



GlobalHealth

GlobalHealth 2017 Formulary

(List of
Covered Drugs)

For State of
Oklahoma Group
Retirees (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 Formulary File Submission ID: 00017239
Version 11

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

GlobalHealth
State of Oklahoma Group Retirees (HMO)
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ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID: 00017239, 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 State of Oklahoma Group Retirees (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 11/1/17. 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.

What is the State of Oklahoma Group Retirees (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 73. 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, Inc. 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 State of Oklahoma Group Retirees (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 State of Oklahoma Group Retirees (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>.

State of Oklahoma Group Retirees (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 73.

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;
- **GC** - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

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
DURAMORPH	3	B/D
<i>endocet</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	GC, QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	3	
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	3	QL (270 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	GC, QL (360 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	GC, QL (360 tabs / 30 days)
<i>methadone hcl</i> CONC	3	QL (120 mL / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (600 mL / 30 days)
<i>methadone hcl 5mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl 10mg</i>	3	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)

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
MORPHINE SUL INJ 1MG/ML	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D
MORPHINE SUL INJ 10MG/ML	3	B/D
MORPHINE SUL INJ 15MG/ML	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml, 3 4mg/ml, 8mg/ml	3	B/D
MORPHINE SULFATE TABS	3	QL (180 tabs / 30 days)
MORPHINE SULFATE ORAL SOL	3	
<i>oxycodone hcl</i> CAPS	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	4	
OXYCODONE HCL SOLN	4	
<i>oxycodone hcl</i> TABS	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	3	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

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

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ALINIA	4	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	3	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	GC
<i>clindamycin cap 300 mg</i>	1	GC
<i>clindamycin hcl cap 150 mg</i>	1	GC
<i>clindamycin phosphate</i> SOLN	2	GC
<i>clindamycin phosphate in d5w</i>	3	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	2	GC
<i>clindamycin soln</i>	4	
<i>colistimethate sodium</i> SOLR	4	
CUBICIN	5	
<i>dapsone</i> TABS	3	
<i>daptomycin</i>	5	
<i>emverm</i>	4	
<i>imipenem-cilastatin</i>	4	
INVANZ	4	
<i>ivermectin</i> TABS	3	
<i>linezolid</i> SOLN	5	
LINEZOLID SUSR; TABS	5	
LINEZOLID IN SODIUM CHLORIDE	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole</i> TABS	2	GC
<i>metronidazole in nacl</i>	2	GC
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim</i> SUSP	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>sulfamethoxazole-trimethoprim</i> TABS	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim</i> TABS	2	GC
TYGACIL	5	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR	3	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	
CASPOFUNGIN ACETATE	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	GC
<i>fluconazole in dextrose</i>	3	
<i>fluconazole inj nacl 100</i>	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	4	PA
MYCAMINE	5	
NOXAFIL SUSP; TBEC	5	
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	GC, QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		

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>abacavir sulfate</i>	3	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
EMTRIVA	3	
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>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	4	
<i>nevirapine TB24</i>	4	
<i>nevirapine tab 200mg</i>	3	
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	4	
SUSTIVA CAPS 50mg	3	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD	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
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine</i>	2	GC
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
ANTIRETROVIRAL COMBINATION AGENTS		
ABACAIVIR SULFATE-LAMIVUDINE	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine CAPS</i>	5	
<i>ethambutol hcl TABS</i>	4	
<i>isoniazid TABS</i>	1	GC
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide TABS</i>	4	
<i>rifabutin</i>	4	
<i>rifampin CAPS</i>	3	
<i>rifampin SOLR</i>	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	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
ANTIVIRALS		
<i>acyclovir</i> CAPS	2	GC
<i>acyclovir</i> SUSP	4	
<i>acyclovir</i> TABS	2	GC
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	
MAVYRET	5	NM, PA
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate</i>	3	
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	4	
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	
TYZEKA	5	
<i>valacyclovir hcl</i> TABS	3	
VALCYTE SOLR	5	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
<i>cefaclor er tab 500mg</i>	4	
<i>cefadroxil</i> CAPS	2	GC

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>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
<i>cefazolin sodium</i> 1 gm/50ml	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i> SUSR	4	
<i>cefprozil</i> TABS	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
<i>tazicef vial</i>	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	
<i>azithromycin</i> SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	GC
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
<i>erythrocin lactobionate</i>	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin er</i>	4	
<i>ciprofloxacin hcl tab</i>	1	GC
<i>ciprofloxacin in d5w</i>	4	
<i>ciprofloxacin inj</i>	4	
<i>levofloxacin</i> TABS	1	GC
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
PENICILLINS		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	GC
<i>amoxicillin</i> CHEW	2	GC
<i>amoxicillin & pot clavulanate</i> CHEW; SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	GC
<i>amoxicillin & pot clavulanate</i> TB12	4	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap</i>	1	GC
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin susp</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	GC
<i>nafcillin sodium for inj</i>	4	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2 MU	4	
PENICILLIN G POT IN DEXTROSE 3 MU	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	GC
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g</i>	4	
<i>piperacillin sodium-tazobactam sodium</i>	4	
<i>piperacillin/tazobactam</i>	4	
TETRACYCLINES		
<i>doxy</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	GC

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>doxycycline (monohydrate) TABS</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate 20 mg</i>	4	
<i>doxycycline hyclate 100 mg</i>	4	
<i>minocycline hcl CAPS</i>	2	GC
<i>morgidox cap 1x50mg</i>	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
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 SOLR</i>	5	B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	3	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
TREANDA	5	B/D, NM
ANTHRACYCLINES		
<i>adriamycin</i>	3	B/D
<i>daunorubicin hcl</i>	3	B/D
<i>doxorubicin hcl</i>	3	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	3	B/D
<i>epirubicin hcl</i>	4	B/D
<i>idarubicin hcl</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine</i> 20mg/ml	3	B/D
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil</i> SOLN	3	B/D
GEMCITABINE HCL SOLN	5	B/D
<i>gemcitabine hcl</i> SOLR	5	B/D
<i>mercaptopurine</i> TABS	4	
METHOTREXATE SODIUM 50mg/2ml	2	GC, B/D
<i>methotrexate sodium</i> 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml	2	GC, B/D
<i>methotrexate sodium inj</i>	2	GC, B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCEFREZ	5	B/D
DOCETAXEL 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
<i>docetaxel</i> 80mg/4ml, 200mg/10ml	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>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar</i>	2	GC, B/D
<i>vincristine sulfate</i>	2	GC, B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
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
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
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	GC
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	3	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
MEGESTROL SUS 625MG/5ML	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA

KINASE INHIBITORS

AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELIC	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
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
TAGRISSE	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA	5	NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene</i>	5	NM, PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	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
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin</i>	4	B/D
PROTECTIVE AGENTS		
AMIFOSTINE	5	B/D
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
FUSILEV	5	B/D, NM
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
<i>leucovorin calcium for inj</i> 500 mg	4	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>	4	B/D
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	3	B/D
<i>irinotecan inj</i> 40mg/2ml	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
<i>irinotecan inj 100/5ml</i>	4	B/D
<i>irinotecan inj 500mg/25ml</i>	4	B/D
<i>toposar</i>	3	B/D
TOPOTECAN HCL SOLN	5	B/D
<i>topotecan hcl SOLR</i>	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide</i>	1	GC
<i>captopril & hydrochlorothiazide</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	1	GC
<i>lisinopril & hydrochlorothiazide</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC

ACE INHIBITORS

<i>benazepril hcl TABS</i>	1	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril TABS</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	4	
<i>spironolactone TABS</i>	1	GC

ALPHA BLOCKERS

<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	GC
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>valsartan & hctz tab</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil TABS</i>	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	GC
<i>amiodarone hcl TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
DOFETILIDE	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate TBCR</i>	4	
<i>quinidine sulfate TABS</i>	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hcl (afib/af)</i>	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS</i>	1	GC

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

ANTILIPEMICS, MISCELLANEOUS

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

BETA-BLOCKER/DIURETIC COMBINATIONS

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

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS	2	GC
<i>atenolol</i> TABS	1	GC
<i>bisoprolol fumarate</i>	2	GC
BYSTOLIC	4	
<i>carvedilol</i>	1	GC
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	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>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS	4	
<i>pindolol</i>	4	
<i>propranolol cap er</i>	4	
<i>propranolol hcl</i> SOLN; TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	4	

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>	3	
<i>amlodipine besylate</i> TABS	1	GC
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
DILTIAZEM CAP 360MG CD	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> SOLN; TABS	2	GC
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedical xl</i>	3	
<i>nifedipine</i> TB24	3	
<i>nifedipine er</i>	3	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i> 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	4	
VERAPAMIL CAP ER 360mg	4	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	GC
<i>verapamil hcl</i> TBCR	2	GC
<i>verapamil tab er</i>	2	GC

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
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	3	PA; PA if 65 years and older
<i>digitek</i> .125mg	3	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	3	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	3	PA; PA if 65 years and older
<i>digoxin</i> TABS 125mcg	3	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
DIGOXIN SOL 50MCG/ML	3	PA; PA if 65 years and older
DIURETICS		
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	GC
<i>amiloride hcl</i> TABS	3	
<i>bumetanide inj</i> 0.25/ml	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	GC
<i>furosemide</i> TABS	1	GC
<i>furosemide inj</i> 10mg/ml	2	GC
FUROSEMIDE INJ 10mg/ml	2	GC
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	GC
<i>triamterene & hydrochlorothiazide</i> TABS	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK	4	
<i>clonidine hcl</i> TABS	1	GC
DEMSER	5	
<i>hydralazine hcl</i> SOLN	3	
<i>hydralazine hcl</i> TABS	2	GC
<i>midodrine hcl</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil</i> TABS	2	GC
NORTHERA	5	NM, LA, PA
RANEXA	3	
NITRATES		
<i>isosorb mononitrate tab</i>	2	GC
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	GC
<i>minitran</i>	3	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR	5	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 200mcg	5	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 400mcg	5	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 600mcg	5	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 800mcg	5	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1000mcg	5	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TBPK	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 tab 0.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	GC, QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	GC, QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>bupirone hcl TABS</i>	2	GC
<i>fluvoxamine maleate TABS 25mg, 50mg</i>	3	QL (45 tabs / 30 days)
<i>fluvoxamine maleate TABS 100mg</i>	3	
<i>lorazepam CONC</i>	3	QL (150 mL / 30 days)
<i>lorazepam SOLN</i>	2	GC
<i>lorazepam TABS</i>	1	GC, QL (150 tabs / 30 days)
ANTICONVULSANTS		
<i>APTIOM 200mg</i>	4	QL (180 tabs / 30 days)
<i>APTIOM 400mg</i>	5	QL (90 tabs / 30 days)
<i>APTIOM 600mg, 800mg</i>	5	QL (60 tabs / 30 days)
<i>BANZEL SUS 40MG/ML</i>	5	PA
<i>BANZEL TAB 200MG</i>	5	PA
<i>BANZEL TAB 400MG</i>	5	PA
<i>BRIVIACT SOLN 10mg/ml</i>	5	PA
<i>BRIVIACT SOLN 50mg/5ml</i>	4	PA
<i>BRIVIACT TABS</i>	5	PA
<i>carbamazepine CHEW</i>	3	
<i>carbamazepine CP12; SUSP; TABS; TB12</i>	4	
<i>CELONTIN</i>	4	
<i>clonazepam TABS 1mg</i>	1	GC, QL (120 tabs / 30 days)
<i>clonazepam TABS 2mg</i>	1	GC, QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>clonazepam TBDP 1mg</i>	3	QL (120 tabs / 30 days)
<i>clonazepam TBDP 2mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam TBDP .5mg</i>	3	QL (240 tabs / 30 days)
<i>clonazepam TBDP .25mg</i>	3	QL (480 tabs / 30 days)
<i>clonazepam TBDP .125mg</i>	3	QL (960 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>clorazepate dipotassium</i> 3.75mg, 7.5mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> CONC	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 1mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
DIAZEPAM GEL	4	
<i>dilantin</i>	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	2	GC
<i>epitol</i>	4	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	4	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	4	QL (2160 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>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	GC
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
LEVETIRACETAM IN SODIUM CHLORIDE	4	
<i>levetiracetam inj</i>	4	
LEVETIRACETAM IV	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
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	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
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	GC
<i>roweepra</i>	3	
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	

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
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	GC
<i>valproate sodium</i> SOLN 250mg/5ml	2	GC
<i>valproate sodium</i> SOLN 500mg/5ml	4	
<i>valproic acid</i>	3	
<i>vigabatrin powd pack</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	GC, QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	GC
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	3	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	3	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>galantamine hydrobromide er</i> 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	4	
<i>memantine hcl</i> SOLN	3	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg	4	PA; PA if < 30 yrs
MEMANTINE HCL TABS 10mg	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	
<i>rivastigmine tartrate</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

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>mirtazapine</i> TABS 7.5mg, 15mg	2	GC, QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	GC
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	GC
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	GC, QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
PRISTIQ	3	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	GC
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	GC, QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	GC, QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	4	QL (120 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>amantadine hcl</i> SYRP	2	GC
<i>amantadine hcl</i> TABS	4	
APOKYN	5	NM, LA, PA
BENZTROPINE MESYLATE SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	GC
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
CARBIDOPA/LEVODOPA/ENTACAPONE	4	
ENTACAPONE	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	GC
<i>pramipexole tab 0.25mg</i>	2	GC
<i>pramipexole tab 0.75mg</i>	2	GC
<i>pramipexole tab 0.125mg</i>	2	GC
<i>pramipexole tab 1.5mg</i>	2	GC
<i>pramipexole tab 1mg</i>	2	GC
<i>rasagiline mesylate</i> TABS	3	
<i>ropinirole tab 0.5mg</i>	2	GC
<i>ropinirole tab 0.25mg</i>	2	GC
<i>ropinirole tab 1mg</i>	2	GC
<i>ropinirole tab 2mg</i>	2	GC
<i>ropinirole tab 3mg</i>	2	GC
<i>ropinirole tab 4mg</i>	2	GC
<i>ropinirole tab 5mg</i>	2	GC
<i>selegiline hcl</i> CAPS; TABS	4	
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER	5	QL (1 vial / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 syringe / 56 days)
<i>chlorpromazine hcl</i> TABS	4	
<i>chlorpromazine inj</i>	4	
CLOZAPINE ODT 12.5mg, 25mg	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
CLOZAPINE ODT 100mg	4	QL (270 tabs / 30 days), PA
CLOZAPINE ODT 150mg	4	QL (180 tabs / 30 days), PA
CLOZAPINE ODT 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 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	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl CONC; ELIX; SOLN</i>	4	
<i>fluphenazine hcl TABS</i>	2	GC
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol con lactate</i>	3	
<i>haloperidol decanoate SOLN</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 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>	3	
<i>molindone hcl 10mg</i>	4	
<i>molindone hcl 25mg</i>	4	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)

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>olanzapine</i> TABS 7.5mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg, 20mg	4	QL (60 tabs / 30 days)
<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	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	4	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 INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	4	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	GC, QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	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
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	
ziprasidone hcl 20mg, 40mg	4	QL (60 caps / 30 days)
ziprasidone hcl 60mg, 80mg	4	QL (90 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)

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>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl TBCR</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
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)

HYPNOTICS

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

MIGRAINE

<i>dihydroergotamine mesylate 1mg/ml</i>	3	
<i>eletriptan hydrobromide</i>	3	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i>	4	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
RELPAZ	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
SUMATRIPTAN SOLN 5mg/act	4	QL (24 inhalers / 30 days)
SUMATRIPTAN SOLN 20mg/act	4	QL (12 inhalers / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	4	QL (18 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
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	GC, QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS	1	GC
<i>lithium carbonate</i> TABS	2	GC
<i>lithium carbonate er</i>	2	GC
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
TETRABENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	2	GC
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	GC
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	4	QL (150 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil</i> 150mg	4	QL (60 tabs / 30 days), PA
ARMODAFINIL 200mg	4	QL (30 tabs / 30 days), PA
<i>armodafinil</i> 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	3	QL (120 tabs / 30 days), PA
<i>buproban tab</i> 150mg	3	
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	4	
<i>naloxone inj</i> 0.4mg/ml	3	
<i>naloxone inj</i> 1mg/ml	3	
<i>naltrexone hcl</i> TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	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

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>oxandrolone tab</i> 2.5mg	3	PA
<i>oxandrolone tab</i> 10mg	3	PA
<i>testosterone</i> SOLN	3	QL (440 mL / 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
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	GC
INSULIN SAFETY NEEDLES	3	GC
INSULIN SYRINGE	3	GC
LANTUS	3	GC
LANTUS SOLOSTAR	3	GC
LEVEMIR	3	GC
LEVEMIR FLEXTOUCH	3	GC
NOVOLIN 70/30	3	GC; (brand RELION not covered)
NOVOLIN N	3	GC; (brand RELION not covered)
NOVOLIN R	3	GC; (brand RELION not covered)
NOVOLOG	3	GC
NOVOLOG FLEXPEN	3	GC
NOVOLOG MIX 70/30	3	GC
NOVOLOG MIX 70/30 PREFILL	3	GC
NOVOLOG PENFILL	3	GC
SYMLINPEN 60	5	QL (8 pens / 30 days), PA
SYMLINPEN 120	5	QL (4 pens / 30 days), PA
TOUJEO SOLOSTAR	3	GC
TRESIBA FLEXTOUCH	3	GC
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	GC, QL (240 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>glimepiride</i> 2mg	1	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	GC, QL (60 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
GLIPIZIDE XL TB24 2.5MG	1	GC, QL (240 tabs / 30 days)
GLIPIZIDE XL TB24 5MG	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)

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>metformin er</i> 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	GC
<i>alendronate sodium</i> TABS 35mg, 70mg	1	GC, QL (4 tabs / 28 days)
<i>pamidronate disodium</i>	3	B/D
<i>zoledronic acid</i> SOLN 5mg/100ml	4	B/D, NM
<i>zoledronic acid</i> SOLR	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	3	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	QL (60 tabs / 30 days), NM
SENSIPAR 90mg	5	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	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
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
<i>kionex powder</i>	4	
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate POWD</i>	4	
<i>sodium polystyrene sulfonate SUSP</i>	3	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	
CONTRACEPTIVES		
<i>altavera tab</i>	2	GC
<i>alyacen 1/35</i>	3	
<i>apri 28 day</i>	2	GC
<i>aranelle 28</i>	2	GC
<i>aubra 28 day</i>	2	GC
<i>aviane 28</i>	2	GC
<i>balziva 28 day</i>	3	
<i>bekyree 28 day</i>	3	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	2	GC
<i>blisovi 21 fe 1/20 28 day pack</i>	2	GC
<i>briellyn 28 day</i>	3	
<i>camila 28 day</i>	2	GC
<i>caziant pak</i>	3	
<i>cryselle 28</i>	2	GC
<i>cyclafem 1/35 28 day</i>	3	
<i>cyclafem 7/7/7 28 day</i>	2	GC
<i>cyred tab</i>	2	GC
<i>deblitane 28 day</i>	2	GC
<i>delyla 28 day</i>	2	GC
<i>desogestrel & ethinyl estradiol</i>	2	GC
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	GC
<i>enpresse 28 day</i>	2	GC
<i>errin 28 day</i>	2	GC
<i>estarylla tab 0.25-35</i>	2	GC
<i>ethynodiol tab 1-50</i>	3	
<i>falmina 28 day</i>	2	GC
<i>femynor 28 day</i>	2	GC
GIANVI TAB 3-0.02MG	3	
<i>gildagia</i>	3	
<i>gildess tab 1.5/30</i>	2	GC

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>heather</i>	2	GC
<i>introvale 91 day</i>	3	
<i>isibloom 28 day</i>	2	GC
JOLESSA TAB 0.15-0.03 MG	3	
JOLIVETTE	2	GC
<i>juleber 28 day</i>	2	GC
<i>junel 1.5/30 21 day</i>	2	GC
<i>junel 1/20 21 day</i>	2	GC
<i>junel fe 1.5/30 28 day</i>	2	GC
<i>junel fe 1/20 28 day</i>	2	GC
<i>kariva 28 day</i>	3	
<i>kelnor 1/35 28 day</i>	3	
<i>kimidess 28 day</i>	3	
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia tab</i>	2	GC
LEENA TAB	2	GC
<i>lessina 28 day</i>	2	GC
<i>levonest 28 day</i>	2	GC
<i>levonor/ethi tab</i>	2	GC
<i>levonorgestrel & eth estradiol</i>	2	GC
<i>levonorgestrel (emergency oc)</i>	3	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30 28 day</i>	2	GC
<i>loryna 28 day</i>	3	
<i>low-ogestrel</i>	2	GC
<i>lutera 28 day</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa 28 day</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP</i>	2	GC
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSY	2	GC
MICROGESTIN 1.5/30	2	GC
MICROGESTIN 1/20	2	GC
MICROGESTIN FE 1.5/30	2	GC
MICROGESTIN FE 1/20	2	GC
<i>mono-linyah tab 0.25-35</i>	2	GC
MONONESSA	2	GC
<i>myzilra</i>	2	GC

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>necon 0.5/35 28 day</i>	3	
NECON 1/50-28	3	
NECON 7/7/7	2	GC
<i>necon 10/11-28</i>	3	
<i>necon tab 1/35</i>	3	
<i>nikki 28 day</i>	3	
NORA-BE TAB 0.35MG	2	GC
<i>norethindrone (contraceptive)</i>	2	GC
<i>norethindrone acet & eth estra</i>	2	GC
<i>norgest/ethi tab 0.25/35</i>	2	GC
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	GC
<i>norgestimate-ethinyl estradiol (triphasic)</i>	3	
<i>norlyroc 28 day</i>	2	GC
<i>nortrel 0.5/35 28 day</i>	3	
<i>nortrel 1/35 21 day</i>	3	
<i>nortrel 1/35 28 day</i>	3	
<i>nortrel 7/7/7 28 day</i>	2	GC
NUVARING	4	
OCELLA TAB 3-0.03MG	3	
<i>orsythia 28 day</i>	2	GC
<i>philith</i>	3	
<i>pimtrea pack</i>	3	
<i>pirmella 1/35 28 day</i>	3	
<i>portia 28 day</i>	2	GC
<i>previfem 28 day</i>	2	GC
<i>quasense 91 day</i>	3	
<i>reclipsen 28 day</i>	2	GC
<i>setlakin tab</i>	3	
<i>sharobel 28 day</i>	2	GC
<i>sprintec 28 day</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	3	
<i>tarina fe 1/20 28 day</i>	2	GC
TILIA FE	3	
<i>tri-legest 28 day</i>	3	
<i>tri-linyah</i>	2	GC
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec 28 day</i>	3	
<i>tri-previfem 28 day</i>	2	GC
<i>tri-sprintec 28 day</i>	2	GC
TRINESSA	2	GC

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
TRINESSA LO TAB	3	
<i>trivora 28 day</i>	2	GC
<i>velivet 28 day</i>	3	
<i>vestura</i>	3	
<i>vienva 28 day</i>	2	GC
<i>viorele</i>	3	
<i>vyfemla 28 day</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent 28 day</i>	3	
<i>zovia 1/35e 28 day</i>	3	
<i>zovia 1/50e 28 day</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml</i>	4	B/D
<i>levocarnitine (metabolic modifiers) SOLN 200mg/ml</i>	3	B/D
<i>levocarnitine (metabolic modifiers) TABS</i>	4	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ZAVESCA	5	NM, LA, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estrace CREA</i>	4	
<i>estrad val inj 20mg/ml</i>	3	
<i>estrad val inj 40mg/ml</i>	3	

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

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTICAL	3	B/D
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
<i>methergine 0.2 mg tab</i>	4	
<i>methylergonovine maleate TABS</i>	4	
MIACALCIN 200 UNIT/ML	5	B/D
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	4	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PARATHYROID HORMONES		
FORTEO	5	QL (1 pen / 28 days), NM, PA
NATPARA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	3	
RENVELA PAK	3	
RENVELA TAB 800MG	3	

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Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	GC
<i>norethindrone acetate TABS</i>	3	
THYROID AGENTS		
<i>levothyroxine sodium TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	GC
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	2	GC
LEVOXYL	2	GC
<i>liothyronine sodium TABS</i>	3	
<i>methimazole TABS</i>	2	GC
<i>propylthiouracil TABS</i>	3	
SYNTHROID	4	
UNITHROID	2	GC
VASOPRESSINS		
<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
DESMOPRESSIN SOL 0.01%	4	
STIMATE	4	NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	GC
<i>metoclopramide hcl SOLN; TABS</i>	1	GC
<i>metoclopramide inj</i>	2	GC
<i>ondansetron hcl TABS</i>	3	B/D
<i>ondansetron hcl inj</i>	3	
<i>ondansetron hcl oral soln</i>	3	B/D
<i>ondansetron odt</i>	2	GC, B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan</i> SUPP	4	PA; PA if 65 years and older
<i>prochlorperazine inj</i>	3	
<i>prochlorperazine maleate</i> TABS	1	GC
<i>prochlorperazine supp</i>	4	
<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
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS	1	GC
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS	1	GC
<i>glycopyrrolate</i> TABS	3	
<i>glycopyrrolate soln</i> 4mg/20ml	4	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN	2	GC
<i>famotidine</i> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	GC
<i>famotidine inj</i>	2	GC
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	GC
<i>ranitidine hcl inj</i> 50mg/2ml	2	GC
<i>ranitidine hcl inj</i> 150mg/6ml	3	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	5	
<i>colocort</i>	4	
DELZICOL	4	
DIPENTUM	5	
HYDROCORTISONE (ENEMA)	4	
MESALAMINE TBEC 800mg	4	
<i>mesalamine enema</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	3	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>gavilyte-h</i>	3	
<i>gavilyte-n</i>	2	GC
<i>generlac</i>	2	GC
GOLYTELY	3	
<i>lactulose</i>	2	GC
<i>lactulose (encephalopathy)</i>	2	GC
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	2	GC
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	GC
PEG 3350/ELECTROLYTES	2	GC
<i>polyethylene glycol 3350</i> PACK; POWD	2	GC
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	GC
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	3	
GATTEX	5	NM, LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)
LINZESS 145mcg	3	QL (60 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	GC
<i>misoprostol</i> TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
SUCRAID	5	LA
<i>sucrafate</i> TABS	3	
<i>ursodiol</i> CAPS; TABS	4	
XIFAXAN 550mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
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)
<i>omeprazole cap 10mg</i>	1	GC, QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	GC, QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	GC, QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	GC, QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	GC, QL (30 tabs / 30 days)
<i>dutasteride</i>	4	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	GC
<i>tamsulosin hcl</i>	3	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	3	
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i> 15meq	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	GC
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS	4	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	4	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	4	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i> CREA	3	
<i>terconazole vaginal</i> SUPP	4	
VANDAZOLE	4	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	4	
ELIQUIS	4	PA
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
ENOXAPARIN SODIUM 300mg/3ml	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
HEPARIN SOD (PORCINE) IN D5W	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	3	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA
NEUPOGEN	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
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	GC
CINRYZE	5	NM, LA, PA
FIRAZYR	5	NM, PA
HAEGARDA	5	NM, LA, PA
<i>pentoxifylline</i> TBCR	3	
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
<i>tranexamic acid</i> SOLN	3	
<i>tranexamic acid</i> TABS	4	
PLATELET AGGREGATION INHIBITORS		
ASPIRIN-DIPYRIDAMOLE	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
EFFIENT	4	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
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 DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS STAR	5	NM, PA
<i>hydroxychloroquine sulfate</i>	4	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
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
POMALYST	5	NM, LA, PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine SOLR</i>	4	B/D
<i>azathioprine TABS</i>	3	B/D
BENLYSTA SOLR	5	NM, PA
<i>cyclosporine CAPS; SOLN</i>	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil CAPS; TABS</i>	4	B/D
<i>mycophenolate mofetil SUSR</i>	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NEORAL	3	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
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	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	
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	

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
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	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	2	GC
KLOR-CON 10	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 50%</i>	2	GC
MAGNESIUM SULFATE SOLN 50%	2	GC
<i>magnesium sulfate in d5w</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>potassium chloride CPCR</i>	3	
POTASSIUM CHLORIDE PACK	4	
POTASSIUM CHLORIDE SOLN 10%, 20%	4	
<i>potassium chloride TBCR</i>	2	GC
<i>potassium chloride microencapsulated crystals er</i>	2	GC
SODIUM CHLORIDE SOLN 2.5meq/ml	2	GC
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	GC
TPN ELECTROLYTES	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II 8.5%	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN II 10%	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
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
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>premasol 6%</i>	2	GC, B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
DEXTROSE 2.5%/NACL 0.45%	2	GC
DEXTROSE 5%	2	GC
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	GC
DEXTROSE 5%/NACL 0.2%	2	GC
DEXTROSE 5%/NACL 0.3%	2	GC
DEXTROSE 5%/NACL 0.9%	2	GC
DEXTROSE 5%/NACL 0.33%	2	GC
DEXTROSE 5%/NACL 0.45%	2	GC
DEXTROSE 5%/NACL 0.225%	2	GC
DEXTROSE 5%/POTASSIUM CHL	2	GC
DEXTROSE 10% FLEX CONTAIN	2	GC
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 10%/NACL 0.45%	2	GC
DEXTROSE 50%	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE INJ 70%	2	GC
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
KCL0.15%/D5W/NACL0.2%	2	GC
KCL0.15%/D5W/NACL0.225%	3	
KCL 0.3%/D5W/NACL 0.9%	2	GC
KCL 0.3%/D5W/NACL 0.45%	2	GC
KCL 0.15%/D5W/NACL 0.9%	2	GC
KCL 0.075%/D5W/NACL 0.45%	2	GC
KCL IN NACL INJ .15-0.45	2	GC
KCL/D5W INJ 0.3%	2	GC
KCL/D5W/NACL INJ 0.22%/0.45%	2	GC
KCL/D5W/NACL INJ .15/.33%	2	GC
KCL/D5W/NACL INJ .15/.45%	2	GC
KCL/NACL INJ 0.3-0.9	2	GC
KCL/NACL INJ 0.15%-0.9%	2	GC
LACTATED RINGER'S INJ	2	GC
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	GC
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	GC
<i>potassium chloride in nacl</i>	2	GC
RINGER'S	2	GC
SODIUM CHLORIDE SOLN 3%, 5%	2	GC
SODIUM CHLORIDE 0.45% VIA	2	GC
SODIUM CHLORIDE INJ 0.9%	2	GC
VITAMINS		
<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol CAPS</i>	4	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	GC

**OPHTHALMIC
ANTI-INFECTIVE/ANTI-INFLAMMATORY**

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>bacitracin-poly-neomycin-hc</i>	3	
<i>blephamide</i> OINT	4	
<i>neomycin-polmy-dexameth</i>	2	GC
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	GC
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	4	
<i>bacitracin-polymyxin b (ophth)</i>	2	GC
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	GC
<i>erythromycin (ophth)</i>	2	GC
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	GC
<i>gentamicin sulfate (ophth)</i>	2	GC
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	GC
<i>polymyxin b-trimethoprim</i>	2	GC
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	GC
TOBEX OINT	4	
<i>trifluridine</i> SOLN	4	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
FLUOROMETHOLONE	4	
<i>flurbiprofen sodium</i>	1	GC

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
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
MAXIDEX	3	
PREDNISOLONE ACETATE (OPHTH)	3	
<i>prednisolone sodium phosphate (ophth)</i>	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACFT	4	
<i>olopatadine hcl .2%</i>	3	
PATADAY	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	GC
BRIMONIDINE SOL 0.15%	4	
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	GC
<i>levobunolol hcl</i>	2	GC
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	4	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
TIMOLOL MALEATE GEL	4	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
<i>naphazoline hcl SOLN</i>	1	GC
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	2	GC
RESTASIS	3	QL (64 vials / 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
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide SOLN</i>	2	GC, B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	3	
<i>cetirizine syrup</i>	3	
<i>cyproheptadine hcl SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	GC
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate CAPS</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	GC
BETA AGONISTS		
<i>albuterol sulfate NEBU</i>	2	GC, B/D
<i>albuterol sulfate SYRP</i>	1	GC
<i>albuterol sulfate TABS; TB12</i>	4	
<i>levalbuterol conc 1.25mg/0.5ml</i>	4	B/D
<i>levalbuterol hcl NEBU 1.25mg/0.5ml</i>	4	B/D
LEVALBUTEROL TARTRATE HFA	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate SOLN</i>	5	
<i>terbutaline sulfate TABS</i>	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		

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>montelukast sodium</i> CHEW; TABS	3	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb</i> 20mg/2ml	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
KALYDECO	5	NM, 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		
<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	GC, QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

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
XANTHINES		
<i>aminophylline inj</i>	3	
<i>elixophyllin</i>	4	
<i>theo-24</i>	4	
<i>theophylline SOLN</i>	4	
<i>theophylline TB12; TB24</i>	3	
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene CREA</i>	4	
<i>adapalene GEL .1%</i>	4	
<i>amnesteem</i>	4	PA
AVITA	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p pad 1%</i>	3	
<i>clindamycin phosphate (topical) GEL; LOTN</i>	4	
<i>clindamycin phosphate (topical) SOLN; SWAB</i>	3	
<i>ery pad 2%</i>	4	
<i>erythromycin (acne aid) GEL</i>	4	
<i>erythromycin (acne aid) SOLN</i>	3	
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin CREA</i>	4	PA
TRETINOIN GEL .01%	4	PA
<i>tretinoin GEL .025%</i>	4	PA
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin OINT</i>	2	GC
SILVER SULFADIAZINE CREA	2	GC
SSD	2	GC
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	

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>nyata</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL (ANTIPRURITIC)	4	
<i>procto-med</i>	4	
<i>procto-pak</i>	4	
<i>proctosol hc cre 2.5%</i>	4	
<i>proctozone hc</i>	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA</i>	4	
<i>calcipotriene SOLN</i>	4	
8-MOP	4	
<i>tazarotene CREA</i>	4	PA
TAZORAC CREA	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	2	GC
<i>selenium sulfide LOTN</i>	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate CREA</i>	4	
<i>alclometasone dipropionate OINT</i>	3	
<i>betamethasone dipropionate (topical)</i> CREA; OINT	4	
<i>betamethasone dipropionate (topical)</i> LOTN	3	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN	4	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	4	
<i>betamethasone valerate CREA</i>	3	
<i>betamethasone valerate LOTN</i>	3	
<i>betamethasone valerate OINT</i>	3	
<i>desoximetasone CREA</i>	4	
<i>desoximetasone GEL</i>	4	
DESOXIMETASONE OINT .05%	4	
<i>desoximetasone OINT .25%</i>	4	
<i>fluocinolone acetonide CREA; OIL; OINT;</i> SOLN	4	
<i>fluocinonide CREA .05%</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA	2	GC
<i>fluticasone propionate</i> OINT	2	GC
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA; OINT	1	GC
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	3	
<i>mometasone furoate</i> OINT	3	
<i>mometasone furoate</i> SOLN	3	
<i>texacort soln 2.5%</i>	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	GC
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triderm</i>	2	GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	PA
<i>lidocaine hcl</i> SOLN 4%	1	GC, PA
<i>lidocaine oint 5%</i>	4	PA
<i>lidocaine-prilocaine</i>	4	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA	3	
<i>ammonium lactate</i> LOTN	2	GC
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> CREA	4	
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
PICATO	3	
<i>podofilox</i> SOLN	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		

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

Drug Name	Drug Tier	Requirements/Limits
EURAX	4	
<i>malathion</i>	4	
<i>permethrin</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID .25%	2	GC
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	GC
STERILE WATER IRRIGATION	2	GC
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
<i>clotrimazole TROC</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	1	GC
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	GC
<i>periogard</i>	1	GC
PILOCARPINE HCL (ORAL) 5mg	4	
<i>pilocarpine hcl (oral) 7.5mg</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
ACETIC ACID (OTIC)	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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Preferred Brand Medicare-covered Diabetes Monitoring Supplies

BAYER BREEZE KIT 2 SYSTEM
BREEZE 2 MIS SYSTEM
BAYER BREEZE KIT 2 SYSTEM
BAYER BREEZE KIT 2 SYSTEM
BAYER BREEZE MIS 2 TEST
BAYER BREEZE MIS 2 TEST
BAYER BREEZE LIQ NORM CNT
BAYER BREEZE LIQ LOW CNTL
BAYER BREEZE LIQ HIGH CNT
GLUCOMETER TES ENCORE
GLUCOFILM TES
GLUCOFILM TES
GLUCOSTIX TES
GLUCOSTIX TES
A1C NOW KIT SELFCHEC
ASCENSIA KIT BRIO
ASCENSIA LIQ NORM CON
MICROLET DEV MIS VACULANC
ASCENSIA MIS AUTODISC
GLUCO DEX TES SENSORS
ASCENSIA MIS AUTODISC
ASCENSIA LIQ NORM CON
AUTODISC LIQ LOW/HIGH
GLUCOMETER LIQ DEX/HIGH
GLUCO ELITE TES
GLUCO ELITE TES
GLUCOMETER KIT CLASSIC
ASCENSIA KIT DIAB XL
ASCENSIA TES ELITE
ASCENSIA TES ELITE
GLUCOMETER TES HIGH CON
ELITE LIQ LOW/HIGH
ASCENSIA TES ELITE
ASCENSIA LIQ NORM CON
COMPUR M1100 MIS CENTRIFU
DCA 2000 KIT HBA1C
GLUCOMETER TES LOW CON
GLUCOMETER TES NORM CON
GLUCOMETER TES HIGH CON
GLUCOFILM TES LOW CON
GLUCOFILM TES NORM CON

GLUCOFILM TES HIGH CON
GLUCOMETER KIT ENCORE
FINGERSTIX MIS LANCETS
GLUCOLET 2 MIS LANCING
GLUCOLET 2 MIS LANCING
DCA 2000 KIT MICROALB
ASCENSIA KIT BREEZE
BAYER CONTOR KIT LINK
DIDGET KIT
BAYER CONTOR KIT NEXT LNK
BAYER CONTOR KIT NEXT LNK
BAYER CONTOR KIT NEXT LNK
MICROLET AUT MIS LNC DEVC
BAYER MICRLT MIS LANCETS
MICROLET REG MIS ENDCAPS
MICROLET SUP MIS ENDCAPS
SINGLE-LET MIS 23G
MICROLET MIS LANCETS
BAYER MICRLT MIS LANC DVC
BAYER CONTOR TES BLD GLUC
BAYER CONTOR TES BLD GLUC
BAYER CONTOR TES BLD GLUC
BAYER CONTOR LIQ NORM CNT
BAYER CONTOR LIQ LOW CNTL
BAYER CONTOR LIQ HIGH CNT
BAYER CONTOR KIT MONITOR
BAYER CONTOR KIT MONITOR
BAYER CONTOR KIT MONITOR
BAYER CONTOR KIT MONITOR
CONTOUR MIS SYSTEM
CONTOUR KIT BLUE
CONTOUR KIT ORANGE
BAYER CONTOR KIT NEXT EZ
BAYER CONTOR TES NEXT
BAYER CONTOR TES NEXT
BAYER CONTOR TES NEXT
BAYER CONTOR SOL NEXT
BAYER CONTOR SOL NEXT
BAYER CONTOR KIT NEXT
CONTOUR USB KIT SYSTEM
BAYER BREEZE MIS 2 TEST

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

A1C NOW KIT
LANCING DEVI MIS
BLOOD GLUCOS KIT SYSTEM
LANCING DEVI MIS
BLOOD GLUCOS KIT SYSTEM
LANCING DEVI MIS
TRUPLUS LANC MIS 28G
TRUETRACK TES
TRUECONTROL LIQ LEVEL 0
TRUECONTROL LIQ LEVEL 1
TRUETEST TES
RIGHTSOURCE MIS METER
TRUETEST TES BLD GLUC
TRUETEST TES BLD GLUC
TRUPLUS LANC MIS 30G
PRESTIGE BLD MIS GLUCOSE
PRESTIGE TES
TRUETRACK TES
LANCING DEVI MIS
TRUETRACK TES
ACCU-CHEK KIT COMPACT
COAGUCHEK MIS LANCETS
SAFE-T-PRO MIS PLUS
TRACER II MIS 3 VOLT
BATTERY MIS 6 V/J SZ
BATTERY MIS 6 VOLT
ACCU-CHEK LIQ CPT/GLUC
ACCU-CHEK SOL COMFORT
ACCU-CHEK TES COMFORT
ACCU-CHEK TES COMFORT
ACCU-CHEK TES COMFORT
ACCU-CHEK TES COMFORT
ACCU-CHEK SOL COMFORT
ACCU-CHEK SOL COMFORT
BATTERY MIS 1.5 V/AA
ACCU-CHEK KIT MLTICLIX
ACCU-CHEK MIS MLTICLIX
ACCU-CHEK TES ACTIVE
ACCU-CHEK LIQ ACT/GLUC
ACCU-CHEK KIT ACTIVE
CHEMSTRIP BG MIS LOG
SOFT TOUCH MIS LAN DEVC
SOFT TOUCH MIS LANCETS
ACCU-CHEK KIT VOICEMAT
ACCU-CHEK KIT VOICEMAT

ACCU-CHEK KIT ADVANTAG
ACCU-CHEK TES COMFORT
ACCU-CHEK TES COMFORT
ACCU-CHEK TES DRUM
ACCU-CHEK TES INST PLS
ACCU-CHEK TES INST GLC
ACCU-CHEK IN LIQ CONTROL
ACCU-CHEK MIS TRANSFER
SOFT TOUCH MIS LANCETS
SAFE-T-PRO MIS LANCETS
SOFTCLIX LAN MIS DEVICE
SOFTCLIX MIS LANCETS
ACCU-CHEK MIS MLTICLIX
ACCU-CHEK TES COMPACT
TRUETEST TES BLD GLUC
BLOOD GLUCOS KIT SYSTEM
TRUPLUS LANC MIS 26G
TRUEDRAW MIS LANC DEV
TRUPLUS LANC MIS 28G
PRESTIGE LIT MIS TOUCH
TRUPLUS LANC MIS 30G
TRUPLUS LANC MIS 33G
TRUPLUS LANC MIS 30G
BLOOD GLUCOS KIT MONITOR
WALGREENS MIS LANCING
BLOOD GLUCOS KIT SYSTEM
BLOOD GLUCOS KIT METER
KERR STARTER KIT
DUANE READE KIT STARTER
CVS BLOOD GL MIS MONITOR
BLOOD GLUCOS MIS METER
EXP MED STAR KIT
BLOOD GLUCOS KIT MONITOR
BLOOD GLUCOS KIT MONITOR
LONG STARTER KIT KIT
WIN DIX MEDI KIT VALU PK
WIN DIX MEDI KIT VALU PK
BLOOD GLUCOS KIT MONITOR
DIABETIC.COM KIT STARTER
TRUE CARE KIT STARTER
DRUG EMP KIT STARTER
MEIJER KIT STARTER
ALBERTSONS KIT STARTER
SENTRY KIT STARTER

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

SENTRY BLOOD MIS GLUC MET
SHOPRITE KIT VALU PK
GIANT EAGLE KIT VALU PK
KINRAY KIT VALU PK
LANCETS MIS 28G
PRES SMART MIS LANCETS
BLOOD GLUCOS TES
BLOOD GLUCOS TES
BLOOD GLUCOS TES
BLOOD GLUCOS TES
HLTH ALLIANC TES
KERR DRUG TES STP PACK
DUANE READE TES
CVS BLOOD TES GLUCOSE
NAVARRO TES BLD GLUC
EXP MED TES STP PACK
BL TEST MIS PACK
BL TEST MIS PACK
BLOOD GLUCOS TES
BLOOD GLUCOS TES
LONG TES
WINN DIXIE TES MEDIC
WINN DIXIE TES MEDIC
LIFE MEDICAL TES
DIABETIC.COM TES
TRUE CARE TES STP PACK
DRG EMPORIUM TES
MEIJER TES
ALBERTSONS TES
SENTRY TES
SHOPRITE TES
SHOPRITE TES
DISCOUNT DRG TES BLD GLUC
DISCOUNT DRG TES BLD GLUC
GIANT EAGLE TES PHARMACY
GIANT EAGLE TES PHARMACY
KINRAY TES
KINRAY TES
TRUPLUS LANC MIS 28G
TRUPLUS LANC MIS 28G
TRUPLUS LANC MIS 28G
NAVARRO MIS LANCETS
LANCING DEVI MIS
PRESTIGE LX KIT STARTER

PRESTIGE LX KIT STARTER
PRESTIGE BLD MIS GLUCOSE
PRESTIGE LX MIS METER
PRESTIGE TES
PRESTIGE TES
PRESTIGE TES
PRESTIGE GLU LIQ LOW
PRESTIGE GLU LIQ HIGH
PRESTIGE VAL MIS PACK
LITE TOUCH MIS LANCETS
TRUETRACK TES
TRUETRACK TES BLD GLUC
TRUETRACK TES
TRUETRACK TES
TRUETRACK TES
TRUECONTROL LIQ LEVEL 0
TRUECONTROL LIQ LEVEL 1
TRUETEST LIQ LEVEL 1
TRUETEST LIQ LEVEL 2
TRUETEST LIQ LEVEL 3
SIDEKICK KIT SYSTEM
TRUETRACK KIT SYSTEM
TRUETRACK KIT SYSTEM
TRUETRACK KIT SYSTEM
PRESTIG SMRT MIS METER
PRESTIGE TES SMRT SYS
PRESTIG SMRT KIT VALU PK
PRESTIGE TES SMRT SYS
PSS IQ METER MIS
PRESTIGE SMT KIT SYS/METR
PSS IQ START KIT KIT
TRUETEST TES
TRUETEST TES
TRUETEST TES
TRUETEST TES BLD GLUC
TRUETEST TES BLD GLUC
GLUC CONTROL SOL LEVEL 1
GLUC CONTROL SOL LEVEL 2
LIBERTY TES
TRUERESULT KIT
RIGHTSOURCE MIS METER
BLOOD GLUC MIS MONITOR
TRUE2GO KIT
TRUETEST ES BLD GLUC

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 66

A

abacavir sulfate 12

ABACAVIR SULFATE-LAMIVUDINE 13

abacavir sulfate-lamivudine-zidovudine
..... 13

ABELCET 11

ABILIFY MAINTENA 34

ABRAXANE 18

acamprosate calcium 40

acarbose 41

acebutolol hcl 24

acetaminophen w/ codeine 7

acetazolamide 26

ACETIC ACID 68

ACETIC ACID (OTIC) 68

acetic acid-aluminum acetate 68

acetylcysteine 64

acitretin 66

ACTHIB 57

ACTIMMUNE 56

acyclovir 14

acyclovir sodium 14

ADACEL 57

ADAGEN 47

adapalene 65

ADCIRCA 27

adefovir dipivoxil 14

ADEMPAS 27

adriamycin 17

adrucil 17

adrucil inj 17

ADVAIR DISKUS 64

ADVAIR HFA 64

afeditab cr 25

AFINITOR 20

AFINITOR DISPERZ 20

ala-cort 66

ALBENZA 9

albuterol sulfate 63

alclometasone dipropionate 66

ALCOHOL SWABS 41

ALDURAZYME 47

ALECENSA 20

alendronate sodium 43

alfuzosin hcl 53

ALIMTA 18

ALINIA 10

allopurinol tab 7

alosetron hcl 52

ALPHAGAN P SOL 0.1% 62

alprazolam tab 0.25mg 28

alprazolam tab 0.5mg 28

alprazolam tab 1mg 28

alprazolam tab 2 mg 28

ALREX 61

altavera tab 44

ALUNBRIG 20

alyacen 1/35 44

amantadine hcl 33, 34

AMBISOME 11

AMIFOSTINE 21

amikacin sulfate 9

amiloride & hydrochlorothiazide 26

amiloride hcl 26

aminophylline inj 65

AMINOSYN 58

AMINOSYN 7%/ELECTROLYTES 58

AMINOSYN 8.5%/ELECTROLYTE 58

AMINOSYN II 10% 58

AMINOSYN II 8.5% 58

AMINOSYN II 8.5%/ELECTROL 58

AMINOSYN M 59

AMINOSYN-HBC 59

AMINOSYN-PF 7% 59

AMINOSYN-PF INJ 10% 59

AMINOSYN-RF 59

amiodarone hcl 23

AMITIZA CAP 24MCG 52

AMITIZA CAP 8MCG 52

amitriptyline hcl 31

amlodipine besylate 25

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

<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg	22	<i>amphetamine-dextroamphetamine tab</i> 5 mg	37
<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg	22	<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	37
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	22	<i>amphotericin b</i>	11
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	22	<i>ampicillin & sulbactam sodium</i>	16
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	22	<i>ampicillin cap</i>	16
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	22	<i>ampicillin inj</i>	16
<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i>	23	<i>ampicillin sodium</i>	16
<i>amlodipine besylate-valsartan tab</i>	23	<i>ampicillin susp</i>	16
<i>amlodipine-valsartan-</i> <i>hydrochlorothiazide tab</i>	23	AMPYRA	39
<i>ammonium lactate</i>	67	ANADROL-50	40
<i>amnestem</i>	65	<i>anagrelide hcl</i>	55
<i>amoxapine</i>	32	<i>anastrozole</i>	19
<i>amoxicillin</i>	16	ANDRODERM	40
<i>amoxicillin & pot clavulanate</i>	16	ANORO ELLIPTA	63
<i>amphetamine-dextroamphetamine cap</i> <i>sr 24hr 10 mg</i>	37	APOKYN	34
<i>amphetamine-dextroamphetamine cap</i> <i>sr 24hr 15 mg</i>	37	<i>aprepitant</i>	50
<i>amphetamine-dextroamphetamine cap</i> <i>sr 24hr 20 mg</i>	37	<i>apri 28 day</i>	44
<i>amphetamine-dextroamphetamine cap</i> <i>sr 24hr 25 mg</i>	37	APRISO	51
<i>amphetamine-dextroamphetamine cap</i> <i>sr 24hr 30 mg</i>	37	APTIOM	28
<i>amphetamine-dextroamphetamine cap</i> <i>sr 24hr 5 mg</i>	37	APTIVUS	12
<i>amphetamine-dextroamphetamine tab</i> 10 mg	37	ARALAST NP	64
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	37	<i>aranelle 28</i>	44
<i>amphetamine-dextroamphetamine tab</i> 15 mg	37	ARCALYST	56
<i>amphetamine-dextroamphetamine tab</i> 20 mg	37	<i>aripiprazole odt</i>	34
<i>amphetamine-dextroamphetamine tab</i> 30 mg	37	<i>aripiprazole oral solution 1 mg/ml</i>	34
		<i>aripiprazole tab</i>	34
		ARISTADA	34
		<i>armodafinil</i>	39, 40
		ARMODAFINIL	40
		ARNUITY ELLIPTA	64
		ASPIRIN-DIPYRIDAMOLE	55
		<i>atenolol</i>	24
		<i>atenolol & chlorthalidone</i>	24
		<i>atomoxetine hcl</i>	37
		<i>atorvastatin calcium</i>	23
		<i>atovaquone</i>	10
		<i>atovaquone-proguanil hcl</i>	11
		ATRIPLA	13
		ATROVENT HFA	63
		<i>aubra 28 day</i>	44
		AURYXIA	49
		AUSTEDO	39

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

AVASTIN	18	<i>betamethasone valerate</i>	66
<i>aviane 28</i>	44	BETASERON.....	39
AVITA.....	65	<i>betaxolol hcl (ophth)</i>	62
AXIRON	40	<i>bethanechol chloride</i>	53
<i>azacitidine</i>	18	BETOPTIC-S.....	62
AZACTAM IN ISO-OSMOTIC DE	10	BEVESPI AEROSPHERE.....	63
AZACTAM/DEX INJ 2GM	10	<i>bexarotene</i>	21
<i>azathioprine</i>	56	BEXSERO	57
<i>azelastine drop 0.05%</i>	62	<i>bicalutamide</i>	19
<i>azelastine spr 0.1%</i>	63	BICILLIN L-A	16
<i>azelastine spr 0.15%</i>	63	BICNU	17
<i>azithromycin</i>	15	BILTRICIDE.....	10
AZITHROMYCIN	15	<i>bisoprolol & hydrochlorothiazide</i>	24
AZOPT.....	62	<i>bisoprolol fumarate</i>	24
<i>aztreonam</i>	10	BIVIGAM	56
B		<i>bleomycin sulfate</i>	17
<i>bacitracin (ophthalmic)</i>	61	<i>blephamide</i>	61
<i>bacitracin-polymyxin b (ophth)</i>	61	<i>blisovi 21 fe 1.5/30 28 day pack</i>	44
<i>bacitracin-poly-neomycin-hc</i>	61	<i>blisovi 21 fe 1/20 28 day pack</i>	44
<i>baclofen</i>	39	BOOSTRIX.....	57
<i>balsalazide disodium</i>	51	BOSULIF.....	20
<i>balziva 28 day</i>	44	BREO ELLIPTA.....	64
BANZEL SUS 40MG/ML.....	28	<i>briellyn 28 day</i>	44
BANZEL TAB 200MG	28	BRILINTA	55
BANZEL TAB 400MG	28	BRIMONIDINE SOL 0.15%.....	62
BARACLUDE.....	14	<i>brimonidine sol 0.2%</i>	62
BCG VACCINE.....	57	BRIVIACT.....	28
<i>bekyree 28 day</i>	44	<i>bromfenac sodium (ophth)</i>	61
BELEODAQ.....	18	<i>bromocriptine mesylate</i>	34
<i>benazepril & hydrochlorothiazide</i>	22	BROMSITE	61
<i>benazepril hcl</i>	22	<i>budesonide (inhalation)</i>	64
BENDEKA.....	17	<i>budesonide ec</i>	51
BENLYSTA	56	<i>bumetanide inj 0.25/ml</i>	26
<i>benzoyl peroxide-erythromycin</i>	65	<i>bumetanide tab</i>	26
<i>benztropine mesylate</i>	34	BUPHENYL.....	47
BENZTROPINE MESYLATE.....	34	<i>buprenorphine hcl</i>	40
BEPREVE.....	62	<i>buprenorphine hcl-naloxone hcl sl</i>	40
BESIVANCE.....	61	<i>buproban tab 150mg</i>	40
<i>betamethasone dipropionate (topical)</i> 66		<i>bupropion hcl</i>	32
<i>betamethasone dipropionate</i>		<i>bupropion hcl (smoking deterrent)</i>	40
<i>augmented</i>	66	<i>bupirone hcl</i>	28
BETAMETHASONE DIPROPIONATE		<i>busulfan</i>	17
AUGMENTED	66	BUSULFEX	17
		<i>butorphanol tartrate</i>	7

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

BYDUREON INJ.....	41
BYDUREON PEN	41
BYETTA.....	41
BYSTOLIC.....	24

C

<i>cabergoline</i>	49
CABOMETYX.....	20
<i>calcipotriene</i>	66
<i>calcitonin (salmon)</i>	49
<i>calcitriol</i>	60
<i>calcitriol inj</i>	60
<i>calcitriol oral soln 1 mcg/ml</i>	60
<i>calcium acetate (phosphate binder)</i>	49
<i>camila 28 day</i>	44
CANASA	51
CANCIDAS.....	11
CAPASTAT SULFATE.....	13
CAPRELSA	20
<i>captopril</i>	22
<i>captopril & hydrochlorothiazide</i>	22
CARBAGLU.....	47
<i>carbamazepine</i>	28
CARBIDOPA/LEVODOPA/ENTACAPONE.....	34
<i>carbidopa-levodopa</i>	34
<i>carboplatin</i>	21
CARIMUNE NANOFILTERED	56
<i>carteolol hcl (ophth)</i>	62
<i>cartia xt</i>	25
<i>carvedilol</i>	24
CASPOFUNGIN ACETATE.....	11
CAYSTON.....	10
<i>caziant pak</i>	44
<i>cefaclor</i>	14
<i>cefaclor er tab 500mg</i>	14
<i>cefadroxil</i>	14, 15
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%.....	15
<i>cefazolin inj</i>	15
<i>cefazolin sodium</i>	15
<i>cefazolin sodium 1 gm/50ml</i>	15
<i>cefdinir</i>	15
<i>cefepime for inj</i>	15
<i>cefixime</i>	15

<i>cefotaxime sodium</i>	15
<i>cefoxitin for inj</i>	15
<i>cefpodoxime proxetil</i>	15
<i>cefprozil</i>	15
<i>ceftazidime</i>	15
CEFTAZIDIME/DEXTROSE.....	15
<i>ceftriaxone sodium</i>	15
<i>cefuroxime axetil</i>	15
<i>cefuroxime sodium</i>	15
<i>celecoxib</i>	7
CELONTIN.....	28
<i>cephalexin</i>	15
CERDELGA.....	47
CEREZYME.....	47
<i>cetirizine syrup</i>	63
<i>cevimeline hcl</i>	68
CHANTIX.....	40
CHANTIX CONTINUING MONTH.....	40
CHANTIX STARTER PACK.....	40
CHEMET.....	43
<i>chlorhexidine gluconate (mouth-throat)</i>	68
<i>chloroquine phosphate</i>	11
<i>chlorothiazide tabs</i>	26
<i>chlorpromazine hcl</i>	34
<i>chlorpromazine inj</i>	34
<i>chlorthalidone</i>	26
<i>cholestyramine</i>	24
<i>cholestyramine light</i>	24
<i>ciclopirox</i>	65
<i>ciclopirox shampoo 1%</i>	65
<i>cilostazol</i>	55
CILOXAN.....	61
CINRYZE.....	55
CIPRODEX.....	68
<i>ciprofloxacin</i>	16
<i>ciprofloxacin er</i>	16
<i>ciprofloxacin hcl (ophth)</i>	61
<i>ciprofloxacin hcl tab</i>	16
<i>ciprofloxacin in d5w</i>	16
<i>ciprofloxacin inj</i>	16
<i>cisplatin</i>	21
<i>citalopram hydrobromide</i>	32
<i>cladribine</i>	18

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

<i>claravis</i>	65	COMPLERA.....	13
<i>clarithromycin</i>	15	<i>compro supp</i>	50
<i>clarithromycin er</i>	15	<i>constulose</i>	52
<i>clarithromycin for susp</i>	15	COPAXONE INJ 40MG/ML.....	39
<i>clindacin-p pad 1%</i>	65	<i>cortisone acetate</i>	48
<i>clindamycin cap 300 mg</i>	10	COTELLIC.....	20
<i>clindamycin cap 75mg</i>	10	COUMADIN.....	54
<i>clindamycin hcl cap 150 mg</i>	10	CREON	53
<i>clindamycin phosphate</i>	10	CRIXIVAN	12
<i>clindamycin phosphate (topical)</i>	65	<i>cromolyn sod neb 20mg/2ml</i>	64
<i>clindamycin phosphate in d5w</i>	10	<i>cromolyn sodium (mastocytosis)</i>	52
CLINDAMYCIN PHOSPHATE IN NAACL ...	10	<i>cromolyn sodium (ophth)</i>	62
<i>clindamycin phosphate inj</i>	10	<i>cryselle 28</i>	44
<i>clindamycin phosphate vaginal</i>	54	CUBICIN.....	10
<i>clindamycin soln</i>	10	<i>cyclafem 1/35 28 day</i>	44
CLINIMIX 2.75%/DEXTROSE 5%	59	<i>cyclafem 7/7/7 28 day</i>	44
CLINIMIX 4.25%/DEXTROSE 25%.....	59	<i>cyclobenzaprine hcl</i>	39
CLINIMIX 4.25%/DEXTROSE 5%	59	<i>cyclophosphamide</i>	17
CLINIMIX 5%/DEXTROSE 15%	59	CYCLOPHOSPHAMIDE.....	17
CLINIMIX 5%/DEXTROSE 20%	59	<i>cycloserine</i>	13
CLINIMIX 5%/DEXTROSE 25%	59	<i>cyclosporine</i>	56
CLINIMIX INJ 4.25/D10.....	59	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	56
CLINIMIX INJ 4.25/D20.....	59	<i>cyproheptadine hcl</i>	63
<i>clomipramine hcl</i>	32	<i>cyred tab</i>	44
<i>clonazepam</i>	28	CYSTADANE.....	47
<i>clonidine hcl</i>	26	CYSTAGON	47
<i>clopidogrel tab 75mg</i>	55	CYSTARAN.....	62
<i>clorazepate dipotassium</i>	29	<i>cytarabine</i>	18
<i>clotrimazole</i>	68	D	
<i>clotrimazole (topical)</i>	65	<i>dacarbazine</i>	17
CLOZAPINE ODT.....	34, 35	DAKLINZA.....	14
<i>clozapine tab 100mg</i>	35	DALIRESP	64
<i>clozapine tab 200mg</i>	35	<i>danazol</i>	47
<i>clozapine tab 25mg</i>	35	<i>dantrolene sodium</i>	39
<i>clozapine tab 50mg</i>	35	<i>dapsone</i>	10
COARTEM	11	DAPTACEL.....	57
<i>colchicine w/ probenecid</i>	7	<i>daptomycin</i>	10
COLCRYS	7	<i>daunorubicin hcl</i>	17
<i>colestipol hcl</i>	24	<i>deblitane 28 day</i>	44
<i>colistimethate sodium</i>	10	DELESTROGEN	47
<i>colocort</i>	51	<i>delyla 28 day</i>	44
COMBIGAN.....	62	DELZICOL.....	51
COMBIVENT RESPIMAT.....	63		
COMETRIQ	20		

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

DEMSEER.....	26	<i>diclofenac sodium</i>	7
DEPEN TITRATABS	43	<i>diclofenac sodium (ophth)</i>	61
DEPO-PROVERA INJ 400/ML.....	19	<i>diclofenac sodium (topical) 1% gel</i>	67
DESCOVY.....	13	<i>dicloxacillin sodium</i>	16
<i>desipramine hcl</i>	32	<i>dicyclomine hcl</i>	51
<i>desmopressin acetate spray</i>	50	<i>didanosine</i>	12
<i>desmopressin acetate spray refrigerated</i>	50	DIFICID	15
<i>desmopressin acetate tabs</i>	50	<i>diflunisal</i>	7
<i>desmopressin inj 4mcg/ml</i>	50	<i>digitek</i>	26
DESMOPRESSIN SOL 0.01%.....	50	<i>digox</i>	26
<i>desogestrel & ethinyl estradiol</i>	44	<i>digoxin</i>	26
<i>desogestrel-ethinyl estradiol (biphasic)</i>	44	<i>digoxin inj</i>	26
<i>desoximetasone</i>	66	DIGOXIN SOL 50MCG/ML	26
DESOXIMETASONE.....	66	<i>dihydroergotamine mesylate</i>	38
<i>desvenlafaxine succinate</i>	32	<i>dilantin</i>	29
<i>dexamethasone</i>	48	DILANTIN-125 SUS 125/5ML	29
<i>dexamethasone sodium phosphate</i>	48	<i>diltiazem cap 120mg cd</i>	25
<i>dexamethasone sodium phosphate</i> (ophth).....	61	<i>diltiazem cap 180mg cd</i>	25
DEXILANT.....	53	<i>diltiazem cap 240mg cd</i>	25
<i>dexrazoxane</i>	21	<i>diltiazem cap 300mg cd</i>	25
DEXTROSE 10% FLEX CONTAIN.....	59	DILTIAZEM CAP 360MG CD.....	25
DEXTROSE 10%/NACL 0.2%	59	<i>diltiazem cap er/12hr</i>	25
DEXTROSE 10%/NACL 0.45%.....	59	<i>diltiazem hcl</i>	25
DEXTROSE 2.5%/NACL 0.45%	59	<i>diltiazem hcl cap sr 24hr</i>	25
DEXTROSE 5%.....	59	<i>diltiazem hcl coated beads cap sr 24hr</i>	25
DEXTROSE 5% /ELECTROLYTE	59	<i>diltiazem hcl extended release beads</i> <i>cap sr</i>	25
DEXTROSE 5%/LACTATED RING.....	59	<i>dilt-xr cap</i>	25
DEXTROSE 5%/NACL 0.2%.....	59	DIPENTUM.....	51
DEXTROSE 5%/NACL 0.225%.....	59	<i>diphenhydramine hcl inj</i>	63
DEXTROSE 5%/NACL 0.3%.....	59	<i>diphenoxylate w/ atropine</i>	52
DEXTROSE 5%/NACL 0.33%	59	DIPHThERIA/TETANUS TOXOID.....	57
DEXTROSE 5%/NACL 0.45%	59	<i>disopyramide phosphate</i>	23
DEXTROSE 5%/NACL 0.9%	59	<i>disulfiram</i>	40
DEXTROSE 5%/POTASSIUM CHL	59	<i>divalproex sodium</i>	29
DEXTROSE 50%	59	DOCEFREZ.....	18
DEXTROSE INJ 70%	60	<i>docetaxel</i>	18
DIASSTAT ACUDIAL.....	29	DOCETAXEL	18
DIASSTAT PEDIATRIC.....	29	DOCETAXEL 160MG/16ML	18
<i>diazepam</i>	29	DOCETAXEL 20MG/2ML	18
DIAZEPAM GEL.....	29	DOCETAXEL SOLN 80MG/8ML.....	18
<i>diclofenac potassium</i>	7	DOFETILIDE.....	23
		<i>donepezil hydrochloride</i>	31

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

<i>dorzolamide hcl</i>	62
<i>dorzolamide hcl-timolol maleate</i>	62
<i>doxazosin mesylate</i>	22
<i>doxepin hcl</i>	32
DOXEPIN HCL (ANTIPRURITIC).....	66
<i>doxorubicin hcl</i>	17
<i>doxorubicin hcl liposomal inj 2mg/ml</i> ..	17
<i>doxorubicin inj 50mg</i>	17
<i>doxy</i>	16
<i>doxycycline (monohydrate)</i>	16, 17
<i>doxycycline hyclate</i>	17
<i>doxycycline hyclate 100 mg</i>	17
<i>doxycycline hyclate 20 mg</i>	17
<i>dronabinol</i>	50
<i>drospirenone-ethinyl estradiol</i>	44
DROXIA.....	21
<i>duloxetine hcl</i>	32
DURAMORPH.....	8
DUREZOL.....	61
<i>dutasteride</i>	53
<i>dutasteride-tamsulosin hcl</i>	53

E

<i>e.e.s. 400</i>	15
EDURANT.....	12
EFFIENT	55
<i>eletriptan hydrobromide</i>	38
ELIQUIS	54
ELITEK.....	21
<i>elixophyllin</i>	65
ELLA	44
ELMIRON	53
EMCYT	17
EMEND.....	50
EMEND CAP 125MG.....	50
EMEND CAP 40MG	50
EMEND CAP 80MG	50
EMEND PAK 80 & 125	50
<i>emoquette</i>	44
EMSAM	32
EMTRIVA.....	12
<i>emverm</i>	10
<i>enalapril maleate</i>	22

<i>enalapril maleate & hydrochlorothiazide</i>	22
<i>endocet</i>	8
ENGERIX-B.....	57
<i>enoxaparin sodium</i>	54
ENOXAPARIN SODIUM	54
<i>enpresse 28 day</i>	44
ENTACAPONE	34
<i>entecavir</i>	14
ENTRESTO.....	23
<i>enulose</i>	52
EPCLUSA	14
EPIPEN 2-PAK	64
EPIPEN-JR 2-PAK.....	64
<i>epirubicin hcl</i>	17
<i>epitol</i>	29
EPIVIR HBV.....	14
<i>eplerenone</i>	22
<i>ergotamine w/ caffeine</i>	38
ERIVEDGE.....	18
<i>errin 28 day</i>	44
<i>ery pad 2%</i>	65
<i>ery-tab</i>	15
<i>erythrocin lactobionate</i>	15
<i>erythrocin stearate</i>	15
<i>erythromycin (acne aid)</i>	65
<i>erythromycin (ophth)</i>	61
<i>erythromycin base</i>	15
<i>erythromycin cap 250mg ec</i>	16
<i>erythromycin ethylsuccinate</i>	16
ESBRIET	64
<i>escitalopram oxalate</i>	32
<i>esomeprazole magnesium</i>	53
<i>esomeprazole sodium inj</i>	53
<i>estarylla tab 0.25-35</i>	44
<i>estrace</i>	47
<i>estrad val inj 20mg/ml</i>	47
<i>estrad val inj 40mg/ml</i>	47
<i>estradiol</i>	48
<i>estradiol vaginal tab 10 mcg</i>	48
<i>ethambutol hcl</i>	13
<i>ethosuximide</i>	29
<i>ethynodiol tab 1-50</i>	44
<i>etodolac</i>	7

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

<i>etoposide</i>	21
EURAX.....	68
EVOTAZ.....	13
<i>exemestane</i>	19
EXJADE.....	44
<i>ezetimibe</i>	24

F

FABRAZYME.....	47
<i>falmina 28 day</i>	44
<i>famciclovir</i>	14
<i>famotidine</i>	51
<i>famotidine inj</i>	51
FANAPT.....	35
FANAPT TITRATION PACK.....	35
FARESTON.....	19
FARXIGA.....	41
FARYDAK.....	18
FASLODEX.....	19
<i>felbamate</i>	29
<i>felodipine</i>	25
<i>femynor 28 day</i>	44
<i>fenofibrate</i>	24
<i>fenofibrate micronized</i>	24
<i>fentanyl citrate</i>	8
<i>fentanyl patch 100 mcg/hr</i>	8
<i>fentanyl patch 12 mcg/hr</i>	8
<i>fentanyl patch 25 mcg/hr</i>	8
<i>fentanyl patch 50 mcg/hr</i>	8
<i>fentanyl patch 75 mcg/hr</i>	8
FENTORA.....	8
FERRIPROX.....	44
FETZIMA.....	32
FETZIMA TITRATION PACK.....	32
<i>finasteride</i>	53
FIRAZYR.....	55
FLEBOGAMMA DIF.....	56
<i>flecainide acetate</i>	23
FLOVENT DISKUS.....	64
FLOVENT HFA.....	64
<i>fluconazole</i>	11
<i>fluconazole in dextrose</i>	11
<i>fluconazole inj nacl 100</i>	11
<i>fluconazole inj nacl 200</i>	11

<i>fluconazole inj nacl 400</i>	11
<i>flucytosine</i>	11
<i>fludarabine phosphate</i>	18
<i>fludrocortisone acetate</i>	48
<i>flunisolide (nasal)</i>	64
<i>fluocinolone acetonide</i>	66
<i>fluocinolone acetonide (otic)</i>	68
<i>fluocinonide</i>	66, 67
<i>fluocinonide emulsified base</i>	67
FLUOROMETHOLONE.....	61
<i>fluorouracil</i>	18
<i>fluorouracil (topical)</i>	67
<i>fluoxetine cap 10mg</i>	32
<i>fluoxetine cap 20mg</i>	32
<i>fluoxetine cap 40mg</i>	32
<i>fluoxetine hcl</i>	32
<i>fluphenazine decanoate</i>	35
<i>fluphenazine hcl</i>	35
<i>flurbiprofen</i>	7
<i>flurbiprofen sodium</i>	61
<i>flutamide</i>	19
<i>fluticasone propionate</i>	67
<i>fluticasone propionate (nasal)</i>	64
<i>fluvoxamine maleate</i>	28
<i>fondaparinux sodium</i>	54
FORTEO.....	49
FORTICAL.....	49
<i>fosinopril sodium</i>	22
<i>fosinopril sodium & hydrochlorothiazide</i>	22
FREAMINE HBC 6.9%.....	59
FREAMINE III.....	59
<i>furosemide</i>	26
<i>furosemide inj</i>	26
FUROSEMIDE INJ.....	26
FUSILEV.....	21
FUZEON.....	12
<i>fyavolv tab 1-5mg</i>	48
FYCOMPA.....	29

G

<i>gabapentin</i>	29, 30
GABITRIL.....	30
<i>galantamine hydrobromide</i>	31

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

<i>galantamine hydrobromide er</i>	31	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	42
GAMASTAN S/D	56	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	42
GAMMAGARD LIQUID	56	GLUCAGEN HYPOKIT	49
GAMMAGARD S/D	56	GLUCAGON EMERGENCY KIT	49
GAMMAKED	56	<i>glycopyrrolate</i>	51
GAMMAPLEX	56	<i>glycopyrrolate soln 4mg/20ml</i>	51
GAMMAPLEX 10GM/100ML	56	GOLYTELY	52
GAMUNEX-C	56	<i>granisetron hcl</i>	50
<i>ganciclovir inj 500mg</i>	14	GRANIX	54
GARDASIL	57	<i>griseofulvin microsize</i>	11
GARDASIL 9	57	<i>griseofulvin ultramicrosize</i>	11
<i>gatifloxacin (ophth)</i>	61	<i>guanfacine er (adhd)</i>	38
GATTEX	52	H	
GAUZE PADS 2	41	HAEGARDA	55
<i>gavilyte-c</i>	52	<i>halobetasol propionate</i>	67
<i>gavilyte-g</i>	52	<i>haloperidol</i>	35
<i>gavilyte-h</i>	52	<i>haloperidol con lactate</i>	35
<i>gavilyte-n</i>	52	<i>haloperidol decanoate</i>	35
<i>gemcitabine hcl</i>	18	<i>haloperidol lactate inj 5 mg/ml</i>	35
GEMCITABINE HCL	18	HARVONI	14
<i>gemfibrozil</i>	24	HAVRIX	57
<i>generlac</i>	52	<i>heather</i>	45
<i>gengraf</i>	56	<i>heparin sod (porcine) in d5w</i>	54
<i>gentak</i>	61	HEPARIN SOD (PORCINE) IN D5W	54
<i>gentamicin in saline</i>	9	<i>heparin sod inj 1000/ml</i>	54
<i>gentamicin sulfate</i>	9	<i>heparin sod inj 10000/ml</i>	54
<i>gentamicin sulfate (ophth)</i>	61	<i>heparin sod inj 20000/ml</i>	54
<i>gentamicin sulfate (topical)</i>	65	<i>heparin sod inj 5000/ml</i>	54
GENVOYA	13	HEPARIN SODIUM/D5W	54
GEODON	35	HEPARIN SODIUM/NAACL 0.45%	54
GIANVI TAB 3-0.02MG	44	HEPATAMINE	59
<i>gildagia</i>	44	HERCEPTIN	18
<i>gildess tab 1.5/30</i>	44	HETLIOZ	38
GILENYA	39	HEXALEN	17
GILOTRIF TAB 20MG	20	HIBERIX	57
GILOTRIF TAB 30MG	20	HUMIRA INJ 10MG/0.2ML	55
GILOTRIF TAB 40MG	20	HUMIRA KIT 20MG/0.4ML	55
<i>glatopa</i>	39	HUMIRA KIT 40MG/0.8ML	55
GLEOSTINE	17	HUMIRA PEDIATRIC CROHNS DISEASE	55
<i>glimepiride</i>	41, 42	HUMIRA PEN	55
<i>glip/metform tab 5-500mg</i>	42		
<i>glipizide</i>	42		
GLIPIZIDE XL TB24 2.5MG	42		
GLIPIZIDE XL TB24 5MG	42		

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

HUMIRA PEN-CROHNS DISEASE.....	55	IMOVAX RABIES (H.D.C.V.).....	57
HUMIRA PEN-PSORIASIS STAR.....	55	INCRELEX	49
HUMULIN R INJ U-500	41	INCRUSE ELLIPTA	63
HUMULIN R U-500 KWIKPEN	41	<i>indapamide</i>	26
<i>hydralazine hcl</i>	26	INFANRIX.....	57
<i>hydrochlorothiazide</i>	26	INLYTA.....	20
<i>hydroco/apap tab 10-325mg</i>	8	INSULIN PEN NEEDLE.....	41
<i>hydroco/apap tab 5-325mg</i>	8	INSULIN SAFETY NEEDLES.....	41
<i>hydroco/apap tab 7.5-325</i>	8	INSULIN SYRINGE.....	41
<i>hydrocodone-acetaminophen 7.5-325</i> <i>mg/15ml</i>	8	INTELENCE.....	12
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8	INTRALIPID INJ 20%	59
<i>hydrocortisone</i>	48	INTRALIPID INJ 30%	59
HYDROCORTISONE (ENEMA)	51	INTRON-A INJ 10MU	56
<i>hydrocortisone (topical)</i>	67	INTRON-A INJ 18MU	56
<i>hydrocortisone butyrate</i>	67	INTRON-A INJ 25MU	56
<i>hydrocortisone valerate</i>	67	INTRON-A INJ 50MU	56
<i>hydromorphone hcl</i>	8	<i>introvale 91 day</i>	45
<i>hydroxychloroquine sulfate</i>	55	INVANZ.....	10
<i>hydroxyprogesterone caproate</i> <i>(antineoplastic)</i>	19	INVEGA SUST INJ 117 MG/0.75 ML.....	35
<i>hydroxyurea</i>	21	INVEGA SUST INJ 156MG/ML.....	35
<i>hydroxyzine hcl</i>	63	INVEGA SUST INJ 234 MG/1.5 ML	35
<i>hydroxyzine pamoate</i>	63	INVEGA SUST INJ 39 MG/0.25 ML	35
HYSINGLA ER	8	INVEGA SUST INJ 78 MG/0.5 ML.....	35
I		INVEGA TRINZA.....	35
IBRANCE.....	18	INVIRASE.....	12
<i>ibuprofen</i>	7	INVOKAMET TAB 150-1000MG	42
ICLUSIG.....	20	INVOKAMET TAB 150-500MG.....	42
<i>idarubicin hcl</i>	17	INVOKAMET TAB 50-1000MG.....	42
IDHIFA.....	18	INVOKAMET TAB 50-500MG	42
IFEX INJ 3GM.....	17	INVOKAMET XR TAB 150-1000MG	42
<i>ifosfamide inj 1gm</i>	17	INVOKAMET XR TAB 150-500MG.....	42
<i>ifosfamide inj 1gm/20ml</i>	17	INVOKAMET XR TAB 50-1000MG.....	42
IFOSFAMIDE INJ 3GM	17	INVOKAMET XR TAB 50-500MG	42
<i>ifosfamide inj 3gm/60ml</i>	17	INVOKANA.....	42
ILEVRO	62	IONOSOL-B/DEXTROSE 5%.....	60
<i>imatinib mesylate</i>	20	IONOSOL-MB/DEXTROSE 5%	60
IMBRUVICA CAP 140MG.....	20	IPOL INACTIVATED IPV	57
<i>imipenem-cilastatin</i>	10	<i>ipratropium bromide</i>	63
<i>imipramine hcl</i>	32	<i>ipratropium bromide (nasal)</i>	63
<i>imiquimod</i>	67	<i>ipratropium-albuterol nebu</i>	63
		<i>irbesartan</i>	23
		<i>irbesartan-hydrochlorothiazide</i>	23
		IRESSA	20
		<i>irinotecan inj 100/5ml</i>	22

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

<i>irinotecan inj 40mg/2ml</i>	21
<i>irinotecan inj 500mg/25ml</i>	22
ISENTRESS	12
ISENTRESS HD	12
<i>isibloom 28 day</i>	45
ISOLYTE P	60
ISOLYTE S.....	60
<i>isoniazid</i>	13
<i>isoniazid inj 100 mg/ml</i>	13
<i>isoniazid syp 50mg/5ml</i>	13
<i>isosorb mononitrate tab</i>	27
<i>isosorbide dinitrate</i>	27
<i>isosorbide dinitrate er</i>	27
<i>isosorbide mononitrate er</i>	27
<i>isradipine</i>	25
ISTALOL.....	62
ISTODAX (OVERFILL).....	18
<i>itraconazole</i>	11
<i>ivermectin</i>	10
IXIARO	57

J

JAKAFI	20
<i>jantoven</i>	54
JANUMET	42
JANUMET XR TAB 100-1000	42
JANUMET XR TAB 50-1000.....	42
JANUMET XR TAB 50-500MG.....	42
JANUVIA	42
JENTADUETO	42
JENTADUETO TAB XR 2.5-1000 MG	42
JENTADUETO TAB XR 5-1000 MG	42
<i>jinteli</i>	48
JOLESSA TAB 0.15-0.03 MG.....	45
JOLIVETTE.....	45
<i>juleber 28 day</i>	45
<i>junel 1.5/30 21 day</i>	45
<i>junel 1/20 21 day</i>	45
<i>junel fe 1.5/30 28 day</i>	45
<i>junel fe 1/20 28 day</i>	45
JUXTAPID	24

K

KADCYLA	18
---------------	----

KALETRA SOL.....	13
KALETRA TAB 100-25MG.....	13
KALETRA TAB 200-50MG.....	13
KALYDECO.....	64
<i>kariva 28 day</i>	45
KCL 0.075%/D5W/NACL 0.45%.....	60
KCL 0.15%/D5W/NACL 0.9%.....	60
KCL 0.3%/D5W/NACL 0.45%.....	60
KCL 0.3%/D5W/NACL 0.9%	60
KCL IN NACL INJ .15-0.45.....	60
KCL/D5W INJ 0.3%	60
KCL/D5W/NACL INJ .15/.33%	60
KCL/D5W/NACL INJ .15/.45%	60
KCL/D5W/NACL INJ 0.22%/0.45%.....	60
KCL/NACL INJ 0.15%-0.9%.....	60
KCL/NACL INJ 0.3-0.9	60
KCL0.15%/D5W/NACL0.2%.....	60
KCL0.15%/D5W/NACL0.225%	60
<i>kelnor 1/35 28 day</i>	45
<i>ketoconazole</i>	11
<i>ketoconazole cream</i>	65
<i>ketoconazole shampoo</i>	66
<i>ketoprofen cap 50 mg</i>	7
<i>ketoprofen cap 75 mg</i>	7
<i>ketorolac tromethamine (ophth)</i>	62
KEYTRUDA.....	19
<i>kimidess 28 day</i>	45
KINRIX.....	57
<i>kionex powder</i>	44
<i>kionex sus 15gm/60ml</i>	44
KISQALI.....	19
KISQALI FEMARA 200 DOSE.....	19
KISQALI FEMARA 400 DOSE.....	19
KISQALI FEMARA 600 DOSE.....	19
KLOR-CON 10	58
KLOR-CON 8.....	58
<i>klor-con m10</i>	58
<i>klor-con m15</i>	58
<i>klor-con m20</i>	58
<i>klor-con spr cap 10meq</i>	58
<i>klor-con spr cap 8meq</i>	58
KORLYM.....	49
KUVAN	47
KYNAMRO	24

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

L	
<i>labetalol hcl</i>	24
LACTATED RINGER'S INJ	60
<i>lactulose</i>	52
<i>lactulose (encephalopathy)</i>	52
<i>lamivudine</i>	12
<i>lamivudine (hbv)</i>	14
<i>lamivudine-zidovudine</i>	13
<i>lamotrigine</i>	30
LANTUS.....	41
LANTUS SOLOSTAR.....	41
<i>larin 1.5/30</i>	45
<i>larin 1/20</i>	45
<i>larin fe 1.5/30</i>	45
<i>larin fe 1/20</i>	45
<i>larissia tab</i>	45
LASTACRAFT	62
<i>latanoprost</i>	62
LATUDA.....	35
LEENA TAB.....	45
<i>leflunomide</i>	55
LENVIMA 10 MG DAILY DOSE	20
LENVIMA 14 MG DAILY DOSE	20
LENVIMA 18 MG DAILY DOSE	20
LENVIMA 20 MG DAILY DOSE	20
LENVIMA 24 MG DAILY DOSE	20
LENVIMA 8 MG DAILY DOSE.....	20
<i>lessina 28 day</i>	45
LETAIRIS	27
<i>letrozole</i>	19
<i>leucovorin calcium</i>	21
<i>leucovorin calcium for inj 500 mg</i>	21
LEUKERAN.....	17
LEUKINE	54
<i>leuprolide inj 1mg/0.2</i>	19
<i>levalbuterol conc 1.25mg/0.5ml</i>	63
<i>levalbuterol hcl</i>	63
LEVALBUTEROL TARTRATE HFA.....	63
LEVEMIR	41
LEVEMIR FLEXTOUCH.....	41
<i>levetiracetam</i>	30
LEVETIRACETAM IN SODIUM CHLORIDE	30
<i>levetiracetam inj</i>	30
LEVETIRACETAM IV	30
<i>levetiracetam oral soln 100 mg/ml</i>	30
<i>levobunolol hcl</i>	62
<i>levocarnitine (metabolic modifiers)</i>	47
<i>levocetirizine dihydrochloride</i>	63
<i>levofloxacin</i>	16
<i>levofloxacin in d5w</i>	16
<i>levofloxacin inj 25mg/ml</i>	16
<i>levofloxacin oral soln 25 mg/ml</i>	16
<i>levoleucovorin calcium</i>	21
LEVOLEUCOVORIN CALCIUM.....	21
<i>levonest 28 day</i>	45
<i>levonor/ethi tab</i>	45
<i>levonorgestrel & eth estradiol</i>	45
<i>levonorgestrel (emergency oc)</i>	45
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	45
<i>levora 0.15/30 28 day</i>	45
<i>levothyroxine sodium</i>	50
LEVOTHYROXINE SODIUM.....	50
LEVOXYL	50
LEXIVA.....	12
<i>lidocaine</i>	67
<i>lidocaine hcl</i>	67
<i>lidocaine hcl (mouth-throat)</i>	68
<i>lidocaine inj 0.5%</i>	9
<i>lidocaine inj 1%</i>	9
<i>lidocaine inj 1.5%</i>	9
<i>lidocaine inj 2%</i>	9
<i>lidocaine oint 5%</i>	67
<i>lidocaine-prilocaine</i>	67
<i>linezolid</i>	10
LINEZOLID	10
LINEZOLID IN SODIUM CHLORIDE	10
LINZESS.....	52
<i>liothyronine sodium</i>	50
<i>lisinopril</i>	22
<i>lisinopril & hydrochlorothiazide</i>	22
<i>lithium carbonate</i>	39
<i>lithium carbonate er</i>	39
LITHIUM SOLN 8MEQ/5ML.....	39
LONSURF	21
<i>loperamide hcl</i>	52

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

<i>lopinavir-ritonavir</i>	13
<i>lorazepam</i>	28
<i>lorcet hd tab 10-325mg</i>	8
<i>lorcet plus tab 7.5-325</i>	8
<i>lorcet tab 5-325mg</i>	8
<i>loryna 28 day</i>	45
<i>losartan potassium</i>	23
<i>losartan-hydrochlorothiazide</i>	23
LOTEMAX	62
<i>lovastatin</i>	24
<i>low-ogestrel</i>	45
<i>loxapine succinate</i>	35
LUMIGAN	62
LUMIZYME	47
LUPRON DEPOT (1-MONTH)	19
LUPRON DEPOT INJ 11.25MG (3- MONTH)	19
LUPRON DEP-PED INJ 11.25MG	49
LUPRON DEP-PED INJ 11.25MG (3- MONTH)	49
LUPRON DEP-PED INJ 15MG	49
LUPRON DEP-PED INJ 30MG (3-MONTH)	49
LUPRON DEP-PED INJ 7.5MG	49
<i>lutera 28 day</i>	45
LYNPARZA	19
LYRICA	30
LYSODREN	19
<i>lyza</i>	45

M

<i>magnesium sulfate</i>	58
MAGNESIUM SULFATE	58
<i>magnesium sulfate in d5w</i>	58
MAGNESIUM SULFATE IN D5W	58
<i>malathion</i>	68
<i>maprotiline hcl</i>	32
<i>marlissa 28 day</i>	45
MARPLAN TAB 10MG	32
MATULANE	21
MAVYRET	14
MAXIDEX	62
<i>meclizine hcl</i>	50

<i>medroxyprogesterone acetate (contraceptive)</i>	45
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE)	45
<i>medroxyprogesterone acetate tab</i>	50
<i>mefloquine hcl</i>	11
<i>megestrol ac sus 40mg/ml</i>	19
<i>megestrol ac tab 20mg</i>	19
<i>megestrol ac tab 40mg</i>	19
MEGESTROL SUS 625MG/5ML	19
MEKINIST	20
<i>meloxicam</i>	7
MELOXICAM	7
<i>melphalan hcl</i>	17
<i>memantine hcl</i>	31
MEMANTINE HCL	31
MENACTRA	57
MENOMUNE-A/C/Y/W-135	57
MENVEO	57
<i>mercaptapurine</i>	18
<i>meropenem</i>	10
MESALAMINE	51
<i>mesalamine enema</i>	51
<i>mesalamine w/ cleanser</i>	52
<i>mesna</i>	21
MESNEX	21
<i>metadate er tab 20mg</i>	38
<i>metformin er</i>	43
<i>metformin hcl</i>	43
<i>methadone hcl</i>	8
<i>methadone hcl 10mg</i>	8
<i>methadone hcl 5mg</i>	8
<i>methazolamide</i>	26
<i>methenamine hippurate</i>	10
<i>methergine 0.2 mg tab</i>	49
<i>methimazole</i>	50
<i>methotrexate sodium</i>	18
METHOTREXATE SODIUM	18
<i>methotrexate sodium inj</i>	18
<i>methotrexate sodium tabs</i>	55
<i>methyclothiazide</i>	26
<i>methylergonovine maleate</i>	49
<i>methylphenidate hcl</i>	38
<i>methylphenidate hcl oral soln</i>	38

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

<i>methylpr ace inj 40mg/ml</i>	48	<i>mono-lynyah tab 0.25-35</i>	45
<i>methylpr ace inj 80mg/ml</i>	48	MONONESSA.....	45
<i>methylpr ss inj 125 mg</i>	48	<i>montelukast sodium</i>	64
<i>methylpr ss inj 1gm</i>	48	<i>morgidox cap 1x50mg</i>	17
<i>methylpr ss inj 40mg</i>	48	<i>morphine ext-rel tab</i>	8
<i>methylpred pak 4mg</i>	48	MORPHINE SUL INJ 10MG/ML.....	9
<i>methylpred tab 16mg</i>	48	MORPHINE SUL INJ 15MG/ML.....	9
<i>methylpred tab 32mg</i>	48	MORPHINE SUL INJ 1MG/ML.....	9
<i>methylpred tab 4mg</i>	48	MORPHINE SUL INJ 4MG/ML.....	9
<i>methylpred tab 8mg</i>	48	<i>morphine sulfate</i>	9
<i>metipranolol</i>	62	MORPHINE SULFATE.....	9
<i>metoclopramide hcl</i>	50	MORPHINE SULFATE ORAL SOL.....	9
<i>metoclopramide inj</i>	50	MOVANTIK.....	52
<i>metolazone</i>	26	MOVIPREP.....	52
<i>metoprolol & hydrochlorothiazide</i>	24	MOXEZA.....	61
<i>metoprolol succinate</i>	24	<i>moxifloxacin hcl (ophth)</i>	61
<i>metoprolol tartrate</i>	25	MOZOBIL.....	54
<i>metronidazole</i>	10	MULTAQ.....	23
<i>metronidazole (topical)</i>	67	<i>mupirocin</i>	65
<i>metronidazole gel 0.75%</i>	67	MUSTARGEN.....	17
<i>metronidazole in nacl</i>	10	MYCAMINE.....	11
<i>metronidazole vaginal</i>	54	<i>mycophenolate mofetil</i>	56
<i>mexiletine hcl</i>	23	<i>mycophenolate sodium</i>	56
MIACALCIN 200 UNIT/ML.....	49	<i>myorisan</i>	65
MICROGESTIN 1.5/30.....	45	MYRBETRIQ.....	53
MICROGESTIN 1/20.....	45	<i>myzilra</i>	45
MICROGESTIN FE 1.5/30.....	45		
MICROGESTIN FE 1/20.....	45	N	
<i>midodrine hcl</i>	26	<i>nabumetone</i>	7
<i>migergot</i>	38	<i>nadolol</i>	25
<i>minitran</i>	27	<i>nafcillin sodium for inj</i>	16
<i>minocycline hcl</i>	17	NAGLAZYME.....	47
<i>minoxidil</i>	27	<i>nalbuphine hcl</i>	7
<i>mirtazapine</i>	33	<i>naloxone inj 0.4mg/ml</i>	40
<i>misoprostol</i>	52	<i>naloxone inj 1mg/ml</i>	40
<i>mitomycin</i>	17	<i>naltrexone hcl</i>	40
<i>mitoxantrone hcl</i>	21	NAMENDA XR.....	31
M-M-R II.....	57	NAMENDA XR TITRATION PACK.....	31
<i>moderiba tab 200mg</i>	14	NAMZARIC.....	31
<i>moexipril hcl</i>	22	<i>naphazoline hcl</i>	62
<i>moexipril-hydrochlorothiazide</i>	22	<i>naproxen</i>	7
<i>molindone hcl 10mg</i>	35	<i>naproxen sodium</i>	7
<i>molindone hcl 25mg</i>	35	<i>naratriptan hcl</i>	38
<i>mometasone furoate</i>	67	NATACYN.....	61

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

<i>nateglinide</i>	43	NITRO-DUR DIS 0.8MG/HR.....	27
NATPARA	49	<i>nitrofurantoin macrocrystal</i>	10
NEBUPENT.....	10	<i>nitrofurantoin monohyd macro</i>	10
<i>necon 0.5/35 28 day</i>	46	<i>nitroglycerin</i>	27
NECON 1/50-28.....	46	<i>nitroglycerin td patch</i>	27
<i>necon 10/11-28</i>	46	NORA-BE TAB 0.35MG	46
NECON 7/7/7.....	46	NORDITROPIN FLEXPRO.....	49
<i>necon tab 1/35</i>	46	<i>norethindrone (contraceptive)</i>	46
<i>nefazodone hcl</i>	33	<i>norethindrone acet & eth estra</i>	46
<i>neomycin sulfate</i>	9	<i>norethindrone acetate</i>	50
<i>neomycin-bacitracin zn-polymyxin</i>	61	<i>norethindrone acetate-ethinyl estradiol</i> <i>1mg-5mcg</i>	48
<i>neomycin-polymy-dexameth</i>	61	<i>norgest/ethi tab 0.25/35</i>	46
<i>neomycin-polymyxin-gramicidin</i>	61	<i>norgestimate-ethinyl estradiol</i> <i>(triphasic)</i>	46
<i>neomycin-polymyxin-hc (ophth)</i>	61	<i>norlyroc 28 day</i>	46
<i>neomycin-polymyxin-hc (otic)</i>	68	NORMOSOL-M IN D5W.....	60
NEORAL.....	56	NORMOSOL-R	60
NEPHRAMINE	59	NORMOSOL-R IN D5W	60
NERLYNX	20	NORPACE CR	23
NEUPOGEN	54	NORTHERA.....	27
NEUPRO	34	<i>nortrel 0.5/35 28 day</i>	46
<i>nevirapine</i>	12	<i>nortrel 1/35 21 day</i>	46
NEVIRAPINE.....	12	<i>nortrel 1/35 28 day</i>	46
<i>nevirapine tab 200mg</i>	12	<i>nortrel 7/7/7 28 day</i>	46
NEXAVAR.....	20	<i>nortriptyline hcl</i>	33
NEXIUM GRA 10MG DR.....	53	NORVIR	12
NEXIUM GRA 2.5MG DR	53	NOVOLIN 70/30	41
NEXIUM GRA 20MG DR.....	53	NOVOLIN N	41
NEXIUM GRA 40MG DR.....	53	NOVOLIN R	41
NEXIUM GRA 5MG DR	53	NOVOLOG.....	41
<i>niacin er (antihyperlipidemic)</i>	24	NOVOLOG FLEXPEN.....	41
<i>niacor</i>	24	NOVOLOG MIX 70/30	41
<i>nicardipine hcl</i>	25	NOVOLOG MIX 70/30 PREFILL.....	41
NICOTROL INHALER.....	40	NOVOLOG PENFILL	41
NICOTROL NS.....	40	NOXAFIL.....	11
<i>nifedical xl</i>	25	NUEDEXTA.....	39
<i>nifedipine</i>	25	NULOJIX.....	57
<i>nifedipine er</i>	25	NULYTELY/FLAVOR PACKS.....	52
<i>nikki 28 day</i>	46	NUPLAZID.....	35
<i>nilutamide</i>	19	<i>nutrilipid inj 20%</i>	59
<i>nimodipine</i>	25	NUVARING.....	46
NINLARO.....	19	<i>nyamyc</i>	65
NIPENT	18	<i>nyata</i>	66
<i>nitro-bid</i>	27		
NITRO-DUR DIS 0.3MG/HR.....	27		

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

NYMALIZE	25
nystatin	11
nystatin (mouth-throat).....	68
nystatin (topical).....	66
nystop.....	66
O	
OCELLA TAB 3-0.03MG.....	46
OCTAGAM.....	56
octreotide acetate.....	49
ODEFSEY	13
ODOMZO	21
OFEV	64
ofloxacin (ophth).....	61
ofloxacin (otic)	68
olanzapine.....	35, 36
olmesartan medoxomil	23
olmesartan medoxomil-amlodipine- hydrochlorothiazide.....	23
olmesartan medoxomil- hydrochlorothiazide.....	23
olopatadine hcl.....	62
omega-3-acid ethyl esters	24
omeprazole cap 10mg.....	53
omeprazole cap 20mg.....	53
omeprazole cap 40mg.....	53
ondansetron hcl.....	50
ondansetron hcl inj	50
ondansetron hcl oral soln	50
ondansetron odt.....	50
ONFI.....	30
OPSUMIT	27
ORFADIN	47
ORKAMBI.....	64
orsythia 28 day.....	46
oseltamivir phosphate.....	14
oxacillin sodium	16
oxaliplatin.....	21
oxandrolone tab 10mg.....	40
oxandrolone tab 2.5mg	40
oxcarbazepine	30
oxybutynin chloride.....	53, 54
oxycodone hcl	9
OXYCODONE HCL.....	9

oxycodone w/ acetaminophen 10- 325mg.....	9
oxycodone w/ acetaminophen 2.5- 325mg.....	9
oxycodone w/ acetaminophen 5-325mg	9
oxycodone w/ acetaminophen 7.5- 325mg.....	9
oxycodone w/ acetaminophen soln.....	9

P

pacerone	23
paclitaxel.....	18
paliperidone	36
pamidronate disodium.....	43
PANRETIN.....	67
pantoprazole sodium tbec.....	53
paricalcitol.....	60
paroex sol 0.12%.....	68
paromomycin sulfate	9
paroxetine hcl tabs	33
paser d/r.....	13
PATADAY	62
PAXIL.....	33
PAZEO	62
PEDIARIX.....	57
PEDVAX HIB	57
PEG 3350/ELECTROLYTES	52
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE.....	52
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	52
PEGANONE	30
PEGASYS.....	14
PEGASYS PROCLICK.....	14
PENICILLIN G POT IN DEXTROSE 2 MU	16
PENICILLIN G POT IN DEXTROSE 3 MU	16
penicillin g procaine.....	16
penicillin g sodium	16
penicillin v potassium	16
penicillin gk inj 20mu.....	16
penicillin gk inj 5mu	16

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

PENTACEL	57	<i>potassium chloride microencapsulated</i>	
PENTAM 300.....	10	<i>crystals er</i>	58
<i>pentoxifylline</i>	55	<i>potassium citrate (alkalinizer)</i>	53
<i>perindopril erbumine</i>	22	POTASSIUM CITRATE (ALKALINIZER)	53
<i>periogard</i>	68	POTIGA.....	30
<i>permethrin</i>	68	PRADAXA	54
<i>perphenazine</i>	36	PRALUENT	24
<i>pfizerpen-g</i>	16	<i>pramipexole tab 0.125mg</i>	34
<i>phenadoz</i>	51	<i>pramipexole tab 0.25mg</i>	34
<i>phenelzine sulfate</i>	33	<i>pramipexole tab 0.5mg</i>	34
<i>phenergan</i>	51	<i>pramipexole tab 0.75mg</i>	34
<i>phenobarbital</i>	30	<i>pramipexole tab 1.5mg</i>	34
<i>phenobarbital sodium</i>	30	<i>pramipexole tab 1mg</i>	34
PHENOBARBITAL SODIUM.....	30	<i>prasugrel hcl</i>	55
<i>phenytek</i>	30	<i>pravastatin sodium</i>	24
<i>phenytoin</i>	30	<i>prazosin hcl</i>	23
<i>phenytoin sodium</i>	30	<i>pred sod pho sol 5mg/5ml</i>	48
<i>phenytoin sodium extended</i>	30	PREDNISOLONE ACETATE (OPHTH).....	62
<i>philith</i>	46	<i>prednisolone sodium phosphate (ophth)</i>	
PHOSPHOLINE IODIDE	62	62
PICATO	67	<i>prednisolone sol 15mg/5ml</i>	48
PILOCARPINE HCL	62	<i>prednisolone sol 25mg/5ml</i>	48
<i>pilocarpine hcl (oral)</i>	68	<i>prednisolone syp 15mg/5ml</i>	48
PILOCARPINE HCL (ORAL)	68	<i>prednisone con 5mg/ml</i>	48
<i>pimozide</i>	36	<i>prednisone pak 10mg</i>	48
<i>pimtreea pack</i>	46	<i>prednisone pak 5mg</i>	48
<i>pindolol</i>	25	<i>prednisone sol 5mg/5ml</i>	48
<i>pioglitazone hcl</i>	43	<i>prednisone tab 10mg</i>	48
<i>piperacillin sodium-tazobactam sodium</i>		<i>prednisone tab 1mg</i>	48
.....	16	<i>prednisone tab 2.5mg</i>	48
<i>piperacillin/tazobactam</i>	16	<i>prednisone tab 20mg</i>	48
<i>pirmella 1/35 28 day</i>	46	<i>prednisone tab 50mg</i>	48
<i>piroxicam</i>	7	<i>prednisone tab 5mg</i>	48
PLASMA-LYTE A	60	<i>premasol 10%</i>	59
PLASMA-LYTE-148.....	60	<i>premasol 6%</i>	59
<i>podofilox</i>	67	<i>prenatal vitamin/folic acid > 0.8 mg</i>	
<i>polyethylene glycol 3350</i>	52	<i>(generic)</i>	60
<i>polymyxin b-trimethoprim</i>	61	<i>prevalite</i>	24
POMALYST.....	56	<i>previfem 28 day</i>	46
<i>portia 28 day</i>	46	PREZCOBIX.....	13
<i>pot chloride inj 2meq/ml</i>	60	PREZISTA	12
<i>potassium chloride</i>	58	PRIFTIN	13
POTASSIUM CHLORIDE	58, 60	PRIMAQUINE PHOSPHATE	11
<i>potassium chloride in nacl</i>	60	<i>primidone</i>	30

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

PRISTIQ	33
PRIVIGEN	56
<i>probenecid</i>	7
PROCALAMINE.....	59
<i>prochlorperazine inj</i>	51
<i>prochlorperazine maleate</i>	51
<i>prochlorperazine supp</i>	51
PROCRIT	55
<i>procto-med</i>	66
<i>procto-pak</i>	66
<i>proctosol hc cre 2.5%</i>	66
<i>proctozone hc</i>	66
PROGLYCEM SUS 50MG/ML.....	49
PROGRAF.....	57
PROLASTIN-C	64
PROLENSA.....	62
PROLEUKIN.....	19
PROLIA	49
PROMACTA.....	55
<i>promethazine hcl</i>	51
<i>promethegan</i>	51
<i>propafenone hcl</i>	23
<i>propafenone hcl 12hr</i>	23
<i>propracaine hcl</i>	62
<i>propranolol & hydrochlorothiazide</i>	24
<i>propranolol cap er</i>	25
<i>propranolol hcl</i>	25
<i>propranolol oral sol</i>	25
<i>propylthiouracil</i>	50
PROQUAD.....	57
PROSOL.....	59
<i>protriptyline hcl</i>	33
PULMICORT FLEXHALER.....	64
PULMOZYME.....	64
PURIXAN.....	18
<i>pyrazinamide</i>	13
<i>pyridostigmine tab 60mg</i>	39

Q

QUADRACEL.....	57
<i>quasense 91 day</i>	46
<i>quetiapine fumarate</i>	36
<i>quinapril hcl</i>	22
<i>quinapril-hydrochlorothiazide</i>	22

<i>quinidine gluconate</i>	23
<i>quinidine sulfate</i>	23
<i>quinine sulfate</i>	11

R

RABAVERT	57
<i>raloxifene tab 60mg</i>	49
<i>ramipril</i>	22
RANEXA.....	27
<i>ranitidine hcl</i>	51
<i>ranitidine hcl inj</i>	51
<i>ranitidine syrup</i>	51
RAPAMUNE.....	57
<i>rasagiline mesylate</i>	34
RAVICTI.....	47
REBETOL SOLN.....	14
<i>reclipsen 28 day</i>	46
RECOMBIVAX HB	57
REGRANEX	68
RELENZA DISKHALER.....	14
RELISTOR	52
RELPAK.....	38
REMICADE.....	56
REMODULIN.....	27
REVELA PAK.....	49
REVELA TAB 800MG	49
<i>repaglinide</i>	43
RESCRIPTOR	12
RESTASIS	62
RESTASIS MULTIDOSE.....	63
RETROVIR IV INFUSION.....	12
REVATIO	27
REVLIMID	56
REXULTI	36
REYATAZ	12
<i>ribasphere</i>	14
<i>ribavirin cap 200mg</i>	14
<i>ribavirin tab 200mg</i>	14
<i>rifabutin</i>	13
<i>rifampin</i>	13
RIFATER	13
<i>riluzole</i>	39
<i>rimantadine hydrochloride</i>	14
RINGER'S.....	60

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

RISPERDAL INJ 12.5MG	36	<i>sharobel 28 day</i>	46
RISPERDAL INJ 25MG	36	SIGNIFOR	49
RISPERDAL INJ 37.5MG	36	<i>sildenafil citrate (pulmonary</i>	
RISPERDAL INJ 50MG	36	<i>hypertension)</i>	27
<i>risperidone</i>	36	SILENOR	38
RITUXAN.....	19	SILVER SULFADIAZINE	65
RITUXAN HYCELA.....	19	SIMBRINZA.....	62
<i>rivastigmine tartrate</i>	31	<i>simvastatin</i>	24
<i>rivastigmine td patch 24hr 13.3</i>		<i>sirolimus</i>	57
<i>mg/24hr</i>	31	SIRTURO.....	13
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>		SIVEXTRO.....	10
.....	31	SODIUM CHLORIDE.....	58, 60
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>		SODIUM CHLORIDE 0.45% VIA.....	60
.....	31	SODIUM CHLORIDE 0.9%.....	68
<i>rizatriptan benzoate</i>	38	SODIUM CHLORIDE INJ 0.9%.....	60
<i>ropinirole tab 0.25mg</i>	34	sodium fluoride chew; tab; 1.1 (0.5 f)	
<i>ropinirole tab 0.5mg</i>	34	<i>mg/ml soln</i>	58
<i>ropinirole tab 1mg</i>	34	<i>sodium phenylbutyrate</i>	47
<i>ropinirole tab 2mg</i>	34	<i>sodium polystyrene sulfonate</i>	44
<i>ropinirole tab 3mg</i>	34	SOLTAMOX.....	19
<i>ropinirole tab 4mg</i>	34	SOLU-CORTEF.....	49
<i>ropinirole tab 5mg</i>	34	SOMATULINE DEPOT.....	49
<i>rosadan cre 0.75%</i>	67	SOMAVERT	49
<i>rosuvastatin calcium</i>	24	<i>sorine</i>	23
ROTARIX.....	57	<i>sotalol hcl</i>	23
ROTATEQ.....	57	<i>sotalol hcl (afib/af)</i>	23
<i>roweepra</i>	30	SOVALDI	14
RUBRACA.....	19	<i>spironolactone</i>	22
RYDAPT	20	<i>spironolactone & hydrochlorothiazide</i> ..	26
S		<i>sprintec 28 day</i>	46
SABRIL.....	30	SPRITAM	30
SANDIMMUNE.....	57	SPRYCEL.....	20
SANDOSTATIN LAR DEPOT	49	<i>sps susp 15gm/60ml</i>	44
SANTYL.....	68	<i>sronyx</i>	46
SAPHRIS	36	SSD	65
<i>scopolamine</i>	51	<i>stavudine</i>	12
<i>selegiline hcl</i>	34	STERILE WATER IRRIGATION	68
<i>selenium sulfide</i>	66	STIMATE.....	50
SELZENTRY.....	12	STIVARGA.....	20
SENSIPAR.....	43	STRATTERA.....	38
SEREVENT DISKUS	63	<i>streptomycin sulfate</i>	9
<i>sertraline hcl</i>	33	STRIBILD	13
<i>setlakin tab</i>	46	SUBOXONE MIS 12-3MG.....	40
		SUBOXONE MIS 2-0.5MG.....	40

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

SUBOXONE MIS 4-1MG	40	TAGRISO	20
SUBOXONE MIS 8-2MG	40	TAMIFLU SUSR	14
SUCRAID	52	<i>tamoxifen citrate</i>	20
<i>sucralfate</i>	52	<i>tamsulosin hcl</i>	53
<i>sulfacet sod oin 10% op</i>	61	TARCEVA.....	21
<i>sulfacetamide sodium (acne)</i>	65	TARGRETIN	67
<i>sulfacetamide sodium (ophth)</i>	61	<i>tarina fe 1/20 28 day</i>	46
<i>sulfacetamide sod-prednisolone</i>	61	TASIGNA	21
<i>sulfadiazine</i>	9	TAXOTERE	18
<i>sulfamethoxazole-trimethop ds</i>	10	<i>tazarotene</i>	66
<i>sulfamethoxazole-trimethoprim</i>	10, 11	<i>tazicef</i>	15
<i>sulfamethoxazole-trimethoprim inj</i>	11	<i>tazicef vial</i>	15
SULFAMYLON	65	TAZORAC	66
<i>sulfasalazine</i>	52	<i>taztia xt</i>	25
<i>sulfasalazine ec</i>	52	TECENTRIQ.....	19
<i>sulindac</i>	7	TEFLARO	15
SUMATRIPTAN.....	38	TEGRETOL	30
SUMATRIPTAN INJ 4MG/0.5ML.....	38	TEGRETOL-XR.....	31
<i>sumatriptan inj 6mg/0.5ml</i>	39	<i>temazepam</i>	38
<i>sumatriptan succinate</i>	39	TENIVAC.....	58
<i>suprax</i>	15	<i>terazosin hcl</i>	23
SUPRAX.....	15	<i>terbinafine hcl</i>	11
SUPREP BOWEL PREP KIT	52	<i>terbutaline sulfate</i>	63
SUSTIVA	12	<i>terconazole vaginal</i>	54
SUTENT	20	<i>testosterone</i>	40
<i>syeda</i>	46	<i>testosterone cypionate</i>	41
SYLATRON KIT 200MCG	21	<i>testosterone enanthate</i>	41
SYLATRON KIT 300MCG	21	TETANUS/DIPHThERIA TOXOID.....	58
SYLATRON KIT 600MCG	21	TETRABENAZINE.....	39
SYMBICORT	64	<i>texacort soln 2.5%</i>	67
SYMLINPEN 120.....	41	THALOMID.....	56
SYMLINPEN 60	41	<i>theo-24</i>	65
SYNAGIS.....	58	<i>theophylline</i>	65
SYNAREL.....	47	<i>thioridazine hcl</i>	36
SYNERCID	11	<i>thiothixene</i>	36
SYNRIBO.....	21	<i>tiagabine hcl</i>	31
SYNTHROID	50	TIGECYCLINE	11
SYPRINE.....	44	TILIA FE	46
T		<i>timolol maleate</i>	25
TABLOID	18	<i>timolol maleate (ophth) soln</i>	62
<i>tacrolimus</i>	57	TIMOLOL MALEATE GEL.....	62
<i>tacrolimus (topical)</i>	67	TIVICAY	12
TAFINLAR	20	<i>tizanidine hcl</i>	39
		TOBRADEX	61

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

TOBRADEX ST	61	<i>trifluoperazine hcl</i>	36
<i>tobramycin</i>	9	<i>trifluridine</i>	61
<i>tobramycin (ophth)</i>	61	<i>triklo</i>	24
<i>tobramycin inj 1.2 gm/30ml</i>	9	<i>tri-legest 28 day</i>	46
<i>tobramycin inj 1.2gm</i>	9	<i>tri-linyah</i>	46
<i>tobramycin inj 10mg/ml</i>	9	<i>tri-lo marzia</i>	46
<i>tobramycin inj 40mg/ml</i>	9	<i>tri-lo-estarylla</i>	46
<i>tobramycin inj 80mg/2ml</i>	9	<i>tri-lo-sprintec 28 day</i>	46
<i>tobramycin-dexamethasone</i>	61	<i>trilyte</i>	52
TOBREX.....	61	<i>trimethoprim</i>	11
<i>tolterodine tartrate</i>	54	<i>trimipramine maleate</i>	33
<i>topiramate</i>	31	TRINESSA.....	46
<i>toposar</i>	22	TRINESSA LO TAB.....	47
<i>topotecan hcl</i>	22	TRINTELLIX.....	33
TOPOTECAN HCL.....	22	<i>tri-previfem 28 day</i>	46
<i>torse mide tabs</i>	26	TRISENOX	21
TOUJEO SOLOSTAR.....	41	<i>tri-sprintec 28 day</i>	46
TOVIAZ.....	54	TRIUMEQ.....	13
TPN ELECTROLYTES	58	<i>trivora 28 day</i>	47
TRACLEER	27	TROPHAMINE INJ 10%.....	59
TRADJENTA.....	43	<i>tropium chloride</i>	54
<i>tramadol hcl</i>	7	TRULICITY	41
<i>tramadol-acetaminophen</i>	7	TRUMENBA.....	58
<i>trandolapril</i>	22	TRUVADA TAB 100-150	13
<i>tranexamic acid</i>	55	TRUVADA TAB 133-200	13
TRANSDERM-SCOP.....	51	TRUVADA TAB 167-250	13
<i>tranylcyromine sulfate</i>	33	TRUVADA TAB 200-300	13
TRAVASOL.....	59	TWINRIX INJ	58
TRAVATAN Z	62	TYBOST.....	12
<i>trazodone hcl</i>	33	TYGACIL.....	11
TREANDA.....	17	TYKERB.....	21
TRECTOR	13	TYPHIM VI	58
TRELSTAR DEP INJ 3.75MG	20	TYSABRI.....	39
TRELSTAR LA INJ 11.25MG.....	20	TYZEKA.....	14
TRESIBA FLEXTOUCH.....	41		
<i>tretinoin</i>	65	U	
TRETINOIN	65	ULORIC.....	7
<i>tretinoin (chemotherapy)</i>	21	UNITHROID.....	50
<i>triamcinolone acetonide (mouth)</i>	68	UPTRAVI.....	27
<i>triamcinolone acetonide (topical)</i>	67	<i>ursodiol</i>	52
<i>triamterene & hydrochlorothiazide</i>	26		
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	26	V	
<i>triderm</i>	67	<i>valacyclovir hcl</i>	14
		VALCHLOR.....	67

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

VALCYTE	14	VOSEVI	14
<i>valganciclovir hcl</i>	14	VOTRIENT	21
<i>valproate sodium</i>	31	VRAYLAR	37
<i>valproic acid</i>	31	VRAYLAR THERAPY PACK	37
<i>valsartan</i>	23	<i>vyfemla 28 day</i>	47
<i>valsartan & hctz tab</i>	23	W	
<i>vancomycin hcl</i>	11	<i>warfarin sodium</i>	54
VANCOMYCIN IN NAACL	11	WELCHOL	24
VANDAZOLE	54	X	
VAQTA	58	XALKORI	21
VARIVAX	58	XARELTO	54
VASCEPA	24	XARELTO STARTER PACK	54
VELCADE	19	XATMEP	56
<i>velivet 28 day</i>	47	XELJANZ	56
VEMLIDY	14	XELJANZ XR	56
VENCLEXTA	19	XGEVA	49
VENCLEXTA STARTING PACK	19	XIFAXAN	52
<i>venlafaxine hcl</i>	33	XIGDUO XR TAB 10-1000MG	43
VENTAVIS	28	XIGDUO XR TAB 10-500MG	43
VENTOLIN HFA	63	XIGDUO XR TAB 5-1000MG	43
<i>verapamil cap er</i>	25	XIGDUO XR TAB 5-500MG	43
VERAPAMIL CAP ER	25	XOLAIR	64
<i>verapamil hcl</i>	25	XTANDI	20
<i>verapamil tab er</i>	25	<i>xulane dis 150-35</i>	47
VERSACLOZ	37	XYREM	40
VESICARE	54	Y	
<i>vestura</i>	47	YERVOY	19
VICTOZA	41	YF-VAX	58
VIDEX PEDIATRIC	12	<i>yuvafem vaginal tablet 10 mcg</i>	48
<i>vienva 28 day</i>	47	Z	
<i>vigabatrin powd pack</i>	31	<i>zafirlukast</i>	64
VIGAMOX	61	<i>zarah</i>	47
VIIBRYD STARTER PACK	33	ZAVESCA	47
VIIBRYD TAB	33	ZEJULA	19
VIMPAT	31	ZELBORAF	21
<i>vinblastine sulfate</i>	18	ZEMAIRA	64
<i>vincasar</i>	18	<i>zenatane</i>	65
<i>vincristine sulfate</i>	18	<i>zenchent 28 day</i>	47
<i>vinorelbine tartrate</i>	18	ZENPEP	53
<i>viorele</i>	47	ZEPATIER	14
VIRACEPT	12	ZERIT	13
VIRAMUNE	12		
VIREAD	12		
<i>voriconazole</i>	11		

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

ZIAGEN	13	ZONTIVITY	55
<i>zidovudine</i>	13	ZORTRESS TAB 0.25MG	57
<i>zidovudine cap 100mg</i>	13	ZORTRESS TAB 0.5MG.....	57
<i>zidovudine syp 50mg/5ml</i>	13	ZORTRESS TAB 0.75MG	57
<i>ziprasidone hcl</i>	37	ZOSTAVAX	58
ZIRGAN	61	<i>zovia 1/35e 28 day</i>	47
<i>zoledronic acid</i>	43	<i>zovia 1/50e 28 day</i>	47
<i>zoledronic inj 4mg/5ml</i>	43	ZYDELIG.....	21
ZOLINZA.....	19	ZYKADIA	21
<i>zolmitriptan</i>	39	ZYLET	61
<i>zolmitriptan odt</i>	39	ZYPREXA RELPREVV	37
<i>zolpidem tartrate</i>	38	ZYPREXA RELPREVV INJ 210MG.....	37
<i>zonisamide</i>	31	ZYTIGA	20

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