

Medica Prime Solution[®] (Cost) Part D

2018 Comprehensive Closed Formulary (List of Covered Drugs)

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

This formulary was updated on 8/28/2017. For more recent information or other questions, please contact Medica Customer Service, at 1-800-234-8755 or, for TTY users, 711. From October 1 through February 14, we are open from 8 a.m. to 8 p.m. Central Time, seven days a week. You'll speak with a representative. From February 15 to September 30, call us 8 a.m. to 8 p.m. Central Time, Monday through Friday to speak with a representative. On Saturdays, Sundays and holidays, you can leave a voicemail message, which will be returned within one business day, or visit medica.com/members.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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Y0088_4905 CMS Accepted

MEDICA.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Medica Insurance Company. When it refers to “plan” or “our plan,” it means Medica Prime Solution Part D.

This document includes the list of the drugs (formulary) for our plan which is current as of January 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Medica Prime Solution Part D Formulary?

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

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 01, 2018. To get updated information about the drugs covered by Medica, please contact us. Our contact information appears on the front and back cover pages. Our print-ready formulary is updated monthly on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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”. 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 57. 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?

Medica 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:** Medica requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medica before you fill your prescriptions. If you don't get approval, Medica may not cover the drug.
- **Quantity Limits:** For certain drugs, Medica limits the amount of the drug that Medica will cover. For example, Medica provides 12 tablets in 30 days per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medica 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, Medica may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medica 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 1. 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 Medica 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 Medica Prime Solution Part D formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by Medica. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medica.
- You can ask Medica 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 Medica Prime Solution Part D Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Medica 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, Medica will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members who experience a Level of Care change:

We will cover a temporary supply of your drug, in order to ensure that you have continued access to your medications. You are allowed "refill-too-soon" overrides for each medication that you no longer have access due to the Level of Care change.

For more information

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

If you have questions about Medica, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Medica's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medica. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

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

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
B/D	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Medica to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
QL	Quantity Limit Restriction	Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Medica Customer Service at 1-800-234-8755, 8 a.m. to 8 p.m. Central Time, Monday through Friday. TTY/TDD users should call 711.
HI	Home Infusion Drug	This prescription drug may be covered under our medical benefit. For more information, call Medica Customer Service at 1-800-234-8755, 8 a.m. to 8 p.m. Central Time, Monday through Friday. TTY/TDD users should call 711.

MEDICA_SSG_CY18_GS eff 01/01/2018

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

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

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

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	4	
BILTRICIDE	3	
CAYSTON	5	LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	4	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose</i>	4	
FLUCONAZOLE INJ NAACL 100	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize SUSP</i>	3	
<i>griseofulvin microsize TABS</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole CAPS</i>	4	PA
<i>ketoconazole TABS</i>	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	3	
<i>terbinafine hcl TABS</i>	2	QL (90 tabs / 365 days)
<i>voriconazole SOLR</i>	4	
<i>voriconazole SUSR; TABS</i>	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate TABS</i>	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate CAPS</i>	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	3	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
EMTRIVA	3	
FUZEON	5	
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	5	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

ANTIRETROVIRAL COMBINATION AGENTS

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

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	PA
<i>entecavir</i>	5	
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
<i>lamivudine (hbv)</i>	4	
<i>moderiba tab 200mg</i>	4	
<i>oseltamivir phosphate 30mg</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate 45mg, 75mg</i>	3	QL (84 caps / year)
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
REBETOL SOLN	5	
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere</i> TABS 200mg	4	
<i>ribasphere</i> TABS 400mg, 600mg	5	
<i>ribavirin cap</i> 200mg	3	
<i>ribavirin tab</i> 200mg	4	
<i>rimantadine hydrochloride</i>	3	
SOVALDI	5	PA
TAMIFLU SUSR	3	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	

CEPHALOSPORINS

<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR; TABS	3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	

FLUOROQUINOLONES

<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>ciprofloxacin inj</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj</i> 25mg/ml	4	
<i>levofloxacin oral soln</i> 25 mg/ml	4	

PENICILLINS

<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin & pot clavulanate</i> CHEW; TB12	4	
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap</i>	1	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin sus</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium for inj</i> 1gm, 2gm	4	
<i>nafcillin sodium for inj</i> 10gm	5	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i> SOLR	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i> TABS	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	

TETRACYCLINES

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

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

ANTHRACYCLINES

<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D

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

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Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA	5	PA
KISQALI	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LYNPARZA CAPS	5	LA, PA
NINLARO	5	PA
ODOMZO	5	LA, PA
RITUXAN	5	LA, PA
RUBRACA	5	LA, PA
TECENTRIQ	5	LA, PA
VELCADE	5	PA
VENCLEXTA 10mg, 50mg	4	LA, PA
VENCLEXTA 100mg	5	LA, PA
VENCLEXTA STARTING PACK	5	LA, PA
YERVOY	5	PA
ZEJULA	5	LA, PA
ZOLINZA	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	5	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR LA INJ 11.25MG	5	PA
XTANDI	5	LA, PA
ZYTIGA	5	LA, PA
IMMUNOMODULATORS		
POMALYST	5	LA, PA
REVLIMID	5	QL (28 caps / 28 days), LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), PA
KINASE INHIBITORS		
AFINITOR	5	QL (30 tabs / 30 days), PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), PA
ALECENSA	5	LA, PA
ALUNBRIG	5	LA, PA
BOSULIF	5	PA
CABOMETYX	5	QL (30 tabs / 30 days), LA, PA
CAPRELSA	5	LA, PA
COMETRIQ	5	LA, PA
COTELLIC	5	LA, PA
GILOTRIF TAB 20MG	5	LA, PA
GILOTRIF TAB 30MG	5	LA, PA
GILOTRIF TAB 40MG	5	LA, PA
ICLUSIG	5	LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 140MG	5	LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), LA, PA
IRESSA	5	LA, PA
JAKAFI	5	QL (60 tabs / 30 days), LA, PA
LENVIMA 8 MG DAILY DOSE	5	LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	5	LA, PA
LENVIMA 14 MG DAILY DOSE	5	LA, PA
LENVIMA 18 MG DAILY DOSE	5	LA, PA
LENVIMA 20 MG DAILY DOSE	5	LA, PA
LENVIMA 24 MG DAILY DOSE	5	LA, PA
MEKINIST	5	LA, PA
NEXAVAR	5	LA, PA
RYDAPT	5	PA
SPRYCEL	5	PA
STIVARGA	5	LA, PA
SUTENT	5	PA
TAFINLAR	5	LA, PA
TAGRISSE	5	LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), LA, PA
TASIGNA	5	PA
TYKERB	5	LA, PA
VOTRIENT	5	LA, PA
XALKORI	5	LA, PA
ZELBORAF	5	LA, PA
ZYDELIG	5	LA, PA
ZYKADIA	5	LA, PA

MISCELLANEOUS

<i>bexarotene</i>	5	PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
LONSURF	5	PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D
SYLATRON KIT 200MCG	5	PA
SYLATRON KIT 300MCG	5	PA
SYLATRON KIT 600MCG	5	PA
SYNRIBO	5	PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
<i>levoleucovorin calcium 175mg/17.5ml</i>	5	B/D
LEVOLEUCOVORIN CALCIUM 250mg/25ml	5	B/D
<i>levoleucovorin calcium 50mg</i>	5	B/D
LEVOLEUCOVORIN CALCIUM 175MG	5	B/D
<i>mesna</i>	4	B/D
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan inj 4mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	
<i>spironolactone</i> TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate</i> 8mg	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	
<i>amiodarone hcl</i> TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone</i> 100mg, 400mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	3	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

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

ANTILIPEMICS, MISCELLANEOUS

<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	4	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	5	PA
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL	3	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone</i>	3	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	3	
<i>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> SOLN; TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedical xl</i>	3	
<i>nifedipine</i> TB24	3	
<i>nifedipine er</i>	3	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt</i>	3	
<i>verapamil cap er</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	2	
<i>verapamil tab er</i>	2	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek .25mg</i>	3	PA; PA if 65 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
<i>digoxin sol 50mcg/ml</i>	3	PA; PA if 65 years and older
<i>DIURETICS</i>		
<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	3	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide SOLN</i>	2	
<i>furosemide TABS</i>	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>torsemide tabs</i>	2	
<i>triamterene & hydrochlorothiazide TABS</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>MISCELLANEOUS</i>		
<i>clonidine hcl PTWK</i>	4	
<i>clonidine hcl TABS</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

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

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl</i> TABS 30mg	4	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	3	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	3	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	3	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	3	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 1mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	5	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
SABRIL PACK	5	QL (180 packets / 30 days), LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	3	
<i>valproate sodium soln 100mg/ml</i>	4	
<i>valproic acid</i>	3	
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
EXELON	3	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>galantamine hydrobromide er</i> 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	4	
<i>memantine hcl</i> SOLN	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS	3	PA; PA if < 30 yrs

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	4	

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg	3	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap</i> 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine cap</i> 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine cap</i> 40mg	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	3	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	4	
APOKYN	5	LA, PA
<i>benztropine mesylate</i> SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl</i> CAPS	4	
<i>selegiline hcl</i> TABS	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older

ANTIPSYCHOTICS

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

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol con lactate</i>	2	
<i>haloperidol decanoate SOLN</i>	4	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID	5	QL (60 tabs / 30 days), LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg, 15mg, 20mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg, 15mg, 20mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate TB24 50mg</i>	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate TB24 300mg, 400mg</i>	4	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days), PA
VRAYLAR 3mg	5	QL (60 caps / 30 days), PA
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 5 mg</i>	4	QL (90 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	4	QL (90 tabs / 30 days)
HYPNOTICS		
<i>HETLIOZ</i>	5	LA, PA
<i>SILENOR 3mg</i>	3	QL (60 tabs / 30 days)
<i>SILENOR 6mg</i>	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate</i> 1mg/ml	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>ergotamine w/ caffeine</i>	4	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
RELPAK	4	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)

MISCELLANEOUS

<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
<i>pyridostigmine tab</i> 60mg	3	
<i>riluzole</i>	3	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	LA, PA
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BETASERON	5	QL (14 syringes / 28 days), PA
COPAXONE	5	QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), PA
GILENYA	5	QL (28 caps / 28 days), PA
TYSABRI	5	LA, PA

MUSCULOSKELETAL THERAPY AGENTS

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

NARCOLEPSY/CATAPLEXY

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

PSYCHOTHERAPEUTIC-MISC

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

ENDOCRINE AND METABOLIC ANDROGENS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

ANTIDIABETICS, INJECTABLE

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

ANTIDIABETICS, ORAL

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride 1mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride 2mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride 4mg</i>	1	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TB24 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide xl 5mg</i>	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj 30mg</i>	3	B/D
<i>pamidronate inj 90mg</i>	3	B/D
<i>zoledronic acid</i> 5mg/100ml	4	B/D
ZOLEDRONIC INJ 4MG	4	B/D
<i>zoledronic inj 4mg/5ml</i>	4	B/D
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	5	QL (120 tabs / 30 days)
SENSIPAR 60mg	5	QL (60 tabs / 30 days)
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	LA, PA
JADENU SPRINKLE	5	LA, PA
<i>kionex powder</i>	4	
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate</i>	3	
<i>sodium polystyrene sulfonate powd</i>	4	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>ELLA</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	3	
<i>gildagia</i>	3	
<i>heather</i>	2	
<i>introvale</i>	3	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kimidess</i>	3	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena tab</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	
NECON 10/11 28 DAY	3	
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tilia fe</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	LA, PA
ALDURAZYME	5	LA, PA
BUPHENYL TABS	5	LA, PA
CARBAGLU	5	LA, PA
CERDELGA	5	PA
CEREZYME	5	LA, PA
CYSTADANE	5	LA
CYSTAGON	4	LA, PA
FABRAZYME	5	LA, PA
KUVAN	5	LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	LA, PA
NAGLAZYME	5	LA, PA
ORFADIN	5	LA, PA
<i>sodium phenylbutyrate</i>	5	PA
ZAVESCA	5	LA, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ESTRACE CREA	4	
<i>estradiol inj 20mg/ml</i>	3	
<i>estradiol inj 40mg/ml</i>	3	
<i>estradiol PTWK; TABS</i>	4	PA; PA if 65 years and older
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
<i>yuvaferm vaginal tablet 10 mcg</i>	3	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	3	
<i>dexamethasone TABS</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	3	
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	3	B/D
<i>methylpr ss inj 40mg</i>	3	B/D
<i>methylpr ss inj 125mg</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	3	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
<i>prednisolone syp 15mg/5ml</i>	2	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	PA
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	PA
INCRELEX	5	LA, PA
KORLYM	5	LA, PA
LUPRON DEP-PED INJ 7.5MG	5	PA
LUPRON DEP-PED INJ 11.25MG	5	PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	PA
LUPRON DEP-PED INJ 15MG	5	PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	PA
MIACALCIN	5	B/D
NATPARA	5	PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	PA
PROLIA	4	QL (1 injection / 180 days)
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	LA, PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	LA, PA
XGEVA	5	PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder)</i> CAPS	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
RENVELA PAK 2.4gm	3	QL (180 paks / 30 days)
RENVELA PAK .8gm	3	QL (540 paks / 30 days)
RENVELA TAB 800MG	3	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	3	
THYROID AGENTS		

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	

VASOPRESSINS

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

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	3	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	
<i>metoclopramide inj</i>	2	
<i>ondansetron hcl</i> TABS	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate</i> TABS	3	
<i>glycopyrrolate inj</i>	4	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine</i> ENEM; TBEC	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine</i> TABS	3	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	3	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350</i> PACK	3	
<i>polyethylene glycol 3350</i> POWD	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alose tron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	3	
GATTEX	5	LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)
LINZESS 145mcg	3	QL (60 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate TABS</i>	3	
<i>ursodiol CAPS</i>	3	
<i>ursodiol TABS</i>	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>omeprazole cap 10mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	2	
<i>tamsulosin hcl</i>	3	
MISCELLANEOUS		
<i>bethanechol chloride TABS</i>	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS	4	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	4	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	
<i>zazole cream 0.8%</i>	3	

HEMATOLOGIC

ANTICOAGULANTS

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

HEMATOPOIETIC GROWTH FACTORS

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

MISCELLANEOUS

<i>anagrelide hcl</i>	4	
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

PLATELET AGGREGATION INHIBITORS

AGGRENOX	3	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	PA
HUMIRA PEN	5	QL (6 pens / 28 days), PA
HUMIRA PEN-CROHNS DISEASE	5	PA
HUMIRA PEN-PSORIASIS	5	PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), PA
XELJANZ XR	5	QL (30 tabs / 30 days), PA

IMMUNOGLOBULINS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BIVIGAM	5	PA
CARIMUNE NANOFILTERED	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D	5	PA
GAMMAKED	5	PA
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	5	PA
GAMMAPLEX 10GM/100ML	5	PA
GAMUNEX-C	5	PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	LA, PA
ARCALYST	5	PA
INTRON-A INJ 10MU	5	B/D
INTRON-A INJ 18MU	5	B/D
INTRON-A INJ 25MU	5	B/D
INTRON-A INJ 50MU	5	B/D
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SOLR	4	B/D
<i>azathioprine</i> TABS	3	B/D
BENLYSTA SOLR	5	PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
VACCINES		
ACTHIB	3	
ADACEL	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

IV NUTRITION

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

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/lactated ring</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's inj</i>	2	
NORMOSOL-M IN D5W	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

VITAMINS

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

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

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine SOLN</i>	3	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
TRAVATAN Z	3	

MISCELLANEOUS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride</i> SOLN	4	
<i>levocetirizine dihydrochloride</i> TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS; TB12	4	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW	3	
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	2	
<i>zafirlukast</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	PA
KALYDECO	5	PA
OFEV	5	PA
ORKAMBI	5	PA
PROLASTIN-C	5	LA, PA
PULMOZYME	5	PA
XOLAIR	5	LA, PA
ZEMAIRA	5	LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

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

STEROID/BETA-AGONIST COMBINATIONS

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

XANTHINES

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

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

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

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nyata</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA; SOLN</i>	4	
<i>tazarotene CREA</i>	4	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide LOTN</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i>	3	
<i>betamethasone dipropionate augmented CREA</i>	3	
<i>betamethasone dipropionate augmented GEL; LOTN; OINT</i>	4	
<i>betamethasone valerate CREA; LOTN; OINT</i>	3	
<i>desoximetasone CREA; GEL; OINT</i>	4	
<i>fluocinolone acetonide CREA; OINT; SOLN</i>	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinolone acetonide oil scalp</i>	4	
<i>fluocinonide CREA .05%</i>	4	
<i>fluocinonide GEL</i>	4	
<i>fluocinonide SOLN</i>	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate CREA; OINT</i>	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical) CREA</i>	1	
<i>hydrocortisone (topical) LOTN</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> OINT	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 gm / 30 days), PA
<i>lidocaine-prilocaine</i>	4	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA; LOTN	3	
<i>doxepin hcl (antipruritic)</i>	4	
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> CREA	4	
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
PICATO	3	
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	PA
VALCHLOR	5	LA, PA
VOLTAREN GEL 1%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>permethrin cre 5%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>sterile water irrigation</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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<i>abacavir sulfate-lamivudine-zidovudine</i>	6	<i>alprazolam tab 0.25mg</i>	20
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<i>acetic acid-aluminum acetate</i>	56	<i>amiloride & hydrochlorothiazide</i>	19
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AGGRENOLX	44	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>ala-cort</i>	54	<i>10-20 mg</i>	15
ALBENZA	3	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>albuterol sulfate</i>	52	<i>10-40 mg</i>	15
<i>alclometasone dipropionate</i>	54	<i>amlodipine besylate-benazepril hcl cap</i>	
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ALECENSA	13	<i>10 mg</i>	15
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<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	29	<i>aripiprazole tab</i>	26
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<i>aprepitant</i>	40	<i>azelastine spr 0.15%</i>	51
<i>aprepitant pak 80mg & 125mg</i>	40	<i>azithromycin</i>	8
		AZOPT	50
		<i>aztreonam</i>	3
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BELEODAQ.....	11	<i>bupropion hcl</i>	24
<i>benazepril & hydrochlorothiazide</i>	15	<i>bupropion hcl (smoking deterrent)</i>	31
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BENDEKA.....	10	<i>busulfan</i>	10
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BETASERON	31	<i>calcipotriene</i>	54
<i>betaxolol hcl (ophth)</i>	50	<i>calcitonin (salmon)</i>	39
<i>bethanechol chloride</i>	42	<i>calcitriol</i>	49
BETOPTIC-S	50	<i>calcitriol inj</i>	49
BEVESPI AEROSPHERE	51	<i>calcitriol oral soln 1 mcg/ml</i>	49
<i>bexarotene</i>	14	<i>calcium acetate (phosphate binder)</i>	39
BEXSERO.....	46	<i>camila</i>	34
<i>bicalutamide</i>	12	CANASA	41
BICILLIN L-A	9	CANCIDAS.....	4
BILTRICIDE.....	3	CAPASTAT SULFATE	7
<i>bisoprolol & hydrochlorothiazide</i>	17	CAPRELSA	13
<i>bisoprolol fumarate</i>	18	<i>captopril</i>	15
BIVIGAM.....	45	<i>captopril & hydrochlorothiazide</i>	15
<i>bleomycin sulfate</i>	11	CARBAGLU	37
BLEPHAMIDE.....	49	<i>carbamazepine</i>	21
<i>blisovi fe 1.5/30</i>	34	<i>carbidopa/levodopa/entacapone</i>	26
<i>blisovi fe 1/20</i>	34	<i>carbidopa-levodopa</i>	25
BOOSTRIX	46	<i>carboplatin</i>	14
BOSULIF.....	13	CARIMUNE NANOFILTERED.....	45
BREO ELLIPTA	53	<i>carteolol hcl (ophth)</i>	50
<i>briellyn</i>	34	<i>cartia xt</i>	18
BRILINTA.....	44	<i>carvedilol</i>	18
<i>brimonidine sol 0.15%</i>	50	CAYSTON	3
<i>brimonidine sol 0.2%</i>	50	<i>caziant pak</i>	34
BRIVIACT.....	21	<i>cefaclor</i>	8
<i>bromfenac sodium (ophth)</i>	50	CEFACTOR ER TAB 500MG	8
<i>bromocriptine mesylate</i>	25	<i>cefadroxil</i>	8
BROMSITE	50	CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%.....	8
<i>budesonide (inhalation)</i>	53	<i>cefazolin inj</i>	8
<i>budesonide ec</i>	41	<i>cefazolin sodium</i>	8
<i>bumetanide inj 0.25/ml</i>	19	CEFAZOLIN SODIUM 1 GM/50ML.....	8
<i>bumetanide tab</i>	19	<i>cefdinir</i>	8
BUPHENYL	37	<i>cefepime for inj</i>	8

<i>cefixime</i>	8	<i>clindacin-p</i>	53
<i>cefotaxime sodium</i>	8	<i>clindamax</i>	53
<i>cefoxitin for inj</i>	8	<i>clindamycin cap 300 mg</i>	3
<i>cefpodoxime proxetil</i>	8	<i>clindamycin cap 75mg</i>	3
<i>cefprozil</i>	8	<i>clindamycin hcl cap 150 mg</i>	3
<i>ceftazidime</i>	8	<i>clindamycin phosphate (topical)</i>	53
CEFTAZIDIME/DEXTROSE	8	<i>clindamycin phosphate in d5w</i>	3
<i>ceftriaxone sodium</i>	8	CLINDAMYCIN PHOSPHATE IN NAACL	4
<i>cefuroxime axetil</i>	8	<i>clindamycin phosphate inj</i>	4
<i>cefuroxime sodium</i>	8	<i>clindamycin phosphate vaginal</i>	43
<i>celecoxib</i>	1	<i>clindamycin soln 75mg/5ml</i>	4
CELONTIN.....	21	CLINIMIX 2.75%/DEXTROSE 5%.....	47
<i>cephalexin</i>	8	CLINIMIX 4.25%/DEXTROSE 25%	47
CERDELGA	37	CLINIMIX 4.25%/DEXTROSE 5%.....	47
CEREZYME	37	CLINIMIX 5%/DEXTROSE 15%	47
<i>cetirizine syrup</i>	51	CLINIMIX 5%/DEXTROSE 20%	47
<i>cevimeline hcl</i>	56	CLINIMIX 5%/DEXTROSE 25%	47
CHANTIX	31	CLINIMIX INJ 4.25/D10	47
CHANTIX CONTINUING MONTH	31	CLINIMIX INJ 4.25/D20	47
CHANTIX STARTER PACK	31	<i>clomipramine hcl</i>	24
CHEMET.....	34	<i>clonazepam</i>	21
<i>chlorhexidine gluconate (mouth-throat)</i>	56	<i>clonidine hcl</i>	19
<i>chloroquine phosphate</i>	5	<i>clopidogrel tab 75mg</i>	44
<i>chlorothiazide tabs</i>	19	<i>clorazepate dipotassium</i>	21
<i>chlorpromazine hcl</i>	26	<i>clotrimazole</i>	56
CHLORPROMAZINE INJ	26	<i>clotrimazole (topical)</i>	54
<i>chlorthalidone</i>	19	<i>clozapine odt</i>	26
<i>cholestyramine</i>	17	<i>clozapine tab 100mg</i>	26
<i>cholestyramine light</i>	17	<i>clozapine tab 200mg</i>	27
<i>ciclopirox</i>	54	<i>clozapine tab 25mg</i>	26
<i>ciclopirox shampoo 1%</i>	54	<i>clozapine tab 50mg</i>	26
<i>cilostazol</i>	44	COARTEM.....	5
CILOXAN	49	<i>colchicine w/ probenecid</i>	1
CINRYZE.....	44	COLCRYS	1
CIPRODEX	56	<i>colestipol hcl</i>	17
<i>ciprofloxacin</i>	9	<i>colestipol hcl gran</i>	17
<i>ciprofloxacin hcl (ophth)</i>	49	<i>colestipol hcl pack</i>	17
<i>ciprofloxacin hcl tab</i>	9	<i>colistimethate sodium</i>	4
<i>ciprofloxacin in d5w</i>	9	<i>colocort</i>	41
<i>ciprofloxacin inj</i>	9	COMBIGAN	50
<i>cisplatin</i>	14	COMBIVENT RESPIMAT	51
<i>citalopram hydrobromide</i>	24	COMETRIQ	13
<i>cladribine</i>	11	COMPLERA	6
<i>claravis</i>	53	<i>compro supp</i>	40
<i>clarithromycin</i>	9	<i>constulose</i>	41
<i>clarithromycin er</i>	9	COPAXONE.....	31
<i>clarithromycin for susp</i>	9	COPAXONE INJ 40MG/ML	31
		CORLANOR.....	20

<i>cortisone acetate</i>	38	<i>desogestrel-ethinyl estradiol (biphasic)</i>	35
COTELLIC	13	<i>desoximetasone</i>	54
COUMADIN	43	<i>desvenlafaxine succinate</i>	24
CREON	42	<i>dexamethasone</i>	38
CRIXIVAN	5	DEXAMETHASONE	38
<i>cromolyn sod neb 20mg/2ml</i>	52	<i>dexamethasone sodium phosphate</i>	38
<i>cromolyn sodium (mastocytosis)</i>	42	<i>dexamethasone sodium phosphate</i>	
<i>cromolyn sodium (ophth)</i>	50	(<i>ophth</i>)	50
<i>cryselle-28</i>	34	DEXILANT	42
<i>cyclafem 1/35</i>	35	<i>dextrazoxane</i>	15
<i>cyclafem 7/7/7</i>	35	<i>dextrose 10% flex contain</i>	48
<i>cyclobenzaprine hcl</i>	31	DEXTROSE 10%/NACL 0.2%	48
<i>cyclophosphamide</i>	10	<i>dextrose 10%/nacl 0.45%</i>	48
CYCLOPHOSPHAMIDE	10	<i>dextrose 2.5%/nacl 0.45%</i>	48
<i>cycloserine</i>	7	<i>dextrose 5%</i>	48
<i>cyclosporine</i>	45	DEXTROSE 5% /ELECTROLYTE	48
<i>cyclosporine modified (for</i>		<i>dextrose 5%/lactated ring</i>	48
<i>microemulsion)</i>	45	<i>dextrose 5%/nacl 0.2%</i>	48
<i>cyproheptadine hcl</i>	51	<i>dextrose 5%/nacl 0.225%</i>	48
<i>cyred tab</i>	35	DEXTROSE 5%/NACL 0.3%	48
CYSTADANE	37	<i>dextrose 5%/nacl 0.33%</i>	48
CYSTAGON	37	<i>dextrose 5%/nacl 0.45%</i>	48
CYSTARAN	51	<i>dextrose 5%/nacl 0.9%</i>	48
<i>cytarabine</i>	11	<i>dextrose 5%/potassium chl</i>	48
D		<i>dextrose 50%</i>	48
<i>dacarbazine</i>	10	<i>dextrose inj 70%</i>	48
DAKLINZA	7	DIASTAT ACUDIAL	21
DALIRESP	52	DIASTAT PEDIATRIC	21
<i>danazol</i>	37	<i>diazepam</i>	21
<i>dantrolene sodium</i>	31	<i>diazepam intensol</i>	21
<i>dapsone</i>	4	<i>diclofenac potassium</i>	1
DAPTACEL	46	<i>diclofenac sodium</i>	1
<i>daptomycin</i>	4	<i>diclofenac sodium (ophth)</i>	50
<i>deblitane</i>	35	<i>dicloxacillin sodium</i>	9
DELESTROGEN	37	<i>dicyclomine hcl</i>	40
<i>delyla</i>	35	<i>didanosine</i>	5
DELZICOL	41	DIFICID	9
DEMSER	20	<i>diflunisal</i>	1
DEPEN TITRATABS	34	<i>digitek</i>	19
DEPO-PROVERA INJ 400/ML	12	<i>digox</i>	19
DESCOVY	6	<i>digoxin</i>	19
<i>desipramine hcl</i>	24	<i>digoxin inj</i>	19
<i>desmopressin acetate spray</i>	40	<i>digoxin sol 50mcg/ml</i>	19
<i>desmopressin acetate spray refrigerated</i>		<i>dihydroergotamine mesylate 1mg/ml..</i>	30
.....	40	<i>dihydroergotamine mesylate nasal</i>	30
<i>desmopressin acetate tabs</i>	40	DILANTIN	22
<i>desmopressin inj 4mcg/ml</i>	40	DILANTIN-125 SUS 125/5ML	22
<i>desmopressin sol 0.01%</i>	40	<i>diltiazem cap 120mg cd</i>	18

<i>diltiazem cap 180mg cd</i>	18	ELLA.....	35
<i>diltiazem cap 240mg cd</i>	18	EMCYT.....	10
<i>diltiazem cap 300mg cd</i>	18	EMEND.....	40
<i>diltiazem cap 360mg cd</i>	18	<i>emoquette</i>	35
<i>diltiazem cap er/12hr</i>	18	EMSAM.....	24
<i>diltiazem hcl</i>	18	EMTRIVA.....	5
<i>diltiazem hcl cap sr 24hr</i>	18	EMVERM.....	4
<i>diltiazem hcl coated beads cap sr 24hr</i>	18	<i>enalapril maleate</i>	15
<i>diltiazem hcl extended release beads cap</i>		<i>enalapril maleate & hydrochlorothiazide</i>	
<i>sr</i>	18	15
<i>diltiazem inj</i>	18	<i>endocet</i>	1
<i>dilt-xr cap</i>	18	ENGERIX-B.....	46
<i>diphenhydramine hcl inj</i>	51	<i>enoxaparin sodium</i>	43
<i>diphenoxylate w/ atropine</i>	42	<i>enpresse-28</i>	35
DIPHThERIA/TETANUS TOXOID.....	46	<i>entacapone</i>	26
<i>disopyramide phosphate</i>	16	<i>entecavir</i>	7
<i>disulfiram</i>	31	ENTRESTO.....	16
<i>divalproex sodium</i>	22	<i>enulose</i>	41
DOCEFREZ.....	11	<i>epinephrine (anaphylaxis)</i>	52
<i>docetaxel</i>	11	<i>epirubicin hcl</i>	11
DOCETAXEL.....	11	<i>epitol</i>	22
<i>dofetilide</i>	16	EPIVIR HBV.....	7
<i>donepezil hydrochloride</i>	23	<i>eplerenone</i>	16
<i>dorzolamide hcl</i>	51	<i>ergotamine w/ caffeine</i>	30
<i>dorzolamide hcl-timolol maleate</i>	51	ERIVEDGE.....	11
<i>doxazosin mesylate</i>	16	<i>errin</i>	35
<i>doxepin hcl</i>	24	<i>ery pad 2%</i>	53
<i>doxepin hcl (antipruritic)</i>	55	<i>ery-tab</i>	9
<i>doxorubicin hcl</i>	10	ERYTHROCIN LACTOBIONATE.....	9
<i>doxorubicin hcl liposomal inj 2mg/ml</i> ...	10	<i>erythrocin stearate</i>	9
<i>doxorubicin hcl soln 2mg/ml</i>	11	<i>erythromycin (acne aid)</i>	53
<i>doxy 100</i>	10	<i>erythromycin (ophth)</i>	49
<i>doxycycline (monohydrate)</i>	10	<i>erythromycin base</i>	9
<i>doxycycline hyclate</i>	10	<i>erythromycin cap 250mg ec</i>	9
<i>doxycycline hyclate 100 mg</i>	10	<i>erythromycin ethylsuccinate</i>	9
<i>doxycycline hyclate 20 mg</i>	10	ESBRIET.....	52
<i>dronabinol</i>	40	<i>escitalopram oxalate</i>	24
<i>drospirenone-ethinyl estradiol</i>	35	<i>esomeprazole magnesium</i>	42
DROXIA.....	14	<i>esomeprazole sodium inj</i>	42
<i>duloxetine hcl</i>	24	<i>estarylla tab 0.25-35</i>	35
DUREZOL.....	50	ESTRACE.....	38
<i>dutasteride</i>	42	<i>estrad val inj 20mg/ml</i>	38
<i>dutasteride-tamsulosin hcl</i>	42	<i>estrad val inj 40mg/ml</i>	38
E		<i>estradiol</i>	38
<i>e.e.s. 400</i>	9	<i>ethambutol hcl</i>	7
EDURANT.....	5	<i>ethosuximide</i>	22
ELIQUIS.....	43	<i>ethynodiol tab 1-50</i>	35
ELITEK.....	15	<i>etodolac</i>	1

<i>etoposide</i>	15	<i>fluocinolone acetonide oil body</i>	54
EVOTAZ.....	6	<i>fluocinolone acetonide oil scalp</i>	54
EXELON.....	23	<i>fluocinonide</i>	54
<i>exemestane</i>	12	<i>fluocinonide emulsified base</i>	54
<i>ezetimibe</i>	17	<i>fluorometholone</i>	50
F		<i>fluorouracil</i>	11
FABRAZYME	37	<i>fluorouracil (topical)</i>	55
<i>falmina</i>	35	<i>fluoxetine cap 10mg</i>	24
<i>famciclovir</i>	7	<i>fluoxetine cap 20mg</i>	24
<i>famotidine</i>	41	<i>fluoxetine cap 40mg</i>	24
<i>famotidine inj</i>	41	<i>fluoxetine hcl</i>	24
FANAPT	27	<i>fluphenazine decanoate</i>	27
FANAPT TITRATION PACK	27	<i>fluphenazine hcl</i>	27
FARESTON	12	<i>flurbiprofen</i>	1
FARXIGA.....	32	<i>flurbiprofen sodium</i>	50
FARYDAK	11	<i>flutamide</i>	12
FASLODEX	12	<i>fluticasone propionate</i>	54
<i>felbamate</i>	22	<i>fluticasone propionate (nasal)</i>	52
<i>felodipine</i>	18	<i>fluvoxamine maleate</i>	21
<i>femynor</i>	35	<i>fondaparinux sodium</i>	43
<i>fenofibrate</i>	17	FORTEO	39
<i>fenofibrate micronized</i>	17	<i>fosinopril sodium</i>	15
<i>fentanyl citrate</i>	2	<i>fosinopril sodium & hydrochlorothiazide</i>	15
<i>fentanyl patch 100 mcg/hr</i>	2	FREAMINE HBC 6.9%.....	47
<i>fentanyl patch 12 mcg/hr</i>	2	FREAMINE III.....	47
<i>fentanyl patch 25 mcg/hr</i>	2	<i>furosemide</i>	19
<i>fentanyl patch 50 mcg/hr</i>	2	<i>furosemide inj</i>	19
<i>fentanyl patch 75 mcg/hr</i>	2	FUZEON	5
FENTORA	2	<i>fyavolv tab 1-5mg</i>	38
FETZIMA.....	24	FYCOMPA	22
FETZIMA TITRATION PACK.....	24	G	
<i>finasteride</i>	42	<i>gabapentin</i>	22
FIRAZYR.....	44	GABITRIL.....	22
FLEBOGAMMA DIF.....	45	<i>galantamine hydrobromide</i>	23
<i>flecainide acetate</i>	16	<i>galantamine hydrobromide er</i>	23
FLOVENT DISKUS	53	GAMASTAN S/D	45
FLOVENT HFA.....	53	GAMMAGARD LIQUID.....	45
<i>fluconazole</i>	4	GAMMAGARD S/D	45
<i>fluconazole in dextrose</i>	5	GAMMAKED	45
FLUCONAZOLE INJ NACL 100	5	GAMMAPLEX	45
<i>fluconazole inj nacl 200</i>	5	GAMMAPLEX 10GM/100ML.....	45
<i>fluconazole inj nacl 400</i>	5	GAMUNEX-C	45
<i>flucytosine</i>	5	<i>ganciclovir inj 500mg</i>	7
<i>fludarabine phosphate</i>	11	GARDASIL 9	46
<i>fludrocortisone acetate</i>	38	<i>gatifloxacin (ophth)</i>	49
<i>flunisolide (nasal)</i>	52	GATTEX	42
<i>fluocinolone acetonide</i>	54	GAUZE PADS 2	32
<i>fluocinolone acetonide (otic)</i>	56		

<i>gavilyte-c</i>	41	<i>heparin sod inj 1000/ml</i>	43
<i>gavilyte-g</i>	41	<i>heparin sod inj 10000/ml</i>	43
<i>gavilyte-h</i>	41	<i>heparin sod inj 20000/ml</i>	43
<i>gavilyte-n/ flavor pack</i>	41	<i>heparin sod inj 5000/ml</i>	43
<i>gemcitabine inj soln</i>	11	<i>heparin sodium/d5w</i>	43
<i>gemcitabine inj solr</i>	11	HEPARIN SODIUM/NAACL 0.45%	43
<i>gemfibrozil</i>	17	<i>hepatamine</i>	47
<i>generlac</i>	41	HERCEPTIN	11
<i>gengraf</i>	45	HETLIOZ	29
<i>gentak</i>	49	HEXALEN	10
<i>gentamicin in saline</i>	3	HIBERIX.....	46
<i>gentamicin sulfate</i>	3	HUMIRA INJ 10MG/0.2ML.....	44
<i>gentamicin sulfate (topical)</i>	53	HUMIRA KIT 20MG/0.4ML.....	44
<i>gentamicin sulfate soln (ophth)</i>	49	HUMIRA KIT 40MG/0.8ML.....	44
GENVOYA	6	HUMIRA PEDIATRIC CROHNS DISEASE.....	44
GEODON.....	27	HUMIRA PEN.....	44
<i>gianvi tab 3-0.02mg</i>	35	HUMIRA PEN-CROHNS DISEASE.....	44
<i>gildagia</i>	35	HUMIRA PEN-PSORIASIS.....	44
GILENYA.....	31	HUMULIN R INJ U-500	32
GILOTRIF TAB 20MG	13	HUMULIN R U-500 KWIKPEN	32
GILOTRIF TAB 30MG	13	<i>hydralazine hcl</i>	20
GILOTRIF TAB 40MG	13	<i>hydrochlorothiazide</i>	19
GLEOSTINE	10	<i>hydroco/apap tab 10-325mg</i>	2
<i>glimepiride</i>	32	<i>hydroco/apap tab 5-325mg</i>	2
<i>glip/metform tab 2.5-250mg</i>	33	<i>hydroco/apap tab 7.5-325</i>	2
<i>glip/metform tab 2.5-500mg</i>	33	<i>hydrocodone-acetaminophen 7.5-325</i>	
<i>glip/metform tab 5-500mg</i>	33	<i>mg/15ml</i>	2
<i>glipizide</i>	33	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2
<i>glipizide xl</i>	33	<i>hydrocortisone</i>	38
GLUCAGEN HYPOKIT	39	<i>hydrocortisone (enema)</i>	41
GLUCAGON EMERGENCY KIT	39	<i>hydrocortisone (topical)</i>	54, 55
<i>glycopyrrolate</i>	41	<i>hydrocortisone butyrate cream 0.1%</i> ..	55
<i>glycopyrrolate inj</i>	41	<i>hydrocortisone butyrate oint 0.1%</i>	55
GOLYTELY.....	41	<i>hydrocortisone butyrate soln 0.1%</i>	55
<i>granisetron hcl</i>	40	<i>hydrocortisone valerate</i>	55
GRANIX	43	<i>hydromorphone hcl</i>	2
<i>griseofulvin microsize</i>	5	<i>hydroxychloroquine sulfate</i>	44
<i>griseofulvin ultramicrosize</i>	5	<i>hydroxyprogesterone caproate</i>	
<i>guanfacine er (adhd)</i>	29	<i>(antineoplastic)</i>	12
H		<i>hydroxyurea</i>	14
<i>halobetasol propionate</i>	54	<i>hydroxyzine hcl</i>	51
<i>haloperidol</i>	27	<i>hydroxyzine pamoate</i>	52
<i>haloperidol con lactate</i>	27	I	
<i>haloperidol decanoate</i>	27	IBRANCE.....	11
<i>haloperidol lactate inj 5 mg/ml</i>	27	<i>ibuprofen</i>	1
HAVRIX	46	ICLUSIG.....	13
<i>heather</i>	35	IFEX INJ 3GM	10
<i>heparin sod (porcine) in d5w</i>	43	<i>ifosfamide inj 1gm</i>	10

<i>ifosfamide inj 1gm/20ml</i>	10	<i>irbesartan</i>	16
IFOSFAMIDE INJ 3GM.....	10	<i>irbesartan-hydrochlorothiazide</i>	16
<i>ifosfamide inj 3gm/60ml</i>	10	IRESSA	13
ILEVRO.....	50	<i>irinotecan hcl</i>	15
<i>imatinib mesylate</i>	13	ISENTRESS	5
IMBRUVICA CAP 140MG.....	13	ISENTRESS HD	5
<i>imipenem-cilastatin</i>	4	ISOLYTE P	48
<i>imipramine hcl</i>	24	ISOLYTE S.....	48
<i>imiquimod</i>	55	<i>isoniazid</i>	7
IMOVAX RABIES (H.D.C.V.).....	46	<i>isoniazid inj 100 mg/ml</i>	7
INCRELEX	39	<i>isoniazid syp 50mg/5ml</i>	7
INCRUSE ELLIPTA	51	<i>isosorb mononitrate tab</i>	20
<i>indapamide</i>	19	<i>isosorbide dinitrate</i>	20
INFANRIX	46	<i>isosorbide dinitrate er</i>	20
INLYTA	13	<i>isosorbide mononitrate er</i>	20
INSULIN PEN NEEDLE.....	32	<i>isradipine</i>	18
INSULIN SAFETY NEEDLES.....	32	ISTALOL.....	51
INSULIN SYRINGE.....	32	<i>itraconazole</i>	5
INTELENCE	5	<i>ivermectin</i>	4
INTRALIPID 30%	48	IXIARO	46
<i>intralipid inj 20%</i>	48	J	
INTRON-A INJ 10MU.....	45	JADENU	34
INTRON-A INJ 18MU.....	45	JADENU SPRINKLE	34
INTRON-A INJ 25MU.....	45	JAKAFI.....	13
INTRON-A INJ 50MU.....	45	<i>jantoven</i>	43
<i>introvale</i>	35	JANUMET	33
INVANZ	4	JANUMET XR TAB 100-1000.....	33
INVEGA SUST INJ 117 MG/0.75 ML	27	JANUMET XR TAB 50-1000	33
INVEGA SUST INJ 156MG/ML	27	JANUMET XR TAB 50-500MG.....	33
INVEGA SUST INJ 234 MG/1.5 ML.....	27	JANUVIA	33
INVEGA SUST INJ 39 MG/0.25 ML.....	27	JENTADUETO	33
INVEGA SUST INJ 78 MG/0.5 ML.....	27	JENTADUETO TAB XR 2.5-1000 MG ...	33
INVEGA TRINZA.....	27	JENTADUETO TAB XR 5-1000 MG	33
INVIRASE	5	<i>jinteli</i>	38
INVOKAMET TAB 150-1000MG.....	33	<i>jolessa tab 0.15-0.03 mg</i>	35
INVOKAMET TAB 150-500MG	33	<i>jolivette</i>	35
INVOKAMET TAB 50-1000MG	33	<i>juleber</i>	35
INVOKAMET TAB 50-500MG	33	<i>junel 1.5/30</i>	35
INVOKAMET XR TAB 150-1000MG.....	33	<i>junel 1/20</i>	35
INVOKAMET XR TAB 150-500MG.....	33	<i>junel fe 1.5/30</i>	35
INVOKAMET XR TAB 50-1000MG.....	33	<i>junel fe 1/20</i>	35
INVOKAMET XR TAB 50-500MG	33	JUXTAPID.....	17
INVOKANA	33	K	
IONOSOL-MB/DEXTROSE 5%	48	KADCYLA	11
IPOL INACTIVATED IPV.....	46	KALETRA TAB 100-25MG.....	6
<i>ipratropium bromide</i>	51	KALETRA TAB 200-50MG.....	6
<i>ipratropium bromide (nasal)</i>	51	KALYDECO	52
<i>ipratropium-albuterol nebu</i>	51	<i>kariva</i>	35

<i>kcl 0.075%/d5w/nacl 0.45%</i>	48	<i>larin 1/20</i>	35
<i>KCL 0.15%/D5W/NAACL 0.225%</i>	48	<i>larin fe 1.5/30</i>	35
<i>kcl 0.15%/d5w/nacl 0.9%</i>	48	<i>larin fe 1/20</i>	35
<i>kcl 0.3%/d5w/nacl 0.45%</i>	48	<i>larissia tab</i>	35
<i>KCL 0.3%/D5W/NAACL 0.9%</i>	48	<i>LASTACAFT</i>	50
<i>kcl/d5w inj 0.3%</i>	48	<i>latanoprost</i>	51
<i>kcl/d5w/nacl inj .15/.33%</i>	48	<i>LATUDA</i>	27
<i>kcl/d5w/nacl inj .15/.45%</i>	48	<i>leena tab</i>	35
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	48	<i>leflunomide</i>	44
<i>kcl/nacl inj 0.15%-0.9%</i>	48	<i>LENVIMA 10 MG DAILY DOSE</i>	14
<i>kcl/nacl inj 0.3-0.9</i>	48	<i>LENVIMA 14 MG DAILY DOSE</i>	14
<i>kcl0.15%/d5w/nacl0.2%</i>	48	<i>LENVIMA 18 MG DAILY DOSE</i>	14
<i>kelnor 1/35</i>	35	<i>LENVIMA 20 MG DAILY DOSE</i>	14
<i>ketoconazole</i>	5	<i>LENVIMA 24 MG DAILY DOSE</i>	14
<i>ketoconazole cream</i>	54	<i>LENVIMA 8 MG DAILY DOSE</i>	13
<i>ketoconazole shampoo</i>	54	<i>lessina</i>	35
<i>ketoprofen cap 50 mg</i>	1	<i>LETAIRIS</i>	20
<i>ketoprofen cap 75 mg</i>	1	<i>letrozole</i>	12
<i>ketorolac tromethamine (ophth)</i>	50	<i>leucovorin calcium</i>	15
<i>KEYTRUDA</i>	12	<i>LEUKERAN</i>	10
<i>kimidess</i>	35	<i>leuprolide inj 1mg/0.2</i>	12
<i>KINRIX</i>	46	<i>levabuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml</i>	52
<i>kionex powder</i>	34	<i>levabuterol tartrate hfa</i>	52
<i>kionex sus 15gm/60ml</i>	34	<i>LEVEMIR</i>	32
<i>KISQALI</i>	12	<i>LEVEMIR FLEXTOUCH</i>	32
<i>KISQALI FEMARA 200 DOSE</i>	12	<i>levetiracetam</i>	22
<i>KISQALI FEMARA 400 DOSE</i>	12	<i>levetiracetam in sodium chloride</i>	22
<i>KISQALI FEMARA 600 DOSE</i>	12	<i>levetiracetam inj</i>	22
<i>klor-con 10</i>	46	<i>levetiracetam oral soln 100 mg/ml</i>	22
<i>klor-con 8</i>	46	<i>levobunolol hcl</i>	51
<i>klor-con m10</i>	46	<i>levocarnitine (metabolic modifiers)</i>	37
<i>KLOR-CON M15</i>	46	<i>levocetirizine dihydrochloride</i>	52
<i>klor-con m20</i>	47	<i>levofloxacin</i>	9
<i>klor-con spr cap 10meq</i>	47	<i>levofloxacin in d5w</i>	9
<i>klor-con spr cap 8meq</i>	47	<i>levofloxacin inj 25mg/ml</i>	9
<i>KORLYM</i>	39	<i>levofloxacin oral soln 25 mg/ml</i>	9
<i>KUVAN</i>	37	<i>levoleucovorin calcium</i>	15
<i>KYNAMRO</i>	17	<i>LEVOLEUCOVORIN CALCIUM</i>	15
L		<i>LEVOLEUCOVORIN CALCIUM 175MG</i> ...	15
<i>labetalol hcl</i>	18	<i>levoleucovorin calcium 50mg</i>	15
<i>lactated ringer's inj</i>	48	<i>levonest</i>	35
<i>lactulose</i>	41	<i>levonor/ethi tab</i>	35
<i>lactulose (encephalopathy)</i>	41	<i>levonorgestrel & eth estradiol</i>	35
<i>lamivudine</i>	5	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	35
<i>lamivudine (hbv)</i>	7	<i>levora 0.15/30-28</i>	35
<i>lamivudine-zidovudine</i>	6	<i>levothyroxine sodium</i>	40
<i>lamotrigine</i>	22		
<i>larin 1.5/30</i>	35		

<i>levoxyl</i>	40	LUPRON DEP-PED INJ 7.5MG	39
LEXIVA	5	<i>lutra</i>	35
<i>lidocaine</i>	55	LYNPARZA	12
<i>lidocaine hcl</i>	55	LYRICA	22
<i>lidocaine hcl (mouth-throat)</i>	56	LYSODREN	12
<i>lidocaine inj 0.5%</i>	3	<i>lyza</i>	36
<i>lidocaine inj 1%</i>	3	M	
<i>lidocaine inj 1.5%</i>	3	<i>magnesium sulfate</i>	47
<i>lidocaine inj 2%</i>	3	MAGNESIUM SULFATE	47
<i>lidocaine oint 5%</i>	55	MAGNESIUM SULFATE IN D5W	47
<i>lidocaine-prilocaine</i>	55	<i>magnesium sulfate in dextrose</i>	47
<i>linezolid</i>	4	<i>malathion</i>	55
<i>linezolid in sodium chloride</i>	4	<i>maprotiline hcl</i>	24
LINZESS	42	<i>marlissa</i>	36
<i>liothyronine sodium</i>	40	MARPLAN TAB 10MG	24
<i>lisinopril</i>	15	MATULANE	14
<i>lisinopril & hydrochlorothiazide</i>	15	<i>meclizine hcl</i>	40
<i>lithium carbonate</i>	30	<i>medroxyprogesterone acetate</i>	
<i>lithium carbonate er</i>	30	(contraceptive)	36
LITHIUM SOLN 8MEQ/5ML	30	<i>medroxyprogesterone acetate tab</i>	39
LONSURF	14	<i>mefloquine hcl</i>	5
<i>loperamide hcl</i>	42	<i>megestrol ac sus 40mg/ml</i>	12
<i>lopinavir-ritonavir</i>	6	<i>megestrol ac tab 20mg</i>	12
<i>lorazepam</i>	21	<i>megestrol ac tab 40mg</i>	12
<i>lorazepam intensol</i>	21	<i>megestrol sus 625mg/5ml</i>	12
<i>lorcet hd tab 10-325mg</i>	2	MEKINIST	14
<i>lorcet plus tab 7.5-325</i>	2	<i>meloxicam</i>	1
<i>lortab tab 10-325mg</i>	2	<i>melphalan hcl</i>	10
<i>lortab tab 5-325mg</i>	2	<i>memantine hcl</i>	23
<i>lortab tab 7.5-325</i>	2	MENACTRA	46
<i>loryna</i>	35	MENOMUNE-A/C/Y/W-135	46
<i>losartan potassium</i>	16	MENVEO	46
<i>losartan-hydrochlorothiazide</i>	16	<i>mercaptopurine</i>	11
LOTEMAX	50	<i>meropenem</i>	4
<i>lovastatin</i>	17	<i>mesalamine</i>	41
<i>low-ogestrel</i>	35	<i>mesalamine w/ cleanser</i>	41
<i>loxapine succinate</i>	27	<i>mesna</i>	15
LUMIGAN	51	MESNEX	15
LUMIZYME	37	<i>metadate er tab 20mg</i>	29
LUPRON DEPOT (1-MONTH)	12	<i>metformin er</i>	33
LUPRON DEPOT INJ 11.25MG (3-MONTH)		<i>metformin hcl</i>	33
.....	12	<i>methadone hcl</i>	2
LUPRON DEP-PED INJ 11.25MG	39	<i>methadone hcl 10mg</i>	2
LUPRON DEP-PED INJ 11.25MG (3-		<i>methadone hcl 5mg</i>	2
MONTH).....	39	<i>methadone hcl intensol</i>	2
LUPRON DEP-PED INJ 15MG	39	<i>methazolamide</i>	19
LUPRON DEP-PED INJ 30MG (3-MONTH)		<i>methenamine hippurate</i>	4
.....	39	<i>methimazole</i>	40

<i>methotrexate sodium inj</i>	11	<i>moexipril-hydrochlorothiazide</i>	15
<i>methotrexate sodium tabs</i>	44	<i>mometasone furoate</i>	55
<i>methycllothiazide</i>	19	<i>mono-lynyah tab 0.25-35</i>	36
<i>methylphenidate hcl</i>	29	<i>mononessa</i>	36
<i>methylphenidate hcl oral soln</i>	29	<i>montelukast sodium</i>	52
<i>methylphenidate tab 10mg er</i>	29	<i>morgidox cap 1x50mg</i>	10
<i>methylphenidate tab 20mg er</i>	29	<i>morphine ext-rel tab</i>	2
<i>methylpr ace inj 40mg/ml</i>	38	<i>morphine sul inj 10mg/ml</i>	2
<i>methylpr ace inj 80mg/ml</i>	38	<i>morphine sul inj 15mg/ml</i>	2
<i>methylpr ss inj 125mg</i>	38	<i>morphine sul inj 1mg/ml</i>	2
<i>methylpr ss inj 1gm</i>	38	MORPHINE SUL INJ 4MG/ML	2
<i>methylpr ss inj 40mg</i>	38	<i>morphine sulfate</i>	2
<i>methylpred pak 4mg</i>	38	MORPHINE SULFATE.....	2
<i>methylpred tab 16mg</i>	38	<i>morphine sulfate oral sol</i>	2
<i>methylpred tab 32mg</i>	38	MOVANTIK	42
<i>methylpred tab 4mg</i>	38	MOVIPREP	41
<i>methylpred tab 8mg</i>	38	MOXEZA.....	49
<i>metipranolol</i>	51	<i>moxifloxacin hcl (ophth)</i>	49
<i>metoclopramide hcl</i>	40	MOZOBIL	43
<i>metoclopramide inj</i>	40	MULTAQ.....	16
<i>metolazone</i>	19	<i>mupirocin</i>	53
<i>metoprolol & hydrochlorothiazide</i>	17	MUSTARGEN.....	10
<i>metoprolol succinate</i>	18	MYCAMINE	5
<i>metoprolol tartrate</i>	18	<i>mycophenolate mofetil</i>	45
<i>metronidazole</i>	4	<i>mycophenolate sodium</i>	45
<i>metronidazole (topical)</i>	55	<i>myorisan</i>	53
<i>metronidazole gel 0.75%</i>	55	MYRBETRIQ.....	42
<i>metronidazole in nacl</i>	4	<i>myzilra</i>	36
<i>metronidazole vaginal</i>	43	N	
<i>mexiletine hcl</i>	16	<i>nabumetone</i>	1
MIACALCIN	39	<i>nadolol</i>	18
<i>microgestin 1.5/30</i>	36	<i>nafcillin sodium for inj</i>	9
<i>microgestin 1/20</i>	36	NAGLAZYME	37
<i>microgestin fe 1.5/30</i>	36	<i>nalbuphine hcl</i>	1
<i>microgestin fe 1/20</i>	36	<i>naloxone inj 0.4mg/ml</i>	31
<i>midodrine hcl</i>	20	<i>naloxone inj 1mg/ml</i>	31
<i>migergot</i>	30	<i>naltrexone hcl</i>	31
<i>minitran</i>	20	NAMENDA XR.....	24
<i>minocycline hcl</i>	10	NAMENDA XR TITRATION PACK.....	24
<i>minoxidil</i>	20	NAMZARIC	24
<i>mirtazapine</i>	24, 25	<i>naproxen</i>	1
<i>misoprostol</i>	42	<i>naproxen dr</i>	1
MITIGARE	1	<i>naproxen sodium</i>	1
<i>mitomycin</i>	11	<i>naratriptan hcl</i>	30
<i>mitoxantrone hcl</i>	14	NATACYN	50
M-M-R II.....	46	<i>nateglinide</i>	33
<i>moderiba tab 200mg</i>	7	NATPARA	39
<i>moexipril hcl</i>	16	NEBUPENT.....	4

<i>necon 0.5/35-28</i>	36	<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> ...	36
<i>necon 1/50-28</i>	36	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
NECON 10/11 28 DAY.....	36	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	36
<i>necon 7/7/7</i>	36	<i>norlyroc</i>	36
<i>nefazodone hcl</i>	25	NORMOSOL-M IN D5W.....	48
<i>neomycin sulfate</i>	3	NORMOSOL-R.....	49
<i>neomycin-bacitracin zn-polymyxin</i>	50	NORMOSOL-R IN D5W	49
<i>neomycin-polymy-dexameth</i>	49	NORPACE CR	16
<i>neomycin-polymyxin-gramicidin</i>	50	NORTHERA.....	20
<i>neomycin-polymyxin-hc (ophth)</i>	49	<i>nortrel 0.5/35 (28)</i>	36
<i>neomycin-polymyxin-hc (otic)</i>	56	<i>nortrel 1/35</i>	36
NEPHRAMINE	48	<i>nortrel 7/7/7</i>	36
NEUPOGEN	43	<i>nortriptyline hcl</i>	25
NEUPRO.....	26	NORVIR	6
<i>nevirapine</i>	6	NOVOLIN 70/30	32
<i>nevirapine susp 50 mg/5ml</i>	6	NOVOLIN N	32
<i>nevirapine tab 200mg</i>	6	NOVOLIN R	32
<i>nevirapine tb24</i>	6	NOVOLOG	32
NEXAVAR.....	14	NOVOLOG 70/30 FLEXPEN.....	32
<i>niacin er (antihyperlipidemic)</i>	17	NOVOLOG FLEXPEN	32
<i>niacor</i>	17	NOVOLOG MIX 70/30.....	32
<i>nicardipine hcl</i>	18	NOVOLOG PENFILL.....	32
NICOTROL INHALER	31	NOXAFIL	5
NICOTROL NS	31	NUCYNTA ER	3
<i>nifedical xl</i>	18	NUEDEXTA	30
<i>nifedipine</i>	18	NULOJIX	45
<i>nifedipine er</i>	18	NULYTELY/FLAVOR PACKS	41
<i>nikki</i>	36	NUPLAZID	27
<i>nilutamide</i>	12	<i>nutrilipid inj 20%</i>	48
<i>nimodipine</i>	18	NUVARING	36
NINLARO	12	<i>nyamyc</i>	54
NIPENT.....	11	<i>nyata</i>	54
NITRO-BID.....	20	NYMALIZE	18
NITRO-DUR DIS 0.3MG/HR	20	<i>nystatin</i>	5
NITRO-DUR DIS 0.8MG/HR	20	<i>nystatin (mouth-throat)</i>	56
<i>nitrofurantoin macrocrystal</i>	4	<i>nystatin (topical)</i>	54
<i>nitrofurantoin monohyd macro</i>	4	<i>nystop</i>	54
<i>nitroglycerin</i>	20	O	
<i>nitroglycerin td patch</i>	20	<i>ocella tab 3-0.03mg</i>	36
<i>nora-be tab 0.35mg</i>	36	OCTAGAM	45
NORDITROPIN FLEXPRO	39	<i>octreotide acetate</i>	39
<i>norethindrone (contraceptive)</i>	36	ODEFSEY	6
<i>norethindrone acet & eth estra</i>	36	ODOMZO.....	12
<i>norethindrone acetate</i>	39	OFEV	52
<i>norethindrone acetate-ethinyl estradiol</i>		<i>ofloxacin (ophth)</i>	50
<i>tab 1 mg-5 mcg</i>	38	<i>ofloxacin (otic)</i>	56
<i>norgest/ethi tab 0.25/35</i>	36	<i>olanzapine</i>	27
<i>norgestimate-ethinyl estradiol (triphasic)</i>		<i>olmesartan medoxomil</i>	16

<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	16	<i>paroex sol 0.12%</i>	56
<i>olmesartan medoxomil-hydrochlorothiazide</i>	16	<i>paromomycin sulfate</i>	3
<i>olopatadine hcl 0.2%</i>	50	<i>paroxetine hcl tabs</i>	25
<i>omega-3-acid ethyl esters</i>	17	PASER D/R	7
<i>omeprazole cap 10mg</i>	42	PAXIL	25
<i>omeprazole cap 20mg</i>	42	PAZEO	50
<i>omeprazole cap 40mg</i>	42	PEDIARIX.....	46
<i>ondansetron hcl</i>	40	PEDVAX HIB	46
<i>ondansetron hcl inj</i>	40	<i>peg 3350/electrolytes</i>	41
<i>ondansetron hcl oral soln</i>	40	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	41
<i>ondansetron odt</i>	40	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	41
ONFI	22	PEGANONE	22
OPSUMIT	20	PEGASYS.....	7
ORFADIN	37	PEGASYS PROCLICK	7
ORKAMBI.....	52	PENICILLIN G POT IN DEXTROSE 2MU ..	9
<i>orsythia</i>	36	PENICILLIN G POT IN DEXTROSE 3MU ..	9
<i>oseltamivir phosphate</i>	7	PENICILLIN G PROCAINE.....	9
<i>oxacillin sodium</i>	9	<i>penicillin g sodium</i>	9
<i>oxaliplatin inj 100mg</i>	14	<i>penicillin v potassium</i>	9, 10
<i>oxaliplatin inj 100mg/20ml</i>	14	<i>penicilln gk inj 20mu</i>	10
<i>oxaliplatin inj 50mg</i>	14	<i>penicilln gk inj 5mu</i>	10
<i>oxaliplatin inj 50mg/10ml</i>	14	PENTACEL	46
<i>oxandrolone tab 10mg</i>	32	PENTAM 300.....	4
<i>oxandrolone tab 2.5mg</i>	32	<i>pentoxifylline</i>	44
<i>oxcarbazepine</i>	22	<i>perindopril erbumine</i>	16
<i>oxybutynin chloride</i>	42, 43	<i>perio gard</i>	56
<i>oxycodone hcl</i>	3	<i>permethrin cre 5%</i>	56
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	<i>perphenazine</i>	27
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	<i>pfizerpen-g inj 20mu</i>	10
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	<i>pfizerpen-g inj 5mu</i>	10
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	<i>phenelzine sulfate</i>	25
<i>oxycodone w/ acetaminophen soln</i>	3	<i>phenobarbital</i>	22
P		<i>phenobarbital sodium</i>	23
<i>pacerone</i>	16, 17	PHENOBARBITAL SODIUM	23
<i>paclitaxel</i>	11	PHENYTEK.....	23
<i>paliperidone</i>	27	<i>phenytoin</i>	23
<i>pamidronate disodium</i>	34	<i>phenytoin sodium</i>	23
PAMIDRONATE DISODIUM	34	<i>phenytoin sodium extended</i>	23
<i>pamidronate inj 30mg</i>	34	<i>philith</i>	36
<i>pamidronate inj 90mg</i>	34	PHOSPHOLINE IODIDE.....	51
PANRETIN.....	55	PICATO.....	55
<i>pantoprazole sodium tbec</i>	42	<i>pilocarpine hcl</i>	51
<i>paricalcitol</i>	49	<i>pilocarpine hcl (oral)</i>	56
		<i>pimozide</i>	27
		<i>pimtrea</i>	36
		<i>pindolol</i>	18

<i>pioglitazone hcl</i>	33	<i>prednisone tab 5mg</i>	38
PIPER/TAZOBA INJ 12-1.5GM	10	PREMASOL 10%.....	48
<i>piper/tazoba inj 2-0.25gm</i>	10	<i>premasol 6%</i>	48
<i>piper/tazoba inj 3-0.375gm</i>	10	<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic).....	49
<i>piper/tazoba inj 36-4.5gm</i>	10	<i>prevalite</i>	17
<i>piper/tazoba inj 4-0.5gm</i>	10	<i>previfem</i>	36
<i>pirmella 1/35</i>	36	PREZCOBIX	7
<i>piroxicam</i>	1	PREZISTA.....	6
PLASMA-LYTE A	49	PRIFTIN	7
PLASMA-LYTE-148	49	PRIMAQUINE PHOSPHATE	5
<i>podofilox</i>	55	<i>primidone</i>	23
<i>polyethylene glycol 3350</i>	41	PRIVIGEN.....	45
<i>polymyxin b-trimethoprim</i>	50	<i>probenecid</i>	1
POMALYST	13	PROCALAMINE	48
<i>portia-28</i>	36	<i>prochlorperazine inj</i>	40
<i>pot chloride inj 2meq/ml</i>	49	<i>prochlorperazine maleate</i>	40
<i>potassium chloride</i>	47, 49	<i>prochlorperazine supp</i>	40
<i>potassium chloride in nacl</i>	49	PROCRIT	43
<i>potassium chloride microencapsulated</i> <i>crystals cr</i>	47	<i>procto-med hc</i>	55
<i>potassium chloride tab cr 10 meq</i>	47	<i>procto-pak</i>	55
<i>potassium citrate (alkalinizer) er tabs</i> ..	42	<i>proctosol hc cre 2.5%</i>	55
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PRALUENT.....	17	PROGLYCEM SUS 50MG/ML	39
<i>pramipexole tab 0.125mg</i>	26	PROLASTIN-C	52
<i>pramipexole tab 0.25mg</i>	26	PROLENSA.....	50
<i>pramipexole tab 0.5mg</i>	26	PROLIA	39
<i>pramipexole tab 0.75mg</i>	26	PROMACTA	44
<i>pramipexole tab 1.5mg</i>	26	<i>promethazine hcl</i>	40
<i>pramipexole tab 1mg</i>	26	<i>propafenone hcl</i>	17
<i>pravastatin sodium</i>	17	<i>propafenone hcl 12hr</i>	17
<i>prazosin hcl</i>	16	<i>proparacaine hcl</i>	51
<i>pred sod pho sol 5mg/5ml</i>	38	<i>propranolol & hydrochlorothiazide</i>	17
<i>prednisolone acetate (ophth)</i>	50	<i>propranolol cap er</i>	18
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	50	<i>propranolol hcl</i>	18
<i>prednisolone sol 15mg/5ml</i>	38	<i>propranolol oral sol</i>	18
<i>prednisolone sol 25mg/5ml</i>	38	<i>propylthiouracil</i>	40
<i>prednisolone syp 15mg/5ml</i>	38	PROQUAD	46
PREDNISON CON 5MG/ML	38	PROSOL	48
<i>prednisone pak 10mg</i>	38	<i>protriptyline hcl</i>	25
<i>prednisone pak 5mg</i>	38	PULMICORT FLEXHALER	53
<i>prednisone sol 5mg/5ml</i>	38	PULMOZYME	52
<i>prednisone tab 10mg</i>	38	PURIXAN	11
<i>prednisone tab 1mg</i>	38	<i>pyrazinamide</i>	7
<i>prednisone tab 2.5mg</i>	38	<i>pyridostigmine tab 60mg</i>	30
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<i>quinidine gluconate</i>	17
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<i>rizatriptan benzoate odt</i>	30
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<i>ropinirole tab 0.5mg</i>	26
<i>ropinirole tab 1mg</i>	26
<i>ropinirole tab 2mg</i>	26
<i>ropinirole tab 3mg</i>	26
<i>ropinirole tab 4mg</i>	26
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<i>sodium phenylbutyrate</i>	37
<i>sodium polystyrene sulfonate</i>	34
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<i>sumatriptan inj 6mg/0.5ml</i>	30
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<i>thiothixene</i>	28	<i>37.5-25 mg</i>	19
<i>tiagabine hcl</i>	23	<i>trifluoperazine hcl</i>	28
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<i>tilia fe</i>	37	<i>trihexyphenidyl hcl</i>	26
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<i>vinorelbine tartrate</i>	11	<i>zidovudine syp 50mg/5ml</i>	6
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