantoprazole sodium	71	PORTIA-28	77	propafenone hcl	52
PANZYGA.....	83	potassium chloride.....	66	propafenone hcl er	52
paricalcitol	86	potassium chloride crys er....	66	proparacaine hcl.....	11
paromomycin sulfate	12	potassium chloride er.....	66	propranolol hcl.....	55
paroxetine hcl	24	potassium chloride in dextrose	66	propranolol hcl er	55
PASER	29	potassium chloride in nacl....	66	propranolol-hctz	54
PAXIL	24	potassium citrate er.....	66	propylthiouracil	81
PAZEO	87	PRALUENT	59	PROQUAD.....	84
PEDIARIX	84	pramipexole dihydrochloride	37	PROSOL.....	68
PEDVAX HIB	84	pramipexole dihydrochloride er	37	protriptyline hcl	24
peg 3350/electrolytes.....	70	prasugrel hcl	51	psorcon	64
peg-3350/electrolytes	70	pravastatin sodium.....	58	PULMOZYME.....	91
PEGANONE	21	prazosin hcl.....	51	PURIXAN	30
PEGASYS	41	prednicarbate	64	pyrazinamide	29
PEGASYS PROCLICK	41	prednisolone	73	pyridostigmine bromide.....	29
penicillin g pot in dextrose... ..	16	prednisolone acetate	89	Q	
penicillin g potassium.....	16	prednisolone sodium phosphate	73, 89	QUADRACEL	84
penicillin g procaine	16	prednisone	73	QUASENSE	77
penicillin g sodium.....	16	PREDNISONE INTENSOL.....	73	quetiapine fumarate	39
penicillin v potassium.....	16	preferred plus insulin syringe	46	quinapril hcl.....	52
PENTAM	36	PREMASOL.....	68	quinapril-hydrochlorothiazide	54
pentoxifylline er	50	PREMPHASE	78	quinidine sulfate	52
perindopril erbumine	52	PREPOPIK	70	quinine sulfate	36
permethrin	36	PREVALITE	59	R	
perphenazine.....	38	PREVIFEM	77	RABAVERT.....	84
PERSERIS.....	39	PREZCOBIX.....	44	raloxifene hcl	79
phenelzine sulfate	23	PREZISTA	44	ramipril	52
phenobarbital	19	PRIFTIN.....	29	RANEXA	56
phenytoin.....	21	primaquine phosphate.....	36	ranitidine hcl.....	69
phenytoin sodium extended..	21	primidone.....	19	RAPAMUNE.....	81
PICATO	64	PRIVIGEN	83	rasagiline mesylate	37
PIFELTRO	41	probenecid	27	RAVICTI.....	71
pilocarpine hcl	62, 87	PROCALAMINE	68	RECLIPSEN.....	77
pimecrolimus.....	64	prochlorperazine	25	RECOMBIVAX HB.....	84
pimozide.....	38	prochlorperazine maleate	25, 38	RECTIV.....	64
PIMTREA	77	PROCRIT	50	REGRANEX	65
pindolol.....	54			RELENZA DISKHALER	44
pioglitazone hcl	47			RELI-ON INSULIN	
pioglitazone hcl-glimepiride	47			SYRINGE.....	46
pioglitazone hcl-metformin hcl	47			repaglinide	47
				repaglinide-metformin hcl	47

REPATHA	59	SHINGRIX	84	SUTENT	34
REPATHA PUSHTRONEX		SIGNIFOR	80	SYEDA	77
SYSTEM	59	sildenafil citrate	91	SYLATRON	41
REPATHA SURECLICK	59	SILENOR	94	SYMDEKO	91
RESCRIPTOR	42	silodosin	72	SYMFI	42
RESTASIS	86	silver sulfadiazine	65	SYMFI LO	42
RETACRIT	50	SIMBRINZA	87	SYMPAZAN	19
REVLIMID	29	simvastatin	58	SYMTUZA	42
REXULTI	39	sirolimus	82	SYNAREL	80
REYATAZ	44	SIRTURO	29	SYNDROS	25
RIBASPHERE	41	SIVEXTRO	13	SYNJARDY	47
ribavirin	41	sodium chloride	66, 67	SYNJARDY XR	47
rifabutin	29	sodium phenylbutyrate	71	SYNRIBO	31
rifampin	29	sodium polystyrene sulfonate		SYNTHROID	80
RIFATER	29	.....	67	T	
riluzole	60	sofosbuvir-velpatasvir	40	TABLOID	30
rimantadine hcl	44	SOLQUA	47	tacrolimus	82
risedronate sodium	86	SOLTAMOX	79	TAFINLAR	34
RISPERDAL CONSTA	39	SOMATULINE DEPOT	80	TAGRISSO	34
risperidone	39	SOMAVERT	80	TAKHZYRO	57
ritonavir	44	SORINE	52	TALZENNA	34
rivastigmine	21	sotalol hcl	53, 55	tamoxifen citrate	31
rivastigmine tartrate	21	sotalol hcl (af)	52	tamsulosin hcl	72
rizatriptan benzoate	28	SPIRIVA HANDIHALER	90	TARCEVA	34
ropinirole hcl	37	SPIRIVA RESPIMAT	90	TARGRETIN	31
rosuvastatin calcium	58	spironolactone	57	TARINA FE 1/20	78
ROTARIX	84	spironolactone-hctz	54	TASIGNA	34
ROTATEQ	84	SPRINTEC 28	77	tazarotene	65
ROWEEPRA	18	SPRITAM	19	TAZTIA XT	56
ROWEEPRA XR	19	SPRYCEL	34	TDVAX	84
RUBRACA	34	SPS	67	TECFIDERA	61
RYDAPT	34	SRONYX	77	TEFLARO	14
RYTARY	36	SSD	65	TEGRETOL-XR	19
S		stavudine	42	TEGSEDI	60
SABRIL	20	STIOLTO RESPIMAT	93	TEKTURNA	57
SAMSCA	67	STIVARGA	34	TEKTURNA HCT	54
SANDIMMUNE	81, 82	STRIBILD	44	telmisartan	51
SANTYL	65	SUBOXONE	11	telmisartan-hctz	54
SAPHRIS	40	sucralfate	70	temazepam	94
SAVELLA	61	sulfacetamide sodium	88	TENIVAC	85
SAVELLA TITRATION		sulfacetamide sodium (acne)	65	tenofovir disoproxil fumarate	
PACK	61	sulfacetamide-prednisolone	89	.....	42
scopolamine	25	sulfadiazine	17	terazosin hcl	51
selegiline hcl	37	sulfamethoxazole-trimethoprim		terbinafine hcl	26
selenium sulfide	65	.....	17	terbutaline sulfate	91
SELZENTRY	43	sulfasalazine	17	terconazole	73
SENSIPAR	86	sulindac	28	testosterone	74
SEREVENT DISKUS	91	sumatriptan	28	testosterone cypionate	74
sertraline hcl	24	sumatriptan succinate	28	testosterone enanthate	74
SETLAKIN	77	SUPRAX	14	tetrabenazine	60
sevelamer carbonate	72	SUPREP BOWEL PREP KIT		tetracycline hcl	18
SHAROBEL	79	.....	70	THALOMID	29

theophylline	91	trimethoprim	13	VERZENIO	31
theophylline er	91	TRI-MILI	78	VICTOZA	47
thioridazine hcl	38	trimipramine maleate	24	VIDEX	43
thiothixene	38	TRINESSA (28)	78	VIDEX EC	42
tiagabine hcl	20	TRINTELLIX	22	VIENVA	78
TIBSOVO	31	TRI-PREVIFEM	78	vigabatrin	20
tigecycline	13	TRI-SPRINTEC	78	VIGADRUNE	20
TIGLUTIK	60	TRIUMEQ	42	VIIBRYD	23
timolol maleate	55, 87	TRIVORA (28)	78	VIIBRYD STARTER PACK	
tinidazole	36	TRI-VYLIBRA	78	.....	23
TIVICAY	43	TROPHAMINE	68	VIMPAT	21
tizanidine hcl	94	TRULICITY	47	VIRACEPT	44
TOBI PODHALER	92	TRUMENBA	85	VIREAD	43
tobramycin	12, 88	TRUVADA	42	VITRAKVI	34, 35
tobramycin sulfate	12	TWINRIX	85	VIZIMPRO	35
tobramycin-dexamethasone ..	89	TYBOST	43	voriconazole	27
TOLAK	31	TYKERB	34	VOSEVI	40
tolmetin sodium	28	TYMLOS	86	VOTRIENT	35
tolterodine tartrate	72	TYPHIM VI	85	VRAYLAR	40
tolterodine tartrate er	72	U		VYFEMLA	78
topiramate	20	UCERIS	73	VYLIBRA	78
toremifene citrate	31	ULORIC	27	VYZULTA	89
torsemide	57	UNITHROID	80	W	
TOUJEO MAX SOLOSTAR		UPTRAVI	92	warfarin sodium	50
.....	49	ursodiol	69	X	
TOUJEO SOLOSTAR	49	V		XALKORI	35
TPN ELECTROLYTES	68	valacyclovir hcl	41	XARELTO	50
TRACLEER	92	VALCHLOR	31	XARELTO STARTER PACK	
tramadol hcl	10	valganciclovir hcl	40	.....	50
tramadol-acetaminophen	10	valproate sodium	20	XATMEP	82
trandolapril	52	valproic acid	20	XGEVA	86
tranexamic acid	50	valsartan	51	XIFAXAN	13
tranlycypromine sulfate	23	valsartan-hydrochlorothiazide		XOFLUZA	44
TRAVASOL	68	.....	54	XOLAIR	93
TRAVATAN Z	89	vancomycin hcl	13	XOSPATA	35
trazodone hcl	22	VANDAZOLE	73	XTANDI	31
TRECTOR	29	VAQTA	85	XULTOPHY	47
TRELEGY ELLIPTA	93	VARIVAX	85	XURIDEN	71
TRELSTAR MIXJECT	81	VARIZIG	85	XYREM	94
TRESIBA	49	VARUBI	25	Y	
TRESIBA FLEXTouch	49	VASCEPA	59	YF-VAX	85
tretinoin	31, 65	VELIVET	78	YONSA	35
triamcinolone acetonide ..	62, 65	VELPHORO	72	Z	
triamterene-hctz	54	VEMLIDY	40	zafirlukast	90
TRIDERM	65	VENCLEXTA	34	zaleplon	94
trientine hcl	67	VENCLEXTA STARTING		ZEJULA	35
TRI-ESTARYLLA	78	PACK	34	ZELBORAF	35
trifluoperazine hcl	38	venlafaxine hcl	24	ZENPEP	69
trifluridine	88	venlafaxine hcl er	24	zidovudine	43
trihexyphenidyl hcl	36	VENTOLIN HFA	91	ziprasidone hcl	40
TRI-LEGEST FE	78	verapamil hcl	56	ZIRGAN	40
TRILYTE	70	verapamil hcl er	56	ZOLINZA	35

zolmitriptan	28, 29	ZOSTAVAX	85	ZYLET	89
zolpidem tartrate.....	94	ZOVIA 1/35E (28)	78	ZYPREXA RELPREVV	40
zonisamide.....	19	ZYDELIG.....	35	ZYTIGA	35
ZORTRESS	82	ZYKADIA.....	35		

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)

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: اننا نقدم خدمات المترجم الفوري للإجابة عن أي أسئلة تتعلق بخطةنا للصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري؛ ليس عليك سوى الاتصال على الرقم التالي 1-877-388-5195. سيقوم شخص ما يتحدث اللغة الانجليزية بمساعدتك. هذه خدمة مجانية.

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 oswa 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。