



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 11/01/2017. 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 11

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 11

This formulary was updated on 11/1/17. 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 11/1/2017. 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 11/1/17. 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 105. 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 105.

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	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	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	
MORPHABOND ER 15mg, 30mg	4	QL (60 tabs / 30 days)
MORPHABOND ER 60mg, 100mg	5	QL (60 tabs / 30 days)
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, 2 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, 2 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)

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) 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (120 tabs / 30 days)
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)
ZOXYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg	4	QL (120 caps / 30 days)
ZOXYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)

ANESTHETICS

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
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> 4%	2	
<i>lidocaine hcl (local anesth.)</i> .5%, 1%	2	B/D
<i>lidocaine inj</i> 0.5%	2	B/D
<i>lidocaine inj</i> 1%	2	B/D
<i>lidocaine inj</i> 1.5%	2	B/D
<i>lidocaine inj</i> 2%	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</i> SOLN	2	
BETHKIS	5	NM, PA
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
KITABIS PAK	5	NM, PA
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	2	
<i>sulfadiazine</i> TABS	4	
TOBI NEB	5	NM, PA
TOBI PODHALER	5	NM, LA, PA
<i>tobramycin</i> NEBU	5	NM, PA
<i>tobramycin inj</i> 1.2 gm/30ml	2	
<i>tobramycin inj</i> 1.2gm	5	
<i>tobramycin inj</i> 10mg/ml	2	
<i>tobramycin inj</i> 40mg/ml	2	
<i>tobramycin inj</i> 80mg/2ml	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	4	
<i>atovaquone</i> SUSP	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</i> SOLR	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 75MG	4	
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 NAACL	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

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
MACRODANTIN	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
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	

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>vancomycin hcl</i> SOLR	2	
VANCOMYCIN IN NAACL	4	
VIBATIV	5	
XIFAXAN TAB 200MG	5	
ZYVOX	5	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	2	B/D
ANCOBON	5	
CANCIDAS	5	
CASPOFUNGIN ACETATE	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	

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
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	2	
SUSTIVA CAPS 50mg	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
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)
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	
EPCLUSA	5	NM, PA
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

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
HARVONI	5	NM, PA
HEPSERA	5	
<i>lamivudine (hbv)</i>	2	
MAVYRET	5	NM, PA
<i>moderiba pak</i>	5	NM
<i>moderiba tab 200mg</i>	2	NM
<i>oseltamivir phosphate</i>	2	
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM
<i>ribasphere CAPS</i>	2	NM
<i>ribasphere TABS 200mg</i>	2	NM
<i>ribasphere TABS 400mg, 600mg</i>	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 TABS</i>	2	
VALCYTE	5	
<i>valganciclovir hcl</i>	5	
VALTREX	4	
VEMLIDY	5	
VOSEVI	5	NM, PA
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 CAPS</i>	1	
<i>cefadroxil SUSR; TABS</i>	2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium SOLR 1gm, 20gm</i>	2	

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

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
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	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN IN DEXTROSE	4	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium 1gm, 2gm</i>	2	
<i>oxacillin sodium 10gm</i>	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 CAPS</i>	2	
<i>doxycycline hyclate SOLR</i>	2	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	2	
<i>doxycycline hyclate TBEC</i>	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 CAPS; TABS; TB24</i>	2	
<i>morgidox cap 1x50mg</i>	2	
TETRACYCLINE HCL CAPS	2	
VIBRAMYCIN	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
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
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
ELLENCÉ	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		

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>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
<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
DOCEFREZ	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		

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
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
IBRANCE	5	NM, LA, PA
IDHIFA	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 CAPS	5	NM, LA, PA
NINLARO	5	NM, PA
PERJETA	5	NM, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	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

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
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	
<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

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
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
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
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA
TARCEVA	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

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Drug Name	Drug Tier	Requirements/Limits
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
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>leucovorin 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

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>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 SOLR</i>	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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	

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
ZESTRIL	4	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	4	
<i>eplerenone</i>	2	
INSPIRA	4	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
CARDURA	4	
<i>doxazosin mesylate</i>	2	
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	

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
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	
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 TABS</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>amiodarone inj 50mg/ml</i>	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

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
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	
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</i> TABS	1	
CRESTOR	4	
FLOLIPID	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</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	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	

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>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	1	
FENOFIBRATE CAPS	2	
FENOFIBRATE TABS 40mg, 120mg	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i>	2	
FENOFIBRIC ACID	2	
FENOGLIDE 40mg	4	
FENOGLIDE 120mg	5	
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	
<i>triklo</i>	2	
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	

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>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
TENORETIC 50	4	
TENORETIC 100	4	
ZIAC	4	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
COREG	4	
COREG CR	4	
CORGARD	4	
INDERAL LA	4	
<i>labetalol hcl SOLN; TABS</i>	2	
LOPRESSOR	4	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	2	
<i>metoprolol tartrate SOLN</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	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 TABS</i>	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 TABS</i>	1	
CALAN	4	
CALAN SR	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
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	
<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	

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>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	2	
VERAPAMIL HCL CP24 360mg	2	
<i>verapamil hcl</i> SOLN	2	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl</i> TBCR	1	
VERELAN	4	
VERELAN PM	4	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek</i> .25mg	2	PA; PA if 65 years and older
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<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
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA	4	
TEKTURNA HCT	4	
<i>DIURETICS</i>		
<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	

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
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 SOLN; TABS</i>	1	
<i>furosemide inj 10mg/ml</i>	2	
FUROSEMIDE INJ 10mg/ml	2	
<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	

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
KEVEYIS	5	NM, PA
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
PHENOXYBENZAMINE HCL CAPS	5	
RANEXA	3	
<i>NITRATES</i>		
DILATRATE SR	4	
GONITRO	4	
ISORDIL TITRADOSE 5mg	4	
ISORDIL TITRADOSE 40mg	5	
<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</i> SOLN .4mg/spray	2	
<i>nitroglycerin</i> SUBL	2	
NITROGLYCERIN LINGUAL	2	
<i>nitroglycerin td patch</i>	2	
NITROLINGUAL PUMPSPRAY	4	
NITROMIST	4	
NITROSTAT	4	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
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

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
VENTAVIS	5	NM, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> CONC	2	QL (300 mL / 30 days)
<i>alprazolam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>alprazolam</i> TABS .25mg	1	QL (480 tabs / 30 days)
ATIVAN SOLN	4	
ATIVAN TABS	5	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	
<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)

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>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	
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> CSDR; TB24; TBEC	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)

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>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	
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	

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>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)
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	

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>vigabatrin powd pack</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT	4	
ZARONTIN CAPS	4	
<i>zarontin SOLN</i>	4	
ZONEGRAN 25mg	4	
ZONEGRAN 100mg	5	
<i>zonisamide CAPS</i>	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	
<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	

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>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	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</i> TABS	2	
<i>desvenlafaxine succinate</i>	2	
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	2	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)
EFFEXOR XR	4	
EMSAM	5	PA
<i>escitalopram oxalate</i>	2	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap</i> 10mg	1	
<i>fluoxetine cap</i> 20mg	1	
<i>fluoxetine cap</i> 40mg	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> TBDP	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	

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>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
<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	

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
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	
<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	

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
STALEVO	4	
XADAGO	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	
<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)

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
GEODON INJ	4	QL (6 mL / 3 days)
HALDOL	4	
HALDOL DECANOATE 50	4	
HALDOL DECANOATE 100	4	
<i>haloperidol</i> TABS	2	
<i>haloperidol decanoate</i> SOLN	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)
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 10mg</i>	2	
<i>molindone hcl 25mg</i>	2	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	2	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
<i>olanzapine odt</i> 5mg	2	QL (30 tabs / 30 days)
<i>olanzapine odt</i> 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
ORAP	4	
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate</i> TABS	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	2	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
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	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)
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	

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
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)
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</i> 5mg	4	QL (360 tabs / 30 days)
<i>adderall tab</i> 7.5mg	4	QL (240 tabs / 30 days)
<i>adderall tab</i> 10mg	4	QL (180 tabs / 30 days)
<i>adderall tab</i> 12.5mg	4	QL (144 tabs / 30 days)
<i>adderall tab</i> 15mg	4	QL (120 tabs / 30 days)
<i>adderall tab</i> 20mg	4	QL (90 tabs / 30 days)
<i>adderall tab</i> 30mg	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</i> 10mg er	2	QL (90 caps / 30 days)
<i>amphetamine cap</i> 15mg er	2	QL (30 caps / 30 days)
<i>amphetamine cap</i> 20mg er	2	QL (30 caps / 30 days)
<i>amphetamine cap</i> 25mg er	2	QL (30 caps / 30 days)
<i>amphetamine cap</i> 30mg er	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	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
<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)
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 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
CONCERTA 18mg, 27mg, 36mg	4	QL (60 tabs / 30 days)
CONCERTA 54mg	4	QL (30 tabs / 30 days)
COTEMPLA XR-ODT	4	QL (60 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 CHEW</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl CP24 20mg</i>	2	QL (60 caps / 30 days)
METHYLPHENIDATE HCL CP24 30mg	2	QL (60 caps / 30 days)
<i>methylphenidate hcl CP24 40mg, 60mg</i>	2	QL (30 caps / 30 days)
<i>methylphenidate hcl CPCR 10mg, 20mg</i>	2	QL (60 caps / 30 days)
METHYLPHENIDATE HCL CPCR 30mg	2	QL (60 caps / 30 days)
<i>methylphenidate hcl CPCR 40mg, 50mg, 60mg</i>	2	QL (30 caps / 30 days)
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 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>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)
MYDAYIS CAP 12.5MG	4	QL (60 caps / 30 days)
MYDAYIS CAP 25MG	4	QL (60 caps / 30 days)
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days)
MYDAYIS CAP 50MG	4	QL (30 caps / 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)
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

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
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)
temazepam 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
temazepam 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate 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

almotriptan malate	2	QL (12 tabs / 30 days)
AMERGE	4	QL (12 tabs / 30 days)
AXERT	4	QL (12 tabs / 30 days)
cafergot tab 1-100mg	4	
D.H.E. 45	5	
dihydroergotamine mesylate 1mg/ml	2	
DIHYDROERGOTAMINE MESYLATE 4mg/ml	5	QL (8 mL / 30 days)
eletriptan hydrobromide	2	QL (12 tabs / 30 days)
ergomar	4	
ergotamine w/ caffeine	2	
FROVA TAB 2.5MG	4	QL (18 tabs / 30 days)
frovatriptan succinate	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)

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
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)
SUMATRIPTAN SUCCINATE SOLN 5mg/act	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	

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
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	
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

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
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
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	

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
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
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</i> 150mg	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 (pmdd)</i>	2	(generic of SARAFEM)

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>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
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

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
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
VOGELXO PUMP	4	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE

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 JUNIOR KWIKPEN	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	

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
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	
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)

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
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)
<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)

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
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)
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)

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
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 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	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)
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)
<i>BISPHOSPHONATES</i>		
ACTONEL	4	
<i>alendronate sodium SOLN</i>	2	
<i>alendronate sodium TABS</i>	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	

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>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 SOLR</i>	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
<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	

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>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</i>	2	
<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	
<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	
<i>isibloom 28 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	

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>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	
<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>lutra 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	

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
MICROGESTIN FE 1/20	2	
MINASTRIN 24 FE	4	
<i>mircette</i>	4	
<i>mono-linyah 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</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	
<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	

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>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	
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

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>danazol</i> CAPS	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
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 vaginal tab 10 mcg</i>	2	
<i>estradiol valerate</i> OIL	2	
ESTRING	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
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 1mg-5mcg</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 TABS</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
DEPO-MEDROL INJ 40MG/ML	4	B/D
DEPO-MEDROL INJ 80MG/ML	4	B/D
<i>dexamethasone CONC; ELIX; SOLN</i>	2	
<i>dexamethasone TABS</i>	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 TABS</i>	2	
<i>hydrocortisone TABS</i>	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	

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>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
<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	

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
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 FLEXP	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
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	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

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>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		
FORTEO	5	NM, PA
NATPARA	5	NM, PA
TYMLOS	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	2	
<i>eliphos</i>	4	
FOSRENOL	5	
<i>lanthanum carbonate chew tab</i>	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 TABS</i>	2	
<i>progesterone micronized CAPS</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
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	
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

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
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
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl</i> SOLN; SUPP; SYRP; TABS	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)
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
SUSTOL	4	
SYNDROS	5	B/D
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

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
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</i> CAPS; TABS	1	
<i>dicyclomine hcl</i> SOLN	2	
<i>glycopyrrolate</i> SOLN; TABS	2	
<i>methscopolamine bromide</i> TABS	2	
PAMINE	4	
PAMINE FORTE	4	
ROBINUL	4	
ROBINUL FORTE	4	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS	2	
<i>cimetidine sol</i> 300/5ml	2	
<i>famotidine</i> SOLN	2	
<i>famotidine</i> SUSR	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>nizatidine</i>	2	
<i>pepcid</i>	4	
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	

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>colocort</i>	2	
CORTENEMA	4	
DELZICOL	4	
DIPENTUM	5	
ENTOCORT EC	5	
ENTYVIO	5	NM, PA
GIAZO	5	
HYDROCORTISONE (ENEMA)	2	
LIALDA	4	
<i>mesalamine</i> TBEC 1.2gm	2	
MESALAMINE TBEC 800mg	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	
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	

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>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 CAPS</i>	2	
LOTRONEX	5	PA
<i>misoprostol TABS</i>	2	
MOVANTIK	3	
PREVPAC	5	
PYLERA	5	
RELISTOR	5	PA
SUCRAID	5	LA
<i>sucralfate TABS</i>	2	
TRULANCE	4	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol CAPS; TABS</i>	2	
VIBERZI	5	PA
XIFAXAN TAB 550MG	5	PA
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)

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>esomeprazole sodium inj</i>	2	
<i>lansoprazole CPDR</i>	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 SOLR</i>	2	
<i>pantoprazole sodium TBEC</i>	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	
AVODART	4	
CARDURA XL	4	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride TABS 5mg</i>	1	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
<i>tamsulosin hcl</i>	2	
UROXATRAL	4	

MISCELLANEOUS

<i>bethanechol chloride TABS</i>	2	
ELMIRON	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>potassium citrate (alkalinizer) 15meq</i>	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 SYRP</i>	1	
<i>oxybutynin chloride TABS; TB24</i>	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>tropium chloride</i>	2	
<i>tropium 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	
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	

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
ELIQUIS TAB 5MG	4	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
ENOXAPARIN SODIUM 300mg/3ml	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	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</i> 100u/ml	3	
<i>heparin sod inj</i> 1000u/ml	2	B/D
<i>heparin sod inj</i> 5000u/0.5ml	2	B/D
<i>heparin sod inj</i> 5000u/ml	2	B/D
<i>heparin sod inj</i> 10000u/ml	2	B/D
<i>heparin sod inj</i> 20000u/ml	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	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml,3 40mcg/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

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
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
HAEGARDA	5	NM, LA, 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
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	

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>prasugrel hcl</i>	2	
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 TABS</i>	2	
<i>methotrexate sodium tabs</i>	2	
ORENCIA	5	NM, PA
ORENCIA CLICKJECT	5	NM, PA
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

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
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		
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

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
ENVARUSUS 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 CAPS; TABS</i>	2	B/D
<i>mycophenolate mofetil SUSR</i>	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
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	

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
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
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	

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	

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>magnesium sulfate</i> SOLN 2gm/50ml, 50%	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</i> TBCR	2	
<i>potassium chloride caps er</i>	2	
<i>potassium chloride microencapsulated crystals er</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
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

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 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	
DEXTROSE 5%/NAACL 0.45%	2	
DEXTROSE 5%/NAACL 0.225%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
DEXTROSE 10% FLEX CONTAIN	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/NAACL 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/NAACL0.2%	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
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</i> CAPS; SOLN	2	B/D
<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

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
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	
<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	

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>sulfacet sod oin 10% op</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
TOBREX OINT 0.3%	4	
TOBREX 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	
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		
ALOCRIAL	4	
ALOMIDE	4	
<i>azelastine drop 0.05%</i>	2	
BEPREVE	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
<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	
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	

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
ZIOPTAN	4	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
LACRISERT	4	
<i>naphazoline hcl</i> SOLN	1	
PROLENSA	3	
<i>proparacaine hcl</i> SOLN	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)
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

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>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)
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	

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
SINGULAIR	4	
<i>zafirlukast</i>	2	
<i>zileuton</i>	5	
ZYFLO CR	5	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> NEBU	2	B/D
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/0.3ml	2	(generic of ADRENALCLICK)
EIPEN 2-PAK	3	
EIPEN-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		
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)

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
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)
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	

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
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	2	
<i>amneesteem</i>	2	PA
AVITA	2	PA
AZELEX	4	
BENZACLIN	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>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	
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	

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
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	
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	

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>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	
<i>amcinonide OINT</i>	4	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i> CREA; GEL; LOTN	2	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	2	
<i>betamethasone valerate CREA; FOAM;</i> LOTN; OINT	2	
<i>calcipotriene/betamethasone</i>	2	
CAPEX	4	
CLOCORTOLONE PIVALATE	2	
CLODERM PUMP	4	
CORDRAN TAPE	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
CUTIVATE CREA	4	
CUTIVATE LOTN	5	
DERMA-SMOOTH/FS BODY	4	
DERMA-SMOOTH/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	
<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	

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
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		
<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	

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
FINACEA GEL 15%	4	
<i>fluorouracil (topical)</i> CREA 5%	2	
FLUOROURACIL (TOPICAL) CREA .5%	5	
<i>fluorouracil (topical)</i> SOLN	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	
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	

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
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	
OTOVEL	4	

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

Index

8

8-MOP 100

A

abacavir sulfate 17

ABACAIVIR SULFATE-LAMIVUDINE 18

abacavir sulfate-lamivudine-zidovudine
..... 18

ABELCET 16

ABILIFY MAINTENA 48

ABILIFY TABS 48

ABRAXANE 25

ABSTRAL 9

acamprosate calcium 58

ACANYA 97

acarbose 61

ACCOLATE 95

ACCUPRIL 30

ACCURETIC 30

acebutolol hcl 35

acetaminophen w/ codeine 8

acetaminophen-caff-dihydrocod 8

acetazol hc 104

acetazolamide 37

acetazolamide sodium 37

ACETIC ACID 103

ACETIC ACID (OTIC) 104

acetic acid sol/hc 104

acetic acid-aluminum acetate 104

acetylcysteine 96

ACIPHEX 79

ACIPHEX SPR CAP 10MG 79

ACIPHEX SPR CAP 5MG 79

acitretin 100

aclovate 100

ACTEMRA 84

ACTHIB 86

ACTIGALL 79

ACTIMMUNE 85

ACTIQ 9

ACTONEL 64

ACTOPLUS MET TAB 15-500MG 61

ACTOPLUS MET TAB 15-850MG 61

ACTOPLUS MET XR 15-1000MG 61

ACTOPLUS MET XR 30-1000MG 61

ACTOS 61

ACULAR 92

ACULAR LS 92

ACUVAIL 92

acyclovir 19

acyclovir sodium 19

acyclovir topical 102

ACZONE 97

ADACEL 86

ADAGEN 70

ADALAT CC 35

adapalene 97

ADAPALENE-BENZOYL PEROXIDE GEL

0.1-2.5% 98

ADCIRCA 39

adderall tab 10mg 51

adderall tab 12.5mg 51

adderall tab 15mg 51

adderall tab 20mg 51

adderall tab 30mg 51

adderall tab 5mg 51

adderall tab 7.5mg 51

ADDERALL XR CAP 10MG 51

ADDERALL XR CAP 15MG 51

ADDERALL XR CAP 20MG 51

ADDERALL XR CAP 25MG 51

ADDERALL XR CAP 30MG 51

ADDERALL XR CAP 5MG 51

adefovir dipivoxil 19

ADEMPAS 39

ADLYXIN 60

ADLYXIN STARTER PACK 60

adriamycin 24

adrucil 25

ADVAIR DISKUS 97

ADVAIR HFA 97

AEROSPAN 96

afeditab cr 35

AFINITOR 27

AFINITOR DISPERZ 27

AFREZZA 73

AFREZZA POW 4UNIT.....	73	ALPHAGAN P 0.1%.....	93
AGGRENEX.....	83	ALPHAGAN P 0.15%.....	93
AGRYLIN.....	83	<i>alprazolam</i>	40
AKYNZEO.....	75	ALREX.....	92
<i>ala-cort</i>	100	ALTACE.....	30
<i>ala-scalp</i>	100	<i>altavera tab</i>	65
ALBENZA.....	13	ALTOPREV.....	33
<i>albuterol sulfate</i>	95	ALUNBRIG.....	27
<i>albuterol sulfate er</i>	95	ALVESCO.....	97
<i>alclometasone dipropionate</i>	100	<i>alyacen 1/35</i>	65
ALCOHOL SWABS.....	60	<i>amantadine hcl</i>	46
ALDACTAZIDE.....	37	AMARYL.....	62
ALDACTAZIDE TAB 50/50.....	37	AMBIEN.....	53
ALDACTONE.....	31	AMBISOME.....	16
ALDARA.....	102	<i>amcinonide</i>	100
ALDURAZYME.....	70	AMERGE.....	54
ALECENSA.....	27	<i>amethia 91 day</i>	65
<i>alendronate sodium</i>	64	AMETHIA LO.....	65
<i>alfuzosin hcl</i>	80	AMIFOSTINE.....	29
ALIMTA.....	25	<i>amikacin sulfate</i>	13
ALINIA.....	13	<i>amiloride & hydrochlorothiazide</i>	37
ALKERAN.....	24	<i>amiloride hcl</i>	37
<i>allopurinol sodium</i>	7	<i>aminophylline inj</i>	97
<i>allopurinol tab</i>	7	AMINOSYN.....	88
<i>almotriptan malate</i>	54	AMINOSYN 7%/ELECTROLYTES.....	88
ALOCRIL.....	92	AMINOSYN II 10%.....	88
ALOGLIPTIN BENZOATE.....	61	AMINOSYN II 15%.....	88
ALOGLIPTIN-METFORMIN HCL.....	61	AMINOSYN II 8.5%.....	88
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG.....	61	AMINOSYN II 8.5%/ELECTROL.....	88
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG.....	62	AMINOSYN INJ 8.5/LYTE.....	88
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-45 MG.....	62	AMINOSYN M.....	88
ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG.....	62	AMINOSYN-HBC.....	88
ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG.....	62	AMINOSYN-PF 7%.....	88
ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG.....	62	AMINOSYN-PF INJ 10%.....	88
ALOMIDE.....	92	AMINOSYN-RF.....	88
ALOPRIM.....	7	<i>amiodarone hcl</i>	32
ALORA.....	70	<i>amiodarone inj 50mg/ml</i>	32
<i>alose tron hcl</i>	79	AMITIZA.....	79
ALOXI.....	75	<i>amitriptyline hcl</i>	44
		<i>amlodipine besylate</i>	35
		<i>amlodipine besylate/atorv</i>	35
		<i>amlodipine besylate-benazepril hcl</i>	30
		<i>amlodipine besylate-olmesartan medoxomil</i>	31

<i>amlodipine besylate-valsartan tab 10-160 mg</i>	31	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	52
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	31	<i>amphotericin b</i>	16
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	31	<i>ampicillin & sulbactam sodium</i>	22
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	31	<i>ampicillin cap 250mg</i>	22
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> 31		<i>ampicillin cap 500 mg</i>	22
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> ...	31	<i>ampicillin inj</i>	22
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> ...	31	<i>ampicillin sodium</i>	22
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> ..	31	<i>ampicillin susp</i>	22
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	31	AMPYRA.....	56
<i>ammonium lactate</i>	102	ANADROL-50.....	59
<i>amnesteem</i>	98	ANAFRANIL	44
<i>amoxapine</i>	44	<i>anagrelide hcl</i>	83
<i>amoxicillin</i>	22	ANAPROX DS.....	7
<i>amoxicillin & pot clavulanate</i>	22	<i>anastrozole</i>	26
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	79	ANCOBON.....	16
<i>amphetamine cap 10mg er</i>	51	ANDRODERM	59
<i>amphetamine cap 15mg er</i>	51	ANDROGEL.....	59
<i>amphetamine cap 20mg er</i>	51	ANDROGEL 1%.....	59
<i>amphetamine cap 25mg er</i>	51	ANDROGEL 1.62%	59
<i>amphetamine cap 30mg er</i>	51	ANORO ELLIPT AER 62.5-25.....	94
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	51	<i>antabuse</i>	58
<i>amphetamine-dextroamphetamine tab 10 mg</i>	52	ANTARA	33
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	52	<i>anusol hc</i>	99
<i>amphetamine-dextroamphetamine tab 15 mg</i>	52	APIDRA.....	60
<i>amphetamine-dextroamphetamine tab 20 mg</i>	52	APIDRA SOLOSTAR.....	60
<i>amphetamine-dextroamphetamine tab 30 mg</i>	52	ALENZIN	44
<i>amphetamine-dextroamphetamine tab 5 mg</i>	52	APOKYN.....	46
		<i>aprepitant</i>	75
		<i>apri 28 day</i>	65
		APRISO	77
		APTENSIO XR.....	52
		APTIOM.....	40
		APTIVUS.....	17
		ARALAST NP	96
		<i>aranelle 28</i>	65
		ARANESP ALBUMIN FREE	82
		ARAVA.....	84
		ARCALYST.....	85
		ARCAPTA NEOHALER	95
		ARICEPT	44
		ARIMIDEX.....	26
		<i>aripiprazole odt</i>	48
		<i>aripiprazole oral solution 1 mg/ml</i>	48
		<i>aripiprazole tab</i>	48

ARISTADA	48	AVAPRO	32
ARIXTRA	81	AVASTIN	26
<i>armodafinil</i>	58	AVC	81
ARMODAFINIL	58	AVELOX	22
ARNUITY ELLIPTA	97	<i>aviane 28</i>	65
AROMASIN	26	AVITA	98
ARRANON	25	AVODART.....	80
ARTHROTEC 50.....	7	AVONEX.....	56
ARTHROTEC 75.....	7	AVONEX PEN	56
ARZERRA.....	26	AVYCAZ	20
ASACOL HD	77	AXERT	54
<i>ashlyna 91 day</i>	65	AXIRON	59
ASMANEX	97	<i>aygestin</i>	74
ASMANEX HFA.....	97	<i>azacitidine</i>	25
ASPIRIN-CAFFEINE-DIHYDROCODEINE		AZACTAM.....	13
CAP 356.4-30-16 MG	8	AZACTAM IN ISO-OSMOTIC DE.....	13
ASPIRIN-DIPYRIDAMOLE	83	AZACTAM/DEX INJ 2GM	13
ASTAGRAF XL	85	<i>azasan</i>	85
ASTEPRO	94	AZASITE.....	91
ATACAND.....	32	<i>azathioprine</i>	85
ATACAND HCT.....	31	<i>azelastine drop 0.05%</i>	92
ATELVIA.....	64	<i>azelastine spr 0.1%</i>	94
<i>atenolol</i>	35	<i>azelastine spr 0.15%</i>	94
<i>atenolol & chlorthalidone</i>	34	AZELEX.....	98
ATGAM.....	85	AZILECT	46
ATIVAN.....	40	<i>azithromycin</i>	21
<i>atomoxetine hcl</i>	52	AZITHROMYCIN.....	21
<i>atorvastatin calcium</i>	33	AZOPT	93
<i>atovaquone</i>	13	AZOR.....	31
<i>atovaquone-proguanil hcl tab 250-100</i>		<i>aztreonam</i>	13
<i>mg</i>	17	AZULFIDINE.....	77
<i>atovaquone-proguanil hcl tab 62.5-25</i>		AZULFIDINE EN-TABS	77
<i>mg</i>	17		
ATRIPLA.....	18	B	
ATROPINE SULFATE	77	<i>bacitracin (ophthalmic)</i>	91
ATROVENT	94	<i>bacitracin-polymyxin b (ophth)</i>	91
ATROVENT HFA.....	94	<i>bacitracin-poly-neomycin-hc</i>	91
AUBAGIO	56	<i>baclofen</i>	57
<i>aubra 28 day</i>	65	BACTOCILL INJ DEX 1GM.....	23
AUGMENTIN	23	BACTOCILL INJ DEX 2GM.....	23
AUGMENTIN ES-600	23	BACTRIM.....	13
AUGMENTIN XR	23	BACTRIM DS.....	13
AURYXIA	74	BACTROBAN	99
AUSTEDO	55	BACTROBAN NASAL.....	99
AVALIDE	31	<i>balsalazide disodium</i>	77

<i>balziva 28 day</i>	65	<i>bicalutamide</i>	26
BANZEL SUS 40MG/ML.....	40	BICILLIN C-R.....	23
BANZEL TAB 200MG.....	40	BICILLIN L-A.....	23
BANZEL TAB 400MG.....	40	BICNU.....	24
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>	35
BELEODAQ.....	26	BIVIGAM.....	85
<i>benazepril & hydrochlorothiazide</i>	30	<i>bleomycin sulfata</i>	24
<i>benazepril hcl</i>	30	BLEPH-10.....	91
BENDEKA.....	24	<i>blephamide</i>	91
BENICAR.....	32	BLEPHAMIDE.....	91
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.....	77	<i>blisovi 24 fe 1/20 28 day</i>	65
BENZACLIN.....	98	BONIVA.....	64
BENZAMYCIN.....	98	BOOSTRIX.....	86
<i>benzoyl peroxide-erythromycin</i>	98	BOSULIF.....	27
<i>benztropine mesylate</i>	46	BOTOX INJ 100UNIT.....	57
BENZTROPINE MESYLATE.....	46	BOTOX INJ 200UNIT.....	57
BEPREVE.....	92	BREO ELLIPTA.....	97
BESIVANCE.....	91	BREVICON-28.....	65
BETAGAN.....	93	<i>briellyn 28 day</i>	66
<i>betamethasone dipropionate (topical)</i>	100	BRILINTA.....	83
<i>betamethasone dipropionate</i> <i>augmented</i>	100	BRIMONIDINE SOL 0.15%.....	93
BETAMETHASONE DIPROPIONATE AUGMENTED.....	100	<i>brimonidine sol 0.2%</i>	93
<i>betamethasone valerate</i>	100	BRISDELLE.....	55
BETAPACE.....	32	BRIVIACT.....	40
BETAPACE AF.....	32	<i>bromfenac sodium (ophth)</i>	92
BETASERON.....	56	<i>bromocriptine mesylate</i>	46
<i>betaxolol hcl</i>	35	BROMSITE.....	92
<i>betaxolol hcl (ophth)</i>	93	BROVANA.....	95
<i>bethanechol chloride</i>	80	<i>budesonide</i>	77
BETHKIS.....	13	<i>budesonide (inhalation)</i>	97
BETIMOL.....	93	<i>budesonide (nasal)</i>	96
BETOPTIC-S.....	93	<i>bumetanide</i>	37
BEVESPI AEROSPHERE.....	94	BUNAVAIL MIS 2.1-0.3MG.....	58
<i>bexarotene</i>	28	BUNAVAIL MIS 4.2-0.7MG.....	58
BEXSERO.....	86	BUNAVAIL MIS 6.3-1MG.....	58
BEYAZ.....	65	BUPHENYL.....	70
		<i>buprenorphine hcl</i>	58
		<i>buprenorphine hcl-naloxone hcl sl</i>	58
		<i>buproban tab 150mg</i>	58

<i>bupropion hcl</i>	44
<i>bupropion hcl (smoking deterrent)</i>	58
<i>bupirone hcl</i>	40
<i>busulfan</i>	24
BUSULFEX.....	24
<i>butorphanol nasal spray</i>	8
<i>butorphanol tartrate</i>	8
BUTRANS.....	8
BYDUREON INJ.....	60
BYDUREON PEN.....	60
BYETTA.....	60
BYSTOLIC.....	35
BYVALSON.....	31

C

<i>cabergoline</i>	73
CABOMETYX.....	27
CADUET.....	35
<i>cafergot tab 1-100mg</i>	54
CALAN.....	35
CALAN SR.....	35
<i>calcipotriene</i>	100
<i>calcipotriene/betamethasone</i>	100
<i>calcitonin (salmon) nasal spray</i>	73
<i>calcitriol</i>	90
CALCITRIOL.....	100
<i>calcium acetate (phosphate binder)</i>	74
<i>camila 28 day</i>	66
CAMPTOSAR.....	29
CAMRESE LO TAB.....	66
CANASA.....	77
CANCIDAS.....	16
<i>candesartan cilexetil</i>	32
<i>candesartan cilexetil- hydrochlorothiazide</i>	31
CAPASTAT SULFATE.....	19
CAPEX.....	100
CAPRELSA.....	27
<i>captopril</i>	30
<i>captopril & hydrochlorothiazide</i>	30
CARAC.....	102
CARAFATE.....	79
CARBAGLU.....	70
<i>carbamazepine</i>	40
CARBATROL.....	40

<i>carbidopa</i>	46
CARBIDOPA/LEVODOPA/ENTACAPONE.....	46
<i>carbidopa-levodopa</i>	46
<i>carboplatin</i>	29
CARDIZEM.....	36
CARDIZEM CD.....	36
CARDIZEM LA.....	36
CARDURA.....	31
CARDURA XL.....	80
CARIMUNE NANOFILTERED.....	85
CARNITOR.....	70
<i>carteolol hcl (ophth)</i>	93
<i>cartia xt</i>	36
<i>carvedilol</i>	35
CASODEX.....	26
CASPOFUNGIN ACETATE.....	16
CATAPRES TAB.....	38
CATAPRES-TTS DIS 0.1/24HR.....	38
CATAPRES-TTS DIS 0.2/24HR.....	38
CATAPRES-TTS DIS 0.3/24HR.....	38
CAYSTON.....	13
<i>caziant pak</i>	66
CEDAX.....	20
<i>cefaclor</i>	20
<i>cefaclor er tab 500mg</i>	20
<i>cefadroxil</i>	20
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%.....	20
<i>cefazolin inj</i>	20
<i>cefazolin sodium</i>	20
<i>cefazolin sodium 1 gm/50ml</i>	21
<i>cefdinir</i>	21
CEFEPIME 1GM SOLN.....	21
CEFEPIME 2GM SOLN.....	21
<i>cefepime inj 1gm</i>	21
<i>cefepime inj 2gm</i>	21
CEFEPIME/DEXTROSE.....	21
<i>cefixime</i>	21
CEFOTAN.....	21
<i>cefotaxime sodium</i>	21
<i>cefotetan disodium</i>	21
<i>cefoxitin sodium</i>	21
CEFOXITIN SODIUM.....	21
<i>cefpodoxime proxetil</i>	21
<i>cefprozil</i>	21

<i>ceftazidime</i>	21	<i>cilostazol</i>	83
CEFTAZIDIME/DEXTROSE	21	CILOXAN OIN 0.3% OP	91
CEFTIBUTEN	21	CILOXAN SOL 0.3% OP	91
CEFTIN SUSP	21	<i>cimetidine</i>	77
<i>ceftriaxone sodium</i>	21	<i>cimetidine sol 300/5ml</i>	77
<i>cefuroxime axetil</i>	21	CIMZIA	84
<i>cefuroxime sodium</i>	21	CIMZIA STARTER KIT	84
CELEBEX CAP 100MG	7	CINQAIR	96
CELEBEX CAP 200MG	7	CINRYZE	83
CELEBEX CAP 400MG	7	CIPRO HC	104
CELEBEX CAP 50MG	7	CIPRO SUSP	22
<i>celecoxib</i>	7	CIPRO TABS	22
CELEXA	44	CIPRO XR	22
CELLCEPT CAP	85	CIPRODEX	104
CELLCEPT INTRAVENOUS	85	<i>ciprofloxacin</i>	22
CELLCEPT SUSP	85	<i>ciprofloxacin er</i>	22
CELLCEPT TAB	85	<i>ciprofloxacin hcl</i>	22
CELONTIN	40	<i>ciprofloxacin hcl (ophth)</i>	91
CENTANY	99	<i>ciprofloxacin in d5w</i>	22
<i>cephalexin</i>	21	<i>ciprofloxacin inj</i>	22
CERDELGA	70	<i>cisplatin</i>	29
CEREZYME	70	<i>citalopram hydrobromide</i>	44, 45
CESAMET	75	<i>cladribine</i>	25
<i>cetirizine syrup</i>	94	<i>claravis</i>	98
<i>cevimeline hcl</i>	104	CLARINEX	94
CHANTIX	58	CLARINEX-D TAB 2.5-120	94
CHANTIX CONTINUING MONTH	58	<i>clarithromycin</i>	21
CHANTIX STARTER PACK	58	<i>cleocin</i>	13
CHEMET	65	CLEOCIN	81
<i>chlorhexidine gluconate (mouth-throat)</i>	104	CLEOCIN CAP 150MG	14
<i>chloroquine phosphate</i>	17	CLEOCIN CAP 300MG	14
<i>chlorothiazide tabs</i>	37	CLEOCIN CAP 75MG	14
<i>chlorpromazine hcl</i>	48	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	81
<i>choline fenofibrate</i>	33	CLEOCIN-T	98
CHORIONIC GONADOTROPIN	73	CLIMARA	70
<i>ciclopirox</i>	99	<i>clindacin-p pad 1%</i>	98
<i>ciclopirox cre 0.77%</i>	99	CLINDAGEL	98
<i>ciclopirox shampoo 1%</i>	99	<i>clindamycin cre 2% vag</i>	81
<i>ciclopirox sus 0.77%</i>	99	<i>clindamycin hcl</i>	14
<i>cidofovir</i>	19	<i>clindamycin palmitate hydrochloride</i>	14
		<i>clindamycin phosphate</i>	14

<i>clindamycin phosphate (topical)</i>	98	CODEINE SULFATE	9
<i>clindamycin phosphate in d5w</i>	14	COGENTIN.....	46
CLINDAMYCIN PHOSPHATE IN NAACL ...	14	COLAZAL.....	77
<i>clindamycin phosphate-benzoyl peroxide</i>	98	<i>colchicine w/ probenecid</i>	7
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	98	COLCRYS.....	7
<i>clindamycin phosphate-tretinoin</i>	98	COLESTID	33
CLINDESSE.....	81	<i>colestipol hcl</i>	33
CLINIMIX 2.75%/DEXTROSE 5%	88	<i>colistimethate sodium</i>	14
CLINIMIX 4.25%/DEXTROSE 10%.....	88	<i>colocort</i>	78
CLINIMIX 4.25%/DEXTROSE 20%.....	88	COLY-MYCIN M.....	14
CLINIMIX 4.25%/DEXTROSE 25%.....	88	COLY-MYCIN S.....	104
CLINIMIX 4.25%/DEXTROSE 5%	88	COLYTE-FLAVOR PACKS	78
CLINIMIX 5%/DEXTROSE 15%	88	COMBIGAN	93
CLINIMIX 5%/DEXTROSE 20%	88	COMBIVENT RESPIMAT	94
CLINIMIX 5%/DEXTROSE 25%	88	COMBIVIR.....	18
CLINIMIX E 2.75%/DEXTROSE 10%....	88	COMETRIQ.....	28
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	47
CLINIMIX E 4.25%/DEXTROSE 5%	88	CONCERTA	52
CLINIMIX E 5%/DEXTROSE 15%	88	CONDYLOX.....	102
CLINIMIX E 5%/DEXTROSE 20%	89	<i>constulose</i>	78
CLINIMIX E 5%/DEXTROSE 25%	89	CONZIP.....	8
<i>clinisol 15</i>	89	COPAXONE INJ 40MG/ML.....	56
CLOCORTOLONE PIVALATE.....	100	COPAXONE KIT 20MG/ML	57
CLODERM PUMP.....	100	COPEGUS.....	19
<i>clofarabine</i>	25	CORDRAN	100
CLOLAR.....	25	COREG	35
<i>clomipramine hcl</i>	45	COREG CR	35
<i>clonazepam</i>	40, 41	CORGARD	35
<i>clonidine hcl</i>	38	CORLANOR.....	38
<i>clopidogrel bisulfate</i>	83	CORTEF.....	71
<i>clorazepate dipotassium</i>	41	CORTENEMA	78
<i>clorpres</i>	38	CORTIFOAM	99
<i>clotrimazole</i>	104	<i>cortisone acetate</i>	71
<i>clotrimazole (topical)</i>	99	CORTISPORIN.....	99
CLOZAPINE ODT.....	48	CORZIDE.....	34
<i>clozapine tab 100mg</i>	48	COSMEGEN	24
<i>clozapine tab 200mg</i>	48	COSOPT.....	93
<i>clozapine tab 25mg</i>	48	COSOPT PF.....	93
<i>clozapine tab 50mg</i>	48	COTELLIC.....	28
CLOZARIL.....	48	COTEMPLA XR-ODT	52
COARTEM	17	COUMADIN.....	81
		COZAAR.....	32
		CREON	79

CRESEMBA.....	16	<i>daptomycin</i>	14
CRESTOR.....	33	DARAPRIM.....	14
CRINONE.....	74	<i>darifenacin hydrobromide</i>	81
CRIXIVAN.....	17	<i>daunorubicin hcl</i>	24
<i>cromolyn sodium</i>	96	DAYPRO.....	7
<i>cromolyn sodium (mastocytosis)</i>	79	DAYTRANA.....	52
<i>cromolyn sodium (ophth)</i>	93	DDAVP	75
<i>cryselle 28</i>	66	<i>deblitane 28 day</i>	66
CUBICIN.....	14	<i>decitabine</i>	25
CUTIVATE.....	101	DELESTROGEN	70
CUVPOSA.....	77	<i>delyla 28 day</i>	66
<i>cyclafem 1/35 28 day</i>	66	DELZICOL.....	78
<i>cyclafem 7/7/7 28 day</i>	66	DEMADEX TAB 10MG	38
CYCLESSA.....	66	DEMADEX TAB 20MG	38
<i>cyclobenzaprine hcl</i>	57	DEMADEX TAB 5MG.....	37
<i>cyclophosphamide</i>	24	<i>demeclocycline hcl</i>	23
CYCLOPHOSPHAMIDE.....	24	DEMSEK	38
<i>cycloserine</i>	19	DENAVIR	102
<i>cyclosporine</i>	85	DEPACON.....	41
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	85	DEPAKENE.....	41
CYKLOKAPRON.....	83	DEPAKOTE.....	41
CYMBALTA.....	45	DEPAKOTE ER.....	41
<i>cyproheptadine hcl</i>	94	DEPAKOTE SPRINKLES.....	41
<i>cyred tab</i>	66	DEPEN TITRATABS.....	65
CYSTADANE.....	70	<i>depo-estradiol</i>	70
CYSTAGON.....	70	DEPO-MEDROL INJ 20MG/ML.....	71
CYSTARAN	94	DEPO-MEDROL INJ 40MG/ML.....	71
<i>cytarabine inj</i>	25	DEPO-MEDROL INJ 80MG/ML.....	71
CYTOMEL.....	75	DEPO-PROVERA CONTRACEPTIVE.....	66
CYTOTEC	79	DEPO-PROVERA INJ 400/ML.....	26
CYTOVENE	19	DEPO-SUBQ PROVERA 104	66
D		<i>depo-testosterone</i>	59
D.H.E. 45.....	54	DERMA-SMOOTH/FS BODY	101
<i>dacarbazine</i>	24	DERMA-SMOOTH/FS SCALP.....	101
DACOGEN.....	25	DERMATOP CREAM 0.1%	101
DAKLINZA	19	DERMATOP OIN 0.1%	101
DALIRESP	96	DERMOTIC.....	104
DALVANCE	14	DESCOVY	18
<i>danazol</i>	70	<i>desipramine hcl</i>	45
DANTRIUM	57	<i>desloratadine</i>	95
<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>desmopressin acetate spray</i>	75

<i>desmopressin acetate spray refrigerated</i>	75	DIAZEPAM GEL.....	41
.....	75	DIBENZYLINE.....	38
DESOGEN.....	66	<i>diclofenac potassium</i>	7
<i>desogestrel & ethinyl estradiol</i>	66	<i>diclofenac sodium</i>	7
<i>desogestrel-ethinyl estradiol (biphasic)</i>	66	<i>diclofenac sodium (ophth)</i>	92
.....	66	<i>diclofenac sodium (topical) 1% gel</i>	102
DESONATE.....	101	<i>diclofenac sodium (topical) 1.5% soln</i>	102
<i>desonide</i>	101	.....	102
DESONIDE.....	101	<i>diclofenac w/ misoprostol</i>	7
<i>desowen</i>	101	<i>dicloxacillin sodium</i>	23
DESOWEN.....	101	<i>dicyclomine hcl</i>	77
<i>desoximetasone</i>	101	<i>didanosine</i>	17
DESOXIMETASONE.....	101	DIFFERIN.....	98
<i>desvenlafaxine succinate</i>	45	DIFICID.....	22
DETROL.....	81	DIFLUCAN.....	16
DETROL LA.....	81	<i>diflunisal</i>	7
<i>dexamethasone</i>	71	<i>digitek</i>	37
<i>dexamethasone sodium phosphate</i>	71	<i>digox</i>	37
<i>dexamethasone sodium phosphate</i>		<i>digoxin</i>	37
(<i>ophth</i>).....	92	<i>digoxin inj</i>	37
DEXILANT.....	79	DIGOXIN SOL 50MCG/ML.....	37
<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.....	89	DILATRATE SR.....	39
DEXTROSE 10% FLEX CONTAIN.....	89	DILAUDID.....	9
DEXTROSE 10% W/ SODIUM CHLORIDE		<i>diltiazem cap 120mg cd</i>	36
0.2%.....	89	<i>diltiazem cap 180mg cd</i>	36
DEXTROSE 10%/NACL 0.45%.....	89	<i>diltiazem cap 240mg cd</i>	36
DEXTROSE 2.5%/NACL 0.45%.....	89	<i>diltiazem cap 300mg cd</i>	36
DEXTROSE 5%.....	89	DILTIAZEM CAP 360MG CD.....	36
DEXTROSE 5% /ELECTROLYTE.....	89	<i>diltiazem cap er/12hr</i>	36
DEXTROSE 5%/LACTATED RING.....	89	DILTIAZEM ER TAB 180MG.....	36
DEXTROSE 5%/NACL 0.2%.....	89	DILTIAZEM ER TAB 240MG.....	36
DEXTROSE 5%/NACL 0.225%.....	89	DILTIAZEM ER TAB 300MG.....	36
DEXTROSE 5%/NACL 0.3%.....	89	DILTIAZEM ER TAB 360MG.....	36
DEXTROSE 5%/NACL 0.33%.....	89	DILTIAZEM ER TAB 420MG.....	36
DEXTROSE 5%/NACL 0.45%.....	89	<i>diltiazem hcl</i>	36
DEXTROSE 5%/NACL 0.9%.....	89	<i>diltiazem hcl cap sr 24hr</i>	36
DEXTROSE 5%/POTASSIUM CHL.....	89	<i>diltiazem hcl coated beads cap sr 24hr</i>	36
DIAMOX.....	38	.....	36
DIASTAT ACUDIAL.....	41	<i>diltiazem hcl extended release beads</i>	
DIASTAT PEDIATRIC.....	41	<i>cap sr</i>	36
<i>diazepam</i>	41	<i>diltiazem inj 100mg</i>	36

<i>diltiazem inj 125/25ml</i>	36
<i>diltiazem inj 25mg/5ml</i>	36
<i>diltiazem inj 50/10ml</i>	36
<i>dilt-xr cap</i>	36
DIOVAN.....	32
DIOVAN HCT	31
DIPENTUM.....	78
<i>diphenhydram inj 50mg/ml</i>	95
<i>diphenoxylate w/ atropine</i>	79
DIPHTHERIA/TETANUS TOXOID	86
DIPROLENE.....	101
DIPROLENE AF	101
<i>disopyramide phosphate</i>	32
<i>disulfiram</i>	58
DITROPAN XL	81
DIURIL SUS 250/5ML.....	38
<i>divalproex sodium</i>	41
DOCEFREZ	25
<i>docetaxel</i>	25
DOCETAXEL.....	25
DOCETAXEL 160MG/16ML.....	25
DOCETAXEL 20MG/2ML.....	25
DOCETAXEL SOLN 80MG/8ML	25
DOFETILIDE	32
DOLOPHINE.....	9
<i>donepezil odt 10mg</i>	44
<i>donepezil odt 5mg</i>	44
<i>donepezil tab hcl 23mg</i>	44
<i>donepezil tabs 10mg</i>	44
<i>donepezil tabs 5mg</i>	44
DORIBAX	14
DORIPENEM.....	14
<i>dorzolamide hcl</i>	93
<i>dorzolamide hcl-timolol maleate</i>	93
DOVONEX CRE 0.005%.....	100
<i>doxazosin mesylate</i>	31
<i>doxepin hcl</i>	45
DOXEPIN HCL (ANTIPRURITIC).....	99
<i>doxercalciferol</i>	90
DOXIL	24
<i>doxorubicin hcl</i>	24
<i>doxorubicin hcl liposomal inj (for iv</i> <i>infusion) 2 mg/ml</i>	24
<i>doxorubicin inj 50mg</i>	24
<i>doxy</i>	23

<i>doxycycline (monohydrate)</i>	23
DOXYCYCLINE (ROSACEA)	102
<i>doxycycline hyclate</i>	23
<i>doxycycline hyclate tab 100 mg dr</i>	23
<i>doxycycline hyclate tab 150 mg dr</i>	23
<i>doxycycline hyclate tab 75 mg dr</i>	23
<i>dronabinol</i>	75
<i>drospirenone-ethinyl estradiol</i>	66
DROSPIRENONE-ETHINYL ESTRADIOL- LEVOMEFOLATE CALCIUM.....	66
DROXIA	29
DUAC.....	98
DUETACT.....	62
DUEXIS.....	7
DULERA	97
<i>duloxetine hcl</i>	45
DUOPA	47
DURAGESIC	9
DURAMORPH	9
DUREZOL.....	92
DURLAZA	83
<i>dutasteride</i>	80
<i>dutasteride-tamsulosin hcl</i>	80
DUTOPROL	34
DYAZIDE	38
DYMISTA SPR 137-50.....	94
DYRENIUM.....	38

E

<i>e.e.s 400</i>	22
E.E.S. GRANULES.....	22
EC-NAPROSYN	7
EDARBI.....	32
EDARBYCLOR	31
EDECIN	38
EDURANT	17
EFFEXOR XR	45
EFFIENT.....	83
EFUDEX	102
EGRIFTA.....	73
ELAPRASE.....	70
ELDEPRYL	47
ELECTROLYTE-R IN DEXTROSE	89
ELELYSO.....	70
ELESTAT.....	93

<i>eletriptan hydrobromide</i>	54	ENVARUSUS XR	86
ELIGARD INJ 22.5MG	26	EPANED	30
ELIGARD INJ 30MG	27	EPCLUSA	19
ELIGARD INJ 45MG	27	EPIDUO	98
ELIGARD INJ 7.5MG	26	EPIDUO FORTE	98
ELIMITE	103	<i>epinastine hcl (ophth)</i>	93
<i>eliphos</i>	74	EPINEPHRINE (ANAPHYLAXIS)	96
ELIQUIS TAB 2.5MG	81	EPIPEN 2-PAK	96
ELIQUIS TAB 5MG	82	EPIPEN-JR 2-PAK	96
ELITEK	29	<i>epirubicin hcl</i>	24
<i>elixophyllin</i>	97	<i>epirubicin inj 200mg</i>	24
ELLA	66	<i>epitol</i>	41
ELLENCE	24	EPIVIR HBV	19
ELMIRON	80	EPIVIR SOL 10MG/ML	17
ELOCON	101	EPIVIR TABS	17
EMADINE	93	<i>eplerenone</i>	31
EMBEDA	9	EPOGEN	83
EMCYT	24	<i>eprosartan mesylate</i>	32
EMEND	75	EPZICOM	18
EMEND CAP 125MG	76	EQUETRO	56
EMEND CAP 40MG	75	ERAXIS	16
EMEND CAP 80MG	75	ERBITUX	26
EMEND PAK 80 & 125	76	<i>ergomar</i>	54
<i>emoquette</i>	66	<i>ergotamine w/ caffeine</i>	54
EMSAM	45	ERIVEDGE	26
EMTRIVA	17	<i>errin 28 day</i>	66
<i>emverm</i>	14	ERTACZO	99
ENABLEX	81	<i>ery pad 2%</i>	98
<i>enalapril maleate</i>	30	ERYGEL	98
<i>enalapril maleate & hydrochlorothiazide</i>	30	ERYPED 200	22
ENBREL	84	ERYPED 400	22
ENBREL SURECLICK	84	<i>ery-tab</i>	22
<i>endocet</i>	9	<i>erythrocin</i>	22
ENGERIX-B	86	<i>erythrocin stearate</i>	22
<i>enoxaparin sodium</i>	82	<i>erythromycin (acne aid)</i>	98
ENOXAPARIN SODIUM	82	<i>erythromycin (ophth)</i>	91
<i>enpresse 28 day</i>	66	<i>erythromycin base</i>	22
ENSTILAR	101	<i>erythromycin cap 250mg ec</i>	22
ENTACAPONE	47	<i>erythromycin ethylsuccinate</i>	22
<i>entecavir</i>	19	ESBRIET	96
ENTOCORT EC	78	<i>escitalopram oxalate</i>	45
ENTRESTO	31	<i>esomeprazole magnesium</i>	79
ENTYVIO	78	<i>esomeprazole sodium inj</i>	80
<i>enulose</i>	78	<i>estarylla tab 0.25-35</i>	66
		<i>estrace</i>	70

<i>estradiol</i>	70
<i>estradiol vaginal tab 10 mcg</i>	70
<i>estradiol valerate</i>	70
ESTRING.....	70
ESTROSTEP FE.....	66
<i>ethacrynic acid</i>	38
<i>ethambutol hcl</i>	19
<i>ethosuximide</i>	41
<i>ethynodiol tab 1-50</i>	66
<i>etodolac</i>	7
<i>etodolac er</i>	7
ETOPOPHOS.....	29
<i>etoposide</i>	29
EUCRISA.....	102
EURAX.....	103
EVISTA.....	73
EVOCLIN.....	98
EVOTAZ.....	18
EVOXAC.....	104
EXALGO.....	9
EXELDERM.....	99
EXELON PATCHES.....	44
<i>exemestane</i>	27
EXFORGE.....	31
EXFORGE HCT.....	31
EXJADE.....	65
EXTAVIA.....	57
EXTINA.....	99
<i>ezetimibe</i>	34
<i>ezetimibe-simvastatin</i>	34

F

FABIOR.....	98
FABRAZYME.....	70
<i>falmina 28 day</i>	66
<i>famciclovir</i>	19
<i>famotidine</i>	77
<i>famotidine inj</i>	77
FAMVIR.....	19
FANAPT.....	48
FANAPT TITRATION PACK.....	48
FARESTON.....	27
FARXIGA.....	62
FARYDAK.....	26
FASLODEX.....	27

<i>fayosim tab</i>	66
FAZACLO.....	48
<i>felbamate</i>	41
FELBATOL.....	41
FELDENE.....	7
<i>felodipine</i>	36
FEMARA.....	27
FEMRING.....	71
<i>femynor 28 day</i>	66
<i>fenofibrate</i>	34
FENOFIBRATE.....	34
<i>fenofibrate micronized</i>	34
FENOFIBRIC ACID.....	34
FENOGLIDE.....	34
<i>fenopufen calcium</i>	7
FENOPROFEN CALCIUM.....	7
<i>fentanyl citrate</i>	9
<i>fentanyl patch 100 mcg/hr</i>	10
<i>fentanyl patch 12 mcg/hr</i>	9
<i>fentanyl patch 25 mcg/hr</i>	9
<i>fentanyl patch 50 mcg/hr</i>	10
<i>fentanyl patch 75 mcg/hr</i>	10
FENTORA.....	10
FERRIPROX.....	65
FETZIMA.....	45
FETZIMA TITRATION PACK.....	45
FIBRICOR.....	34
FINACEA AER 15%.....	102
FINACEA GEL 15%.....	103
<i>finasteride</i>	80
FIRAZYR.....	83
FIRMAGON.....	27
FLAGYL.....	14
FLAREX.....	92
FLEBOGAMMA DIF.....	85
<i>flecainide acetate</i>	32
FLOLIPID.....	33
FLOMAX.....	80
FLOVENT DISKUS.....	97
FLOVENT HFA.....	97
<i>floxin</i>	104
<i>fluconazole</i>	16
<i>fluconazole in dextrose</i>	16
<i>fluconazole inj nacl 100</i>	16
<i>fluconazole inj nacl 200</i>	16

<i>fluconazole inj nacl 400</i>	16
<i>flucytosine</i>	16
<i>fludarabine phosphate</i>	25
<i>fludrocortisone acetate</i>	71
FLUMADINE.....	19
<i>flunisolide (nasal)</i>	96
<i>fluocinolone acetonide</i>	101
<i>fluocinolone acetonide (otic)</i>	104
<i>fluocinonide</i>	101
<i>fluocinonide emulsified base</i>	101
FLUOROMETHOLONE (OPHTH).....	92
<i>fluorouracil</i>	25
<i>fluorouracil (topical)</i>	103
FLUOROURACIL (TOPICAL).....	103
<i>fluoxetine cap 10mg</i>	45
<i>fluoxetine cap 20mg</i>	45
<i>fluoxetine cap 40mg</i>	45
<i>fluoxetine hcl</i>	45
FLUOXETINE HCL.....	45
<i>fluoxetine hcl (padded)</i>	58
<i>fluphenazine decanoate</i>	48
<i>fluphenazine hcl</i>	48
<i>flurandrenolide</i>	101
FLURANDRENOLIDE.....	101
<i>flurbiprofen</i>	7
<i>flurbiprofen sodium</i>	92
<i>flutamide</i>	27
<i>fluticasone propionate</i>	101
<i>fluticasone propionate (nasal)</i>	96
<i>fluvastatin sodium cap 20 mg</i>	33
<i>fluvastatin sodium cap 40 mg</i>	33
FLUVASTATIN SODIUM TAB SR 24 HR 80 MG.....	33
<i>fluvoxamine maleate</i>	40
<i>fluvoxamine maleate er</i>	40
FML.....	92
FML FORTE.....	92
FML LIQUIFILM.....	92
<i>fondaparinux sodium</i>	82
FORFIVO XL.....	45
FORTAMET.....	62
FORTEO.....	74
FORTESTA.....	60
FORTICAL.....	73
FOSAMAX.....	64

FOSAMAX PLUS D.....	64
<i>fosinopril sodium</i>	30
<i>fosinopril sodium & hydrochlorothiazide</i>	30
FOSRENOL.....	74
FRAGMIN.....	82
FREAMINE HBC 6.9%.....	89
FREAMINE III.....	89
FROVA TAB 2.5MG.....	54
<i>frovatriptan succinate</i>	54
FURADANTIN.....	14
<i>furosemide</i>	38
<i>furosemide inj</i>	38
FUROSEMIDE INJ.....	38
<i>furosemide oral soln 8 mg/ml</i>	38
FUSILEV.....	29
FUZEON.....	17
<i>fyavolv tab 1-5mg</i>	71
FYCOMPA.....	41

G

<i>gabapentin</i>	41, 42
GABITRIL.....	42
<i>galantamine hydrobromide</i>	44
<i>galantamine hydrobromide er</i>	44
GAMASTAN S/D.....	85
GAMMAGARD LIQUID.....	85
GAMMAGARD S/D.....	85
GAMMAKED.....	85
GAMMAPLEX.....	85
GAMMAPLEX 10GM/100ML.....	85
GAMUNEX-C.....	85
<i>ganciclovir inj 500mg</i>	19
GARDASIL.....	86
GARDASIL 9.....	86
GASTROCROM.....	79
<i>gatifloxacin (ophth)</i>	91
GATTEX.....	79
GAUZE PADS 2X2.....	60
<i>gavilyte-c</i>	78
<i>gavilyte-g</i>	78
<i>gavilyte-h</i>	78
<i>gavilyte-n</i>	78
GELNIQUE.....	81
<i>gemcitabine hcl</i>	25

GEMCITABINE HCL.....	25	GLYXAMBI	62
<i>gemfibrozil</i>	34	GOLYTELY	78
GEMZAR.....	25	GONITRO	39
GENERESS FE.....	66	GRALISE.....	56
<i>generlac</i>	78	GRALISE STARTER.....	56
<i>gengraf</i>	86	<i>granisetron hcl</i>	76
GENOTROPIN.....	73	GRANIX	83
GENOTROPIN MINIQUICK	73	GRASTEK	85
<i>gentak</i>	91	<i>griseofulvin microsize</i>	16
<i>gentamicin in saline</i>	13	<i>griseofulvin ultramicrosize</i>	16
<i>gentamicin sulfate</i>	13	GRIS-PEG	16
<i>gentamicin sulfate (ophth)</i>	91	<i>guanfacine er (adhd)</i>	52
<i>gentamicin sulfate (topical)</i>	99		
GENVOYA	18	H	
GEODON	48	H.P. ACTHAR	73
GEODON INJ	49	HAEGARDA.....	83
GIANVI TAB 3-0.02MG.....	66	HALAVEN.....	29
GIAZO.....	78	HALDOL.....	49
<i>gildagia</i>	66	HALDOL DECANOATE 100.....	49
<i>gildess 24 tab fe 1/20</i>	66	HALDOL DECANOATE 50	49
<i>gildess tab 1.5/30</i>	66	<i>halobetasol propionate</i>	101
GILENYA CAP 0.5MG.....	57	HALOG	101
GILOTRIF TAB 20MG	28	<i>haloperidol</i>	49
GILOTRIF TAB 30MG	28	<i>haloperidol decanoate</i>	49
GILOTRIF TAB 40MG	28	<i>haloperidol lactate</i>	49
GLASSIA	96	<i>haloperidol lactate inj 5 mg/ml</i>	49
<i>glatopa</i>	57	HARVONI	20
GLEEVEC.....	28	HAVRIX.....	86
GLEOSTINE.....	24	<i>heather</i>	66
<i>glimepiride</i>	62	HECTOROL	90
<i>glipizide</i>	62	HEP SOD/NAACL INJ 25000.....	82
<i>glipizide er</i>	62	<i>heparin (porcine) in sodium chloride</i> <i>100u/ml</i>	82
GLIPIZIDE XL TB24 2.5MG	62	<i>heparin sod inj 10000u/ml</i>	82
GLIPIZIDE XL TB24 5MG	62	<i>heparin sod inj 1000u/ml</i>	82
<i>glipizide-metformin 2.5-250 mg</i>	62	<i>heparin sod inj 20000u/ml</i>	82
<i>glipizide-metformin 2.5-500 mg</i>	62	<i>heparin sod inj 5000u/0.5ml</i>	82
<i>glipizide-metformin 5-500mg</i>	62	<i>heparin sod inj 5000u/ml</i>	82
GLUCAGEN HYPOKIT	72	HEPARIN SODIUM/D5W.....	82
GLUCAGON EMERGENCY KIT	73	HEPARIN SODIUM/NAACL 0.45%.....	82
GLUCOPHAGE	62	HEPATAMINE	89
GLUCOPHAGE XR.....	62	HEPSERA.....	20
GLUCOTROL.....	62	HERCEPTIN	26
GLUCOTROL XL.....	62	HETLIOZ.....	53
<i>glycopyrrolate</i>	77	HEXALEN.....	24
GLYSET.....	62		

HIBERIX.....	87	<i>hydrocodone-acetaminophen 7.5-</i>	
HIPREX.....	14	<i>325mg.....</i>	10
HORIZANT.....	56	<i>hydrocodone-acetaminophen tab 10-</i>	
HUMALOG.....	60	<i>325mg.....</i>	10
HUMALOG JUNIOR KWIKPEN	60	<i>hydrocodone-ibuprofen tab 10-200mg</i>	10
HUMALOG KWIKPEN	60	<i>hydrocodone-ibuprofen tab 5-200mg ..</i>	10
HUMALOG MIX 50/50	60	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	
HUMALOG MIX 50/50 KWIKPEN	60	.....	10
HUMALOG MIX 75/25	60	<i>hydrocortisone.....</i>	71
HUMALOG MIX 75/25 KWIKPEN	60	HYDROCORTISONE (ENEMA).....	78
HUMATROPE.....	73	<i>hydrocortisone (topical)</i>	101
HUMATROPE COMBO PACK.....	73	<i>hydrocortisone butyrate</i>	101
HUMIRA INJ 10MG/0.2ML.....	84	<i>hydrocortisone butyrate hydrophilic lipo</i>	
HUMIRA KIT 20MG/0.4ML	84	<i>base</i>	101
HUMIRA KIT 40MG/0.8ML	84	<i>hydrocortisone valerate.....</i>	101
HUMIRA PEDIATRIC CROHNS DISEASE		<i>hydromorphone hcl</i>	10
.....	84	HYDROMORPHONE HCL.....	10
HUMIRA PEN	84	<i>hydromorphone tab 12mg er</i>	10
HUMIRA PEN-CROHNS STARTER KIT... 84		<i>hydromorphone tab 16mg er</i>	10
HUMIRA PEN-PSORIASIS STARTER KIT		<i>hydromorphone tab 8mg er.....</i>	10
.....	84	HYDROMORPHONE TABS 32MG.....	10
HUMULIN 70/30.....	60	<i>hydroxychloroquine sulfate</i>	84
HUMULIN 70/30 KWIKPEN	60	<i>hydroxyprogesterone caproate</i>	
HUMULIN N.....	60	<i>(antineoplastic)</i>	27
HUMULIN N KWIKPEN	60	<i>hydroxyurea</i>	29
HUMULIN R.....	60	<i>hydroxyzine hcl.....</i>	95
HUMULIN R U-500 (CONCENTRATE).... 61		<i>hydroxyzine pamoate</i>	95
HUMULIN R U-500 KWIKPEN	61	HYSINGLA ER.....	10
HYCAMTIN.....	29	HYZAAR.....	32
<i>hycet</i>	10		
<i>hydralazine hcl.....</i>	38	I	
HYDREA.....	29	<i>ibandronate sodium.....</i>	65
<i>hydrochlorothiazide.....</i>	38	<i>ibandronate tab 150mg</i>	65
<i>hydrocodone-acetaminophen 10-300mg</i>		IBRANCE	26
.....	10	<i>ibudone tab 10-200mg</i>	10
<i>hydrocodone-acetaminophen 2.5-</i>		<i>ibudone tab 5-200mg.....</i>	10
<i>325mg</i>	10	<i>ibuprofen</i>	7
<i>hydrocodone-acetaminophen 5-300mg</i>		ICLUSIG	28
.....	10	IDAMYCIN PFS.....	24
<i>hydrocodone-acetaminophen 5-325mg</i>		<i>idarubicin hcl.....</i>	24
.....	10	IDHIFA.....	26
<i>hydrocodone-acetaminophen 7.5-</i>		IFEX INJ 1GM.....	24
<i>300mg</i>	10	IFEX INJ 3GM.....	24
<i>hydrocodone-acetaminophen 7.5-325</i>		<i>ifosfamide inj</i>	24
<i>mg/15ml.....</i>	10	<i>ifosfamide inj 1gm</i>	24

IFOSFAMIDE INJ 3GM	24	INVOKAMET TAB 50-1000MG.....	63
ILEVRO.....	92	INVOKAMET TAB 50-500MG.....	63
<i>imatinib mesylate</i>	28	INVOKAMET XR TAB 150-1000MG.....	63
IMBRUVICA CAP 140MG.....	28	INVOKAMET XR TAB 150-500MG.....	63
<i>imipenem-cilastatin</i>	14	INVOKAMET XR TAB 50-1000MG.....	63
<i>imipramine hcl</i>	45	INVOKAMET XR TAB 50-500MG.....	63
<i>imipramine pamoate</i>	45	INVOKANA TAB 100MG.....	63
<i>imiquimod</i>	103	INVOKANA TAB 300MG.....	63
IMITREX.....	54	IONOSOL-B/DEXTROSE 5%.....	89
IMITREX STATDOSE REFILL	54	IONOSOL-MB/DEXTROSE 5%.....	89
IMITREX STATDOSE SYSTEM.....	55	IPOL INACTIVATED IPV	87
IMOVAX RABIES (H.D.C.V.).....	87	<i>ipratropium bromide (nasal)</i>	94
IMURAN.....	86	<i>ipratropium sol inhal</i>	94
INCRELEX.....	73	<i>ipratropium-albuterol</i>	94
INCRUSE ELLIPTA.....	94	<i>irbesartan</i>	32
<i>indapamide</i>	38	<i>irbesartan-hydrochlorothiazide</i>	32
INDERAL LA.....	35	IRESSA	28
INFANRIX	87	<i>irinotecan inj 100/5ml</i>	30
INFUMORPH 200	10	<i>irinotecan inj 40mg/2ml</i>	30
INFUMORPH 500	10	<i>irinotecan inj 500mg/25ml</i>	30
INLYTA.....	28	ISENTRESS	17
INSPRA.....	31	ISENTRESS HD.....	17
INSULIN PEN NEEDLES.....	61	<i>isibloom 28 day</i>	66
INSULIN SAFETY NEEDLES	61	ISOLYTE P	89
INSULIN SYRINGES	61	ISOLYTE S.....	89
INTELENCE	17	<i>isoniazid</i>	19
INTRALIPID INJ 20%.....	89	<i>isoniazid tabs</i>	19
INTRALIPID INJ 30%.....	89	ISOPTO CARPINE.....	93
INTRON-A INJ 10MU.....	85	ISORDIL TITRADOSE	39
INTRON-A INJ 18MU.....	85	<i>isosorbide dinitrate</i>	39
INTRON-A INJ 25MU.....	85	<i>isosorbide dinitrate er</i>	39
INTRON-A INJ 50MU.....	85	<i>isosorbide mononitrate</i>	39
<i>introvale 91 day</i>	66	<i>isosorbide mononitrate er</i>	39
INTUNIV.....	52	<i>isradipine</i>	36
INVANZ	14	ISTALOL.....	93
INVEGA	49	ISTODAX (OVERFILL).....	26
INVEGA SUST INJ 117 MG/0.75 ML.....	49	<i>itraconazole</i>	16
INVEGA SUST INJ 156MG/ML.....	49	<i>ivermectin</i>	14
INVEGA SUST INJ 234 MG/1.5 ML.....	49	IXEMPRA KIT.....	29
INVEGA SUST INJ 39 MG/0.25 ML.....	49	IXIARO.....	87
INVEGA SUST INJ 78 MG/0.5 ML.....	49		
INVEGA TRINZA.....	49		
INVIRASE	17		
INVOKAMET TAB 150-1000MG.....	63		
INVOKAMET TAB 150-500MG.....	63		

J

JADENU	65
JADENU SPRINKLE.....	65
JAKAFI	28

JALYN.....	80
<i>jantoven</i>	82
JANUMET.....	63
JANUMET XR TAB 100-1000.....	63
JANUMET XR TAB 50-1000.....	63
JANUMET XR TAB 50-500MG.....	63
JANUVIA.....	63
JARDIANCE.....	63
JENTADUETO.....	63
JENTADUETO TAB XR 2.5-1000 MG.....	63
JENTADUETO TAB XR 5-1000 MG.....	63
<i>jinteli</i>	71
JOLESSA TAB 0.15-0.03 MG.....	66
JOLIVETTE.....	66
<i>juleber 28 day</i>	66
<i>junel 1.5/30 21 day</i>	66
<i>junel 1/20 21 day</i>	66
<i>junel fe 1.5/30 28 day</i>	67
<i>junel fe 1/20 28 day</i>	67
<i>junel fe 24 1/20 28 day</i>	67
JUXTAPID.....	34

K

KADCYLA.....	26
KADIAN.....	10
<i>kaitlib fe 28 day</i>	67
KALETRA SOL.....	18
KALETRA TAB 100-25MG.....	18
KALETRA TAB 200-50MG.....	18
KALYDECO.....	96
<i>kariva 28 day</i>	67
KAZANO.....	63
KCL 0.075%/D5W/NACL 0.45%.....	90
KCL 0.15%/D5W/LR.....	90
KCL 0.15%/D5W/NACL 0.9%.....	90
KCL 0.3%/D5W/LR.....	90
KCL 0.3%/D5W/NACL 0.45%.....	90
KCL 0.3%/D5W/NACL 0.9%.....	90
KCL IN NACL INJ .15-0.45.....	90
KCL/D5W/NACL INJ .15/.33%.....	90
KCL/D5W/NACL INJ .15/.45%.....	90
KCL/D5W/NACL INJ 0.22%/0.45%.....	90
KCL/NACL INJ 0.15%-0.9%.....	90
KCL0.15%/D5W/NACL0.2%.....	89
KCL0.15%/D5W/NACL0.225%.....	90

<i>kelnor 1/35 28 day</i>	67
KENALOG.....	101
KEPIVANCE.....	29
KEPPRA.....	42
KEPPRA XR.....	42
<i>ketoconazole</i>	16
<i>ketoconazole (topical)</i>	99
<i>ketoconazole shampoo</i>	100
<i>ketodan aer 2%</i>	99
<i>ketoprofen</i>	7
<i>ketorolac tromethamine (ophth)</i>	92
KEVEYIS.....	39
KEYTRUDA.....	26
<i>kimidess 28 day</i>	67
KINERET.....	84
KINRIX.....	87
<i>kionex</i>	65
KISQALI.....	26
KISQALI FEMARA 200 DOSE.....	26
KISQALI FEMARA 400 DOSE.....	26
KISQALI FEMARA 600 DOSE.....	26
KITABIS PAK.....	13
KLARON.....	98
KLONOPIN.....	42
KLOR-CON 10.....	87
KLOR-CON 8.....	87
<i>klor-con m10</i>	87
<i>klor-con m15</i>	87
<i>klor-con m20</i>	87
<i>klor-con spr cap 10meq</i>	87
<i>klor-con spr cap 8meq</i>	87
KOMBIGLYZE XR 2.5-1000MG.....	63
KOMBIGLYZE XR 5-1000MG.....	63
KOMBIGLYZE XR 5-500MG.....	63
KORLYM.....	73
<i>kristalose</i>	78
K-TAB.....	87
KUVAN.....	70
KYNAMRO.....	34

L

<i>labetalol hcl</i>	35
LAC-HYDRIN.....	103
LACRISERT.....	94
LACTATED RINGERS VIAFLEX.....	90

<i>lactulose</i>	78	<i>leucovorin calcium</i>	29
<i>lactulose (encephalopathy)</i>	78	<i>leucovorin calcium 500 mg</i>	29
LAMICTAL CHEWABLE DISPERS.....	42	LEUKERAN	24
LAMICTAL ODT	42	LEUKINE.....	83
LAMICTAL STARTER.....	42	<i>leuprolide acetate</i>	27
LAMICTAL TABS.....	42	<i>levabuterol conc 1.25mg/0.5ml</i>	95
LAMICTAL XR.....	42	<i>levabuterol hcl</i>	95
LAMISIL	16	LEVALBUTEROL TARTRATE HFA	95
<i>lamivudine</i>	17	LEVAQUIN.....	22
<i>lamivudine (hbv)</i>	20	LEVEMIR.....	61
<i>lamivudine-zidovudine</i>	18	LEVEMIR FLEXTOUCH	61
<i>lamotrigine</i>	42	<i>levetiracetam</i>	42
LANOXIN.....	37	LEVETIRACETAM IN SODIUM CHLORIDE	
LANOXIN INJ 0.25MG/ML	37	.....	42
LANOXIN PEDIATRIC	37	LEVETIRACETAM IV	42
LANOXIN TAB	37	<i>levetiracetam oral soln 100 mg/ml</i>	42
<i>lansoprazole</i>	80	<i>levobunolol hcl</i>	93
<i>lanthanum carbonate chew tab</i>	74	<i>levocarnitine (metabolic modifiers)</i>	70
LANTUS.....	61	<i>levocetirizine soln 2.5mg/5ml</i>	95
LANTUS SOLOSTAR.....	61	<i>levocetirizine tab 5 mg</i>	95
<i>larin 1.5/30</i>	67	<i>levofloxacin</i>	22
<i>larin 1/20</i>	67	<i>levofloxacin (ophth)</i>	91
<i>larin fe 1.5/30</i>	67	<i>levofloxacin in d5w</i>	22
<i>larin fe 1/20</i>	67	<i>levoleucovorin calcium</i>	29
<i>larissia tab</i>	67	LEVOLEUCOVORIN CALCIUM.....	29
LASIX.....	38	<i>levonest 28 day</i>	67
LASTACAFT.....	93	<i>levonor/ethi tab</i>	67
<i>latanoprost</i>	93	<i>levonorgestrel & eth estradiol</i>	67
LATUDA.....	49	<i>levonorgestrel (emergency oc)</i>	67
<i>layolis fe chw</i>	67	<i>levonorgestrel-ethinyl estradiol (91-</i>	
LAZANDA.....	10, 11	<i>day)</i>	67
LEENA TAB.....	67	<i>levonorgestrel-ethinyl estradiol</i>	
<i>leflunomide</i>	84	<i>(continuous)</i>	67
LEMTRADA	57	<i>levora 0.15/30 28 day</i>	67
LENVIMA 10 MG DAILY DOSE.....	28	<i>levorphanol tartrate</i>	11
LENVIMA 14 MG DAILY DOSE.....	28	<i>levothyroxine sodium</i>	75
LENVIMA 18 MG DAILY DOSE.....	28	LEVOTHYROXINE SODIUM.....	75
LENVIMA 20 MG DAILY DOSE.....	28	LEVOXYL	75
LENVIMA 24 MG DAILY DOSE.....	28	LEXAPRO.....	45
LENVIMA 8 MG DAILY DOSE.....	28	LEXIVA.....	17
LESCOL XL.....	33	LIALDA.....	78
<i>lessina 28 day</i>	67	<i>lidocaine</i>	102
LETAIRIS	39	<i>lidocaine hcl</i>	102
<i>letrozole</i>	27	<i>lidocaine hcl (local anesth.)</i>	13
<i>leucovor ca inj</i>	29	<i>lidocaine hcl (mouth-throat)</i>	104

<i>lidocaine inj 0.5%</i>	13	LOTEMAX	92
<i>lidocaine inj 1%</i>	13	LOTENSIN.....	30
<i>lidocaine inj 1.5%</i>	13	LOTREL.....	30
<i>lidocaine inj 2%</i>	13	LOTRONEX	79
<i>lidocaine-prilocaine</i>	102	<i>lovastatin</i>	33
LIDODERM	102	LOVAZA CAP 1GM	34
<i>linezolid</i>	14	LOVENOX.....	82
LINEZOLID.....	14	<i>low-ogestrel</i>	67
LINEZOLID IN SODIUM CHLORIDE.....	14	<i>loxapine succinate</i>	49
LINZESS	79	LUMIGAN	93
<i>liothyronine sodium</i>	75	LUMIZYME	70
LIPITOR.....	33	LUPANETA PACK	70
LIPOFEN.....	34	LUPRON DEPOT (1-MONTH).....	27
<i>lisinopril</i>	30	LUPRON DEPOT INJ 11.25MG (3-	
<i>lisinopril & hydrochlorothiazide</i>	30	MONTH).....	27
<i>lithium carbonate</i>	56	LUPRON DEPOT INJ 22.5MG (3-MONTH)	
LITHIUM SOLN 8MEQ/5ML	56	.....	27
LITHOBID	56	LUPRON DEPOT INJ 30MG (4-MONTH)	27
LIVALO	33	LUPRON DEP-PED INJ 11.25MG	73
LO LOESTRIN FE.....	67	LUPRON DEP-PED INJ 11.25MG (3-	
LOCOID.....	101	MONTH).....	73
LOCOID LIPOCREAM.....	101	LUPRON DEP-PED INJ 15MG.....	73
LODOSYN	47	LUPRON DEP-PED INJ 30MG (3-MONTH)	
<i>loestrin 1.5/30 21 day</i>	67	.....	73
<i>loestrin 1/20 21 day</i>	67	LUPRON DEP-PED INJ 7.5MG	73
<i>loestrin fe 1.5/30 28 day</i>	67	<i>lutera 28 day</i>	67
<i>loestrin fe 1/20 28 day</i>	67	LUZU.....	99
<i>lomedina 24 fe</i>	67	LYNPARZA	26
LOMOTIL.....	79	LYRICA.....	42
LONSURF.....	29	LYSODREN.....	27
<i>loperamide hcl</i>	79	LYSTEDA	83
LOPID.....	34	<i>lyza</i>	67
<i>lopinavir-ritonavir</i>	18	M	
LOPRESSOR.....	35	MACROBID	14
LOPRESSOR HCT	34	MACRODANTIN.....	15
LOPROX.....	99	<i>magnesium sulfate</i>	88
LOPROX SHAMPOO.....	99	MAGNESIUM SULFATE.....	87
<i>lorazepam</i>	40	<i>magnesium sulfate in d5w</i>	88
<i>lorcet hd tab 10-325mg</i>	11	MAGNESIUM SULFATE IN D5W.....	88
<i>lorcet plus tab 7.5-325</i>	11	MAGNESIUM SULFATE INJ 50%	88
<i>lorcet tab 5-325mg</i>	11	MALARONE.....	17
<i>loryna 28 day</i>	67	<i>malathion</i>	103
<i>losartan potassium</i>	32	<i>maprotiline hcl</i>	45
<i>losartan-hydrochlorothiazide</i>	32	MARINOL.....	76
LOSEASONIQUE.....	67		

<i>marlissa 28 day</i>	67	<i>meropenem</i>	15
MARPLAN	45	MEROPENEM/SODIUM CHLORIDE	15
MATULANE	29	MERREM	15
<i>matzim la</i>	36	<i>mesalamine</i>	78
MAVYRET	20	MESALAMINE.....	78
MAXALT	55	<i>mesalamine enema</i>	78
MAXALT-MLT	55	<i>mesna</i>	29
MAXIDEX	92	MESNEX.....	29
MAXIPIME.....	21	MESTINON.....	56
MAXITROL.....	91	MESTINON SYRUP.....	56
MAXZIDE	38	MESTINON TIMESPAN	56
MAXZIDE-25	38	METADATE CD	52
<i>meclizine hcl</i>	76	<i>metadate er tab 20mg</i>	52
MEDROL PAK 4MG	71	<i>metformin er</i>	63
MEDROL TAB 16MG.....	71	<i>metformin hcl</i>	63
MEDROL TAB 2MG	71	<i>methadone hcl</i>	11
MEDROL TAB 32MG.....	71	<i>methadone hcl 10mg</i>	11
MEDROL TAB 4MG	71	<i>methadone hcl 5mg</i>	11
MEDROL TAB 8MG	71	METHADONE INJ 10MG/ML	11
<i>medroxyprogesterone acetate</i>	74	<i>methazolamide</i>	38
<i>medroxyprogesterone acetate</i> (<i>contraceptive</i>)	67	<i>methenamine hippurate</i>	15
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE)	67	<i>methergine 0.2 mg tab</i>	74
<i>mefenamic acid</i>	8	<i>methimazole</i>	75
<i>mefloquine hcl</i>	17	<i>methotrexate sodium</i>	25
MEGACE ES	27	METHOTREXATE SODIUM	25
MEGACE ORAL.....	27	<i>methotrexate sodium inj</i>	25
<i>megestrol ac sus 40mg/ml</i>	27	<i>methotrexate sodium tabs</i>	84
<i>megestrol ac tab 20mg</i>	27	<i>methoxsalen rapid</i>	100
<i>megestrol ac tab 40mg</i>	27	<i>methscopolamine bromide</i>	77
MEGESTROL SUS 625MG/5ML.....	27	<i>methyclothiazide</i>	38
MEKINIST	28	<i>methylergonovine maleate</i>	74
MELOXICAM.....	8	METHYLIN.....	52
<i>meloxicam tabs</i>	8	<i>methylphenidate hcl</i>	52, 53
<i>melphalan hcl</i>	24	METHYLPHENIDATE HCL.....	52, 53
<i>memantine hcl</i>	44	<i>methylphenidate hcl er</i>	53
MEMANTINE HCL.....	44	<i>methylpr ace inj 40mg/ml</i>	71
MENACTRA.....	87	<i>methylpr ace inj 80mg/ml</i>	71
MENOMUNE-A/C/Y/W-135.....	87	<i>methylpr ss inj 125 mg</i>	71
MENOSTAR	71	<i>methylpr ss inj 1gm</i>	71
MENTAX	99	<i>methylpr ss inj 40mg</i>	71
MENVEO	87	<i>methylpred pak 4mg</i>	71
MEPRON.....	15	<i>methylpred tab 16mg</i>	72
<i>mercaptapurine</i>	25	<i>methylpred tab 32mg</i>	72
		<i>methylpred tab 4mg</i>	72
		<i>methylpred tab 8mg</i>	72

<i>metipranolol</i>	93	MIRAPEX ER.....	47
<i>metoclopramide hcl</i>	76	MIRCERA.....	83
<i>metoclopramide hcl inj 5 mg/ml</i>	76	<i>mircette</i>	68
<i>metoclopramide odt</i>	76	<i>mirtazapine</i>	45
<i>metolazone</i>	38	<i>misoprostol</i>	79
<i>metoprolol & hctz tab 100-25mg</i>	34	<i>mitomycin</i>	24
<i>metoprolol & hctz tab 100-50mg</i>	34	<i>mitoxantrone hcl</i>	29
<i>metoprolol & hctz tab 50-25mg</i>	34	M-M-R II.....	87
<i>metoprolol succinate</i>	35	MOBIC.....	8
<i>metoprolol tartrate</i>	35	<i>modafinil</i>	58
METRO IV.....	15	<i>moderiba pak</i>	20
METROCREAM.....	103	<i>moderiba tab 200mg</i>	20
METROGEL.....	103	<i>moexipril hcl</i>	30
METROGEL-VAGINAL.....	81	<i>moexipril-hydrochlorothiazide</i>	30
METROLOTION.....	103	<i>molindone hcl 10mg</i>	49
<i>metronidazole</i>	15	<i>molindone hcl 25mg</i>	49
<i>metronidazole (topical)</i>	103	<i>mometasone furoate</i>	101
<i>metronidazole inj</i>	15	<i>mometasone furoate (nasal)</i>	96
<i>metronidazole vaginal</i>	81	<i>mono-lynyah tab 0.25-35</i>	68
<i>mexiletine hcl</i>	32	MONONESSA.....	68
MIACALCIN 200 UNIT/ML.....	74	<i>montelukast sodium</i>	95
<i>mibelas 24 chw fe</i>	67	<i>morgidox cap 1x50mg</i>	23
MICARDIS.....	32	MORPHABOND ER.....	11
MICARDIS HCT.....	32	MORPHINE SUL 20MG/ML ORAL SOL... 11	
<i>miconazole 3 sup 200mg</i>	81	MORPHINE SUL INJ 10MG/ML.....	11
<i>micort-hc</i>	101	MORPHINE SUL INJ 15MG/ML.....	11
MICROGESTIN 1.5/30.....	67	MORPHINE SUL INJ 1MG/ML.....	11
MICROGESTIN 1/20.....	67	MORPHINE SUL INJ 4MG/ML.....	11
MICROGESTIN FE 1.5/30.....	67	<i>morphine sulfate</i>	11
MICROGESTIN FE 1/20.....	68	MORPHINE SULFATE.....	11
MICRO-K.....	88	<i>morphine sulfate beads</i>	11
MICROZIDE.....	38	<i>morphine sulfate ext-rel tab</i>	11
<i>midodrine hcl</i>	39	MOVANTIK.....	79
<i>migergot</i>	55	MOVIPREP.....	78
<i>miglitol</i>	63	MOXEZA.....	91
MIGRANAL.....	55	<i>moxifloxacin hcl</i>	22
<i>millipred</i>	72	MOXIFLOXACIN HCL.....	22
<i>millipred dp</i>	72	<i>moxifloxacin hcl (ophth)</i>	91
MINASTRIN 24 FE.....	68	MOZOBIL.....	83
MINIPRESS.....	31	MS CONTIN.....	11
<i>minitran</i>	39	MULTAQ.....	32
MINIVELLE.....	71	<i>mupirocin</i>	99
<i>minocycline hcl</i>	23	<i>mupirocin calcium (topical)</i>	99
<i>minoxidil</i>	39	MUSTARGEN.....	24
MIRAPEX.....	47	MYAMBUTOL.....	19

MYCAMINE.....	16	<i>nateglinide</i>	63
MYCOBUTIN.....	19	NATPARA.....	74
<i>mycophenolate inj 500mg</i>	86	NEBUPENT.....	15
<i>mycophenolate mofetil</i>	86	<i>necon 0.5/35 28 day</i>	68
<i>mycophenolate sodium</i>	86	<i>necon 10/11-28</i>	68
MYDAYIS CAP 12.5MG	53	NECON 7/7/7	68
MYDAYIS CAP 25MG	53	<i>necon tab 1/35</i>	68
MYDAYIS CAP 37.5MG	53	NECON TAB 1/50-28.....	68
MYDAYIS CAP 50MG	53	<i>nefazodone hcl</i>	45
MYFORTIC.....	86	<i>neomycin sulfate</i>	13
<i>myorisan</i>	98	<i>neomycin/polymyxin b gu</i>	103
MYRBETRIQ.....	81	<i>neomycin-bacitracin zn-polymyxin</i>	91
MYSOLINE.....	42	<i>neomycin-polymy-dexameth</i>	91
<i>myzilra</i>	68	<i>neomycin-polymyxin-gramicidin</i>	91
N			
<i>nabumetone</i>	8	<i>neomycin-polymyxin-hc (ophth)</i>	91
<i>nadolol</i>	35	<i>neomycin-polymyxin-hc (otic)</i>	104
<i>nadolol & bendroflumethiazide</i>	35	NEORAL.....	86
NAFCILLIN IN DEXTROSE	23	<i>neosporin solution</i>	91
<i>nafcillin sodium</i>	23	NEPHRAMINE	89
NAFTIFINE HCL.....	99	<i>neptazane</i>	38
NAFTIN.....	99	NERLYNX.....	28
NAGLAZYME	70	NESINA.....	63
<i>nalbuphine hcl</i>	8	<i>neuac gel 1.2-5%</i>	98
NALFON.....	8	NEULASTA	83
<i>naloxone inj 0.4mg/ml</i>	59	NEULASTA ONPRO KIT.....	83
<i>naloxone inj 1mg/ml</i>	59	NEUPOGEN.....	83
<i>naltrexone hcl</i>	59	NEUPRO.....	47
NAMENDA SOL 10MG/5ML	44	NEURONTIN	42
NAMENDA TAB	44	<i>nevirapine</i>	17
NAMENDA XR.....	44	NEVIRAPINE	17
NAMENDA XR TITRATION PACK.....	44	NEXAVAR	28
NAMZARIC	44	NEXIUM CAP 20MG.....	80
<i>naphazoline hcl</i>	94	NEXIUM CAP 40MG	80
NAPRELAN.....	8	NEXIUM GRA 10MG DR.....	80
NAPROSYN TABS.....	8	NEXIUM GRA 2.5MG DR.....	80
<i>naproxen</i>	8	NEXIUM GRA 20MG DR.....	80
<i>naproxen sodium</i>	8	NEXIUM GRA 40MG DR.....	80
NAPROXEN SODIUM	8	NEXIUM GRA 5MG DR.....	80
<i>naratriptan hcl</i>	55	NEXIUM I.V.....	80
NARDIL.....	45	<i>niacin er (antihyperlipidemic)</i>	34
NASONEX	96	<i>niacor</i>	34
NATACYN.....	91	NIASPAN	34
NATAZIA.....	68	<i>nicardipine hcl</i>	36
		NICOTROL INHALER.....	59
		NICOTROL NS	59

<i>nifedical xl</i>	36	NORPACE CR.....	33
<i>nifedipine</i>	36	NORPRAMIN.....	45
<i>nifedipine er</i>	36	NOR-QD.....	68
<i>nikki 28 day</i>	68	NORTHERA.....	39
NILANDRON.....	27	<i>nortrel 0.5/35 28 day</i>	68
<i>nilutamide</i>	27	<i>nortrel 1/35 21 day</i>	68
<i>nimodipine</i>	36	<i>nortrel 1/35 28 day</i>	68
NINLARO.....	26	<i>nortrel 7/7/7 28 day</i>	68
NIPENT.....	25	<i>nortriptyline hcl</i>	45
<i>nisoldipine</i>	36	NORVASC.....	36
<i>nitro-bid</i>	39	NORVIR.....	17
NITRO-DUR.....	39	NOVAREL INJ 10000UNT.....	74
<i>nitrofurantoin</i>	15	NOVOLIN 70/30.....	61
<i>nitrofurantoin macrocrystal</i>	15	NOVOLIN 70/30 RELION.....	61
<i>nitrofurantoin monohyd macro</i>	15	NOVOLIN N.....	61
<i>nitroglycerin</i>	39	NOVOLIN N RELION.....	61
NITROGLYCERIN LINGUAL.....	39	NOVOLIN R.....	61
<i>nitroglycerin td patch</i>	39	NOVOLIN R RELION.....	61
NITROLINGUAL PUMPSPRAY.....	39	NOVOLOG.....	61
NITROMIST.....	39	NOVOLOG FLEXPEN.....	61
NITROSTAT.....	39	NOVOLOG MIX 70/30.....	61
<i>nizatidine</i>	77	NOVOLOG MIX 70/30 PREFILL.....	61
NIZORAL.....	100	NOVOLOG PENFILL.....	61
<i>nolix</i>	101	NOXAFIL.....	16
NORA-BE TAB.....	68	NUCALA.....	96
<i>norco</i>	11	NUCYNTA.....	11
NORDITROPIN FLEXPEN.....	73	NUCYNTA ER.....	11
<i>norethin acet & estrad-fe</i>	68	NUEDEXTA.....	56
NORETHIN ACET & ESTRAD-FE.....	68	NULOJIX.....	86
<i>norethindrone & ethinyl estradiol-fe</i>	68	NULYTELY/FLAVOR PACKS.....	78
<i>norethindrone (contraceptive)</i>	68	NUPLAZID.....	49
<i>norethindrone acet & eth estra</i>	68	<i>nutrilipid inj 20%</i>	89
<i>norethindrone acetate</i>	74	NUTROPIN AQ NUSPIN 10.....	73
<i>norethindrone acetate-ethinyl estradiol</i> <i>1mg-5mcg</i>	71	NUTROPIN AQ NUSPIN 20.....	73
<i>norgest/ethi tab 0.25/35</i>	68	NUTROPIN AQ NUSPIN 5.....	73
<i>norgestimate-ethinyl estradiol</i> <i>(triphasic)</i>	68	NUVARING.....	68
NORINYL 1+35.....	68	NUVESSA.....	81
NORINYL 1+50.....	68	NUVIGIL.....	58
NORITATE.....	103	<i>nyamyc</i>	99
<i>norlyroc 28 day</i>	68	<i>nyata</i>	99
NORMOSOL-M IN D5W.....	90	NYMALIZE.....	36
NORMOSOL-R.....	90	<i>nystatin</i>	16
NORPACE.....	32	<i>nystatin (mouth-throat)</i>	104
		<i>nystatin (topical)</i>	99
		<i>nystatin pow 100000</i>	99

<i>nystop</i>	99
0	
OCELLA TAB 3-0.03MG.....	68
OCTAGAM.....	85
<i>octreotide acetate</i>	74
OCUFEN.....	92
OCUFLOX.....	91
ODEFSEY.....	18
ODOMZO.....	29
OFEV.....	96
<i>ofloxacin (ophth)</i>	91
<i>ofloxacin (otic)</i>	104
<i>ogestrel 28 day</i>	68
<i>olanzapine</i>	49
<i>olanzapine odt</i>	49
<i>olmesartan medoxomil</i>	32
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	32
<i>olmesartan medoxomil-hydrochlorothiazide</i>	32
<i>olopatadine hcl</i>	93
<i>olopatadine hcl (nasal)</i>	95
<i>omega-3-acid ethyl esters</i>	34
<i>omeprazole cap 10mg</i>	80
<i>omeprazole cap 20mg</i>	80
<i>omeprazole cap 40mg</i>	80
OMNARIS.....	96
OMNIPRED.....	92
OMNITROPE 10MG.....	73
OMNITROPE 5.8MG.....	73
OMNITROPE 5MG.....	73
<i>ondansetron hcl</i>	76
<i>ondansetron hcl inj</i>	76
<i>ondansetron hcl oral soln</i>	76
<i>ondansetron odt</i>	76
ONEXTON.....	98
ONFI.....	42
ONGLYZA.....	63
ONIVYDE.....	30
ONMEL.....	16
ONZETRA XSAIL.....	55
OPANA.....	11
OPANA ER (CRUSH RESISTANT).....	12
OPSUMIT.....	39

ORACEA.....	103
ORALAIR.....	85
ORAP.....	49
ORAPRED ODT TAB 10MG.....	72
ORAPRED ODT TAB 15MG.....	72
ORAPRED ODT TAB 30MG.....	72
ORAVIG.....	104
ORBACTIV.....	15
ORENCIA.....	84
ORENCIA CLICKJECT.....	84
ORENITRAM TAB 0.125MG.....	39
ORENITRAM TAB 0.25MG.....	39
ORENITRAM TAB 1MG.....	39
ORENITRAM TAB 2.5MG.....	39
ORENITRAM TAB 5MG.....	39
ORFADIN.....	70
ORKAMBI.....	96
<i>orsythia 28 day</i>	68
ORTHO MICRONOR.....	68
ORTHO TRI-CYCLEN LO.....	68
ORTHO-CYCLEN.....	68
ORTHO-NOVUM 1/35.....	68
ORTHO-NOVUM 7/7/7.....	68
<i>oseltamivir phosphate</i>	20
OSENI TAB 12.5-15MG.....	64
OSENI TAB 12.5-30MG.....	64
OSENI TAB 12.5-45MG.....	64
OSENI TAB 25-15MG.....	64
OSENI TAB 25-30MG.....	64
OSENI TAB 25-45MG.....	64
OSMOPREP.....	78
OTEZLA.....	84
OTOVEL.....	104
<i>ovcon 35 28 day</i>	68
<i>ovide</i>	103
<i>oxacillin sodium</i>	23
<i>oxaliplatin</i>	29
<i>oxandrolone</i>	60
<i>oxaprozin</i>	8
<i>oxcarbazepine</i>	42
OXICONAZOLE NITRATE.....	99
OXISTAT.....	99
OXSORALEN ULTRA.....	100
OXTELLAR XR.....	42
<i>oxybutynin chloride</i>	81

<i>oxycodone hcl</i>	12
OXYCODONE HCL.....	12
<i>oxycodone w/ acetaminophen 10-325mg</i>	12
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	12
<i>oxycodone w/ acetaminophen 5-325mg</i>	12
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	12
<i>oxycodone w/ acetaminophen soln</i>	12
<i>oxycodone-aspirin</i>	12
<i>oxycodone-ibuprofen</i>	12
OXYCONTIN.....	12
<i>oxymorphone hcl</i>	12
OXYTROL.....	81

P

<i>pacerone</i>	33
<i>paclitaxel</i>	25
<i>paliperidone</i>	49
PAMELOR.....	45
<i>pamidronate disodium</i>	65
PAMINE	77
PAMINE FORTE.....	77
PANCREAZE.....	79
PANDEL	102
PANRETIN.....	103
<i>pantoprazole sodium</i>	80
<i>paricalcitol</i>	90
PARICALCITOL	90
PARLODEL CAP 5MG	47
PARLODEL TAB 2.5MG	47
PARNATE	45
<i>paroex sol 0.12%</i>	104
<i>paromomycin sulfate</i>	13
<i>paroxetine er tab</i>	45
<i>paroxetine hcl tabs</i>	46
<i>paser d/r</i>	19
PATADAY	93
PATANASE.....	95
PATANOL	93
PAXIL	46
PAXIL CR	46
PAZEO.....	93

PCE.....	22
<i>pediapred sol 6.7/5ml</i>	72
PEDIARIX.....	87
PEDVAX HIB	87
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	78
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	78
PEGANONE	42
PEGASYS.....	20
PEGASYS PROCLICK.....	20
PENICILLIN G POT IN DEXTROSE.....	23
PENICILLIN G POTASSIUM IN	23
<i>penicillin g procaine</i>	23
<i>penicillin g sodium</i>	23
<i>penicillin v potassium</i>	23
<i>penicillin gk inj 20mu</i>	23
<i>penicillin gk inj 5mu</i>	23
PENNSAID	103
PENTACEL.....	87
PENTAM 300	15
PENTASA	78
<i>pentoxifylline</i>	83
<i>pepcid</i>	77
PEPCID SUSP	77
<i>percocet 10/325</i>	12
<i>percocet 2.5/325</i>	12
<i>percocet 7.5/325</i>	12
<i>percocet tab 5-325mg</i>	12
PERFOROMIST	95
<i>perindopril erbumine</i>	30
<i>periogard soln 0.12%</i>	104
PERJETA	26
<i>permethrin</i>	103
<i>perphenazine</i>	49
PERTZYE.....	79
PEXEVA.....	46
<i>pfizerpen g inj 5mu</i>	23
<i>pfizerpen-g inj 20mu</i>	23
<i>phenadoz</i>	76
<i>phenelzine sulfate</i>	46
<i>phenergan</i>	76
<i>phenergan inj</i>	76
<i>phenobarbital</i>	43
<i>phenobarbital sodium</i>	43

PHENOBARBITAL SODIUM.....	43	POTASSIUM CHLORIDE IN NACL	90
PHENOXYBENZAMINE HCL.....	39	<i>potassium chloride microencapsulated</i>	
<i>phenytek</i>	43	<i>crystals er</i>	88
<i>phenytoin</i>	43	<i>potassium citrate (alkalinizer)</i>	81
<i>phenytoin inj 50mg/ml</i>	43	POTASSIUM CITRATE (ALKALINIZER) .	81
<i>phenytoin sodium extended</i>	43	POTIGA.....	43
<i>philith</i>	68	PRADAXA	82
PHOSLYRA.....	74	PRALUENT	34
PHOSPHOLINE IODIDE	93	<i>pramipexole dihydrochloride</i>	47
PICATO.....	103	<i>pramipexole tab 0.125mg</i>	47
PILOCARPINE HCL.....	93	<i>pramipexole tab 0.25mg</i>	47
<i>pilocarpine hcl (oral)</i>	104	<i>pramipexole tab 0.375mg</i>	47
PILOCARPINE HCL (ORAL)	104	<i>pramipexole tab 0.5mg</i>	47
<i>pimozide</i>	49	<i>pramipexole tab 0.75 er</i>	47
<i>pimtrea pack</i>	68	<i>pramipexole tab 0.75mg</i>	47
<i>pindolol</i>	35	<i>pramipexole tab 1.5mg</i>	47
<i>pioglitazone hcl</i>	64	<i>pramipexole tab 1.5mg er</i>	47
<i>pioglitazone hcl-glimepiride</i>	64	<i>pramipexole tab 1mg</i>	47
<i>pioglitazone hcl-metformin hcl</i>	64	<i>pramipexole tab 2.25mg</i>	47
<i>piperacillin sodium-tazobactam sodium</i>		<i>pramipexole tab 3mg</i>	47
.....	23	<i>pramipexole tab 4.5mg</i>	47
<i>piperacillin/tazobactam</i>	23	PRANDIN.....	64
<i>pirmella 1/35 28 day</i>	68	<i>prasugrel hcl</i>	84
<i>piroxicam</i>	8	PRAVACHOL.....	33
PLAQUENIL	84	<i>pravastatin sodium</i>	33
PLASMA-LYTE A	90	<i>prazosin hcl</i>	31
PLASMA-LYTE-148.....	90	PRECOSE.....	64
PLAVIX.....	83	PRED FORTE	92
PLEGRIDY	57	PRED MILD	92
PLEGRIDY STARTER PACK.....	57	<i>pred sod pho sol 5mg/5ml</i>	72
<i>plenamine</i>	89	PRED-G.....	91
<i>podofilox</i>	103	PRED-G S.O.P.....	91
<i>polyethylene glycol 3350</i>	78	<i>prednicarbate</i>	102
<i>polymyxin b sulfate</i>	15	PREDNICARBATE	102
<i>polymyxin b-trimethoprim</i>	91	PREDNISOLONE ACETATE (OPHTH).....	92
POLYTRIM.....	91	<i>prednisolone sodium phosphate</i>	72
POMALYST.....	85	<i>prednisolone sodium phosphate (ophth)</i>	
PONSTEL.....	8	.....	92
<i>portia 28 day</i>	69	<i>prednisolone sol 10mg/5ml</i>	72
<i>pot chloride inj 2meq/ml</i>	90	<i>prednisolone sol 15mg/5ml</i>	72
<i>potassium chloride</i>	88	<i>prednisolone sol 20mg/5ml</i>	72
POTASSIUM CHLORIDE	88, 90	<i>prednisolone sol 25mg/5ml</i>	72
POTASSIUM CHLORIDE 0.3%/D	90	<i>prednisolone syrup 15 mg/5ml</i>	72
<i>potassium chloride caps er</i>	88	<i>prednisone con 5mg/ml</i>	72
<i>potassium chloride in nacl</i>	90	<i>prednisone pak 10mg</i>	72

<i>prednisone pak 5mg</i>	72	PROCYSBI.....	70
<i>prednisone sol 5mg/5ml</i>	72	<i>progesterone micronized</i>	74
<i>prednisone tab 10mg</i>	72	PROGLYCEM SUS 50MG/ML.....	73
<i>prednisone tab 1mg</i>	72	PROGRAF.....	86
<i>prednisone tab 2.5mg</i>	72	PROLASTIN-C.....	96
<i>prednisone tab 20mg</i>	72	PROLENSA.....	94
<i>prednisone tab 50mg</i>	72	PROLEUKIN.....	26
<i>prednisone tab 5mg</i>	72	PROLIA.....	74
PREGNYL W/DILUENT BENZYL.....	74	PROMACTA.....	83
PREMARIN CREAM.....	71	<i>promethazine hcl</i>	76
PREMARIN INJ.....	71	<i>promethegan</i>	76
<i>premasol 10%</i>	89	PROMETRIUM.....	75
<i>premasol 6%</i>	89	<i>propafenone hcl</i>	33
<i>prenatal vitamin/folic acid > 0.8 mg</i> <i>(generic)</i>	90	<i>propafenone hcl 12hr</i>	33
PREPOPIK.....	78	<i>proparacaine hcl</i>	94
PREVACID.....	80	<i>propranolol & hydrochlorothiazide</i>	35
PREVACID SOLUTAB.....	80	<i>propranolol hcl er</i>	35
<i>prevalite</i>	34	<i>propranolol inj 1mg/ml</i>	35
<i>previfem 28 day</i>	69	<i>propranolol oral sol</i>	35
PREVPAC.....	79	<i>propranolol tab</i>	35
PREZCOBIX.....	18	<i>propylthiouracil</i>	75
PREZISTA.....	17	PROQUAD.....	87
PRIFTIN.....	19	PROSCAR.....	80
PRILOSEC.....	80	PROSOL.....	89
PRIMAQUINE PHOSPHATE.....	17	PROTONIX.....	80
PRIMAXIN.....	15	PROTONIX INJ.....	80
<i>primidone</i>	43	PROTOPIC.....	103
PRIMSOL.....	15	<i>protriptyline hcl</i>	46
PRINIVIL.....	30	PROVENTIL HFA.....	95
PRISTIQ.....	46	PROVERA.....	75
PRIVIGEN.....	85	PROVIGIL.....	58
PROAIR HFA.....	95	PROZAC.....	46
PROAIR RESPICLICK.....	95	PROZAC WEEKLY.....	46
<i>probenecid</i>	7	PRUDOXIN CRE 5%.....	100
PROCALAMINE.....	89	PULMICORT FLEXHALER.....	97
PROCARDIA XL.....	36	PULMICORT INH SUSP 0.25MG/2 ML... ..	97
<i>prochlorperazine inj 5 mg/ml</i>	76	PULMICORT INH SUSP 0.5MG/2 ML.....	97
<i>prochlorperazine maleate</i>	76	PULMICORT INH SUSP 1MG/2ML.....	97
<i>prochlorperazine supp</i>	76	PULMOZYME.....	96
PROCRIT.....	83	PURIXAN.....	25
<i>procto-med</i>	99	PYLERA.....	79
<i>procto-pak</i>	100	<i>pyrazinamide</i>	19
<i>proctosol hc 2.5 %</i>	100	<i>pyridostigmine bromide</i>	56
<i>proctozone hc</i>	100	<i>pyridostigmine tab 60mg</i>	56

Q	
QBRELIS	30
QNASL	96
QNASL CHILDRENS	96
QUADRACEL	87
QUALAQUIN.....	17
QUARTETTE	69
<i>quasense 91 day</i>	69
QUDEXY XR	43
<i>questran</i>	34
<i>questran light</i>	34
<i>quetiapine fumarate</i>	49, 50
QUILLICHEW ER	53
QUILLIVANT XR	53
<i>quinapril hcl</i>	30
<i>quinapril-hydrochlorothiazide</i>	30
<i>quinidine gluconate</i>	33
<i>quinidine sulfate</i>	33
<i>quinine sulfate</i>	17
QVAR.....	97
R	
RABAVERT.....	87
<i>rabeprazole sodium</i>	80
RAGWITEK.....	85
<i>raloxifene hcl</i>	74
<i>ramipril</i>	30
RANEXA.....	39
<i>ranitidine hcl</i>	77
<i>ranitidine hcl inj</i>	77
RAPAFLO.....	80
RAPAMUNE.....	86
<i>rasagiline mesylate</i>	47
RAVICTI	70
RAYALDEE	90
RAYOS TAB 1MG	72
RAYOS TAB 2MG	72
RAYOS TAB 5MG	72
RAZADYNE	44
RAZADYNE ER	44
REBETOL.....	20
REBIF	57
REBIF REBIDOSE	57
REBIF REBIDOSE TITRATION.....	57
REBIF TITRATION PACK	57
RECLAST	65
<i>reclipsen 28 day</i>	69
RECOMBIVAX HB	87
RECTIV.....	103
REGLAN	76
REGRANEX	103
RELENZA DISKHALER.....	20
RELISTOR	79
RELPAK	55
REMERON	46
REMERON SOLTAB.....	46
REMICADE	84
REMODULIN.....	39
RENAGEL.....	74
REVELA PAK.....	74
REVELA TAB 800MG	74
<i>repaglinide</i>	64
<i>repaglinide-metformin hcl</i>	64
REQUIP	47
REQUIP XL.....	47
RESCRIPTOR	17
RESTASIS	94
RESTASIS MULTIDOSE.....	94
RESTORIL.....	53, 54
RETIN-A.....	98
RETIN-A MICRO	98
RETIN-A MICRO PUMP	98
RETROVIR CAPS.....	17
RETROVIR IV INFUSION	17
RETROVIR SYRP	17
REVATIO	39
REVLIMID	85
REXULTI	50
REYATAZ	17
RHEUMATREX.....	84
<i>ribapak mis 600/day</i>	20
<i>ribasphere</i>	20
<i>ribasphere ribapak 1000</i>	20
<i>ribasphere ribapak 1200</i>	20
<i>ribasphere ribapak 800</i>	20
<i>ribavirin 200mg</i>	20
<i>rifabutin</i>	19
<i>rifadin</i>	19
RIFADIN	19
<i>rifamate</i>	19

<i>rifampin</i>	19
RIFATER.....	19
RILUTEK.....	56
<i>riluzole</i>	56
<i>rimantadine hydrochloride</i>	20
RINGER'S	90
RIOMET	64
<i>risedronate sodium</i>	65
RISPERDAL	50
RISPERDAL INJ 12.5MG	50
RISPERDAL INJ 25MG	50
RISPERDAL INJ 37.5MG	50
RISPERDAL INJ 50MG	50
RISPERDAL M-TAB.....	50
<i>risperidone</i>	50
<i>risperidone odt</i>	50
RITALIN.....	53
RITALIN LA	53
RITUXAN.....	26
RITUXAN HYCELA.....	26
<i>rivastigmine tartrate</i>	44
<i>rivastigmine td patch 24hr 13.3</i> <i>mg/24hr</i>	44
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	44
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	44
RIVELSA TAB	69
<i>rizatriptan benzoate</i>	55
ROBINUL.....	77
ROBINUL FORTE.....	77
ROCALTROL.....	90
<i>rocephin</i>	21
<i>ropinirole tab 0.25mg</i>	47
<i>ropinirole tab 0.5mg</i>	47
<i>ropinirole tab 12mg er</i>	47
<i>ropinirole tab 1mg</i>	47
<i>ropinirole tab 2mg</i>	47
<i>ropinirole tab 2mg er</i>	47
<i>ropinirole tab 3mg</i>	47
<i>ropinirole tab 4mg</i>	47
<i>ropinirole tab 4mg er</i>	47
<i>ropinirole tab 5mg</i>	47
<i>ropinirole tab 6mg er</i>	47
<i>ropinirole tab 8mg er</i>	47

<i>rosadan cre 0.75%</i>	103
<i>rosuvastatin calcium</i>	33
ROTARIX	87
ROTATEQ.....	87
ROWASA	78
<i>roweepra</i>	43
ROXICODONE	12
RUBRACA.....	26
RUCONEST	83
RYDAPT.....	28
RYTARY.....	47
RYTHMOL SR.....	33

S

SABRIL.....	43
SAFYRAL.....	69
SAIZEN	73
SAIZEN CLICK.EASY	73
SALAGEN	104
SAMSCA	74
SANCUSO	76
SANDIMMUNE CAPS.....	86
SANDIMMUNE INJ	86
SANDIMMUNE SOLN.....	86
SANDOSTATIN.....	74
SANDOSTATIN LAR DEPOT.....	74
SANTYL.....	103
SAPHRIS	50
SARAFEM	59
SAVAYSA.....	82
SAVELLA.....	56
SAVELLA TITRATION PACK.....	56
<i>scopolamine</i>	76
SEASONIQUE	69
<i>selegiline hcl</i>	47
<i>selenium sulfide</i>	100
SELZENTRY	18
SEMPREX-D.....	94
SENSIPAR.....	65
SEREVENT DISKUS.....	95
SERNIVO	102
SEROQUEL	50
SEROQUEL XR.....	50
SEROSTIM.....	73
<i>sertraline hcl</i>	46

<i>setlakin tab</i>	69	SORIATANE.....	100
SF-ROWASA.....	78	SORILUX.....	100
<i>sharobel 28 day</i>	69	<i>sorine</i>	33
SIGNIFOR.....	74	<i>sotalol hcl</i>	33
SIGNIFOR LAR.....	74	<i>sotalol hcl (afib/afl)</i>	33
<i>sildenafil citrate (pulmonary hypertension)</i>	39	SOTYLIZE.....	35
SILENOR.....	54	SOVALDI.....	20
SILVADENE.....	99	SPIRIVA HANDIHALER.....	94
SILVER SULFADIAZINE.....	99	SPIRIVA RESPIMAT.....	94
SIMBRINZA SUS 1-0.2%.....	93	<i>spironolactone</i>	31
SIMPONI.....	84	<i>spironolactone & hydrochlorothiazide</i> ..	38
SIMPONI ARIA.....	84	SPORANOX.....	16
SIMULECT.....	86	SPORANOX PULSEPAK.....	16
<i>simvastatin</i>	33	SPORANOX SOL 10MG/ML.....	16
SINEMET.....	47	<i>sprintec 28 day</i>	69
SINEMET CR.....	47	SPRITAM.....	43
SINGULAIR.....	96	SPRYCEL.....	28
<i>sirolimus</i>	86	<i>sps susp 15gm/60ml</i>	65
SIRTURO.....	19	<i>sronyx 28 day</i>	69
SIVEXTRO.....	15	SSD.....	99
SKLICE.....	103	STALEVO.....	48
SMOFLIPID.....	89	STARLIX.....	64
SODIUM CHLORIDE.....	88, 90	<i>stavudine</i>	18
SODIUM CHLORIDE 0.45% VIA.....	90	STERILE WATER IRRIGATION.....	103
SODIUM CHLORIDE 0.9%.....	103	STIMATE.....	75
SODIUM DIURIL.....	38	STIOLTO RESPIMAT.....	94
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln.....	88	STIVARGA.....	28
<i>sodium phenylbutyrate</i>	70	STRATTERA.....	53
<i>sodium polystyrene sulfonate</i>	65	<i>streptomycin sulfate</i>	13
SOLQUA 100/33.....	61	STRIANT.....	60
SOLTAMOX.....	27	STRIBILD.....	18
SOLU-CORTEF 1000MG.....	72	STRIVERDI RESPIMAT.....	95
SOLU-CORTEF 100MG.....	72	STROMECTOL.....	15
SOLU-CORTEF 250MG.....	72	SUBOXONE MIS 12-3MG.....	59
SOLU-CORTEF 500MG.....	72	SUBOXONE MIS 2-0.5MG.....	59
SOLU-MEDROL INJ 125MG.....	72	SUBOXONE MIS 4-1MG.....	59
SOLU-MEDROL INJ 1GM.....	72	SUBOXONE MIS 8-2MG.....	59
SOLU-MEDROL INJ 2GM.....	72	SUBSYS.....	12
SOLU-MEDROL INJ 40MG.....	72	SUCRAID.....	79
SOLU-MEDROL INJ 500MG.....	72	<i>sucralfate</i>	79
SOMATULINE DEPOT.....	74	SULAR.....	36
SOMAVERT.....	74	<i>sulfacet sod oin 10% op</i>	92
SOOLANTRA.....	103	<i>sulfacetamide sodium (acne)</i>	98
		<i>sulfacetamide sodium (ophth)</i>	92
		<i>sulfacetamide sod-prednisolone</i>	91

<i>sulfadiazine</i>	13
<i>sulfamethoxazole-trimethop</i>	15
<i>sulfamethoxazole-trimethop ds</i>	15
<i>sulfamethoxazole-trimethoprim inj</i>	15
SULFAMYLON.....	99
<i>sulfasalazine dr</i>	78
<i>sulfasalazine ir</i>	78
<i>sulindac</i>	8
SUMATRIPTAN INJ 4MG/0.5ML.....	55
<i>sumatriptan inj 6mg/0.5ml</i>	55
<i>sumatriptan succinate</i>	55
SUMATRIPTAN SUCCINATE.....	55
SUMAVEL DOSEPRO.....	55
<i>suprax</i>	21
SUPRAX.....	21
SUPREP BOWEL PREP KIT	78
SURMONTIL.....	46
SUSTIVA	18
SUSTOL.....	76
SUTENT	28
<i>syeda</i>	69
SYLATRON KIT 200MCG	29
SYLATRON KIT 300MCG.....	29
SYLATRON KIT 600MCG	29
SYMBICORT.....	97
SYMLINPEN 120.....	61
SYMLINPEN 60	61
SYNAGIS.....	87
SYNALAR	102
SYNALGOS-DC	8
SYNAREL.....	70
SYNDROS	76
SYNERA.....	102
SYNERCID.....	15
SYNJARDY TAB 12.5-1000	64
SYNJARDY TAB 12.5-500.....	64
SYNJARDY TAB 5-1000MG	64
SYNJARDY TAB 5-500MG.....	64
SYNJARDY XR TAB 10-1000 MG	64
SYNJARDY XR TAB 12.5-1000 MG	64
SYNJARDY XR TAB 25-1000 MG	64
SYNJARDY XR TAB 5-1000 MG.....	64
SYNRIBO.....	29
SYNTHROID.....	75
SYPRINE.....	65

T

TABLOID	25
TACLONEX.....	102
<i>tacrolimus</i>	86
<i>tacrolimus (topical)</i>	103
TAFINLAR.....	28
TAGRISSE	28
TAMIFLU CAPS.....	20
TAMIFLU SUSR	20
<i>tamoxifen citrate</i>	27
<i>tamsulosin hcl</i>	80
TANZEUM.....	61
<i>tapazole</i>	75
TARCEVA.....	28
TARGRETIN	29, 103
<i>tarina fe 1/20 28 day</i>	69
TARKA.....	30
TASIGNA.....	28
TAXOTERE	25
TAYTULLA	69
<i>tazarotene</i>	100
<i>tazicef</i>	21
<i>tazicef vial</i>	21
TAZORAC.....	100
<i>taztia xt</i>	36
TECENTRIQ.....	26
TECFIDERA CAP 120MG.....	57
TECFIDERA CAP 240MG.....	57
TECFIDERA MIS STARTER.....	57
TEFLARO	21
TEGRETOL.....	43
TEGRETOL-XR.....	43
TEKTURNA.....	37
TEKTURNA HCT	37
<i>telmisartan</i>	32
<i>telmisartan-amlodipine</i>	32
<i>telmisartan-hydrochlorothiazide</i>	32
<i>temazepam</i>	54
TENIVAC.....	87
TENORETIC 100	35
TENORETIC 50.....	35
TENORMIN.....	35
TERAZOL 3.....	81
TERAZOL 7	81

<i>terazosin hcl</i>	31	<i>tobramycin-dexamethasone</i>	91
<i>terbinafine hcl</i>	16	TOBEX OINT 0.3%	92
<i>terbutaline sulfate</i>	95	TOBEX SOL 0.3% OP	92
<i>terconazole vaginal</i>	81	<i>tofranil</i>	46
TESTIM.....	60	TOLAK.....	103
<i>testosterone</i>	60	<i>tolmetin sodium</i>	8
TESTOSTERONE.....	60	<i>tolterodine tartrate er</i>	81
<i>testosterone cypionate</i>	60	<i>tolterodine tartrate tab 1 mg</i>	81
<i>testosterone enanthate</i>	60	<i>tolterodine tartrate tab 2 mg</i>	81
TETANUS/DIPHTHERIA TOXOID	87	TOPAMAX.....	43
TETRABENAZINE	56	TOPAMAX SPRINKLE	43
TETRACYCLINE HCL	23	<i>topicort</i>	102
<i>texacort</i>	102	TOPICORT.....	102
THALOMID	85	TOPICORT SPRAY 0.25%	102
<i>theo-24</i>	97	<i>topiramate</i>	43
<i>theophylline</i>	97	TOPIRAMATE	43
<i>thioridazine hcl</i>	50	<i>toposar</i>	30
<i>thiotepa</i>	24	<i>topotecan hcl</i>	30
<i>thiothixene</i>	50	TOPOTECAN HCL	30
THYMOGLOBULIN.....	86	TOPROL XL.....	35
<i>tiagabine hcl</i>	43	TORISEL.....	26
TIAZAC.....	36	<i>toremide tabs</i>	38
TIGECYCLINE.....	15	TOUJEO SOLOSTAR.....	61
TIKOSYN.....	33	TOVIAZ.....	81
TILIA FE.....	69	TPN ELECTROLYTES	88
<i>timolol maleate</i>	35	TRACLEER.....	39
<i>timolol maleate (ophth) soln</i>	93	TRADJENTA.....	64
TIMOLOL MALEATE GEL.....	93	TRAMADOL HCL.....	8, 9
TIMOPTIC.....	93	<i>tramadol hcl er</i>	9
TIMOPTIC OCUDOSE	93	TRAMADOL HCL ER.....	9
TIMOPTIC-XE.....	93	<i>tramadol hcl er (biphasic) 100mg</i>	9
TIROSINT	75	<i>tramadol hcl er (biphasic) 200mg</i>	9
TIVICAY.....	18	<i>tramadol hcl er (biphasic) 300mg</i>	9
<i>tizanidine</i>	57	<i>tramadol hcl tab 50 mg</i>	9
TOBI NEB	13	<i>tramadol-acetaminophen</i>	9
TOBI PODHALER.....	13	<i>trandolapril</i>	30
TOBRADEX.....	91	<i>trandolapril-verapamil hcl</i>	30
TOBRADEX ST	91	<i>tranexamic acid</i>	83
<i>tobramycin</i>	13	TRANSDERM-SCOP	76
<i>tobramycin (ophth)</i>	92	TRANXENE T TAB 7.5MG	43
<i>tobramycin inj 1.2 gm/30ml</i>	13	<i>tranylcypromine sulfate</i>	46
<i>tobramycin inj 1.2gm</i>	13	TRAVASOL.....	89
<i>tobramycin inj 10mg/ml</i>	13	TRAVATAN Z.....	93
<i>tobramycin inj 40mg/ml</i>	13	<i>trazodone hcl</i>	46
<i>tobramycin inj 80mg/2ml</i>	13	TREANDA	24

TRECATOR	19	<i>tri-sprintec 28 day</i>	69
TRELSTAR MIXJECT	27	TRIUMEQ	18
TRESIBA FLEXTOUCH	61	<i>trivora 28 day</i>	69
<i>tretinoin</i>	29, 98	TRIZIVIR	19
TRETINOIN	98	TROKENDI XR	43
<i>tretinoin microsphere</i>	98	TROPHAMINE INJ 10%	89
TRETINOIN MICROSPHERE	98	TROPHAMINE INJ 6%	89
<i>tretin-x cre 0.075%</i>	98	<i>trospium chloride</i>	81
<i>trexall</i>	84	<i>trospium chloride er</i>	81
TREXIMET TAB 10-60MG	55	TRULANCE	79
TREXIMET TAB 85-500MG	55	TRULICITY	61
<i>trezix</i>	9	TRUMENBA	87
<i>triamcinolone acetonide (mouth)</i>	104	TRUSOPT	93
<i>triamcinolone acetonide (topical)</i>	102	TRUVADA TAB 100-150	19
<i>triamt/hctz cap 37.5-25</i>	38	TRUVADA TAB 133-200	19
<i>triamt/hctz cap 50-25mg</i>	38	TRUVADA TAB 167-250	19
<i>triamt/hctz tab 37.5-25</i>	38	TRUVADA TAB 200-300	19
<i>triamt/hctz tab 75-50mg</i>	38	TUDORZA PRESSAIR	94
<i>trianex</i>	102	TUDORZA PRESSAIR (INSTITUTIONAL PACK)	94
TRIBENZOR	32	TWINRIX INJ	87
TRICOR	34	TWYNSTA	32
<i>triderm</i>	102	TYBOST	18
TRIDESILON	102	TYGACIL	15
<i>trifluoperazine hcl</i>	50	TYKERB	28
<i>trifluridine</i>	92	<i>tylenol with codeine</i>	9
TRIGLIDE	34	TYMLOS	74
<i>triklo</i>	34	TYPHIM VI	87
<i>tri-legest 28 day</i>	69	TYSABRI	57
TRILEPTAL SUSP	43	TYVASO	39
TRILEPTAL TABS	43	TYZEKA	20
<i>tri-linyah</i>	69		
TRILIPIX	34	U	
<i>tri-lo- tab marzia</i>	69	UCERIS FOAM	78
<i>tri-lo-estarylla</i>	69	UCERIS TAB	78
<i>tri-lo-sprintec 28 day</i>	69	ULORIC	7
<i>trilyte</i>	79	ULTRACET	9
<i>trimethoprim</i>	15	ULTRAM	9
<i>trimipramine maleate</i>	46	ULTRAM ER	9
TRINESSA	69	ULTRAVATE	102
TRINESSA LO TAB	69	UNASYN	23
TRI-NORINYL 28	69	UNASYN BULK PACK	23
TRINTELLIX	46	UNITHROID	75
TRIOSTAT	75	UPTRAVI	39
<i>tri-previfem 28 day</i>	69	<i>urecholine</i>	81
TRISENOX	29		

UROCIT-K.....	81	VERELAN.....	37
UROXATRAL.....	80	VERELAN PM.....	37
URSO 250.....	79	<i>veripred</i>	72
URSO FORTE.....	79	VERSACLOZ.....	51
<i>ursodiol</i>	79	VESICARE.....	81
V		<i>vestura</i>	69
VAGIFEM.....	71	VEXOL.....	92
<i>valacyclovir hcl</i>	20	VFEND IV.....	16
VALCHLOR.....	103	VFEND SUS 40MG/ML.....	16
VALCYTE.....	20	VFEND TAB.....	16
<i>valganciclovir hcl</i>	20	VIBATIV.....	16
VALIUM.....	43	VIBERZI.....	79
<i>valproate sodium</i>	43	VIBRAMYCIN.....	23
<i>valproic acid</i>	43	<i>vicodin</i>	12
<i>valsartan</i>	32	<i>vicodin es</i>	12
<i>valsartan-hydrochlorothiazide</i>	32	<i>vicodin hp</i>	12
VALTREX.....	20	VICTOZA.....	61
VANCOICIN HCL.....	15	VIDAZA.....	25
<i>vancomycin hcl</i>	15, 16	VIDEX EC.....	18
VANCOMYCIN IN NAOL.....	16	VIDEX PEDIATRIC.....	18
VANDAZOLE.....	81	<i>vienva 28 day</i>	69
VANOS.....	102	<i>vigabatrin powd pack</i>	44
VAQTA.....	87	VIGAMOX.....	92
VARIVAX.....	87	VIIBRYD STARTER PACK.....	46
VARUBI.....	76	VIIBRYD TAB.....	46
VASCEPA.....	34	VIMIZIM.....	70
VASERETIC.....	30	VIMOVO.....	7
VASOTEC.....	30	VIMPAT.....	44
VECTIBIX.....	26	<i>vinblastine sulfate</i>	25
VECTICAL.....	100	<i>vincasar</i>	25
VELCADE.....	26	<i>vincristine sulfate</i>	25
<i>velivet 28 day</i>	69	<i>vinorelbine tartrate</i>	25
VELPHORO.....	74	VIOKACE 10.....	79
VELTASSA.....	65	VIOKACE 20.....	79
VEMLIDY.....	20	<i>viorele</i>	69
VENCLEXTA.....	26	VIRACEPT.....	18
VENCLEXTA STARTING PACK.....	26	VIRAMUNE.....	18
<i>venlafaxine cap er</i>	46	VIRAMUNE XR.....	18
<i>venlafaxine tab</i>	46	VIREAD.....	18
VENTAVIS.....	40	VIROPTIC.....	92
VENTOLIN HFA.....	95	VIVELLE-DOT.....	71
VERAMYST.....	96	VIVITROL.....	59
<i>verapamil hcl</i>	37	VIVLODEX.....	8
VERAPAMIL HCL.....	37	VOGELXO.....	60
		VOGELXO PUMP.....	60

VOLTAREN GEL 1%.....	103
<i>voriconazole</i>	16
<i>voriconazole inj 200mg</i>	16
VOSEVI.....	20
VOTRIENT.....	28
VPRIV.....	70
VRAYLAR.....	51
VRAYLAR THERAPY PACK.....	51
<i>vyfemla 28 day</i>	69
VYTORIN.....	34
VYVANSE CAPS.....	53
VYVANSE CHEW.....	53

W

<i>warfarin sodium</i>	82
WELCHOL.....	34
WELLBUTRIN SR.....	46
WELLBUTRIN XL.....	46
<i>wymzya fe</i>	69

X

XADAGO.....	48
XALATAN.....	93
XALKORI.....	28
XANAX TAB 0.25MG.....	40
XANAX TAB 0.5MG.....	40
XANAX TAB 1MG.....	40
XANAX TAB 2MG.....	40
XARELTO.....	82
XARELTO STARTER PACK.....	82
XARTEMIS XR.....	12
XATMEP.....	84
XELJANZ.....	84
XELJANZ XR.....	84
XENAZINE.....	56
XEOMIN.....	57
XERESE.....	103
XGEVA.....	74
XIFAXAN TAB 200MG.....	16
XIFAXAN TAB 550MG.....	79
XIGDUO XR TAB 10-1000MG.....	64
XIGDUO XR TAB 10-500MG.....	64
XIGDUO XR TAB 5-1000MG.....	64
XIGDUO XR TAB 5-500MG.....	64
XIIDRA.....	94

<i>xodol tab 10-300mg</i>	12
<i>xodol tab 5-300mg</i>	12
<i>xodol tab 7.5-300</i>	12
XOLAIR.....	96
XOPENEX.....	95
XOPENEX CONCENTRATE.....	95
XOPENEX HFA.....	95
XTAMPZA ER.....	12
XTANDI.....	27
<i>xulane dis 150-35</i>	69
XYLOCAINE.....	13, 102
XYLOCAINE-MPF.....	13
<i>xylon tab 10-200mg</i>	12
XYREM.....	58
XYZAL.....	95

Y

YASMIN 28.....	69
YAZ.....	69
YERVOY.....	26
YF-VAX.....	87
YOSPRALA.....	84
<i>yuvafem vaginal tablet 10 mcg</i>	71

Z

<i>zafirlukast</i>	96
<i>zamicet</i>	12
ZANAFLEX.....	57
ZANOSAR.....	24
ZANTAC.....	77
<i>zarah</i>	69
<i>zarontin</i>	44
ZARONTIN.....	44
ZAVESCA.....	70
ZEJULA.....	26
ZELAPAR.....	48
ZELBORAF.....	28
ZEMAIRA.....	96
ZEMBRACE SYMTOUCH.....	55
ZEMPLAR.....	90, 91
<i>zenatane</i>	98
<i>zenchent fe 28 day</i>	69
<i>zenchent tab</i>	69
ZENPEP.....	79
ZEPATIER.....	20

ZERBAXA.....	21	ZOMIG ZMT	55
ZERIT.....	18	ZONALON.....	100
ZESTORETIC.....	30	ZONEGRAN	44
ZESTRIL.....	31	<i>zonisamide</i>	44
ZETIA TAB 10MG.....	34	ZONTIVITY.....	84
ZETONNA.....	96	ZORBTIVE.....	73
ZIAC.....	35	ZORTRESS TAB 0.25MG	86
ZIAGEN	18	ZORTRESS TAB 0.5MG.....	86
ZIANA.....	98	ZORTRESS TAB 0.75MG	86
<i>zidovudine</i>	18	ZOSTAVAX	87
<i>zileuton</i>	96	ZOSYN	23
ZINBRYTA.....	57	<i>zovia 1/35e 28 day</i>	69
ZINECARD.....	29	<i>zovia 1/50e 28 day</i>	69
ZIOPTAN.....	94	ZOVIRAX.....	20, 103
<i>ziprasidone hcl</i>	51	ZUBSOLV SUB 0.7-0.18MG	59
ZIRGAN.....	92	ZUBSOLV SUB 1.4-0.36MG	59
ZITHROMAX	22	ZUBSOLV SUB 11.4-2.9MG	59
ZITHROMAX TRI-PAK	22	ZUBSOLV SUB 2.9-0.71MG	59
ZITHROMAX Z-PAK.....	22	ZUBSOLV SUB 5.7-1.4MG.....	59
ZMAX.....	22	ZUBSOLV SUB 8.6-2.1MG.....	59
ZOCOR.....	33	ZUPLENZ.....	77
ZOFRAN ODT	76, 77	ZURAMPIC.....	7
ZOFRAN SOL 4MG/5ML.....	77	ZYBAN.....	59
ZOFRAN TAB 4MG.....	77	ZYCLARA.....	103
ZOFRAN TAB 8MG.....	77	ZYDELIG.....	28
ZOHYDRO ER (ABUSE DETERRENT).....	12	ZYFLO CR.....	96
<i>zoledronic acid</i>	65	ZYKADIA	28
<i>zoledronic inj 4mg/5ml</i>	65	ZYLET.....	91
<i>zoledronic inj 5/100ml</i>	65	ZYLOPRIM.....	7
ZOLINZA.....	26	ZYMAXID.....	92
<i>zolmitriptan</i>	55	ZYPREXA.....	51
<i>zolmitriptan odt</i>	55	ZYPREXA RELPREVV	51
ZOLOFT.....	46	ZYPREXA RELPREVV INJ 210MG.....	51
<i>zolpidem tartrate</i>	54	ZYPREXA ZYDI TAB 10MG	51
ZOMACTON.....	73	ZYPREXA ZYDIS.....	51
ZOMETA.....	65	ZYTIGA.....	27
ZOMIG.....	55	ZYVOX.....	16
ZOMIG NASAL SPRAY.....	55		

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