



GlobalHealth

GlobalHealth 2017 Formulary

(List of
Covered Drugs)

For Generations
Premier (HMO) &
Generations Select
(HMO)



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

This formulary was updated
on 09/01/2017. For more
recent information or other
questions, please contact
GlobalHealth Customer Care at
1-866-494-3927 or,
for TTY users, 711
24 hours a day, seven days a week
www.GlobalHealth.com/medicare

HPMS Approved Formulary File
Submission ID: 00017238
Version 6

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

GlobalHealth Generations Premier & Select (HMO)

2017 Formulary

(List of Covered Drugs)

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ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID: 00017238, Version 6

This formulary was updated on 9/1/17. For more recent information or other questions, please contact us, GlobalHealth Customer Care, at 1-866-494-3927 (toll-free) or, for TTY users, 711, 24 hours a day, seven days a week, or visit www.globalhealth.com/medicare.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means Generations Premier (HMO) or Generations Select (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 9/1/2017. 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, 2017, and from time to time during the year.

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

H3706_COMPFORMULARY_PREMIER_SELECT_2017 ACCEPTED

What is the Generations Premier & Select (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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 9/1/17. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 104. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GlobalHealth before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides a cap of 20 mg per prescription for Nexium. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the GlobalHealth formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask GlobalHealth to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Generations Premier & Select (HMO) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting

statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 34-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

For more information

For more detailed information about your Generations Premier (HMO) or Generations Select (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Generations Premier (HMO) and Generations Select (HMO) Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 104.

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol sodium</i>	2	
<i>allopurinol tab</i>	1	
ALOPRIM	4	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
ZURAMPIC	4	PA
ZYLOPRIM	4	
MISCELLANEOUS		
ARTHROTEC 50	4	
ARTHROTEC 75	4	
<i>diclofenac w/ misoprostol</i>	2	
DUEXIS	5	
VIMOVO	5	
NSAIDS		
ANAPROX DS	4	
CELEBREX CAP 50MG	4	QL (240 caps / 30 days)
CELEBREX CAP 100MG	4	QL (120 caps / 30 days)
CELEBREX CAP 200MG	4	QL (60 caps / 30 days)
CELEBREX CAP 400MG	4	QL (30 caps / 30 days)
<i>celecoxib CAPS 50mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	2	QL (30 caps / 30 days)
DAYPRO	4	
<i>diclofenac potassium</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24</i>	2	
<i>diclofenac sodium TBEC</i>	2	
<i>diflunisal</i>	2	
EC-NAPROSYN	4	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FELDENE	4	
FENOPROFEN CALCIUM CAPS 400mg	2	
<i>fenoprofen calcium TABS</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS; CP24</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid</i> CAPS	2	
MELOXICAM SUSP	2	
<i>meloxicam tabs</i>	1	
MOBIC	4	
<i>nabumetone</i> TABS	2	
NALFON	4	
NAPRELAN 375mg, 500mg	5	
NAPRELAN 750mg	4	
NAPROSYN TABS	4	
<i>naproxen</i> SUSP	2	
<i>naproxen</i> TABS; TBEC	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
NAPROXEN SODIUM TB24	5	
<i>oxaprozin</i>	2	
<i>piroxicam</i> CAPS	2	
PONSTEL	5	
<i>sulindac</i> TABS	1	
<i>tolmetin sodium</i>	2	
VIVLODEX	4	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine</i> SOLN	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	2	QL (400 tabs / 30 days)
<i>acetaminophen-caff-dihydrocod</i>	2	QL (360 caps / 30 days)
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAP2 356.4-30-16 MG	2	QL (360 caps / 30 days)
BELBUCA 75mcg, 150mcg, 300mcg, 450mcg	4	QL (120 buccal films / 30 days), PA
BELBUCA 600mcg, 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>butorphanol nasal spray</i>	2	QL (10 mL / 30 days)
<i>butorphanol tartrate</i> SOLN	2	
BUTRANS 5mcg/hr	3	QL (16 patches / 28 days)
BUTRANS 7.5mcg/hr, 10mcg/hr	3	QL (8 patches / 28 days)
BUTRANS 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
CONZIP 100mg	4	QL (90 caps / 30 days)
CONZIP 200mg	4	QL (60 caps / 30 days)
CONZIP 300mg	4	QL (30 caps / 30 days)
<i>nalbuphine hcl</i> SOLN	2	
SYNALGOS-DC	4	QL (360 caps / 30 days)
TRAMADOL HCL CP24 100mg	2	QL (90 caps / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TRAMADOL HCL CP24 200mg	2	QL (60 caps / 30 days)
TRAMADOL HCL CP24 300mg	2	QL (30 caps / 30 days)
<i>tramadol hcl er</i> TB24 100mg	2	QL (90 tabs / 30 days)
<i>tramadol hcl er</i> TB24 200mg	2	QL (30 tabs / 30 days)
TRAMADOL HCL ER TB24 300mg	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 100mg</i>	2	QL (90 tabs / 30 days)
<i>tramadol hcl er (biphasic) 200mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 300mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
<i>trezix</i>	2	QL (360 caps / 30 days)
<i>tylenol with codeine</i>	4	QL (400 tabs / 30 days)
ULTRACET	4	QL (240 tabs / 30 days)
ULTRAM	4	QL (240 tabs / 30 days)
ULTRAM ER	4	QL (30 tabs / 30 days)

OPIOID ANALGESICS, CII

ABSTRAL	5	QL (120 tabs / 30 days), PA
ACTIQ	5	QL (120 lozenges / 30 days), PA
CODEINE SULFATE 15mg	2	QL (720 tabs / 30 days)
CODEINE SULFATE 30mg	2	QL (360 tabs / 30 days)
CODEINE SULFATE 60mg	2	QL (180 tabs / 30 days)
DILAUDID LIQD	4	
DILAUDID TABS	4	QL (270 tabs / 30 days)
DOLOPHINE	4	QL (240 tabs / 30 days)
DURAGESIC 12mcg/hr, 25mcg/hr	4	QL (10 patches / 30 days)
DURAGESIC 50mcg/hr	4	QL (10 patches / 30 days), PA
DURAGESIC 75mcg/hr, 100mcg/hr	5	QL (10 patches / 30 days), PA
DURAMORPH	2	B/D
EMBEDA	4	QL (60 caps / 30 days)
<i>endocet</i>	2	QL (360 tabs / 30 days)
EXALGO 8mg, 12mg	4	QL (60 tabs / 30 days)
EXALGO 16mg, 32mg	5	QL (60 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hycet</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 10-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	2	
HYDROMORPHONE HCL SOLN 1mg/ml, 2mg/ml, 4mg/ml	2	B/D
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	2	B/D
<i>hydromorphone hcl TABS</i>	2	QL (270 tabs / 30 days)
<i>hydromorphone tab 8mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 12mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 16mg er</i>	5	QL (60 tabs / 30 days)
HYDROMORPHONE TABS 32MG	5	QL (60 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	4	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	5	QL (30 tabs / 30 days)
<i>ibudone tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>ibudone tab 10-200mg</i>	2	QL (150 tabs / 30 days)
INFUMORPH 200	4	B/D
INFUMORPH 500	4	B/D
KADIAN 10mg, 20mg, 30mg, 40mg	4	QL (60 caps / 30 days)
KADIAN 50mg, 60mg, 80mg, 100mg, 200mg	5	QL (60 caps / 30 days)
LAZANDA 100mcg/act, 400mcg/act	5	QL (30 bottles / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LAZANDA 300mcg/act	5	QL (30 boxes / 30 days), PA
<i>levorphanol tartrate</i> TABS	5	QL (180 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>lorcet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl</i> CONC	2	QL (120 mL / 30 days)
<i>methadone hcl</i> SOLN	2	QL (600 mL / 30 days)
<i>methadone hcl 5mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl 10mg</i>	2	QL (240 tabs / 30 days)
METHADONE INJ 10MG/ML	4	
MORPHINE SUL 20MG/ML ORAL SOL	2	
MORPHINE SUL INJ 1MG/ML	2	B/D
MORPHINE SUL INJ 4MG/ML	2	B/D
MORPHINE SUL INJ 10MG/ML	2	B/D
MORPHINE SUL INJ 15MG/ML	2	B/D
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>morphine sulfate</i> CP24 100mg	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	2	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	2	
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml	2	B/D
MORPHINE SULFATE TABS	2	QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	2	QL (60 caps / 30 days)
<i>morphine sulfate ext-rel tab</i> 15mg, 30mg, 60mg, 100mg	2	QL (90 tabs / 30 days)
<i>morphine sulfate ext-rel tab</i> 200mg	2	QL (60 tabs / 30 days)
MS CONTIN 15mg, 30mg	4	QL (90 tabs / 30 days)
MS CONTIN 60mg, 100mg	5	QL (90 tabs / 30 days)
MS CONTIN 200mg	5	QL (60 tabs / 30 days)
<i>norco</i>	4	QL (360 tabs / 30 days)
NUCYNTA 50mg	4	QL (360 tabs / 30 days)
NUCYNTA 75mg	4	QL (240 tabs / 30 days)
NUCYNTA 100mg	4	QL (180 tabs / 30 days)
NUCYNTA ER 50mg, 100mg	4	QL (120 tabs / 30 days)
NUCYNTA ER 150mg	4	QL (60 tabs / 30 days)
NUCYNTA ER 200mg, 250mg	5	QL (60 tabs / 30 days)
OPANA TABS	4	QL (180 tabs / 30 days)
OPANA ER (CRUSH RESISTANT) 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (120 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
OPANA ER (CRUSH RESISTANT) 30mg, 40mg	5	QL (120 tabs / 30 days)
<i>oxycodone hcl</i> CAPS	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	2	
OXYCODONE HCL SOLN	2	
<i>oxycodone hcl</i> TABS	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	2	QL (1800 mL / 30 days)
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	4	QL (120 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (120 tabs / 30 days)
<i>oxymorphone hcl</i> TABS	2	QL (180 tabs / 30 days)
<i>percocet 2.5/325</i>	4	QL (360 tabs / 30 days)
<i>percocet 7.5/325</i>	5	QL (360 tabs / 30 days)
<i>percocet 10/325</i>	5	QL (360 tabs / 30 days)
<i>percocet tab 5-325mg</i>	5	QL (360 tabs / 30 days)
ROXICODONE 5mg, 15mg	4	QL (180 tabs / 30 days)
ROXICODONE 30mg	5	QL (180 tabs / 30 days)
SUBSYS	5	QL (120 sprays / 30 days), PA
<i>vicodin</i>	2	QL (400 tabs / 30 days)
<i>vicodin es</i>	2	QL (400 tabs / 30 days)
<i>vicodin hp</i>	2	QL (400 tabs / 30 days)
XARTEMIS XR	4	QL (120 tabs / 30 days)
<i>xodol tab 5-300mg</i>	4	QL (400 tabs / 30 days)
<i>xodol tab 7.5-300</i>	4	QL (400 tabs / 30 days)
<i>xodol tab 10-300mg</i>	4	QL (400 tabs / 30 days)
XTAMPZA ER 9mg, 13.5mg, 18mg, 27mg	4	QL (120 caps / 30 days)
XTAMPZA ER 36mg	4	QL (240 caps / 30 days)
<i>xylon tab 10-200mg</i>	2	QL (150 tabs / 30 days)
<i>zamicet</i>	2	QL (5400 mL / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg	4	QL (120 caps / 30 days)
ZOHYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> 4%	2	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (local anesth.) .5%, 1%</i>	2	B/D
<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
XYLOCAINE .5%, 1%, 2%	4	B/D
XYLOCAINE-MPF 4%	4	
XYLOCAINE-MPF .5%, 1%, 1.5%, 2%	4	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	2	
BETHKIS	5	NM, PA
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>gentamicin sulfate/0.9% s</i>	2	
KITABIS PAK	5	NM, PA
<i>neomycin sulfate TABS</i>	2	
<i>paromomycin sulfate CAPS</i>	2	
<i>streptomycin sulfate SOLR</i>	2	
<i>sulfadiazine TABS</i>	4	
TOBI NEB	5	NM, PA
TOBI PODHALER	5	NM, LA, PA
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	2	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	2	
<i>tobramycin inj 40mg/ml</i>	2	
<i>tobramycin inj 80mg/2ml</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	4	
<i>atovaquone SUSP</i>	5	
AZACTAM	4	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	2	
BACTRIM	4	
BACTRIM DS	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>cleocin SOLR</i>	4	
CLEOCIN CAP 75MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CAP 150MG	4	
CLEOCIN CAP 300MG	4	
CLEOCIN IN D5W	4	
CLEOCIN INJ	4	
CLEOCIN PHOSPHATE 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
<i>cleocin phosphate</i> 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
<i>clindamycin hcl</i> CAPS	1	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i> SOLN	2	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>colistimethate sodium</i> SOLR	2	
COLY-MYCIN M	4	
CUBICIN	5	
DALVANCE	5	
<i>dapsone</i> TABS	2	
<i>daptomycin</i>	5	
DARAPRIM	5	PA
DORIBAX	4	
DORIPENEM	2	
<i>emverm</i>	4	
FLAGYL	4	
FURADANTIN	5	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HIPREX	4	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i> TABS	2	
<i>linezolid</i> SOLN	5	
LINEZOLID SUSR; TABS	5	
LINEZOLID IN SODIUM CHLORIDE	5	
MACROBID	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MACRODANTIN	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MEPRON	5	
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE	2	
MERREM	4	
<i>methenamine hippurate</i>	2	
METRO IV	3	
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS</i>	1	
<i>metronidazole inj</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin SUSP</i>	2	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystal</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
ORBACTIV	5	
PENTAM 300	4	
<i>polymyxin b sulfate SOLR</i>	2	
PRIMAXIN	4	
PRIMSOL	4	
SIVEXTRO	5	
STROMECTOL	4	
<i>sulfamethoxazole-trimethop SUSP</i>	2	
<i>sulfamethoxazole-trimethop TABS</i>	1	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim TABS</i>	1	
TYGACIL	5	
VANCOGIN HCL	5	
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR</i>	2	
VANCOMYCIN IN NAACL	4	
VIBATIV	5	
XIFAXAN TAB 200MG	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZYVOX	5	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	2	B/D
ANCOBON	5	
CANCIDAS	5	
CRESEMBA	5	
DIFLUCAN	4	
ERAXIS	5	
<i>fluconazole</i> SUSR	2	
<i>fluconazole</i> TABS	1	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole inj nacl 100</i>	2	
<i>fluconazole inj nacl 200</i>	2	
<i>fluconazole inj nacl 400</i>	2	
<i>flucytosine</i> CAPS	5	
GRIS-PEG	4	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i> CAPS	2	PA
<i>ketoconazole</i> TABS	2	PA
LAMISIL PACK	4	
LAMISIL TABS	4	QL (90 tabs / 365 days)
MYCAMINE	5	
NOXAFIL	5	
<i>nystatin</i> TABS	2	
ONMEL	5	PA
SPORANOX	5	PA
SPORANOX PULSEPAK	5	PA
SPORANOX SOL 10MG/ML	5	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / 365 days)
VFEND IV	4	
VFEND SUS 40MG/ML	5	
VFEND TAB	5	
<i>voriconazole</i> SUSR; TABS	5	
<i>voriconazole inj 200mg</i>	2	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MALARONE	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
QUALAQUIN	4	PA
<i>quinine sulfate</i> CAPS	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	2	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	2	
EDURANT	5	
EMTRIVA	3	
EPIVIR SOL 10MG/ML	4	
EPIVIR TABS	4	
FUZEON	5	NM
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>	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	2	
<i>nevirapine</i> TABS; TB24	2	
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR CAPS	4	
RETROVIR IV INFUSION	3	
RETROVIR SYRP	4	
REYATAZ	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	
SUSTIVA CAPS 50mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX EC	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIRAMUNE TABS	5	
VIRAMUNE XR 100mg	4	
VIRAMUNE XR 400mg	5	
VIREAD	5	
ZERIT CAPS	4	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
ZIAGEN TABS	4	
<i>zidovudine</i>	2	

ANTIRETROVIRAL COMBINATION AGENTS

ABACAVIR SULFATE-LAMIVUDINE	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMBIVIR	5	
COMPLERA	5	
DESCOVY	5	
EPZICOM	5	
EVOTAZ	5	
GENVOYA	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	2	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRIZIVIR	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)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	2	
<i>isoniazid</i> SOLN; SYRP	2	
<i>isoniazid tabs</i>	1	
MYAMBUTOL	4	
MYCOBUTIN	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	2	
<i>rifabutin</i>	2	
<i>rifadin</i> CAPS	4	
RIFADIN SOLR	4	
<i>rifamate</i>	4	
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i>	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE	5	
<i>cidofovir</i>	5	
COPEGUS	4	NM
CYTOVENE	4	B/D
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPIVIR HBV	4	
<i>famciclovir</i> TABS	2	
FAMVIR 125mg, 250mg	4	
FAMVIR 500mg	5	
FLUMADINE	4	
<i>ganciclovir inj 500mg</i>	2	B/D
HEPSERA	5	
<i>lamivudine (hbv)</i>	2	
<i>moderiba pak</i>	5	NM
<i>moderiba tab 200mg</i>	2	NM
<i>oseltamivir phosphate</i>	2	
PEGASYS	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM
<i>ribasphere</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg	2	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribasphere ribapak 800</i>	5	NM
<i>ribasphere ribapak 1000</i>	5	NM
<i>ribasphere ribapak 1200</i>	5	NM
<i>ribavirin 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA
TAMIFLU CAPS	4	
TAMIFLU SUSR	3	
TYZEKA	5	
<i>valacyclovir hcl</i> TABS	2	
VALCYTE	5	
<i>valganciclovir hcl</i>	5	
VALTREX	4	
VEMLIDY	5	
ZEPATIER	5	NM, PA
ZOVIRAX CAPS; SUSP; TABS	4	
CEPHALOSPORINS		
AVYCAZ	5	
CEDAX	4	
<i>cefaclor</i>	2	
<i>cefaclor er tab 500mg</i>	3	
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR; TABS	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	2	
<i>cefazolin sodium 1 gm/50ml</i>	3	
<i>cefdinir</i>	2	
CEFEPIME 1GM SOLN	4	
CEFEPIME 2GM SOLN	4	
<i>cefepime inj 1gm</i>	2	
<i>cefepime inj 2gm</i>	2	
CEFEPIME/DEXTROSE	4	
<i>cefixime</i>	2	
CEFOTAN	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	
<i>cefotetan disodium</i>	2	
CEFOXITIN SODIUM	4	
<i>cefoxitin sodium</i> 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i> SOLR	2	
CEFTAZIDIME/DEXTROSE	4	
CEFTIBUTEN	2	
CEFTIN SUSP	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> CAPS 750mg	2	
<i>cephalexin</i> SUSR	2	
<i>cephalexin</i> TABS	2	
FORTAZ	4	
MAXIPIME	4	
<i>rocephin</i>	4	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	2	
<i>tazicef vial</i>	2	
TEFLARO	5	
ZERBAXA	5	
ZINACEF SOLR	4	
<i>ERYTHROMYCINS/MACROLIDES</i>		
AZITHROMYCIN PACK	2	
<i>azithromycin</i> SOLR; SUSR	2	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> SUSR; TABS; TB24	2	
DIFICID	5	
<i>e.e.s 400</i>	2	
E.E.S. GRANULES	4	
<i>ery-tab</i>	2	
ERYPED 200	4	
ERYPED 400	4	
<i>erythrocin</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap 250mg ec</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
PCE	4	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
ZMAX	4	

FLUOROQUINOLONES

AVELOX	4	
CIPRO SUSP	4	
CIPRO TABS	4	
CIPRO XR	4	
<i>ciprofloxacin SOLN 200mg/20ml</i>	2	
<i>ciprofloxacin SUSR</i>	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin in d5w</i>	2	
<i>ciprofloxacin inj</i>	2	
LEVAQUIN	4	
<i>levofloxacin SOLN</i>	2	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	2	
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl TABS</i>	2	

PENICILLINS

<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
<i>ampicillin susp</i>	2	
AUGMENTIN SUSR	4	
AUGMENTIN TABS	5	
AUGMENTIN ES-600	4	
AUGMENTIN XR	5	
BACTOCILL INJ DEX 1GM	4	
BACTOCILL INJ DEX 2GM	5	
BICILLIN C-R	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN IN DEXTROSE	4	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium</i> 1gm, 2gm	2	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE	4	
PENICILLIN G POTASSIUM IN	4	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pfizerpen g inj 5mu</i>	2	
<i>pfizerpen-g inj 20mu</i>	2	
<i>piperacillin sodium-tazobactam sodium</i>	2	
<i>piperacillin/tazobactam</i>	2	
UNASYN	4	
UNASYN BULK PACK	4	
ZOSYN	4	

TETRACYCLINES

<i>demeclocycline hcl</i>	2	
<i>doxy</i>	2	
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i> CAPS	2	
<i>doxycycline hyclate</i> SOLR	2	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	2	
<i>doxycycline hyclate</i> TBEC	2	
<i>doxycycline hyclate tab 75 mg dr</i>	2	
<i>doxycycline hyclate tab 100 mg dr</i>	2	
<i>doxycycline hyclate tab 150 mg dr</i>	2	
<i>minocycline hcl</i> CAPS; TABS; TB24	2	
<i>morgidox cap 1x50mg</i>	2	
TETRACYCLINE HCL CAPS	2	
VIBRAMYCIN	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN SOLR	4	B/D
BENDEKA	5	B/D, NM
BICNU	5	B/D
<i>busulfan</i>	5	B/D
BUSULFEX	5	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide</i> SOLR	5	B/D
<i>dacarbazine</i>	2	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 1GM	4	B/D
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj</i>	2	B/D
<i>ifosfamide inj 1gm</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
<i>thiotepa</i> SOLR	5	B/D, NM
TREANDA	5	B/D, NM
ZANOSAR	4	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	2	B/D
<i>daunorubicin hcl</i>	2	B/D
DOXIL	5	B/D
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	2	B/D
ELLENC	5	B/D
<i>epirubicin hcl</i>	2	B/D
<i>epirubicin inj 200mg</i>	2	B/D
IDAMYCIN PFS	4	B/D
<i>idarubicin hcl</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	5	B/D
<i>mitomycin</i> SOLR	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
ARRANON	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	B/D
CLOLAR	5	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine inj</i>	2	B/D
DACOGEN	5	B/D, NM
<i>decitabine</i>	5	B/D, NM
<i>fludarabine phosphate</i>	2	B/D
<i>fluorouracil SOLN</i>	2	B/D
GEMCITABINE HCL SOLN	5	B/D
<i>gemcitabine hcl SOLR</i>	5	B/D
GEMZAR 1gm	4	B/D
GEMZAR 200mg	5	B/D
<i>mercaptopurine TABS</i>	2	
METHOTREXATE SODIUM 50mg/2ml	2	B/D
<i>methotrexate sodium 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml</i>	2	B/D
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
VIDAZA	5	B/D, NM
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCFREZ	5	B/D
DOCETAXEL 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
<i>docetaxel 80mg/4ml, 200mg/10ml</i>	5	B/D
DOCETAXEL 20MG/2ML	5	B/D
DOCETAXEL 160MG/16ML	5	B/D
DOCETAXEL SOLN 80MG/8ML	5	B/D
<i>paclitaxel</i>	2	B/D
TAXOTERE	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	5	B/D, NM
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
ERBITUX	5	B/D, NM
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	5	NM, LA, PA
ISTODAX (OVERFILL)	5	B/D, NM
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
NINLARO	5	NM, PA
PERJETA	5	NM, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TORISEL	5	B/D, NM
VECTIBIX	5	B/D, NM
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	
ARIMIDEX	4	
AROMASIN	5	
<i>bicalutamide</i>	2	
CASODEX	4	
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
FEMARA	5	
FIRMAGON 80mg	4	B/D, NM
FIRMAGON 120mg	5	B/D, NM
<i>flutamide</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide acetate</i> KIT	2	NM, PA
LUPRON DEPOT (1-MONTH)	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM, PA
LUPRON DEPOT INJ 30MG (4-MONTH)	5	NM, PA
LYSODREN	3	
MEGACE ES	5	PA
MEGACE ORAL	4	PA; PA if 65 years and older
<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
MEGESTROL SUS 625MG/5ML	4	PA
NILANDRON	5	
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR MIXJECT	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
KINASE INHIBITORS		
AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
GLEEVEC 100mg	5	QL (90 tabs / 30 days), NM, PA
GLEEVEC 400mg	5	QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA	5	NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSE	5	NM, LA, PA
TARCEVA	5	NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

MISCELLANEOUS

<i>bexarotene</i>	5	NM, PA
DROXIA	3	
HALAVEN	5	B/D, NM
HYDREA	4	
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT	5	B/D, NM
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	2	B/D, NM
ODOMZO	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
TARGETIN CAPS	5	NM, PA
<i>tretinoin</i> CAPS	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
<i>oxaliplatin</i>	2	B/D

PROTECTIVE AGENTS

AMIFOSTINE	5	B/D
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
FUSILEV	5	B/D, NM
KEPIVANCE	5	B/D
<i>leucovor ca inj</i>	2	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
<i>leucovorin calcium 500 mg</i>	2	B/D
<i>levoleucovorin calcium</i> SOLN	5	B/D, NM
<i>levoleucovorin calcium</i> SOLR 50mg	5	B/D, NM
LEVOLEUCOVORIN CALCIUM SOLR 175mg	5	B/D, NM
<i>mesna</i>	2	B/D
MESNEX SOLN	4	B/D
MESNEX TABS	5	
ZINECARD	4	B/D

TOPOISOMERASE INHIBITORS

CAMPTOSAR	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide</i> SOLN	2	B/D
HYCAMTIN SOLR	5	B/D
<i>irinotecan inj 40mg/2ml</i>	2	B/D
<i>irinotecan inj 100/5ml</i>	2	B/D
<i>irinotecan inj 500mg/25ml</i>	2	B/D
ONIVYDE	5	B/D, NM
<i>toposar</i>	2	B/D
TOPOTECAN HCL SOLN	5	B/D
<i>topotecan hcl</i> SOLR	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC	4	
<i>amlodipine besylate-benazepril hcl</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	
LOTREL	4	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
TARKA	4	
<i>trandolapril-verapamil hcl</i>	1	
VASERETIC	4	
ZESTORETIC	4	
ACE INHIBITORS		
ACCUPRIL	4	
ALTACE	4	
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
EPANED	4	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
PRINIVIL	4	
QBRELIS	5	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC 2.5mg, 5mg, 10mg	4	
VASOTEC 20mg	5	
ZESTRIL	4	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	4	
<i>eplerenone</i>	2	
INSPRA	4	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
CARDURA	4	
<i>doxazosin mesylate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MINIPRESS	4	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
ATACAND HCT	4	
AVALIDE	4	
AZOR	4	
BENICAR HCT	4	
BYVALSON	4	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
DIOVAN HCT	4	
EDARBYCLOR	4	
ENTRESTO	3	
EXFORGE	4	
EXFORGE HCT	4	
HYZAAR	4	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
MICARDIS HCT	4	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR	4	
TWYNSTA	4	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	4	
AVAPRO	4	
BENICAR	4	
<i>candesartan cilexetil</i>	1	
COZAAR	4	
DIOVAN	4	
EDARBI	4	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS	4	
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	
<i>amiodarone hcl</i> TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>amiodarone inj</i> 50mg/ml	2	
BETAPACE	4	
BETAPACE AF	4	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
DOFETILIDE	2	NM
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE	4	PA; PA if 65 years and older
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone</i> 100mg, 400mg	2	
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl</i> 12hr	2	
<i>quinidine gluconate</i> TBCR	2	
<i>quinidine sulfate</i> TABS	2	
RYTHMOL SR 225mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
RYTHMOL SR 325mg, 425mg	5	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
TIKOSYN	4	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	4	
<i>atorvastatin calcium TABS</i>	1	
CRESTOR	4	
<i>fluvastatin sodium cap 20 mg</i>	1	
<i>fluvastatin sodium cap 40 mg</i>	1	
FLUVASTATIN SODIUM TAB SR 24 HR 80 MG	1	
LESCOL XL	4	
LIPITOR	4	
LIVALO	4	
<i>lovastatin</i>	1	
PRAVACHOL	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>simvastatin TABS 80mg</i>	1	QL (30 tabs / 30 days)
ZOCOR 5mg, 10mg, 20mg, 40mg	4	
ZOCOR 80mg	4	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
ANTARA	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>choline fenofibrate</i>	2	
COLESTID	4	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	1	
FENOFIBRATE CAPS	2	
FENOFIBRATE TABS 40mg, 120mg	2	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized</i>	2	
FENOFIBRIC ACID	2	
FENOGLIDE 40mg	4	
FENOGLIDE 120mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FIBRICOR	4	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
LIPOFEN	4	
LOPID	4	
LOVAZA CAP 1GM	4	
<i>niacin er (antihyperlipidemic)</i>	2	
<i>niacor</i>	2	
NIASPAN	4	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	5	NM, PA
<i>prevalite</i>	2	
<i>questran</i>	4	
<i>questran light</i>	4	
TRICOR	4	
TRIGLIDE	4	
TRILIPIX	4	
VASCEPA	4	
VYTORIN	4	
WELCHOL	3	
ZETIA TAB 10MG	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
CORZIDE	4	
DUTOPROL	4	
LOPRESSOR HCT	4	
<i>metoprolol & hctz tab 50-25mg</i>	2	
<i>metoprolol & hctz tab 100-25mg</i>	2	
<i>metoprolol & hctz tab 100-50mg</i>	2	
<i>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
TENORETIC 50	4	
TENORETIC 100	4	
ZIAC	4	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol</i>	1	
COREG	4	
COREG CR	4	
CORGARD	4	
INDERAL LA	4	
<i>labetalol hcl</i> SOLN; TABS	2	
LOPRESSOR	4	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol inj 1mg/ml</i>	2	
<i>propranolol oral sol</i>	2	
<i>propranolol tab</i>	2	
SOTYLIZE	4	
TENORMIN	4	
<i>timolol maleate</i> TABS	2	
TOPROL XL	4	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate/atorv</i>	1	
CADUET	4	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	4	
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i> TABS	1	
CALAN	4	
CALAN SR	4	
CARDIZEM	4	
CARDIZEM CD 120mg, 240mg, 360mg	5	
CARDIZEM CD 180mg	4	
CARDIZEM LA	4	
<i>cartia xt</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg cd</i>	2	
<i>diltiazem cap 180mg cd</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 300mg cd</i>	2	
DILTIAZEM CAP 360MG CD	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem cap er/12hr</i>	2	
DILTIAZEM ER TAB 180MG	2	
DILTIAZEM ER TAB 240MG	2	
DILTIAZEM ER TAB 300MG	2	
DILTIAZEM ER TAB 360MG	2	
DILTIAZEM ER TAB 420MG	2	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	2	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj 25mg/5ml</i>	2	
<i>diltiazem inj 50/10ml</i>	2	
<i>diltiazem inj 100mg</i>	4	
<i>diltiazem inj 125/25ml</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedical xl</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	5	
<i>nisoldipine</i>	2	
NORVASC	4	
NYMALIZE	5	
PROCARDIA XL	4	
SULAR	4	
<i>taztia xt</i>	2	
TIAZAC	4	
<i>verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	2	
VERAPAMIL HCL CP24 360mg	2	
<i>verapamil hcl SOLN</i>	2	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	1	
VERELAN	4	
VERELAN PM	4	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek .25mg</i>	2	PA; PA if 65 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>digox</i> 125mcg	2	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	2	PA; PA if 65 years and older
<i>digoxin</i> TABS 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	2	PA; PA if 65 years and older
<i>digoxin inj</i>	2	
DIGOXIN SOL 50MCG/ML	2	PA; PA if 65 years and older
LANOXIN 62.5mcg	4	QL (60 tabs / 30 days)
LANOXIN 187.5mcg	4	PA; PA if 65 years and older
LANOXIN INJ 0.25MG/ML	4	
LANOXIN PEDIATRIC	4	
LANOXIN TAB 125mcg	4	QL (30 tabs / 30 days)
LANOXIN TAB 250mcg	4	PA; PA if 65 years and older

DIRECT RENIN INHIBITORS/COMBINATIONS

TEKTURNA	4	
TEKTURNA HCT	4	

DIURETICS

<i>acetazolamide</i> CP12; TABS	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE	4	
ALDACTAZIDE TAB 50/50	4	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i>	2	
DEMADEX TAB 5MG	4	
DEMADEX TAB 10MG	4	
DEMADEX TAB 20MG	4	
DIAMOX	4	
DIURIL SUS 250/5ML	4	
DYAZIDE	4	
DYRENIUM	4	
EDECIN	5	
<i>ethacrynic acid</i>	2	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i> 10mg/ml	2	
FUROSEMIDE INJ 10mg/ml	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
LASIX	4	
MAXZIDE	4	
MAXZIDE-25	4	
<i>methazolamide TABS</i>	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
MICROZIDE	4	
<i>neptazane</i>	4	
SODIUM DIURIL	4	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide tabs</i>	2	
<i>triamt/hctz cap 37.5-25</i>	1	
<i>triamt/hctz cap 50-25mg</i>	1	
<i>triamt/hctz tab 37.5-25</i>	1	
<i>triamt/hctz tab 75-50mg</i>	1	
MISCELLANEOUS		
BIDIL	3	
CATAPRES TAB	4	
CATAPRES-TTS DIS 0.1/24HR	4	
CATAPRES-TTS DIS 0.2/24HR	4	
CATAPRES-TTS DIS 0.3/24HR	4	
<i>clonidine hcl PTWK</i>	2	
<i>clonidine hcl TABS</i>	1	
<i>clorpres</i>	2	
CORLANOR	4	
DEMSER	5	
DIBENZYLINE	5	
<i>hydralazine hcl SOLN; TABS</i>	2	
KEVEYIS	5	NM, PA
<i>midodrine hcl</i>	2	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NM, LA, PA
PHENOXYBENZAMINE HCL CAPS	5	
RANEXA	3	
NITRATES		
DILATRATE SR	4	
GONITRO	4	
ISORDIL TITRADOSE 5mg	4	
ISORDIL TITRADOSE 40mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
<i>nitro-bid</i>	3	
NITRO-DUR	4	
<i>nitroglycerin SOLN .4mg/spray</i>	2	
<i>nitroglycerin SUBL</i>	2	
NITROGLYCERIN LINGUAL	2	
<i>nitroglycerin td patch</i>	2	
NITROLINGUAL PUMPSPRAY	4	
NITROMIST	4	
NITROSTAT	4	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	NM, PA
ADEMPAS	5	NM, LA, PA
LETAIRIS	5	NM, LA, PA
OPSUMIT	5	NM, LA, PA
ORENITRAM TAB 0.25MG	5	NM, LA, PA
ORENITRAM TAB 0.125MG	4	NM, LA, PA
ORENITRAM TAB 1MG	5	NM, LA, PA
ORENITRAM TAB 2.5MG	5	NM, LA, PA
ORENITRAM TAB 5MG	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR; TABS	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	NM, PA
TRACLEER	5	NM, LA, PA
TYVASO	5	NM, PA
UPTRAVI	5	NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam CONC</i>	2	QL (300 mL / 30 days)
<i>alprazolam TABS 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam TABS 2mg</i>	1	QL (150 tabs / 30 days)
<i>alprazolam TABS .5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam TABS .25mg</i>	1	QL (480 tabs / 30 days)
ATIVAN SOLN	4	
ATIVAN TABS	5	QL (150 tabs / 30 days)
<i>bupirone hcl TABS</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate</i> 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> 100mg	2	
<i>fluvoxamine maleate er</i> 100mg	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate er</i> 150mg	2	QL (60 caps / 30 days)
<i>lorazepam</i> CONC	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
XANAX TAB 0.5MG	4	QL (240 tabs / 30 days)
XANAX TAB 0.25MG	4	QL (480 tabs / 30 days)
XANAX TAB 1MG	4	QL (120 tabs / 30 days)
XANAX TAB 2MG	4	QL (150 tabs / 30 days)

ANTICONVULSANTS

APTIOM 200mg	4	
APTIOM 400mg, 600mg, 800mg	5	
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; CP12; SUSP; TABS; TB12	2	
CARBATROL	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	2	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	2	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	2	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	2	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 7.5mg	2	QL (360 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DEPACON	5	
DEPAKENE	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> CONC	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 1mg/ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
DIAZEPAM GEL	2	
<i>dilantin</i>	3	
DILANTIN-125	3	
<i>divalproex sodium</i>	2	
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	
FELBATOL	5	
FYCOMPA	4	PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
GABITRIL	4	
KEPPRA SOLN	5	
KEPPRA TABS 250mg, 500mg	4	
KEPPRA TABS 750mg, 1000mg	5	
KEPPRA XR	5	
KLONOPIN 1mg	4	QL (120 tabs / 30 days)
KLONOPIN 2mg	4	QL (300 tabs / 30 days)
KLONOPIN .5mg	4	QL (240 tabs / 30 days)
LAMICTAL CHEWABLE DISPERS 5mg	4	
LAMICTAL CHEWABLE DISPERS 25mg	5	
LAMICTAL ODT	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER	4	
LAMICTAL TABS	5	
LAMICTAL XR KIT	4	
LAMICTAL XR TB24 25mg, 50mg	4	
LAMICTAL XR TB24 100mg, 200mg, 250mg, 300mg	5	
<i>lamotrigine</i> CHEW; KIT; TB24; TBDP	2	
<i>lamotrigine</i> TABS	1	
<i>levetiracetam</i> SOLN; TABS; TB24	2	
LEVETIRACETAM IN SODIUM CHLORIDE	4	
LEVETIRACETAM IV	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
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)
MYSOLINE	5	
NEURONTIN CAPS 100mg	4	QL (1080 caps / 30 days)
NEURONTIN CAPS 300mg	4	QL (360 caps / 30 days)
NEURONTIN CAPS 400mg	4	QL (270 caps / 30 days)
NEURONTIN SOLN	4	QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	4	QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	4	QL (120 tabs / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
<i>phenytek</i>	3	
<i>phenytoin</i> CHEW; SUSP	2	
<i>phenytoin inj 50mg/ml</i>	2	
<i>phenytoin sodium extended</i>	2	
POTIGA 50mg	4	
POTIGA 200mg	5	QL (180 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
POTIGA 300mg, 400mg	5	QL (90 tabs / 30 days)
<i>primidone</i> TABS	2	
QUDEXY XR	4	
<i>roweepra</i>	2	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	2	
TOPAMAX 25mg, 50mg	4	
TOPAMAX 100mg, 200mg	5	
TOPAMAX SPRINKLE 15mg	4	
TOPAMAX SPRINKLE 25mg	5	
<i>topiramate</i> CPSP	2	
TOPIRAMATE CS24	2	
<i>topiramate</i> TABS	1	
TRANXENE T TAB 7.5MG	4	QL (360 tabs / 30 days), PA; PA if 65 years and older
TRILEPTAL SUSP	4	
TRILEPTAL TABS	4	
TROKENDI XR 25mg, 50mg, 100mg	4	
TROKENDI XR 200mg	5	
VALIUM	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>valproate sodium</i> SOLN	2	
<i>valproic acid</i>	2	
VIMPAT	4	
ZARONTIN CAPS	4	
<i>zarontin</i> SOLN	4	
ZONEGRAN 25mg	4	
ZONEGRAN 100mg	5	
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
ARICEPT	4	
<i>donepezil odt 5mg</i>	2	
<i>donepezil odt 10mg</i>	2	
<i>donepezil tab hcl 23mg</i>	2	
<i>donepezil tabs 5mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil tabs 10mg</i>	2	
EXELON PATCHES	4	
<i>galantamine hydrobromide</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>memantine hcl SOLN</i>	2	PA; PA if < 30 yrs
<i>memantine hcl TABS 5mg</i>	2	PA; PA if < 30 yrs
MEMANTINE HCL TABS 10mg	2	PA; PA if < 30 yrs
NAMENDA SOL 10MG/5ML	4	PA; PA if < 30 yrs
NAMENDA TAB	4	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
RAZADYNE	4	
RAZADYNE ER	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS</i>	4	PA; PA if 65 years and older
<i>amoxapine</i>	2	
ANAFRANIL	5	PA; PA if 65 years and older
APLENZIN	5	
<i>bupropion hcl TABS; TB12; TB24</i>	2	
CELEXA	4	
<i>citalopram hydrobromide SOLN</i>	2	
<i>citalopram hydrobromide TABS</i>	1	
<i>clomipramine hcl CAPS</i>	4	PA; PA if 65 years and older
CYMBALTA 20mg	4	QL (180 caps / 30 days)
CYMBALTA 30mg	4	QL (120 caps / 30 days)
CYMBALTA 60mg	4	QL (60 caps / 30 days)
<i>desipramine hcl TABS</i>	2	
<i>desvenlafaxine succinate</i>	2	
<i>doxepin hcl CAPS; CONC</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl CPEP 20mg</i>	2	QL (180 caps / 30 days)
<i>duloxetine hcl CPEP 30mg</i>	2	QL (120 caps / 30 days)
<i>duloxetine hcl CPEP 60mg</i>	2	QL (60 caps / 30 days)
EFFEXOR XR	4	
EMSAM	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i>	2	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl</i> CPDR	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	2	
FLUOXETINE HCL TABS 60mg	4	
FORFIVO XL	4	QL (30 tabs / 30 days)
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>imipramine pamoate</i>	4	PA; PA if 65 years and older
LEXAPRO	4	
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine</i> TABS	1	
<i>mirtazapine</i> TBP	2	
NARDIL	4	
<i>nefazodone hcl</i>	2	
NORPRAMIN	4	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	2	
PAMELOR	5	
PARNATE	5	
<i>paroxetine er tab</i>	2	
<i>paroxetine hcl tabs</i>	1	
PAXIL	4	
PAXIL CR	4	
PEXEVA	4	
<i>phenelzine sulfate</i> TABS	2	
PRISTIQ	3	
<i>protriptyline hcl</i>	2	
PROZAC	4	
PROZAC WEEKLY	4	
REMERON	4	
REMERON SOLTAB	4	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	
SURMONTIL	4	PA; PA if 65 years and older

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>tofranil</i>	4	PA; PA if 65 years and older
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	2	
<i>trimipramine maleate</i> CAPS	4	PA; PA if 65 years and older
TRINTELLIX	4	
<i>venlafaxine cap er</i>	2	
<i>venlafaxine tab</i>	2	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	
WELLBUTRIN SR	4	
WELLBUTRIN XL	5	
ZOLOFT	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	2	
APOKYN	5	NM, LA, PA
AZILECT	4	
BENZTROPINE MESYLATE SOLN	2	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa</i> TABS	5	
<i>carbidopa-levodopa</i>	2	
CARBIDOPA/LEVODOPA/ENTACAPONE	2	
COGENTIN	4	
COMTAN	4	
DUOPA	4	B/D, NM
ELDEPRYL	4	
ENTACAPONE	2	
LODOSYN	5	
MIRAPEX	4	
MIRAPEX ER	4	
NEUPRO	4	
PARLODEL CAP 5MG	4	
PARLODEL TAB 2.5MG	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75 er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 0.375mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1.5mg er</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>pramipexole tab 2.25mg</i>	2	
<i>pramipexole tab 3mg</i>	2	
<i>pramipexole tab 4.5mg</i>	2	
<i>rasagiline mesylate TABS</i>	2	
REQUIP	4	
REQUIP XL	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 2mg er</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 4mg er</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>ropinirole tab 6mg er</i>	2	
<i>ropinirole tab 8mg er</i>	2	
<i>ropinirole tab 12mg er</i>	2	
RYTARY	4	
<i>selegiline hcl CAPS; TABS</i>	2	
SINEMET	4	
SINEMET CR	4	
STALEVO	4	
ZELAPAR	5	

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
ABILIFY TABS	5	QL (30 tabs / 30 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>	2	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 syringe / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 syringe / 56 days)
<i>chlorpromazine hcl TABS</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine inj</i>	4	
CLOZAPINE ODT 12.5mg, 25mg	2	PA
CLOZAPINE ODT 100mg	2	QL (270 tabs / 30 days), PA
CLOZAPINE ODT 150mg	2	QL (180 tabs / 30 days), PA
CLOZAPINE ODT 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	2	
<i>clozapine tab 50mg</i>	2	
<i>clozapine tab 100mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	2	QL (135 tabs / 30 days)
CLOZARIL 25mg	4	
CLOZARIL 100mg	5	QL (270 tabs / 30 days)
FANAPT 1mg, 2mg, 4mg	4	QL (60 tabs / 30 days)
FANAPT 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
FAZACLO 12.5mg, 25mg	4	PA
FAZACLO 100mg	5	QL (270 tabs / 30 days), PA
FAZACLO 150mg	5	QL (180 tabs / 30 days), PA
FAZACLO 200mg	5	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate SOLN</i>	2	
<i>fluphenazine hcl</i>	2	
GEODON 20mg, 40mg	5	QL (60 caps / 30 days)
GEODON 60mg, 80mg	5	QL (90 caps / 30 days)
GEODON INJ	4	QL (6 mL / 3 days)
HALDOL	4	
HALDOL DECANOATE 50	4	
HALDOL DECANOATE 100	4	
<i>haloperidol TABS</i>	2	
<i>haloperidol decanoate SOLN</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
INVEGA 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
INVEGA 6mg	5	QL (60 tabs / 30 days)
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)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
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 syringe / 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>	2	
<i>molindone hcl</i>	2	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	2	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg, 15mg, 20mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine odt 5mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine odt 10mg, 15mg, 20mg</i>	2	QL (60 tabs / 30 days)
ORAP	4	
<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>	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate TABS</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate TB24 50mg</i>	2	QL (120 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate TB24 300mg, 400mg</i>	2	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL SOLN	4	QL (240 mL / 30 days)
RISPERDAL TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL TABS 3mg	5	QL (60 tabs / 30 days)
RISPERDAL TABS 4mg	5	QL (120 tabs / 30 days)
RISPERDAL TABS .25mg, .5mg	4	QL (90 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
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)
RISPERDAL M-TAB 1mg	4	QL (60 tabs / 30 days)
RISPERDAL M-TAB 2mg, 3mg	5	QL (60 tabs / 30 days)
RISPERDAL M-TAB 4mg	5	QL (120 tabs / 30 days)
RISPERDAL M-TAB .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> SOLN	2	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 odt</i> 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone odt</i> 4mg	2	QL (120 tabs / 30 days)
<i>risperidone odt</i> .25mg, .5mg	2	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)
SEROQUEL	4	QL (90 tabs / 30 days)
SEROQUEL XR 50mg	4	QL (120 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	4	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days)
VRAYLAR 3mg	5	QL (60 caps / 30 days)
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR THERAPY PACK	4	
<i>ziprasidone hcl</i> 20mg, 40mg	2	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	2	QL (90 caps / 30 days)
ZYPREXA SOLR	4	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg	4	QL (240 tabs / 30 days)
ZYPREXA TABS 5mg	4	QL (120 tabs / 30 days)
ZYPREXA TABS 7.5mg	4	QL (30 tabs / 30 days)
ZYPREXA TABS 10mg	4	QL (60 tabs / 30 days)
ZYPREXA TABS 15mg, 20mg	5	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
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
ZYPREXA ZYDI TAB 10MG	4	QL (60 tabs / 30 days)
ZYPREXA ZYDIS 5mg	4	QL (30 tabs / 30 days)
ZYPREXA ZYDIS 15mg, 20mg	5	QL (60 tabs / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>adderall tab 5mg</i>	4	QL (360 tabs / 30 days)
<i>adderall tab 7.5mg</i>	4	QL (240 tabs / 30 days)
<i>adderall tab 10mg</i>	4	QL (180 tabs / 30 days)
<i>adderall tab 12.5mg</i>	4	QL (144 tabs / 30 days)
<i>adderall tab 15mg</i>	4	QL (120 tabs / 30 days)
<i>adderall tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>adderall tab 30mg</i>	4	QL (60 tabs / 30 days)
ADDERALL XR CAP 5MG	4	QL (90 caps / 30 days)
ADDERALL XR CAP 10MG	4	QL (90 caps / 30 days)
ADDERALL XR CAP 15MG	4	QL (30 caps / 30 days)
ADDERALL XR CAP 20MG	4	QL (30 caps / 30 days)
ADDERALL XR CAP 25MG	4	QL (30 caps / 30 days)
ADDERALL XR CAP 30MG	4	QL (30 caps / 30 days)
<i>amphetamine cap 10mg er</i>	2	QL (90 caps / 30 days)
<i>amphetamine cap 15mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 20mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 25mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 30mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
APTENSIO XR 10mg, 15mg, 20mg, 30mg	4	QL (60 caps / 30 days)
APTENSIO XR 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)
<i>atomoxetine hcl</i> 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
CONCERTA 18mg, 27mg, 36mg	4	QL (60 tabs / 30 days)
CONCERTA 54mg	4	QL (30 tabs / 30 days)
DAYTRANA	4	QL (30 patches / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
INTUNIV	4	PA; PA if 65 years and older
METADATE CD 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
METADATE CD 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
METHYLIN 5mg/5ml	4	QL (1800 mL / 30 days)
METHYLIN 10mg/5ml	4	QL (900 mL / 30 days)
<i>methylphenidate hcl</i> CHEW	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> CP24 20mg	2	QL (60 caps / 30 days)
METHYLPHENIDATE HCL CP24 30mg	2	QL (60 caps / 30 days)
<i>methylphenidate hcl</i> CP24 40mg, 60mg	2	QL (30 caps / 30 days)
<i>methylphenidate hcl</i> CPCR 10mg, 20mg	2	QL (60 caps / 30 days)
METHYLPHENIDATE HCL CPCR 30mg	2	QL (60 caps / 30 days)
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 30 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TB24	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	2	QL (90 tabs / 30 days)
METHYLPHENIDATE HCL TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 30 days)
METHYLPHENIDATE HCL TBCR 54mg	2	QL (30 tabs / 30 days)
<i>methylphenidate hcl er</i> 27mg, 36mg	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er</i> 54mg	2	QL (30 tabs / 30 days)
QUILLICHEW ER 20mg	4	QL (90 tabs / 30 days)
QUILLICHEW ER 30mg	4	QL (60 tabs / 30 days)
QUILLICHEW ER 40mg	4	QL (30 tabs / 30 days)
QUILLIVANT XR	4	QL (360 mL / 30 days)
RITALIN 5mg, 10mg	4	QL (180 tabs / 30 days)
RITALIN 20mg	4	QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
RITALIN LA 10mg	4	QL (180 tabs / 30 days)
RITALIN LA 20mg, 30mg	4	QL (60 caps / 30 days)
RITALIN LA 40mg, 60mg	4	QL (30 caps / 30 days)
STRATTERA 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
STRATTERA 40mg	4	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)

HYPNOTICS

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<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>almotriptan malate</i>	2	QL (12 tabs / 30 days)
AMERGE	4	QL (12 tabs / 30 days)
AXERT	4	QL (12 tabs / 30 days)
<i>cafergot tab 1-100mg</i>	4	
D.H.E. 45	5	
<i>dihydroergotamine mesylate</i> 1mg/ml	2	
DIHYDROERGOTAMINE MESYLATE 4mg/ml	5	QL (8 mL / 30 days)
<i>ergomar</i>	4	
<i>ergotamine w/ caffeine</i>	2	
FROVA TAB 2.5MG	4	QL (18 tabs / 30 days)
<i>frovatriptan succinate</i>	2	QL (18 tabs / 30 days)
IMITREX SOLN 5mg/act	4	QL (24 inhalers / 30 days)
IMITREX SOLN 20mg/act	4	QL (12 inhalers / 30 days)
IMITREX TABS	4	QL (12 tabs / 30 days)
IMITREX STATDOSE REFILL 4mg/0.5ml	5	QL (18 injections / 30 days)
IMITREX STATDOSE REFILL 6mg/0.5ml	5	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	5	QL (18 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	5	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOLN	5	QL (6 mL / 30 days)
MAXALT	4	QL (18 tabs / 30 days)
MAXALT-MLT	4	QL (18 tabs / 30 days)
<i>migergot</i>	5	
MIGRANAL	5	QL (8 mL / 30 days)
<i>naratriptan hcl</i>	2	QL (12 tabs / 30 days)
ONZETRA XSAIL	4	QL (8 boxes / 30 days)
RELPAK	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	2	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	2	QL (12 injections / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN SUCCINATE SOLN 5mg/act 2	2	QL (24 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOLN 20mg/act	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
SUMAVEL DOSEPRO 4mg/0.5ml	5	QL (18 injections / 30 days)
SUMAVEL DOSEPRO 6mg/0.5ml	5	QL (12 injections / 30 days)
TREXIMET TAB 10-60MG	4	QL (9 tabs / 30 days)
TREXIMET TAB 85-500MG	5	QL (9 tabs / 30 days)
ZEMBRACE SYMTOUCH	4	QL (24 pens / 30 days)
<i>zolmitriptan</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
ZOMIG SOLN	4	QL (12 inhalers / 30 days)
ZOMIG TABS	4	QL (12 tabs / 30 days)
ZOMIG NASAL SPRAY	4	QL (18 inhalers / 30 days)
ZOMIG ZMT	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
BRISDELLE	4	
EQUETRO	4	
GRALISE 300mg	3	QL (180 tabs / 30 days)
GRALISE 600mg	3	QL (90 tabs / 30 days)
GRALISE STARTER	3	
HORIZANT	4	
<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate</i> TBCR	2	
LITHIUM SOLN 8MEQ/5ML	3	
LITHOBID	4	
MESTINON	5	
MESTINON SYRUP	5	
MESTINON TIMESPAN	5	
NUEDEXTA	4	PA
<i>pyridostigmine bromide</i> TBCR	2	
<i>pyridostigmine tab 60mg</i>	2	
RILUTEK	5	
<i>riluzole</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	
TETRABENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE 25mg	5	QL (120 tabs / 30 days), NM, PA
XENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	5	QL (120 tabs / 30 days), NM, LA, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	NM, LA, PA
AUBAGIO	5	QL (30 tabs / 30 days), NM, LA, PA
AVONEX	5	QL (4 injections / 28 days), NM, PA
AVONEX PEN	5	QL (4 injections / 28 days), NM, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
COPAXONE KIT 20MG/ML	5	QL (30 syringes / 30 days), NM, PA
EXTAVIA	5	QL (15 syringes / 30 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
LEMTRADA	5	NM, LA, PA
PLEGRIDY SOPN	5	QL (2 pens / 28 days), NM, PA
PLEGRIDY SOSY	5	QL (2 syringes / 28 days), NM, PA
PLEGRIDY STARTER PACK SOPN	5	QL (2 pens / 28 days), NM, PA
PLEGRIDY STARTER PACK SOSY	5	QL (2 syringes / 28 days), NM, PA
REBIF	5	QL (6 mL / 28 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE	5	QL (6 mL / 28 days), NM, PA
REBIF REBIDOSE TITRATION	5	QL (6 mL / 28 days), NM, PA
REBIF TITRATION PACK	5	QL (6 mL / 30 days), NM, PA
TECFIDERA CAP 120MG	5	QL (14 caps / 7 days), NM, LA, PA
TECFIDERA CAP 240MG	5	QL (60 caps / 30 days), NM, LA, PA
TECFIDERA MIS STARTER	5	NM, LA, PA
TYSABRI	5	NM, LA, PA
ZINBRYTA	5	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS	2	
BOTOX INJ 100UNIT	5	NM, PA
BOTOX INJ 200UNIT	5	NM, PA
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
DANTRIUM	4	
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine</i>	2	
XEOMIN 50unit	4	NM, PA
XEOMIN 100unit, 200unit	5	NM, PA
ZANAFLEX	4	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	2	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	2	QL (60 tabs / 30 days), PA
ARMODAFINIL 200mg	2	QL (30 tabs / 30 days), PA
<i>armodafinil</i> 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	QL (60 tabs / 30 days), PA
NUVIGIL 50mg	4	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	4	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	4	QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PROVIGIL 100mg	5	QL (30 tabs / 30 days), PA
PROVIGIL 200mg	5	QL (60 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	2	
<i>antabuse</i>	4	
BUNAVAIL MIS 2.1-0.3MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 4.2-0.7MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 6.3-1MG	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine hcl</i> SUBL	2	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (120 tabs / 30 days), PA
<i>buproban tab 150mg</i>	2	
<i>bupropion hcl (smoking deterrent)</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	
<i>fluoxetine hcl (pmd)</i>	2	(generic of SARAFEM)
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
SARAFEM	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
VIVITROL	5	NM
ZUBSOLV SUB 0.7-0.18MG	4	QL (90 tabs / 30 days), PA
ZUBSOLV SUB 1.4-0.36MG	4	QL (120 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 2.9-0.71MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 5.7-1.4MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 8.6-2.1MG	4	QL (60 tabs / 30 days), PA
ZUBSOLV SUB 11.4-2.9MG	4	QL (60 tabs / 30 days), PA
ZYBAN	4	

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm	4	QL (150 grams / 30 days), PA
ANDROGEL 25mg/2.5gm	4	QL (300 grams / 30 days), PA
ANDROGEL 1%	4	QL (300 grams / 30 days), PA
ANDROGEL 1.62%	4	QL (150 grams / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>depo-testosterone</i>	4	PA
FORTESTA	4	QL (120 grams / 30 days), PA
<i>oxandrolone</i> TABS	2	PA
STRIANT	4	QL (60 buccal systems / 30 days), PA
TESTIM	4	QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 1%	2	QL (300 grams / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	QL (120 grams / 30 days), PA
TESTOSTERONE GEL 25mg/2.5gm, 50mg/5gm	2	QL (300 grams / 30 days), PA
<i>testosterone</i> SOLN	2	QL (440 mL / 30 days), PA
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA
VOGELXO	4	QL (300 grams / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
VOGELXO PUMP	4	QL (300 grams / 30 days), PA
<i>ANTIDIABETICS, INJECTABLE</i>		
ADLYXIN	4	QL (2 pens / 28 days)
ADLYXIN STARTER PACK	4	QL (2 pens / 28 days)
ALCOHOL SWABS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
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 2X2	3	
HUMALOG	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 KWIKPEN	4	
HUMULIN N	4	
HUMULIN N KWIKPEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL	3	
SOLIQUA 100/33	4	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TANZEUM	4	QL (4 pens / 28 days)
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	2	
ACTOPLUS MET TAB 15-500MG	4	QL (90 tabs / 30 days)
ACTOPLUS MET TAB 15-850MG	4	QL (90 tabs / 30 days)
ACTOPLUS MET XR 15-1000MG	4	QL (60 tabs / 30 days)
ACTOPLUS MET XR 30-1000MG	4	QL (30 tabs / 30 days)
ACTOS	4	QL (30 tabs / 30 days)
ALOGLIPTIN BENZOATE 6.25mg	1	QL (120 tabs / 30 days)
ALOGLIPTIN BENZOATE 12.5mg	1	QL (60 tabs / 30 days)
ALOGLIPTIN BENZOATE 25mg	1	QL (30 tabs / 30 days)
ALOGLIPTIN-METFORMIN HCL	1	QL (60 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG	1	QL (60 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	1	QL (30 tabs / 30 days)
ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	1	QL (30 tabs / 30 days)
AMARYL 1mg	4	QL (240 tabs / 30 days)
AMARYL 2mg	4	QL (120 tabs / 30 days)
AMARYL 4mg	4	QL (60 tabs / 30 days)
DUETACT	4	QL (30 tabs / 30 days)
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
FORTAMET 500mg	5	QL (150 tabs / 30 days)
FORTAMET 1000mg	5	QL (75 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide er</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide er</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide er</i> 10mg	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TB24 2.5MG	1	QL (240 tabs / 30 days)
GLIPIZIDE XL TB24 5MG	1	QL (120 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-250 mg	1	QL (240 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-500 mg	1	QL (120 tabs / 30 days)
<i>glipizide-metformin</i> 5-500mg	1	QL (120 tabs / 30 days)
GLUCOPHAGE 500mg	4	QL (150 tabs / 30 days)
GLUCOPHAGE 850mg	4	QL (90 tabs / 30 days)
GLUCOPHAGE 1000mg	4	QL (75 tabs / 30 days)
GLUCOPHAGE XR 500mg	4	QL (120 tabs / 30 days)
GLUCOPHAGE XR 750mg	4	QL (60 tabs / 30 days)
GLUCOTROL 5mg	4	QL (240 tabs / 30 days)
GLUCOTROL 10mg	4	QL (120 tabs / 30 days)
GLUCOTROL XL 2.5mg	4	QL (240 tabs / 30 days)
GLUCOTROL XL 5mg	4	QL (120 tabs / 30 days)
GLUCOTROL XL 10mg	4	QL (60 tabs / 30 days)
GLYSET	4	
GLYXAMBI	4	QL (30 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 TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 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)
JARDIANCE 10mg	4	QL (60 tabs / 30 days)
JARDIANCE 25mg	4	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)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
KAZANO	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 2.5-1000MG	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 5-500MG	4	QL (30 tabs / 30 days)
KOMBIGLYZE XR 5-1000MG	4	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (150 tabs / 30 days); (generic of FORTAMET)
<i>metformin hcl</i> TB24 1000mg	1	QL (75 tabs / 30 days); (generic of FORTAMET)
<i>miglitol</i>	2	
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
NESINA 6.25mg	4	QL (120 tabs / 30 days)
NESINA 12.5mg	4	QL (60 tabs / 30 days)
NESINA 25mg	4	QL (30 tabs / 30 days)
ONGLYZA	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-15MG	4	QL (60 tabs / 30 days)
OSENI TAB 12.5-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-45MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-15MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-45MG	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
PRANDIN 2mg	4	QL (240 tabs / 30 days)
PRANDIN .5mg, 1mg	4	QL (120 tabs / 30 days)
PRECOSE	4	
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
<i>repaglinide-metformin hcl</i>	1	QL (150 tabs / 30 days)
RIOMET	4	QL (946 mL / 30 days)
STARLIX	4	QL (90 tabs / 30 days)
SYNJARDY TAB 5-500MG	4	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	4	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	4	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-1000	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000 MG	4	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000 MG	4	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
ACTONEL	4	
<i>alendronate sodium</i> SOLN	2	
<i>alendronate sodium</i> TABS	1	
ATELVIA	4	
BINOSTO	4	
BONIVA SOLN	4	B/D, QL (1 injection / 90 days)
BONIVA TABS	4	B/D
FOSAMAX	4	
FOSAMAX PLUS D	4	
<i>ibandronate sodium</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate tab 150mg</i>	2	B/D
<i>pamidronate disodium</i>	2	B/D
RECLAST	4	B/D, NM
<i>risedronate sodium</i>	2	
<i>zoledronic acid</i> SOLR	2	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
<i>zoledronic inj 5/100ml</i>	2	B/D, NM
ZOMETA	5	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	3	NM
SENSIPAR 60mg, 90mg	5	NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
JADENU	5	NM, PA
JADENU SPRINKLE	5	NM, PA
KAYEXALATE	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps susp 15gm/60ml</i>	2	
SYPRINE	5	
VELTASSA	4	NM, LA

CONTRACEPTIVES

<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>amethia 91 day</i>	2	
AMETHIA LO	2	
<i>apri 28 day</i>	2	
<i>aranelle 28</i>	2	
<i>ashlyna 91 day</i>	2	
<i>aubra 28 day</i>	2	
<i>aviane 28</i>	2	
<i>balziva 28 day</i>	2	
<i>bekyree 28 day</i>	2	
BEYAZ	4	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	2	
<i>blisovi 21 fe 1/20 28 day pack</i>	2	
<i>blisovi 24 fe 1/20 28 day</i>	2	
BREVICON-28	4	
<i>briellyn 28 day</i>	2	
<i>camila 28 day</i>	2	
CAMRESE LO TAB	2	
<i>caziant pak</i>	2	
<i>cryselle 28</i>	2	
<i>cyclafem 1/35 28 day</i>	2	
<i>cyclafem 7/7/7 28 day</i>	2	
CYCLESSA	4	
<i>cyred tab</i>	2	
<i>deblitane 28 day</i>	2	
<i>delyla 28 day</i>	2	
DEPO-PROVERA CONTRACEPTIVE	4	
DEPO-SUBQ PROVERA 104	4	
DESOGEN	4	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
DROSPIRENONE-ETHINYL ESTRADIOL- LEVOMEFOLATE CALCIUM	2	
ELLA	4	
<i>emoquette</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>enpresse 28 day</i>	2	
<i>errin 28 day</i>	2	
<i>estarylla tab 0.25-35</i>	2	
ESTROSTEP FE	4	
<i>ethynodiol tab 1-50</i>	2	
<i>falmina 28 day</i>	2	
<i>fayosim tab</i>	2	
<i>femynor 28 day</i>	2	
GENERESS FE	4	
GIANVI TAB 3-0.02MG	2	
<i>gildagia</i>	2	
<i>gildess 24 tab fe 1/20</i>	2	
<i>gildess tab 1.5/30</i>	2	
<i>heather</i>	2	
<i>introvale 91 day</i>	2	
JOLESSA TAB 0.15-0.03 MG	2	
JOLIVETTE	2	
<i>juleber 28 day</i>	2	
<i>junel 1.5/30 21 day</i>	2	
<i>junel 1/20 21 day</i>	2	
<i>junel fe 1.5/30 28 day</i>	2	
<i>junel fe 1/20 28 day</i>	2	
<i>junel fe 24 1/20 28 day</i>	2	
<i>kaitlib fe 28 day</i>	2	
<i>kariva 28 day</i>	2	
<i>kelnor 1/35 28 day</i>	2	
<i>kimidess 28 day</i>	2	
<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>layolis fe chw</i>	2	
LEENA TAB	2	
<i>lessina 28 day</i>	2	
<i>levonest 28 day</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel (emergency oc)</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>levora 0.15/30 28 day</i>	2	
LO LOESTRIN FE	4	
<i>loestrin 1.5/30 21 day</i>	4	
<i>loestrin 1/20 21 day</i>	4	
<i>loestrin fe 1.5/30 28 day</i>	4	
<i>loestrin fe 1/20 28 day</i>	4	
<i>lomedica 24 fe</i>	2	
<i>loryna 28 day</i>	2	
LOSEASONIQUE	4	
<i>low-ogestrel</i>	2	
<i>lutera 28 day</i>	2	
<i>lyza</i>	2	
<i>marlissa 28 day</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP</i>	2	
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSY	2	
<i>mibelas 24 chw fe</i>	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MINASTRIN 24 FE	4	
<i>mircette</i>	4	
<i>mono-lynyah tab 0.25-35</i>	2	
MONONESSA	2	
<i>myzilra</i>	2	
NATAZIA	4	
<i>necon 0.5/35 28 day</i>	2	
NECON 7/7/7	2	
<i>necon 10/11 28 day</i>	3	
<i>necon tab 1/35</i>	2	
NECON TAB 1/50-28	2	
<i>nikki 28 day</i>	2	
NOR-QD	4	
NORA-BE TAB	2	
NORETHIN ACET & ESTRAD-FE CHEW	2	
<i>norethin acet & estrad-fe TABS</i>	2	
<i>norethindrone & ethinyl estradiol-fe</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	
NORINYL 1+35	4	
NORINYL 1+50	3	
<i>norlyroc 28 day</i>	2	
<i>nortrel 0.5/35 28 day</i>	2	
<i>nortrel 1/35 21 day</i>	2	
<i>nortrel 1/35 28 day</i>	2	
<i>nortrel 7/7/7 28 day</i>	2	
NUVARING	4	
OCELLA TAB 3-0.03MG	2	
<i>ogestrel 28 day</i>	2	
<i>orsythia 28 day</i>	2	
ORTHO MICRONOR	4	
ORTHO TRI-CYCLEN LO	4	
ORTHO-CYCLEN	4	
ORTHO-NOVUM 1/35	4	
ORTHO-NOVUM 7/7/7	4	
<i>ovcon 35 28 day</i>	4	
<i>philith</i>	2	
<i>pimtrea pack</i>	2	
<i>pirmella 1/35 28 day</i>	2	
<i>portia 28 day</i>	2	
<i>previfem 28 day</i>	2	
QUARTETTE	4	
<i>quasense 91 day</i>	2	
<i>reclipsen 28 day</i>	2	
RIVELSA TAB	2	
SAFYRAL	4	
SEASONIQUE	4	
<i>setlakin tab</i>	2	
<i>sharobel 28 day</i>	2	
<i>sprintec 28 day</i>	2	
<i>sronyx 28 day</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 28 day</i>	2	
TAYTULLA	4	
TILIA FE	2	
<i>tri-legest 28 day</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo- tab marzia</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec 28 day</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TRI-NORINYL 28	4	
<i>tri-previfem 28 day</i>	2	
<i>tri-sprintec 28 day</i>	2	
TRINESSA	2	
TRINESSA LO TAB	2	
<i>trivora 28 day</i>	2	
<i>velivet 28 day</i>	2	
<i>vestura</i>	2	
<i>vienva 28 day</i>	2	
<i>viorele</i>	2	
<i>vyfemla 28 day</i>	2	
<i>wymzya fe</i>	2	
<i>xulane dis 150-35</i>	2	
YASMIN 28	4	
YAZ	4	
<i>zarah</i>	2	
<i>zenchent fe 28 day</i>	2	
<i>zenchent tab</i>	2	
<i>zovia 1/35e 28 day</i>	2	
<i>zovia 1/50e 28 day</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	
LUPANETA PACK	5	NM, PA
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL POWD	5	NM, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CARNITOR	4	B/D
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
ELAPRASE	5	NM, LA, PA
ELELYSO	5	NM, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ORFADIN	5	NM, LA, PA
PROCYSBI	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
VIMIZIM	5	NM, PA
VPRIV	5	NM, PA
ZAVESCA	5	NM, LA, PA
ESTROGENS		
ALORA	4	PA; PA if 65 years and older
CLIMARA	4	PA; PA if 65 years and older
DELESTROGEN	4	
<i>depo-estradiol</i>	4	
<i>estrace</i> CREA	4	
<i>estrace</i> TABS	4	PA; PA if 65 years and older
<i>estradiol</i> PTTW; PTWK; TABS	4	PA; PA if 65 years and older
<i>estradiol valerate</i> OIL	2	
ESTRING	4	
FEMRING	4	
<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
MENOSTAR	4	PA; PA if 65 years and older
MINIVELLE	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol</i>	4	PA; PA if 65 years and older
PREMARIN CREAM	4	
PREMARIN INJ	4	
VAGIFEM	4	
VIVELLE-DOT	4	PA; PA if 65 years and older
<i>yuvaferm vaginal tablet 10 mcg</i>	2	
GLUCOCORTICOIDS		
CORTEF	4	
<i>cortisone acetate</i> TABS	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEPO-MEDROL INJ 40MG/ML	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DEPO-MEDROL INJ 80MG/ML	4	B/D
<i>dexamethasone</i> CONC; ELIX; SOLN	2	
<i>dexamethasone</i> TABS	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>dexpak 6 day</i>	4	
<i>dexpak 10 day</i>	4	
<i>dexpak taperpak 13 day</i>	4	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	2	
MEDROL PAK 4MG	4	
MEDROL TAB 2MG	4	B/D
MEDROL TAB 4MG	4	B/D
MEDROL TAB 8MG	4	B/D
MEDROL TAB 16MG	4	B/D
MEDROL TAB 32MG	4	B/D
<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>	2	B/D
<i>methylpr ss inj 40mg</i>	2	B/D
<i>methylpr ss inj 125 mg</i>	2	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>millipred</i>	4	B/D
<i>millipred dp</i>	4	
ORAPRED ODT TAB 10MG	4	B/D
ORAPRED ODT TAB 15MG	4	B/D
ORAPRED ODT TAB 30MG	4	B/D
<i>pediapred sol 6.7/5ml</i>	4	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate</i>	2	B/D
<i>prednisolone sol 10mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 20mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
<i>prednisolone syrup 15 mg/5ml</i>	2	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<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
RAYOS TAB 1MG	5	B/D
RAYOS TAB 2MG	5	B/D
RAYOS TAB 5MG	5	B/D
SOLU-CORTEF 100MG	4	
SOLU-CORTEF 250MG	4	
SOLU-CORTEF 500MG	4	
SOLU-CORTEF 1000MG	4	
SOLU-MEDROL INJ 1GM	4	B/D
SOLU-MEDROL INJ 2GM	4	B/D
SOLU-MEDROL INJ 40MG	4	B/D
SOLU-MEDROL INJ 125MG	4	B/D
SOLU-MEDROL INJ 500MG	4	B/D
<i>veripred</i>	4	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
HUMATROPE	5	NM, PA
HUMATROPE COMBO PACK	5	NM, PA
NORDITROPIN FLEXPRO	5	NM, PA
NUTROPIN AQ NUSPIN 5	5	NM, LA, PA
NUTROPIN AQ NUSPIN 10	5	NM, LA, PA
NUTROPIN AQ NUSPIN 20	5	NM, LA, PA
OMNITROPE 5.8MG	5	NM, LA, PA
OMNITROPE 5MG	5	NM, LA, PA
OMNITROPE 10MG	5	NM, LA, PA
SAIZEN	5	NM, LA, PA
SAIZEN CLICK.EASY	5	NM, LA, PA
SEROSTIM	5	NM, LA, PA
ZOMACTON 5mg	4	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON 10mg	5	NM, PA
ZORBTIVE	5	NM, PA
MISCELLANEOUS		
AFREZZA 8unit	4	
AFREZZA 12unit	5	
AFREZZA POW 4UNIT	4	
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal spray</i>	2	B/D
CHORIONIC GONADOTROPIN SOLR	2	NM, PA
EGRIFTA 1mg	5	NM, LA, PA
EVISTA	4	
FORTICAL	3	B/D
H.P. ACTHAR	5	QL (1.5 ml / 1 day), NM, LA, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
<i>methergine 0.2 mg tab</i>	2	
<i>methylergonovine maleate TABS</i>	2	
MIACALCIN 200 UNIT/ML	5	B/D
NOVAREL INJ 10000UNT	2	NM, PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
PREGNYL W/DILUENT BENZYL	2	NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl</i>	2	
SAMSCA	5	NM, PA
SANDOSTATIN	5	NM, PA
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SIGNIFOR LAR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA

PARATHYROID HORMONES

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FORTEO	5	NM, PA
NATPARA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	2	
<i>eliphos</i>	4	
FOSRENOL	5	
PHOSLYRA	4	
RENAGEL 400mg	4	
RENAGEL 800mg	5	
REVELA PAK	3	
REVELA TAB 800MG	3	
VELPHORO	5	
PROGESTINS		
<i>aygestin</i>	4	
CRINONE	4	PA
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	
PROMETRIUM	4	
PROVERA	4	
THYROID AGENTS		
CYTOMEL	4	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	2	
LEVOXYL	2	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
<i>tapazole</i>	4	
TIROSINT	4	
TRIOSTAT	4	
UNITHROID	2	
VASOPRESSINS		
DDAVP SOLN 4mcg/ml	5	
DDAVP SOLN .01%	4	
DDAVP TABS	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	4	NM

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO	4	B/D
ALOXI	5	
<i>aprepitant</i>	2	B/D
CESAMET	5	B/D, QL (60 caps / 30 days)
<i>compro supp</i>	2	
<i>dronabinol</i>	2	B/D, QL (60 caps / 30 days)
EMEND SOLR	4	
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl</i> SOLN	2	
<i>granisetron hcl</i> TABS	2	B/D
MARINOL 2.5mg	4	B/D, QL (60 caps / 30 days)
MARINOL 5mg, 10mg	5	B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide hcl</i> TBDP	2	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
<i>metoclopramide odt</i>	2	
<i>ondansetron hcl</i> TABS	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan</i>	4	PA; PA if 65 years and older
<i>phenergan inj</i>	4	PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl SOLN; SUPP; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
REGLAN	4	
SANCUSO	5	QL (4 patches / 30 days)
SUSTOL	4	
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older
VARUBI	4	B/D
ZOFRAN ODT 4mg	4	B/D
ZOFRAN ODT 8mg	5	B/D
ZOFRAN SOL 4MG/5ML	5	B/D
ZOFRAN TAB 4MG	5	B/D
ZOFRAN TAB 8MG	5	B/D
ZUPLENZ	4	B/D

ANTISPASMODICS

ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	2	
BENTYL	4	
CUVPOSA	4	
<i>dicyclomine hcl CAPS; TABS</i>	1	
<i>dicyclomine hcl SOLN</i>	2	
<i>glycopyrrolate SOLN; TABS</i>	2	
<i>methscopolamine bromide TABS</i>	2	
PAMINE	4	
PAMINE FORTE	4	
ROBINUL	4	
ROBINUL FORTE	4	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine TABS</i>	2	
<i>cimetidine sol 300/5ml</i>	2	
<i>famotidine SOLN</i>	2	
<i>famotidine SUSR</i>	2	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine inj</i>	2	
<i>nizatidine</i>	2	
<i>pepcid</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PEPCID SUSP	4	
<i>ranitidine hcl</i> CAPS	2	
<i>ranitidine hcl</i> SYRP	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	2	
ZANTAC	4	

INFLAMMATORY BOWEL DISEASE

APRISO	3	
ASACOL HD	4	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide disodium</i>	2	
<i>budesonide</i> CPEP	5	
CANASA	5	
COLAZAL	5	
<i>colocort</i>	2	
CORTENEMA	4	
DELZICOL	4	
DIPENTUM	5	
ENTOCORT EC	5	
ENTYVIO	5	NM, PA
GIAZO	5	
HYDROCORTISONE (ENEMA)	2	
LIALDA	4	
MESALAMINE TBEC	2	
<i>mesalamine enema</i>	2	
PENTASA	4	
ROWASA	5	
SF-ROWASA	5	
<i>sulfasalazine dr</i>	2	
<i>sulfasalazine ir</i>	2	
UCERIS FOAM	4	
UCERIS TAB	5	

LAXATIVES

COLYTE-FLAVOR PACKS	4	
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY	3	
<i>kristalose</i>	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
PREPOPIK	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
ACTIGALL	4	
<i>alosetron hcl</i>	5	PA
AMITIZA	3	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
CARAFATE	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
CYTOTEC	4	
<i>diphenoxylate w/ atropine</i>	2	
GASTROCROM	5	
GATTEX	5	NM, LA, PA
LINZESS	3	
LOMOTIL	4	
<i>loperamide hcl</i> CAPS	2	
LOTRONEX	5	PA
<i>misoprostol</i> TABS	2	
MOVANTIK	3	
PREVPAC	5	
PYLERA	5	
RELISTOR	5	PA
SUCRAID	5	LA
<i>sucralfate</i> TABS	2	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol</i> CAPS; TABS	2	
VIBERZI	5	PA
XIFAXAN TAB 550MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON	3	
PANCREAZE	4	
PERTZYE	4	
VIOKACE 10	4	
VIOKACE 20	5	
ZENPEP	4	
PROTON PUMP INHIBITORS		
ACIPHEX	4	QL (30 tabs / 30 days)
ACIPHEX SPR CAP 5MG	4	
ACIPHEX SPR CAP 10MG	4	QL (60 caps / 30 days)
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole</i> CPDR	2	QL (30 caps / 30 days)
NEXIUM CAP 20MG	4	QL (30 caps / 30 days)
NEXIUM CAP 40MG	4	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
NEXIUM I.V.	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</i> SOLR	2	
<i>pantoprazole sodium</i> TBEC	1	QL (30 tabs / 30 days)
PREVACID	4	QL (30 caps / 30 days)
PREVACID SOLUTAB	4	QL (30 tabs / 30 days)
PRILOSEC	3	
PROTONIX PACK	4	QL (30 packets / 30 days)
PROTONIX TBEC	4	QL (30 tabs / 30 days)
PROTONIX INJ	4	
<i>rabeprazole sodium</i>	2	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
AVODART	4	
CARDURA XL	4	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride</i> TABS 5mg	1	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
<i>tamsulosin hcl</i>	2	
UROXATRAL	4	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	2	
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i> 15meq	2	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	2	
<i>urecholine</i>	4	
UROCIT-K	4	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	2	
DETROL	4	
DETROL LA	4	
DITROPAN XL	4	
ENABLEX	4	
GELNIQUE	4	
MYRBETRIQ	4	
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS; TB24	2	
OXYTROL	4	
<i>tolterodine tartrate er</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
TOVIAZ	3	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE	4	
VAGINAL ANTI-INFECTIVES		
AVC	4	
CLEOCIN CREA	4	
CLEOCIN VAG SUPP 100MG	4	
<i>clindamycin cre 2% vag</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CLINDESSE	4	
METROGEL-VAGINAL	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 sup 200mg</i>	2	
NUVESSA	4	
TERAZOL 3	4	
TERAZOL 7	4	
<i>terconazole vaginal</i>	2	
VANDAZOLE	2	

HEMATOLOGIC

ANTICOAGULANTS

ARIXTRA	5	
COUMADIN	4	
ELIQUIS TAB 2.5MG	4	
ELIQUIS TAB 5MG	4	
<i>enoxaparin sodium 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
ENOXAPARIN SODIUM 300mg/3ml	2	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
HEP SOD/NACL INJ 25000	3	
<i>heparin (porcine) in sodium chloride 100u/ml</i>	3	
<i>heparin sod inj 1000u/ml</i>	2	B/D
<i>heparin sod inj 5000u/0.5ml</i>	2	B/D
<i>heparin sod inj 5000u/ml</i>	2	B/D
<i>heparin sod inj 10000u/ml</i>	2	B/D
<i>heparin sod inj 20000u/ml</i>	2	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
LOVENOX 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 300mg/3ml	4	
LOVENOX 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	5	
PRADAXA	3	
SAVAYSA	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 340mcg/ml, 60mcg/ml	3	NM, PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml, 300mcg/ml	5	NM, PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml	3	NM, PA
ARANESP ALBUMIN FREE SOSY 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN 20000unit/ml	5	NM, PA
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MIRCERA 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 200mcg/0.3ml	4	NM, PA
MOZOBIL	5	NM, PA
NEULASTA	5	NM, PA
NEULASTA ONPRO KIT	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

AGRYLIN	4	
<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA
CYKLOKAPRON	4	
FIRAZYR	5	NM, PA
LYSTEDA	4	
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
RUCONEST	5	NM, PA
<i>tranexamic acid</i> SOLN; TABS	2	

PLATELET AGGREGATION INHIBITORS

AGGRENOX	4	
ASPIRIN-DIPYRIDAMOLE	2	
BRILINTA	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>clopidogrel bisulfate</i> TABS 300mg	2	
DURLAZA	4	
EFFIENT	4	
PLAVIX	4	
YOSPRALA	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	5	NM, PA
ARAVA	5	
CIMZIA 200mg	5	QL (6 vials / 28 days), NM, PA
CIMZIA 200mg/ml	5	QL (6 syringes / 28 days), NM, PA
CIMZIA STARTER KIT	5	NM, PA
ENBREL	5	NM, PA
ENBREL SURECLICK	5	NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS STARTER KIT	5	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
KINERET	5	NM, PA
<i>leflunomide</i> TABS	2	
<i>methotrexate sodium tabs</i>	2	
ORENCIA	5	NM, PA
ORENCIA CLICKJECT	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA	5	NM, PA
PLAQUENIL	4	
REMICADE	5	NM, PA
RHEUMATREX	4	
SIMPONI	5	NM, PA
SIMPONI ARIA	5	NM, PA
<i>trexall</i>	4	B/D
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
GRASTEK	4	PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
ORALAIR	4	NM, PA
POMALYST	5	NM, LA, PA
RAGWITEK	4	PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA

IMMUNOSUPPRESSANTS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL 5mg	5	B/D
ASTAGRAF XL .5mg, 1mg	4	B/D
ATGAM	5	B/D
<i>azasan</i>	4	B/D
<i>azathioprine</i> SOLR; TABS	2	B/D
BENLYSTA SOLR	5	NM, PA
CELLCEPT CAP	5	B/D
CELLCEPT INTRAVENOUS	4	B/D
CELLCEPT SUSP	5	B/D
CELLCEPT TAB	5	B/D
<i>cyclosporine</i> CAPS; SOLN	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
ENVARBUS XR	4	B/D
<i>gengraf</i>	2	B/D
IMURAN	4	B/D
<i>mycophenolate inj 500mg</i>	2	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	2	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	2	B/D
MYFORTIC 180mg	4	B/D
MYFORTIC 360mg	5	B/D
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
PROGRAF SOLN	4	B/D
RAPAMUNE SOLN	5	B/D
RAPAMUNE TABS 1mg, 2mg	5	B/D
RAPAMUNE TABS .5mg	4	B/D
SANDIMMUNE CAPS 25mg	4	B/D
SANDIMMUNE CAPS 100mg	5	B/D
SANDIMMUNE INJ	4	B/D
SANDIMMUNE SOLN	3	B/D
SIMULECT 10mg	4	B/D
SIMULECT 20mg	5	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D
<i>tacrolimus</i> CAPS	2	B/D
THYMOGLOBULIN	5	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHtheria/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
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	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
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	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
K-TAB	4	
KLOR-CON 8	2	
KLOR-CON 10	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con spr cap 8meq</i>	2	
<i>klor-con spr cap 10meq</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 50%</i>	2	
<i>magnesium sulfate in d5w</i>	2	
MAGNESIUM SULFATE IN D5W	3	
MAGNESIUM SULFATE INJ 50%	2	
MICRO-K	4	
POTASSIUM CHLORIDE PACK	2	
POTASSIUM CHLORIDE SOLN 10%, 20%	2	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride caps er</i>	2	
<i>potassium chloride microencapsulated crystals cr</i>	2	
SODIUM CHLORIDE SOLN 2.5meq/ml	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROLYTES	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN II 8.5%	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN II 10%	4	B/D
AMINOSYN II 15%	4	B/D
AMINOSYN INJ 8.5/LYTE	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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	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 E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/D10	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol 15</i>	2	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>plenamine</i>	2	B/D
<i>premasol 6%</i>	2	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
SMOFLIPID	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 6%	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

DEXTROSE SOLN	2	
DEXTROSE 2.5%/NAACL 0.45%	2	
DEXTROSE 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	
DEXTROSE 5%/NAACL 0.2%	2	
DEXTROSE 5%/NAACL 0.3%	2	
DEXTROSE 5%/NAACL 0.9%	2	
DEXTROSE 5%/NAACL 0.33%	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5%/NACL 0.45%	2	
DEXTROSE 5%/NACL 0.225%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
DEXTROSE 10% FLEX CONTAIN	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/NACL 0.45%	2	
ELECTROLYTE-R IN DEXTROSE	4	
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
KCL0.15%/D5W/NACL0.2%	2	
KCL0.15%/D5W/NACL0.225%	3	
KCL 0.3%/D5W/LR	4	
KCL 0.3%/D5W/NACL 0.9%	2	
KCL 0.3%/D5W/NACL 0.45%	2	
KCL 0.15%/D5W/LR	4	
KCL 0.15%/D5W/NACL 0.9%	2	
KCL 0.075%/D5W/NACL 0.45%	2	
KCL IN NACL INJ .15-0.45	2	
KCL/D5W/NACL INJ 0.22%/0.45%	2	
KCL/D5W/NACL INJ .15/.33%	2	
KCL/D5W/NACL INJ .15/.45%	2	
KCL/NACL INJ 0.15%-0.9%	2	
LACTATED RINGERS VIAFLEX	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
POTASSIUM CHLORIDE 0.3%/D	2	
<i>potassium chloride in nacl</i>	2	
POTASSIUM CHLORIDE IN NACL	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN .9%, 3%, 5%	2	
SODIUM CHLORIDE 0.45% VIA	2	
VITAMINS		
<i>calcitriol CAPS; SOLN</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol</i> CAPS 1mcg, 2.5mcg	5	B/D
<i>doxercalciferol</i> CAPS .5mcg	2	B/D
<i>doxercalciferol</i> SOLN	2	B/D
HECTOROL CAPS 1mcg, 2.5mcg	5	B/D
HECTOROL CAPS .5mcg	4	B/D
HECTOROL SOLN	4	B/D
<i>paricalcitol</i> CAPS	2	B/D
PARICALCITOL SOLN	2	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
RAYALDEE	4	
ROCALTROL	4	B/D
ZEMPLAR CAPS 1mcg	4	B/D
ZEMPLAR CAPS 2mcg	5	B/D
ZEMPLAR SOLN	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	
<i>blephamide</i> OINT	4	
BLEPHAMIDE SUSP	4	
MAXITROL	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX SUSP	4	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	

ANTI-INFECTIVES

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
BLEPH-10	4	
CILOXAN OIN 0.3% OP	3	
CILOXAN SOL 0.3% OP	4	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
<i>levofloxacin (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neosporin solution</i>	4	
OCUFLOX	4	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	4	
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
TOBEX OINT 0.3%	4	
TOBEX SOL 0.3% OP	4	
<i>trifluridine SOLN</i>	2	
VIGAMOX	3	
VIROPTIC	4	
ZIRGAN	4	
ZYMAXID	4	

ANTI-INFLAMMATORIES

ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
FLAREX	4	
FLUOROMETHOLONE (OPHTH)	2	
<i>flurbiprofen sodium</i>	1	
FML	4	
FML FORTE	4	
FML LIQUIFILM	4	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MAXIDEX	3	
OCUFEN	4	
OMNIPRED	4	
PRED FORTE	4	
PRED MILD	4	
PREDNISOLONE ACETATE (OPHTH)	2	
<i>prednisolone sodium phosphate (ophth)</i>	3	
VEXOL	4	
ANTIALLERGICS		
ALOCRIIL	4	
ALOMIDE	4	
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
ELESTAT	4	
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACAFT	4	
<i>olopatadine hcl</i>	2	
PATADAY	3	
PATANOL	4	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P 0.1%	3	
ALPHAGAN P 0.15%	4	
AZOPT	3	
BETAGAN	4	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
COSOPT	4	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
ISOPTO CARPINE	4	
ISTALOL	3	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth) soln</i>	1	
TIMOLOL MALEATE GEL	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
TIMOPTIC-XE	4	
TRAVATAN Z	3	
TRUSOPT	4	
XALATAN	4	
ZIOPTAN	4	

MISCELLANEOUS

CYSTARAN	5	NM, LA, PA
LACRISERT	4	
<i>naphazoline hcl SOLN</i>	1	
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
XIIDRA	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	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</i>	2	B/D
STIOLTO RESPIMAT	4	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT	4	
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide (nasal)</i>	2	
<i>ipratropium sol inhal</i>	2	B/D
SPIRIVA HANDIHALER	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR	4	QL (1 inhaler / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	4	QL (2 inhalers / 30 days)
ANTI-HISTAMINE COMBINATIONS		
CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
SEMPREX-D	4	
ANTI-HISTAMINES		
ASTEPRO	4	
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	2	
CLARINEX	4	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>desloratadine</i>	2	
<i>diphenhydram inj 50mg/ml</i>	2	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate</i> CAPS	4	PA; PA if 65 years and older
<i>levocetirizine soln 2.5mg/5ml</i>	2	
<i>levocetirizine tab 5 mg</i>	2	
<i>olopatadine hcl (nasal)</i>	2	
PATANASE	4	
XYZAL	4	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate er</i>	2	
ARCAPTA NEOHALER	4	QL (30 caps / 30 days)
BROVANA	4	B/D
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	B/D
<i>levalbuterol hcl</i> NEBU	2	B/D
LEVALBUTEROL TARTRATE HFA	2	QL (2 inhalers / 30 days)
PERFOROMIST	4	B/D
PROAIR HFA	4	QL (2 inhalers / 30 days)
PROAIR RESPICLICK	4	QL (2 inhalers / 30 days)
PROVENTIL HFA	4	QL (2 inhalers / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
XOPENEX	4	B/D
XOPENEX CONCENTRATE	4	B/D
XOPENEX HFA	4	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

ACCOLATE	4	
<i>montelukast sodium</i> CHEW; PACK; TABS	2	
SINGULAIR	4	
<i>zafirlukast</i>	2	
<i>zileuton</i>	5	
ZYFLO CR	5	

MAST CELL STABILIZERS

<i>cromolyn sodium</i> NEBU	2	B/D
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MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
CINQAIR	5	NM, LA, PA
DALIRESP	4	
EPINEPHRINE (ANAPHYLAXIS) .15mg/0.15ml, .3mg/0.3 ml	2	(generic of ADRENACLICK)
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
GLASSIA	5	NM, LA, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

NASAL STEROIDS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
BECONASE AQ	4	QL (2 inhalers / 30 days)
<i>budesonide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>flunisolide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	2	QL (2 bottles / 30 days)
NASONEX	4	QL (2 inhalers / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
QNASL	4	QL (1 inhaler / 30 days)
QNASL CHILDRENS	4	QL (1 inhaler / 30 days)
VERAMYST	4	QL (1 bottle / 30 days)
ZETONNA	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
AEROSPAN	4	QL (2 inhalers / 30 days)
ALVESCO	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
ASMANEX	4	QL (2 inhalers / 30 days)
ASMANEX HFA 100mcg/act	4	QL (2 inhalers / 30 days)
ASMANEX HFA 200mcg/act	4	QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i>	2	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)
PULMICORT INH SUSP 0.5MG/2 ML	4	B/D
PULMICORT INH SUSP 0.25MG/2 ML	4	B/D
PULMICORT INH SUSP 1MG/2ML	4	B/D
QVAR 40mcg/act	4	QL (1 inhaler / 30 days)
QVAR 80mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
DULERA	4	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	2	
<i>elixophyllin</i>	4	
<i>theo-24</i>	4	
<i>theophylline</i>	2	

TOPICAL

DERMATOLOGY, ACNE

ACANYA	4	
ACZONE	4	
<i>adapalene</i> CREA; GEL	2	
AVITA	2	PA
AZELEX	4	
BENZAFLIN	4	
BENZAMYCIN	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	PA
CLEOCIN-T	4	
<i>clindacin-p pad 1%</i>	2	
CLINDAGEL	5	
<i>clindamax</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
<i>clindamycin phosphate-tretinoin</i>	2	
DIFFERIN	4	
DUAC	4	
EPIDUO	4	
EPIDUO FORTE	4	
<i>ery pad 2%</i>	2	
ERYGEL	4	
<i>erythromycin (acne aid)</i>	2	
EVOCLIN	4	
FABIOR	4	
KLARON	4	
<i>myorisan</i>	2	PA
<i>neuac gel 1.2-5%</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ONEXTON	4	
RETIN-A	4	PA
RETIN-A MICRO	4	PA
RETIN-A MICRO PUMP	4	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretin-x cre 0.075%</i>	4	PA
<i>tretinoin CREA</i>	2	PA
TRETINOIN GEL .01%, .05%	2	PA
<i>tretinoin GEL .025%</i>	2	PA
<i>tretinoin microsphere .1%</i>	2	PA
TRETINOIN MICROSPHERE .04%	2	PA
<i>zenatane</i>	2	PA
ZIANA	4	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN	4	
BACTROBAN NASAL	4	
CENTANY	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin OINT</i>	1	
<i>mupirocin calcium (topical)</i>	2	
SILVADENE	4	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox GEL</i>	2	
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox sus 0.77%</i>	2	
<i>clotrimazole (topical)</i>	2	
ERTACZO	5	
EXELDERM	4	
EXTINA	4	
<i>ketconazole (topical)</i>	2	
<i>ketodan aer 2%</i>	2	
LOPROX CREA; SUSP	4	
LOPROX SHAMPOO	5	
LUZU	4	
MENTAX	4	
NAFTIFINE HCL	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NAFTIN	4	
<i>nyamyc</i>	2	
<i>nyata</i>	2	
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop</i>	2	
OXICONAZOLE NITRATE	2	
OXISTAT	4	
DERMATOLOGY, ANTIPRURITIC		
<i>anusol hc</i>	4	
CORTIFOAM	4	
DOXEPIN HCL (ANTIPRURITIC)	2	
<i>procto-med</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc 2.5 %</i>	2	
<i>proctozone hc</i>	2	
PRUDOXIN CRE 5%	4	
ZONALON	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA</i>	2	
<i>calcipotriene SOLN</i>	2	
CALCITRIOL OINT	2	
DOVONEX CRE 0.005%	4	
<i>methoxsalen rapid</i>	5	
8-MOP	4	
OXSORALEN ULTRA	5	
SORIATANE	5	PA
SORILUX	4	
<i>tazarotene CREA</i>	2	PA
TAZORAC	4	PA
VECTICAL	5	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
NIZORAL	4	
<i>selenium sulfide LOTN</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>aclovate</i>	4	
<i>ala-cort</i>	1	
<i>ala-scalp</i>	4	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide CREA; LOTN</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide</i> OINT	4	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i> CREA; GEL; LOTN	2	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	2	
<i>betamethasone valerate</i> CREA; FOAM; LOTN; OINT	2	
<i>calcipotriene/betamethasone</i> CAPEX	2 4	
CLOCORTOLONE PIVALATE	2	
CLODERM PUMP	4	
CORDRAN TAPE	4	
CUTIVATE CREA	4	
CUTIVATE LOTN	5	
DERMA-SMOOTHIE/FS BODY	4	
DERMA-SMOOTHIE/FS SCALP	4	
DERMATOP CREAM 0.1%	4	
DERMATOP OIN 0.1%	4	
DESONATE	4	
DESONIDE CREA	2	
<i>desonide</i> LOTN; OINT	2	
DESOWEN CREA	4	
<i>desowen</i> LOTN	4	
<i>desoximetasone</i> CREA	2	
<i>desoximetasone</i> GEL	2	
DESOXIMETASONE OINT .05%	2	
<i>desoximetasone</i> OINT .25%	2	
DIPROLENE OINT	4	
DIPROLENE AF	4	
ELOCON	4	
ENSTILAR	5	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	
<i>fluocinonide</i> CREA; GEL; OINT; SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>flurandrenolide</i> CREA; OINT	2	
FLURANDRENOLIDE LOTN	2	
<i>fluticasone propionate</i> CREA	2	
<i>fluticasone propionate</i> LOTN	2	
<i>fluticasone propionate</i> OINT	2	
<i>halobetasol propionate</i>	2	
HALOG	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> CREA; OINT	1	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	
LOCOID	4	
LOCOID LIPOCREAM	4	
<i>micort-hc</i>	4	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
<i>nolix</i>	2	
PANDEL	4	
PREDNICARBATE CREA	2	
<i>prednicarbate</i> OINT	2	
SERNIVO	5	
SYNALAR	4	
TACLONEX	5	
<i>texacort</i>	4	
<i>topicort</i> CREA	4	
<i>topicort</i> GEL	4	
TOPICORT OINT .05%	4	
<i>topicort</i> OINT .25%	4	
TOPICORT SPRAY 0.25%	4	
<i>triamcinolone acetonide (topical)</i> AERS; LOTN	2	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	
<i>trianex</i>	4	
<i>triderm</i>	1	
TRIDESILON	4	
ULTRAVATE	4	
VANOS	5	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> OINT; PTCH	2	PA
<i>lidocaine hcl</i> GEL	2	PA
<i>lidocaine hcl</i> SOLN 4%	1	PA
<i>lidocaine-prilocaine</i>	2	PA
LIDODERM	4	PA
SYNERA	4	PA
XYLOCAINE 4%	4	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical</i>	2	
ALDARA	5	
<i>ammonium lactate</i> CREA; LOTN	2	
CARAC	5	
CONDYLOX	4	
DENAVIR	5	
<i>diclofenac sodium (topical) 1% gel</i>	2	PA
<i>diclofenac sodium (topical) 1.5% soln</i>	2	
DOXYCYCLINE (ROSACEA)	2	
EFUDEX	4	
EUCRISA	4	PA
FINACEA AER 15%	4	
FINACEA GEL 15%	4	
<i>fluorouracil (topical) CREA 5%</i>	2	
FLUOROURACIL (TOPICAL) CREA .5%	5	
<i>fluorouracil (topical) SOLN</i>	2	
<i>imiquimod</i> CREA	2	
LAC-HYDRIN	4	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole (topical)</i>	2	
NORITATE	5	
ORACEA	4	
PANRETIN	5	
PENNSAID	5	
PICATO	3	
<i>podofilox</i> SOLN	2	
PROTOPIC	4	
RECTIV	4	
<i>rosadan cre 0.75%</i>	2	
SOOLANTRA	4	
<i>tacrolimus (topical)</i>	2	
TARGRETIN GEL	5	NM, PA
TOLAK	4	
VALCHLOR	5	NM, LA, PA
VOLTAREN GEL 1%	4	PA
XERESE	5	
ZOVIRAX CREA; OINT	5	
ZYCLARA	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
ELIMITE	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
EURAX	4	
<i>malathion</i>	2	
<i>ovide</i>	4	
<i>permethrin</i>	2	
SKLICE	4	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID .25%	1	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole TROC</i>	2	
EVOXAC	4	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	2	
ORAVIG	5	
<i>paroex sol 0.12%</i>	1	
<i>periogard soln 0.12%</i>	1	
PILOCARPINE HCL (ORAL) 5mg	2	
<i>pilocarpine hcl (oral) 7.5mg</i>	2	
SALAGEN	4	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetasol hc</i>	2	
ACETIC ACID (OTIC)	2	
<i>acetic acid sol/hc</i>	2	
<i>acetic acid-aluminum acetate</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
DERMOTIC	4	
<i>floxin</i>	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	
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<i>atovaquone-proguanil hcl tab 250-100</i>		<i>aztreonam</i>	13
<i>mg</i>	16	AZULFIDINE.....	77
<i>atovaquone-proguanil hcl tab 62.5-25</i>		AZULFIDINE EN-TABS	77
<i>mg</i>	16		
ATRIPLA.....	18	B	
ATROPINE SULFATE	76	<i>bacitracin (ophthalmic)</i>	90
ATROVENT	93	<i>bacitracin-polymyxin b (ophth)</i>	90
ATROVENT HFA.....	93	<i>bacitracin-poly-neomycin-hc</i>	90
AUBAGIO	56	<i>baclofen</i>	57
<i>aubra 28 day</i>	65	BACTOCILL INJ DEX 1GM.....	22
AUGMENTIN	22	BACTOCILL INJ DEX 2GM.....	22
AUGMENTIN ES-600	22	BACTRIM.....	13
AUGMENTIN XR	22	BACTRIM DS.....	13
AURYXIA	74	BACTROBAN	98
AUSTEDO	55	BACTROBAN NASAL.....	98
AVALIDE	31	<i>balsalazide disodium</i>	77
AVAPRO.....	32	<i>balziva 28 day</i>	65
AVASTIN	25	BANZEL SUS 40MG/ML	40
AVC.....	80	BANZEL TAB 200MG.....	40
AVELOX	22	BANZEL TAB 400MG.....	40

BARACLUDE.....	19	BIDIL.....	38
BCG VACCINE.....	86	BILTRICIDE.....	13
BECONASE AQ.....	96	BINOSTO.....	64
<i>bekyree 28 day</i>	65	<i>bisoprolol & hydrochlorothiazide</i>	34
BELBUCA.....	8	<i>bisoprolol fumarate</i>	34
BELEODAQ.....	25	BIVIGAM.....	84
<i>benazepril & hydrochlorothiazide</i>	30	<i>bleomycin sulfate</i>	24
<i>benazepril hcl</i>	30	BLEPH-10.....	90
BENDEKA.....	23	<i>blephamide</i>	90
BENICAR.....	32	BLEPHAMIDE.....	90
BENICAR HCT.....	31	<i>blisovi 21 fe 1.5/30 28 day pack</i>	65
BENLYSTA.....	85	<i>blisovi 21 fe 1/20 28 day pack</i>	65
BENTYL.....	76	<i>blisovi 24 fe 1/20 28 day</i>	65
BENZACLIN.....	97	BONIVA.....	64
BENZAMYCIN.....	97	BOOSTRIX.....	86
<i>benzoyl peroxide-erythromycin</i>	97	BOSULIF.....	27
<i>benztropine mesylate</i>	46	BOTOX INJ 100UNIT.....	57
BENZTROPINE MESYLATE.....	46	BOTOX INJ 200UNIT.....	57
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BESIVANCE.....	90	BREVICON-28.....	65
BETAGAN.....	92	<i>briellyn 28 day</i>	65
<i>betamethasone dipropionate (topical)</i>	100	BRILINTA.....	83
<i>betamethasone dipropionate</i> <i>augmented</i>	100	BRIMONIDINE SOL 0.15%.....	92
BETAMETHASONE DIPROPIONATE AUGMENTED.....	100	<i>brimonidine sol 0.2%</i>	92
<i>betamethasone valerate</i>	100	BRISDELLE.....	55
BETAPACE.....	32	BRIVIACT.....	40
BETAPACE AF.....	32	<i>bromfenac sodium (ophth)</i>	91
BETASERON.....	56	<i>bromocriptine mesylate</i>	46
<i>betaxolol hcl</i>	34	BROMSITE.....	91
<i>betaxolol hcl (ophth)</i>	92	BROVANA.....	94
<i>bethanechol chloride</i>	80	<i>budesonide</i>	77
BETHKIS.....	13	<i>budesonide (inhalation)</i>	96
BETIMOL.....	92	<i>budesonide (nasal)</i>	96
BETOPTIC-S.....	92	<i>bumetanide</i>	37
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<i>bexarotene</i>	28	BUNAVAIL MIS 4.2-0.7MG.....	58
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<i>bicalutamide</i>	26	<i>buprenorphine hcl</i>	58
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BICILLIN L-A.....	23	<i>buproban tab 150mg</i>	58
BICNU.....	23	<i>bupropion hcl</i>	44
		<i>bupropion hcl (smoking deterrent)</i>	58
		<i>buspirone hcl</i>	39
		<i>busulfan</i>	23

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<i>butorphanol tartrate</i>	8
BUTRANS.....	8
BYDUREON INJ.....	60
BYDUREON PEN.....	60
BYETTA.....	60
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CABOMETYX.....	27
CADUET.....	35
<i>cafegot tab 1-100mg</i>	54
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CALAN SR.....	35
<i>calcipotriene</i>	99
<i>calcipotriene/betamethasone</i>	100
<i>calcitonin (salmon) nasal spray</i>	73
<i>calcitriol</i>	89
CALCITRIOL.....	99
<i>calcium acetate (phosphate binder)</i>	74
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CAMRESE LO TAB.....	65
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<i>candesartan cilexetil-</i> <i>hydrochlorothiazide</i>	31
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<i>captopril & hydrochlorothiazide</i>	30
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<i>carbidopa</i>	46
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<i>carboplatin</i>	29

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<i>cartia xt</i>	35
<i>carvedilol</i>	35
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<i>caziant pak</i>	65
CEDAX.....	20
<i>cefaclor</i>	20
<i>cefaclor er tab 500mg</i>	20
<i>cefadroxil</i>	20
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<i>cefazolin inj</i>	20
<i>cefazolin sodium</i>	20
<i>cefazolin sodium 1 gm/50ml</i>	20
<i>cefdinir</i>	20
CEFEPIME 1GM SOLN.....	20
CEFEPIME 2GM SOLN.....	20
<i>cefepime inj 1gm</i>	20
<i>cefepime inj 2gm</i>	20
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<i>cefixime</i>	20
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<i>cefotaxime sodium</i>	21
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<i>cefprozil</i>	21
<i>ceftazidime</i>	21
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<i>cefuroxime sodium</i>	21	CIMZIA STARTER KIT	83
CELEBREX CAP 100MG	7	CINQAIR.....	95
CELEBREX CAP 200MG	7	CINRYZE.....	82
CELEBREX CAP 400MG	7	CIPRO HC	103
CELEBREX CAP 50MG.....	7	CIPRO SUSP	22
<i>celecoxib</i>	7	CIPRO TABS.....	22
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CELLCEPT SUSP	85	<i>ciprofloxacin er</i>	22
CELLCEPT TAB.....	85	<i>ciprofloxacin hcl</i>	22
CELONTIN	40	<i>ciprofloxacin hcl (ophth)</i>	90
CENTANY	98	<i>ciprofloxacin in d5w</i>	22
<i>cephalexin</i>	21	<i>ciprofloxacin inj</i>	22
CERDELGA	69	<i>cisplatin</i>	29
CEREZYME	69	<i>citalopram hydrobromide</i>	44
CESAMET	75	<i>cladribine</i>	24
<i>cetirizine syrup</i>	94	<i>claravis</i>	97
<i>cevimeline hcl</i>	103	CLARINEX	94
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<i>chlorhexidine gluconate (mouth-throat)</i>	103	CLEOCIN CAP 150MG	14
<i>chloroquine phosphate</i>	16	CLEOCIN CAP 300MG	14
<i>chlorothiazide tabs</i>	37	CLEOCIN CAP 75MG	13
<i>chlorpromazine hcl</i>	47	CLEOCIN IN D5W	14
<i>chlorpromazine inj</i>	48	CLEOCIN INJ	14
<i>chlorthalidone</i>	37	<i>cleocin phosphate</i>	14
<i>cholestyramine</i>	33	CLEOCIN PHOSPHATE	14
<i>cholestyramine light</i>	33	CLEOCIN VAG SUPP 100MG.....	80
<i>choline fenofibrate</i>	33	CLEOCIN-T	97
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<i>ciclopirox</i>	98	<i>clindacin-p pad 1%</i>	97
<i>ciclopirox cre 0.77%</i>	98	CLINDAGEL.....	97
<i>ciclopirox shampoo 1%</i>	98	<i>clindamax</i>	97
<i>ciclopirox sus 0.77%</i>	98	<i>clindamycin cre 2% vag</i>	80
<i>cidofovir</i>	19	<i>clindamycin hcl</i>	14
<i>cilostazol</i>	82	<i>clindamycin palmitate hydrochloride</i>	14
CILOXAN OIN 0.3% OP	90	<i>clindamycin phosphate</i>	14
CILOXAN SOL 0.3% OP	90	<i>clindamycin phosphate (topical)</i>	97
<i>cimetidine</i>	76	<i>clindamycin phosphate in d5w</i>	14
<i>cimetidine sol 300/5ml</i>	76	CLINDAMYCIN PHOSPHATE IN NAACL....	14

<i>clindamycin phosphate-benzoyl peroxide</i>	97	<i>colchicine w/ probenecid</i>	7
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	97	COLCRYS.....	7
<i>clindamycin phosphate-tretinoin</i>	97	COLESTID.....	33
CLINDESSE.....	81	<i>colestipol hcl</i>	33
CLINIMIX 2.75%/DEXTROSE 5%	87	<i>colistimethate sodium</i>	14
CLINIMIX 4.25%/DEXTROSE 10%.....	88	<i>colocort</i>	77
CLINIMIX 4.25%/DEXTROSE 20%.....	88	COLY-MYCIN M.....	14
CLINIMIX 4.25%/DEXTROSE 25%.....	88	COLY-MYCIN S.....	103
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CLINIMIX 5%/DEXTROSE 20%	88	COMBIVENT RESPIMAT	93
CLINIMIX 5%/DEXTROSE 25%	88	COMBIVIR.....	18
CLINIMIX E 2.75%/DEXTROSE 10%....	88	COMETRIQ.....	27
CLINIMIX E 2.75%/DEXTROSE 5%	88	COMPLERA.....	18
CLINIMIX E 4.25%/D10	88	<i>compro supp</i>	75
CLINIMIX E 4.25%/DEXTROSE 25%....	88	COMTAN.....	46
CLINIMIX E 4.25%/DEXTROSE 5%	88	CONCERTA	52
CLINIMIX E 5%/DEXTROSE 15%	88	CONDYLOX.....	102
CLINIMIX E 5%/DEXTROSE 20%	88	<i>constulose</i>	77
CLINIMIX E 5%/DEXTROSE 25%	88	CONZIP.....	8
<i>clinisol 15</i>	88	COPAXONE INJ 40MG/ML.....	56
CLOCORTOLONE PIVALATE.....	100	COPAXONE KIT 20MG/ML	56
CLODERM PUMP.....	100	COPEGUS.....	19
<i>clofarabine</i>	24	CORDRAN	100
CLOLAR	24	COREG	35
<i>clomipramine hcl</i>	44	COREG CR	35
<i>clonazepam</i>	40	CORGARD	35
<i>clonidine hcl</i>	38	CORLANOR.....	38
<i>clopidogrel bisulfate</i>	83	CORTEF.....	70
<i>clorazepate dipotassium</i>	40	CORTENEMA	77
<i>clorpres</i>	38	CORTIFOAM	99
<i>clotrimazole</i>	103	<i>cortisone acetate</i>	70
<i>clotrimazole (topical)</i>	98	CORTISPORIN.....	98
CLOZAPINE ODT.....	48	CORZIDE.....	34
<i>clozapine tab 100mg</i>	48	COSMEGEN	24
<i>clozapine tab 200mg</i>	48	COSOPT	92
<i>clozapine tab 25mg</i>	48	COSOPT PF.....	92
<i>clozapine tab 50mg</i>	48	COTELLIC.....	27
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CODEINE SULFATE	9	CREON	79
COGENTIN	46	CRESEMBA	16
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		CRINONE.....	74
		CRIXIVAN	17

<i>cromolyn sodium</i>	95	DAYPRO.....	7
<i>cromolyn sodium (mastocytosis)</i>	78	DAYTRANA.....	52
<i>cromolyn sodium (ophth)</i>	92	DDAVP.....	74
<i>cryselle 28</i>	65	<i>deblitane 28 day</i>	65
CUBICIN.....	14	<i>decitabine</i>	25
CUTIVATE.....	100	DELESTROGEN.....	70
CUVPOSA.....	76	<i>delyla 28 day</i>	65
<i>cyclafem 1/35 28 day</i>	65	DELZICOL.....	77
<i>cyclafem 7/7/7 28 day</i>	65	DEMADEX TAB 10MG.....	37
CYCLESSA.....	65	DEMADEX TAB 20MG.....	37
<i>cyclobenzaprine hcl</i>	57	DEMADEX TAB 5MG.....	37
<i>cyclophosphamide</i>	24	<i>demeclocycline hcl</i>	23
CYCLOPHOSPHAMIDE.....	24	DEMSEER.....	38
<i>cycloserine</i>	19	DENAVIR.....	102
<i>cyclosporine</i>	85	DEPACON.....	40
<i>cyclosporine modified (for microemulsion)</i>	85	DEPAKENE.....	40
CYKLOKAPRON.....	82	DEPAKOTE.....	41
CYMBALTA.....	44	DEPAKOTE ER.....	41
<i>cyproheptadine hcl</i>	94	DEPAKOTE SPRINKLES.....	41
<i>cyred tab</i>	65	DEPEN TITRATABS.....	64
CYSTADANE.....	69	<i>depo-estradiol</i>	70
CYSTAGON.....	69	DEPO-MEDROL INJ 20MG/ML.....	70
CYSTARAN.....	93	DEPO-MEDROL INJ 40MG/ML.....	70
<i>cytarabine inj</i>	25	DEPO-MEDROL INJ 80MG/ML.....	71
CYTOMEL.....	74	DEPO-PROVERA CONTRACEPTIVE.....	65
CYTOTEC.....	78	DEPO-PROVERA INJ 400/ML.....	26
CYTOVENE.....	19	DEPO-SUBQ PROVERA 104.....	65
D		<i>depo-testosterone</i>	59
D.H.E. 45.....	54	DERMA-SMOOTH/FS BODY.....	100
<i>dacarbazine</i>	24	DERMA-SMOOTH/FS SCALP.....	100
DACOGEN.....	25	DERMATOP CREAM 0.1%.....	100
DAKLINZA.....	19	DERMATOP OIN 0.1%.....	100
DALIRESP.....	95	DERMOTIC.....	103
DALVANCE.....	14	DESCOVY.....	18
<i>danazol</i>	69	<i>desipramine hcl</i>	44
DANTRIUM.....	57	<i>desloratadine</i>	94
<i>dantrolene sodium</i>	57	<i>desmopressin acetate</i>	75
<i>dapsone</i>	14	DESMOPRESSIN ACETATE.....	75
DAPTACEL.....	86	<i>desmopressin acetate inj</i>	75
<i>daptomycin</i>	14	<i>desmopressin acetate spray</i>	75
DARAPRIM.....	14	<i>desmopressin acetate spray refrigerated</i>	75
<i>darifenacin hydrobromide</i>	80	DESOGEN.....	65
<i>daunorubicin hcl</i>	24	<i>desogestrel-ethinyl estradiol (biphasic)</i>	65

DESONATE.....	100	<i>diclofenac sodium (topical) 1.5% soln</i>	102
<i>desonide</i>	100	<i>diclofenac w/ misoprostol</i>	7
DESONIDE	100	<i>dicloxacillin sodium</i>	23
<i>desowen</i>	100	<i>dicyclomine hcl</i>	76
DESOWEN.....	100	<i>didanosine</i>	17
<i>desoximetasone</i>	100	DIFFERIN	97
DESOXIMETASONE.....	100	DIFICID	21
<i>desvenlafaxine succinate</i>	44	DIFLUCAN.....	16
DETROL.....	80	<i>diflunisal</i>	7
DETROL LA.....	80	<i>digitek</i>	36
<i>dexamethasone</i>	71	<i>digox</i>	37
<i>dexamethasone sodium phosphate</i>	71	<i>digoxin</i>	37
<i>dexamethasone sodium phosphate</i> (<i>ophth</i>).....	91	<i>digoxin inj</i>	37
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<i>dexpak 10 day</i>	71	<i>dihydroergotamine mesylate</i>	54
<i>dexpak 6 day</i>	71	DIHYDROERGOTAMINE MESYLATE	54
<i>dexpak taperpak 13 day</i>	71	<i>dilantin</i>	41
<i>dexrazoxane</i>	29	DILANTIN-125	41
DEXTROSE	88	DILATRATE SR.....	38
DEXTROSE 10% FLEX CONTAIN.....	89	DILAUDID.....	9
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	89	<i>diltiazem cap 120mg cd</i>	35
DEXTROSE 10%/NACL 0.45%	89	<i>diltiazem cap 180mg cd</i>	35
DEXTROSE 2.5%/NACL 0.45%	88	<i>diltiazem cap 240mg cd</i>	35
DEXTROSE 5%.....	88	<i>diltiazem cap 300mg cd</i>	35
DEXTROSE 5% /ELECTROLYTE	88	DILTIAZEM CAP 360MG CD.....	35
DEXTROSE 5%/LACTATED RING	88	<i>diltiazem cap er/12hr</i>	36
DEXTROSE 5%/NACL 0.2%	88	DILTIAZEM ER TAB 180MG	36
DEXTROSE 5%/NACL 0.225%	89	DILTIAZEM ER TAB 240MG	36
DEXTROSE 5%/NACL 0.3%	88	DILTIAZEM ER TAB 300MG	36
DEXTROSE 5%/NACL 0.33%	88	DILTIAZEM ER TAB 360MG	36
DEXTROSE 5%/NACL 0.45%	89	DILTIAZEM ER TAB 420MG	36
DEXTROSE 5%/NACL 0.9%	88	<i>diltiazem hcl</i>	36
DEXTROSE 5%/POTASSIUM CHL	89	<i>diltiazem hcl cap sr 24hr</i>	36
DIAMOX	37	<i>diltiazem hcl coated beads cap sr 24hr</i>	36
DIASTAT ACUDIAL.....	41	<i>diltiazem hcl extended release beads</i> <i>cap sr</i>	36
DIASTAT PEDIATRIC.....	41	<i>diltiazem inj 100mg</i>	36
<i>diazepam</i>	41	<i>diltiazem inj 125/25ml</i>	36
DIAZEPAM GEL.....	41	<i>diltiazem inj 25mg/5ml</i>	36
DIBENZYLINE	38	<i>diltiazem inj 50/10ml</i>	36
<i>diclofenac potassium</i>	7	<i>dilt-xr cap</i>	35
<i>diclofenac sodium</i>	7	DIOVAN	32
<i>diclofenac sodium (ophth)</i>	91	DIOVAN HCT	31
<i>diclofenac sodium (topical) 1% gel</i>	102		

DIPENTUM.....	77	<i>dronabinol</i>	75
<i>diphenhydram inj 50mg/ml</i>	94	<i>drospirenone-ethinyl estradiol</i>	65
<i>diphenoxylate w/ atropine</i>	78	DROSPIRENONE-ETHINYL ESTRADIOL- LEVOMEFOLATE CALCIUM.....	65
DIPHThERIA/TETANUS TOXOID	86	DROXIA	28
DIPROLENE.....	100	DUAC.....	97
DIPROLENE AF	100	DUETACT.....	61
<i>disopyramide phosphate</i>	32	DUEXIS.....	7
<i>disulfiram</i>	58	DULERA	97
DITROPAN XL	80	<i>duloxetine hcl</i>	44
DIURIL SUS 250/5ML.....	37	DUOPA	46
<i>divalproex sodium</i>	41	DURAGESIC	9
DOCEFREZ	25	DURAMORPH	9
<i>docetaxel</i>	25	DUREZOL.....	91
DOCETAXEL.....	25	DURLAZA	83
DOCETAXEL 160MG/16ML.....	25	<i>dutasteride</i>	80
DOCETAXEL 20MG/2ML.....	25	<i>dutasteride-tamsulosin hcl</i>	80
DOCETAXEL SOLN 80MG/8ML	25	DUTOPROL	34
DOFETILIDE	32	DYAZIDE	37
DOLOPHINE.....	9	DYMISTA SPR 137-50.....	94
<i>donepezil odt 10mg</i>	43	DYRENIUM.....	37
<i>donepezil odt 5mg</i>	43	E	
<i>donepezil tab hcl 23mg</i>	43	<i>e.e.s 400</i>	21
<i>donepezil tabs 10mg</i>	44	E.E.S. GRANULES.....	21
<i>donepezil tabs 5mg</i>	43	EC-NAPROSYN	7
DORIBAX.....	14	EDARBI.....	32
DORIPENEM.....	14	EDARBYCLOR	31
<i>dorzolamide hcl</i>	92	EDECIN	37
<i>dorzolamide hcl-timolol maleate</i>	92	EDURANT	17
DOVONEX CRE 0.005%.....	99	EFFEXOR XR	44
<i>doxazosin mesylate</i>	30	EFFIENT	83
<i>doxepin hcl</i>	44	EFUDEX	102
DOXEPIN HCL (ANTIPRURITIC).....	99	EGRIFTA.....	73
<i>doxercalciferol</i>	90	ELAPRASE.....	69
DOXIL	24	ELDEPRYL	46
<i>doxorubicin hcl</i>	24	ELECTROLYTE-R IN DEXTROSE	89
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	24	ELELYSO.....	69
<i>doxorubicin inj 50mg</i>	24	ELESTAT	92
<i>doxy</i>	23	ELIGARD INJ 22.5MG	26
<i>doxycycline (monohydrate)</i>	23	ELIGARD INJ 30MG.....	26
DOXYCYCLINE (ROSACEA).....	102	ELIGARD INJ 45MG.....	26
<i>doxycycline hyclate</i>	23	ELIGARD INJ 7.5MG	26
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<i>hydrocodone-acetaminophen 5-325mg</i>	10
<i>hydrocodone-acetaminophen 7.5- 300mg</i>	10
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	10
<i>hydrocodone-acetaminophen 7.5- 325mg</i>	10
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MEDROL TAB 32MG	71	<i>methadone hcl 10mg</i>	11
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