



Network Health Medicare Advantage Plans

NetworkCares Pharmacy (PPO SNP)

Network Health Medicare Explore (HMO)

2019 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 19339, 20

This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Network Health Medicare Advantage Plans' customer services, at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit networkhealth.com.

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 Network Health Insurance Corporation. When it refers to "plan" or "our plan," it means Network Health Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/22/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Y0108_1836-01-0819_C

2019 Part D Formulary (Comprehensive)

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Network Health Medicare Advantage Plans 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 Network Health Medicare Advantage Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Network Health Medicare Advantage Plans’ Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

2019 Part D Formulary (Comprehensive)

The enclosed formulary is current as of 10/22/2019. 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. In limited instances, our plan may make changes to the formulary during the year which would reduce or discontinue coverage of a drug. Examples of this include removing dosage forms from the formulary; changing a preferred drug to a non-preferred drug even though a less expensive generic drug is not available and adding new prior authorization. If you are taking a medication that is affected by one of these changes you will receive notification in your monthly Part D Explanation of Benefits (EOB) and a separate letter will be mailed to you notifying you of the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on page number 9. 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 110. 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?

Network Health Medicare Advantage Plans 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:** Network Health Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Health Medicare Advantage Plans limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Network Health Medicare Advantage Plans 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.

2019 Part D Formulary (Comprehensive)

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. 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 Network Health Medicare Advantage Plans 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 Network Health Medicare Advantage Plans’ 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 service and ask if your drug is covered.

If you learn that Network Health Medicare Advantage Plans does not cover your drug, you have two options:

- You can ask customer service 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 our plan 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 Network Health Medicare Advantage Plans’ 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, Network Health Medicare Advantage Plans 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 ~~10~~ 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, tiering or utilization restriction exception. **When you request a formulary tiering 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can get an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

For more detailed information about your Network Health Medicare Advantage Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Network Health Medicare Advantage Plans, 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>.

Network Health Medicare Advantage Plans' Formulary

The formulary below 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

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

The information in the Requirements/Limits column tells you if Network Health Medicare Advantage Plans has any special requirements for coverage of your drug.

Legend

PA	Prior Authorization
STEP	Step Therapy
QL	Quantity Limit
B/D PA	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call customer service at 800-316-3107, 24 hours a day/seven days a week. TTY users should call 800-899-2114.

2019 Part D Formulary (Comprehensive)

NetworkCares This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost-share may be less. For more information, consult your Evidence of Coverage.				
	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1*	\$0, \$1.25, \$3.40, \$4, 15%	\$0, \$1.25, \$3.40, \$10, 15%	\$0, \$1.25, \$3.40, \$6, 15%	\$0, \$1.25, \$3.40, \$15, 15%
Tier 2*	\$0, \$1.25, \$3.40, \$8, 15%	\$0, \$1.25, \$3.40, \$20, 15%	\$0, \$1.25, \$3.40, \$14, 15%	\$0, \$1.25, \$3.40, \$35, 15%
Tier 3*	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$42, 15%	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$105, 15%	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$47, 15%	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$118, 15%
Tier 4*	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$84, 15%	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$210, 15%	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$91, 15%	\$0, \$1.25, \$3.40, \$3.80, \$8.50, \$228, 15%
Tier 5*	\$0, \$1.25, \$3.40, \$3.80, \$8.50, 15%, 25%	N/A	\$0, \$1.25, \$3.40, \$3.80, \$8.50, 15%, 25%	N/A
*During the deductible stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$400 for your drugs. Depending on your income level, your actual deductible and cost-share amounts may be less.				

2019 Part D Formulary (Comprehensive)

Network Health Medicare Explore This table defines the standard copay structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, you will pay the following cost-share. For more information, consult your Evidence of Coverage.				
	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3*	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	\$28%	N/A	28%	N/A
*During the deductible stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$260 for your drugs. Depending on your income level, your actual deductible and cost-share amounts may be less.				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES			<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	2	
ANTIFUNGAL AGENTS			<i>itraconazole 100 mg capsule</i>	2	PA
ABELCET	5	B/D PA	<i>itraconazole 10 mg/ml solution</i>	5	PA
AMBISOME	5	B/D PA	<i>ketoconazole 200 mg tablet</i>	2	
<i>amphotericin b 50 mg vial</i>	4	B/D PA	MYCAMINE	5	
CANCIDAS	5	B/D PA	NOXAFIL 40 MG/ML SUSPENSION	5	QL (600 PER 30 DAYS)
<i>caspofungin acetate</i>	5	B/D PA	NOXAFIL DR 100 MG TABLET	5	QL (240 PER 30 DAYS)
<i>clotrimazole 10 mg troche</i>	2		<i>nystatin (150mm unit powder(ea), 500mm unit powder(ea), 500k unit tablet, 100000/ml oral susp)</i>	2	
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	5		ORAVIG	4	
ERAXIS (WATER DILUENT)	5		<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	5	
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2		SPORANOX 10 MG/ML SOLUTION	5	PA
<i>fluconazole in dextrose, iso-osmotic</i>	2		<i>terbinafine hcl 250 mg tablet</i>	2	
<i>fluconazole in sodium chloride, iso-osmotic (in 200mg/0.1l pggybk btl, in 200mg/0.1l piggyback, in 400mg/0.2l pggybk btl, in 400mg/0.2l piggyback)</i>	2		TOLSURA	5	PA
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5		<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>	5	
<i>griseofulvin ultramicrosize</i>	4		<i>voriconazole 200 mg vial</i>	2	
			ANTIVIRALS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	2		<i>didanosine</i>	2	
			DOVATO	5	
<i>abacavir sulfate/lamivudine</i>	5		EDURANT	5	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5		<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	2	
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	2		EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
<i>acyclovir sodium (50 mg/ml vial, 500 mg vial)</i>	2	B/D PA	<i>entecavir</i>	5	
<i>adefovir dipivoxil</i>	5		EPCLUSA	5	PA; QL (28 PER 28 DAYS)
<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	2		EPIVIR HBV 25 MG/5 ML SOLN	3	
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5		EVOTAZ	5	
<i>atazanavir sulfate</i>	5		<i>famciclovir 125 mg tablet</i>	2	QL (10 PER 5)
ATRIPLA	5		<i>famciclovir 250 mg tablet</i>	2	QL (60 PER 30)
BARACLUDE 0.05 MG/ML SOLUTION	4		<i>famciclovir 500 mg tablet</i>	2	QL (30 PER 10)
BIKTARVY	5		<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)
<i>cidofovir 75 mg/ml vial</i>	5	B/D PA	FUZEON 90 MG VIAL	5	
CIMDUO	5		<i>ganciclovir sodium (500mg/10ml vial, 500 mg vial)</i>	2	B/D PA
COMPLERA	5		GENVOYA	5	
CRIVAN	3		HARVONI 90-400 MG TABLET	5	PA; QL (28 PER 28 DAYS)
DELSTRIGO	5		INTELENCE (100 MG TABLET, 200 MG TABLET)	5	
DESCOVY	5				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 25 MG TABLET	3		NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	4	
INVIRASE	5		ODEFSEY	5	
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5		<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	2	
ISENTRESS 25 MG TABLET CHEW	3		PIFELTRO	5	
ISENTRESS HD	5		PREVYMIS (240 MG/12 ML VIAL, 240 MG TABLET, 480 MG TABLET, 480 MG/24 ML VIAL)	5	
JULUCA	5		PREZCOBIX	5	
KALETRA 100-25 MG TABLET	4		PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	5	
KALETRA 200-50 MG TABLET	5		PREZISTA (75 MG TABLET, 150 MG TABLET)	4	
<i>lamivudine (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2		REBETOL 40 MG/ML SOLUTION	4	
<i>lamivudine/zidovudine</i>	2		RELENZA	4	
<i>ledipasvir/sofosbuvir</i>	5	PA; QL (28 PER 28 DAYS)	RESCRIPTOR	4	
LEXIVA 50 MG/ML SUSPENSION	3		RETROVIR 200 MG/20 ML VIAL	3	
<i>lopinavir/ritonavir</i>	5		REYATAZ 50 MG POWDER PACKET	5	
MAVYRET	5	PA; QL (84 PER 28 DAYS)	RIBASPHERE 200 MG CAPSULE	2	
MODERIBA	4		RIBASPHERE 600 MG TABLET	5	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tablet 24h, 200 mg tablet)</i>	2				
<i>nevirapine 400 mg tablet 24h</i>	4				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RIBASPHERE RIBAPAK	5		TIVICAY 10 MG TABLET	4	
RIBATAB 600-600 MG DOSEPACK	5		TRIUMEQ	5	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2		TROGARZO	5	
<i>ribavirin 6 g vial-neb</i>	5		TRUVADA	5	
<i>rimantadine hcl</i>	2		TYBOST	3	
<i>ritonavir</i>	3		<i>valacyclovir hcl 1000 mg tablet</i>	2	QL (120 PER 30 DAYS)
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5		<i>valacyclovir hcl 500 mg tablet</i>	2	QL (60 PER 30)
SELZENTRY 25 MG TABLET	4		<i>valganciclovir hcl 50 mg/ml soln recon</i>	5	QL (1080 PER 30 DAYS)
<i>sofosbuvir/velpatasvir</i>	5	PA; QL (28 PER 28 DAYS)	<i>valganciclovir hcl 450 mg tablet</i>	5	QL (120 PER 30 DAYS)
SOVALDI 400 MG TABLET	5	PA; QL (28 PER 28 DAYS)	VEMLIDY	5	QL (30 PER 30 DAYS)
<i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2		VIDEX	4	
STRIBILD	5		VIDEX EC 125 MG CAPSULE	4	
SYMFI	5		VIEKIRA PAK	5	PA
SYMFI LO	5		VIRACEPT	5	
SYMTUZA	5		VIRAMUNE 50 MG/5 ML SUSP	4	
SYNAGIS	5	LA	VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	
<i>tenofovir disoproxil fumarate</i>	5		VITEKTA	5	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5		VOSEVI	5	PA; QL (28 PER 28 DAYS)
			XOFLUZA	3	
			ZEPATIER	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZIAGEN 20 MG/ML SOLUTION	4		cefepime hcl in dextrose 5 % in water	2	
zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)	2		cefepime hcl in iso-osmotic dextrose	2	
CEPHALOSPORINS			cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)	2	
AVYCAZ	5		cefotaxime sodium	3	
cefaclor (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 375 mg/5ml susp recon, 500 mg tablet 12h, 500 mg capsule)	2		cefotetan disodium	2	
cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)	2		cefotetan disodium in iso-osmotic dextrose	2	
cefazolin sodium (1 g vial, 1 g vial port, 10 g vial, 20 g vial, 100 g bulkbaging, 300g bulkbaging, 500 mg vial)	3		cefoxitin sodium	3	
cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose, iso 1 g/50 ml froz.piggy, sodium/dextrose, iso 1 g/50 ml piggyback, sodium/dextrose, iso 2 g/50 ml piggyback)	3		cefoxitin sodium/dextrose, iso-osmotic	3	
cefazolin sodium/dextrose, iso 2 g/100 ml froz.piggy	4		cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)	2	
cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)	2		cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)	2	
cefepime hcl (1 g vial, 2 g vial)	2		ceftazidime (1 g vial, 2 g vial, 6 g vial)	3	
			ceftazidime in dextrose 5% and water	3	
			ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 100 g bulkbaging, 250 mg vial, 500 mg vial)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium in iso-osmotic dextrose (in 1 g/50 ml piggyback, in 1 g/50 ml froz.piggy, in 2 g/50 ml piggyback, in 2 g/50 ml froz.piggy)</i>	3		<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet)</i>	2	
<i>cefuroxime axetil</i>	2		DIFICID	5	PA; QL (20 PER 10)
<i>cefuroxime sodium</i>	3		E.E.S. 400	2	
<i>cephalexin (125 mg/5ml susp recon, 250 mg tablet, 250 mg capsule, 250 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 750 mg capsule)</i>	2		ERY-TAB DR 250 MG TABLET	4	
			ERY-TAB DR 333 MG TABLET	2	
			ERY-TAB DR 500 MG TABLET	3	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	4		ERYPED 200	4	
			ERYPED 400	4	
TAZICEF (1 GRAM VIAL, 1 GM ADD-VANTAGE VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	4		ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	
TEFLARO	5		ERYTHROCIN STEARATE	2	
ZERBAXA	5		<i>erythromycin base (250 mg capsule dr, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	2	
ERYTHROMYCINS / OTHER MACROLIDES			<i>erythromycin base 250 mg tablet</i>	4	
<i>azithromycin (1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	2		<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)</i>	2	
<i>azithromycin (500 mg vial port, 500 mg vial)</i>	3		MISCELLANEOUS ANTIINFECTIVES		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>albendazole 200 mg tablet</i>	5	QL (120 PER 30 DAYS)	CLEOCIN 900 MG-D5W-GALAXY	4	
ALBENZA	5	QL (120 PER 30 DAYS)	<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	2	
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3		<i>clindamycin palmitate hcl</i>	2	
<i>amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)</i>	3		<i>clindamycin phosphate (150 mg/ml vial, 300 mg/2ml vial port, 600 mg/4ml vial port, 900mg/6ml vial port)</i>	3	
ARIKAYCE	5	LA	<i>clindamycin phosphate in 0.9 % sodium chloride</i>	3	
<i>atovaquone</i>	5		<i>clindamycin phosphate/dextrose 5 % in water</i>	3	
<i>atovaquone/proguanil hcl</i>	2		COARTEM	3	
AZACTAM-ISO-OSMOTIC DEXTROSE	4		<i>colistin (colistimethate na) 150 mg vial</i>	2	
<i>aztreonam</i>	3		<i>cycloserine 250 mg capsule</i>	4	
BACIIM	2		DALVANCE	5	
<i>bacitracin 50000 unit vial</i>	2		<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>benznidazole</i>	3		<i>daptomycin</i>	5	
BETHKIS	5	B/D PA; QL (224 PER 28)	DARAPRIM	3	
BILTRICIDE	4		DORIBAX 500 MG VIAL	4	
CAPASTAT SULFATE	4		<i>doripenem</i>	4	
CAYSTON	5	LA	EMVERM	5	
<i>chloramphenicol sod succinate</i>	2		<i>ertapenem sodium</i>	3	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	2		<i>ethambutol hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)	3		linezolid in dextrose 5 % in water	5	
gentamicin sulfate in sodium chloride, iso-osmotic (in 60 mg/50ml piggyback, in 80 mg/50ml piggyback, in 80mg/100ml piggyback, in 100mg/0.1l piggyback, in 100mg/50ml piggyback, in 120mg/0.1l piggyback)	3		mefloquine hcl	2	
gentamicin sulfate/pf 20 mg/2 ml vial	3		meropenem	4	
hydroxychloroquine sulfate 200 mg tablet	2		meropenem in 0.9 % sodium chloride	4	
imipenem/cilastatin sodium	3		METRO IV	4	
INVANZ (1 GM VIAL, 1 GM ADD-VANTAGE VIAL)	4		metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)	2	
isoniazid (50 mg/5 ml solution, 100 mg/ml vial, 100 mg tablet, 300 mg tablet)	2		metronidazole in sodium chloride	4	
ivermectin 3 mg tablet	2		NEBUPENT	4	B/D PA
KITABIS PAK	5		neomycin sulfate 500 mg tablet	2	
KRINTAFEL	4		ORBACTIV	5	
LINCOCIN	4		paromomycin sulfate 250 mg capsule	4	
lincomycin hcl 300 mg/ml vial	2		PASER	4	
linezolid (100 mg/5ml susp recon, 600 mg tablet)	5		PENTAM 300	4	
linezolid in 0.9 % sodium chloride	5		pentamidine isethionate 300 mg vial	3	
			polymyxin b sulfate	2	
			praziquantel 600 mg tablet	3	
			PRIFTIN	3	
			primaquine phosphate	4	
			pyrazinamide 500 mg tablet	2	
			quinine sulfate 324 mg capsule	2	
			rifabutin	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rifampin (150 mg capsule, 300 mg capsule, 600 mg vial)</i>	2		<i>amoxicillin (125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i>	2	
RIFATER	4				
SIRTURO	5	LA			
SIVEXTRO (200 MG VIAL, 200 MG TABLET)	5				
SOLOSEC	4		<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	2	
<i>streptomycin sulfate 1 g vial</i>	4				
SYNERCID	5				
<i>tigecycline</i>	5				
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	2				
TOBI PODHALER	5	QL (224 PER 28)			
<i>tobramycin in 0.225 % sodium chloride</i>	5	B/D PA; QL (280 PER 28)			
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	4				
TRECATOR	4				
TYGACIL	5				
VABOMERE	4		<i>ampicillin sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	3	
XIFAXAN 200 MG TABLET	3	QL (9 PER 3)			
XIFAXAN 550 MG TABLET	5	QL (60 PER 30 DAYS)			
ZEMDRI	5				
ZYVOX 600 MG/300 ML-D5W	5				
PENICILLINS					

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin sodium/sulbactam sodium (sodium/sulbactam 1.5 g vial port, sodium/sulbactam 1.5 g vial, sodium/sulbactam 3 g vial, sodium/sulbactam 3 g vial port, sodium/sulbactam 15 g vial)</i>	3		<i>penicillin g potassium/dextrose-water</i>	3	
			<i>penicillin g procaine</i>	3	
			<i>penicillin g sodium</i>	3	
			<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 mg tablet)</i>	2	
<i>ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	2		PFIZERPEN	3	
AUGMENTIN 125-31.25 MG/5 ML	4		<i>piperacillin sodium/tazobactam sodium (sodium/tazobactam 2.25 g vial port, sodium/tazobactam 2.25 g vial, sodium/tazobactam 3.375 g vial, sodium/tazobactam 3.375 g vial port, sodium/tazobactam 4.5 g vial, sodium/tazobactam 4.5 g vial port, sodium/tazobactam 13.5 g vial, sodium/tazobactam 40.5 g vial)</i>	3	
BICILLIN C-R	4				
BICILLIN L-A	4				
<i>dicloxacillin sodium</i>	2				
<i>nafcillin in dextrose, iso-osmotic</i>	4				
<i>nafcillin sodium 10 g vial</i>	5				
<i>nafcillin sodium (1 g vial port, 1 g vial, 2 g vial port, 2 g vial)</i>	4				
<i>oxacillin sodium 10 g vial</i>	5				
<i>oxacillin sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial)</i>	4				
<i>oxacillin sodium in iso-osmotic dextrose</i>	4				
<i>penicillin g potassium</i>	3				
			QUINOLONES		
			AVELOX ABC PACK	4	
			BAXDELA (300 MG VIAL, 450 MG TABLET)	5	
			<i>ciprofloxacin</i>	2	
			<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
			<i>ciprofloxacin lactate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin lactate/dextrose 5 % in water</i>	3		SULFATRIM	2	
<i>levofloxacin (250mg/10ml solution, 250 mg tablet, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>	2		TETRACYCLINES		
<i>levofloxacin 25 mg/ml vial</i>	3		<i>demeclocycline hcl</i>	4	
<i>levofloxacin/dextrose 5 % in water</i>	3		DOXY 100	2	
<i>moxifloxacin hcl 400 mg tablet</i>	2		<i>doxycycline hyclate (20 mg tablet, 50 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg vial)</i>	2	
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	4		<i>doxycycline hyclate (50 mg tablet dr, 200 mg tablet dr)</i>	3	
<i>moxifloxacin hcl in sodium chloride, iso-osmotic</i>	4		<i>doxycycline hyclate (75 mg tablet dr, 100 mg tablet dr, 150 mg tablet dr)</i>	4	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	2		<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg tablet, 100 mg capsule, 150 mg tablet, 150 mg capsule)</i>	2	
SULFA'S / RELATED AGENTS			<i>doxycycline monohydrate 75 mg capsule</i>	4	
<i>sulfadiazine 500 mg tablet</i>	4		<i>minocycline hcl (45 mg tab er 24h, 135 mg tab er 24h)</i>	4	
<i>sulfamethoxazole/trime thoprim (sulfamethoxazole/trimethoprim 80-16mg/ml vial, sulfamethoxazole/trime thoprim 200-40mg/5 oral susp, sulfamethoxazole/trime thoprim 400mg-80mg tablet, sulfamethoxazole/trime thoprim 800-160/20 oral susp, sulfamethoxazole/trime thoprim 800-160 mg tablet)</i>	2		<i>minocycline hcl (50 mg tablet, 50 mg capsule, 75 mg capsule, 75 mg tablet, 90 mg tab er 24h, 100 mg capsule, 100 mg tablet)</i>	2	
			MONDOXYNE NL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUZYRA (100 MG VIAL, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD, 150 MG TABLET)	5		vancomycin hcl (1.25 g vial, 125 mg capsule, 250 mg vial)	4	
OKEBO 75 MG CAPSULE	4		vancomycin hcl 250 mg capsule	5	
ORACEA	4		vancomycin hcl (1 g vial, 1 g vial port, 1.5 g vial, 5 g vial, 10 g vial, 100 g bulkbagnj, 500 mg vial, 500 mg vial port, 750 mg vial port, 750 mg vial)	3	
tetracycline hcl 250 mg capsule	2		vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 750mg/.15l froz.piggy, vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 500mg/0.1l froz.piggy)	3	
tetracycline hcl 500 mg capsule	4		vancomycin/0.9 % sod chloride 750 mg/250 plast. bag	4	
VIBRAMYCIN 50 MG/5 ML SYRUP	4		vancomycin in 5 % dextrose in water (in 5 % 750mg/.15l froz.piggy, in 5 % 1g/200ml froz.piggy, in 5 % 500mg/0.1l froz.piggy)	3	
XERAVA	5		vancomycin hcl in 5 % dextrose 1.25 g/250 plast. bag	4	
URINARY TRACT AGENTS			VIBATIV	4	
methenamine hippurate	2		ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
methenamine mandelate (1 g tablet, 500 mg tablet)	2		ADJUNCTIVE AGENTS		
MONUROL	4		dexrazoxane hcl	5	B/D PA
nitrofurantoin 25 mg/5 ml oral susp	2		ELITEK	5	
nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)	2		KEPIVANCE	5	
nitrofurantoin monohydrate/macrocrystals	2				
PRIMSOL	3				
trimethoprim 100 mg tablet	2				
VANCOMYCIN					

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KHAPZORY	5	B/D PA	ALIMTA	5	B/D PA
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	2		ALIQOPA	5	B/D PA; LA
<i>leucovorin calcium (10 mg/ml vial, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	2	B/D PA	ALKERAN 2 MG TABLET	4	B/D PA
<i>levoleucovorin calcium (10 mg/ml vial, 50 mg vial, 175 mg vial)</i>	5		ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA; QL (30 PER 30 DAYS)
<i>mesna</i>	2	B/D PA	ALUNBRIG 30 MG TABLET	5	PA; LA; QL (180 PER 30 DAYS)
MESNEX 400 MG TABLET	5		<i>anastrozole 1 mg tablet</i>	2	
TOTECT	5	B/D PA	ARRANON	5	B/D PA
XGEVA	5	B/D PA	ASTAGRAF XL	4	B/D PA
ZINECARD 250 MG VIAL	5	B/D PA	AVASTIN	5	B/D PA
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			<i>azacitidine</i>	5	B/D PA
<i>abiraterone acetate</i>	5	QL (120 PER 30 DAYS)	AZASAN	3	B/D PA
ABRAXANE	5	B/D PA	<i>azathioprine 50 mg tablet</i>	2	B/D PA
ADRIAMYCIN (10 MG VIAL, 10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG/25 ML VIAL, 200 MG/100 ML VIAL)	2	B/D PA	<i>azathioprine sodium</i>	2	B/D PA
ADRUCIL	2	B/D PA	BALVERSA	5	PA; LA
AFINITOR	5	PA	BAVENCIO	5	
AFINITOR DISPERZ	5	PA	BELEODAQ	5	B/D PA
ALECENSA	5	PA; QL (240 PER 30 DAYS)	<i>bexarotene</i>	5	
			<i>bicalutamide</i>	2	
			BICNU	5	B/D PA
			<i>bleomycin sulfate</i>	2	B/D PA
			<i>bortezomib</i>	5	B/D PA
			BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA; QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOSULIF 100 MG TABLET	5	PA; QL (180 PER 30 DAYS)	cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5ml ampul)	2	B/D PA
BRAFTOVI	5	PA			
<i>busulfan</i>	5		cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule)	2	B/D PA
BUSULFEX	5	B/D PA			
CABOMETYX (20 MG TABLET, 60 MG TABLET)	5	PA; LA; QL (30 PER 30 DAYS)	CYRAMZA	5	B/D PA
CABOMETYX 40 MG TABLET	5	PA; LA; QL (60 PER 30 DAYS)	cytarabine	2	B/D PA
CALQUENCE	5	PA; LA; QL (60 PER 30 DAYS)	cytarabine/pf	2	B/D PA
CAPRELSA	5	LA	dacarbazine	2	B/D PA
<i>carboplatin (10 mg/ml vial, 150 mg vial)</i>	2	B/D PA	dactinomycin	5	B/D PA
<i>carmustine</i>	5	B/D PA	DARZALEX	5	B/D PA; LA
<i>cisplatin</i>	2	B/D PA	daunorubicin hcl (5 mg/ml vial, 20 mg vial)	2	B/D PA
<i>cladribine</i>	5	B/D PA	DAURISMO	5	PA
<i>clofarabine</i>	5		decitabine	5	B/D PA
COMETRIQ	5		docetaxel (20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8ml vial, 160mg/16ml vial, 200mg/10ml vial)	5	B/D PA
COPIKTRA	5	PA; LA			
COSMEGEN	5	B/D PA	doxorubicin hcl (2 mg/ml vial, 10 mg vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg vial, 50 mg/25ml vial)	2	B/D PA
COTELLIC	5	PA; LA; QL (63 PER 21 DAYS)	doxorubicin hcl pegylated liposomal	5	B/D PA
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	4	B/D PA	DROXIA	3	
<i>cyclophosphamide (1 g vial, 2 g vial, 500 mg vial)</i>	2	B/D PA	ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT)	3		<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	2	B/D PA
			<i>fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)</i>	2	B/D PA
ELLECE	5	B/D PA	<i>flutamide</i>	2	
EMCYT	3		FOLOTYN	5	B/D PA
EMPLICITI	5	B/D PA	<i>fulvestrant</i>	5	B/D PA
ENVARUSUS XR	4	B/D PA	<i>gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 200 mg vial, 200mg/5.26 vial)</i>	5	B/D PA
<i>epirubicin hcl 200mg/0.1l vial</i>	2	B/D PA	GENGRAF 25 MG CAPSULE	2	B/D PA
ERBITUX 100 MG/50 ML VIAL	5	B/D PA	GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)	4	B/D PA
ERIVEDGE	5	QL (28 PER 28 DAYS)	GILOTRIF	5	PA
ERLEADA	5	PA	GLEOSTINE	4	
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA; QL (30 PER 30 DAYS)	HALAVEN	5	B/D PA
<i>erlotinib hcl 25 mg tablet</i>	5	PA; QL (90 PER 30 DAYS)	HERCEPTIN 150 MG VIAL	5	
ERWINAZE	5	B/D PA	HERCEPTIN 440 MG VIAL	5	B/D PA
ETOPOPHOS	3	B/D PA	HERCEPTIN HYLECTA	5	
<i>etoposide 20 mg/ml vial</i>	2	B/D PA	<i>hydroxyurea 500 mg capsule</i>	2	
<i>exemestane</i>	2		IBRANCE	5	QL (30 PER 30 DAYS)
FARESTON	5		ICLUSIG	5	PA; QL (60 PER 30 DAYS)
FARYDAK	5				
FASLODEX	5	B/D PA			
FIRMAGON	4	B/D PA			
<i>floxuridine 500 mg vial</i>	2	B/D PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>idarubicin hcl</i>	2	B/D PA	KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	5	B/D PA
IDHIFA	5	PA; LA; QL (30 PER 30 DAYS)	KISQALI	5	QL (90 PER 30 DAYS)
<i>ifosfamide (1 g/20 ml vial, 1 g vial, 3 g/60 ml vial, 3 g vial)</i>	2	B/D PA	KISQALI FEMARA CO-PACK	5	QL (91 PER 28 DAYS)
<i>imatinib mesylate</i>	5	PA; QL (90 PER 30 DAYS)	KYPROLIS	5	B/D PA
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	5	QL (120 PER 30 DAYS)	LARTRUVO 190 MG/19 ML VIAL	5	LA
IMBRUVICA 70 MG CAPSULE	5	QL (240 PER 30 DAYS)	LARTRUVO 500 MG/50 ML VIAL	5	B/D PA; LA
IMBRUVICA (420 MG TABLET, 560 MG TABLET)	5	QL (30 PER 30 DAYS)	LENVIMA	5	
IMBRUVICA 280 MG TABLET	5	QL (60 PER 30 DAYS)	<i>letrozole 2.5 mg tablet</i>	2	
IMFINZI	5	LA	LEUKERAN	3	
INFUGEM	5	B/D PA	<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial)</i>	2	
INLYTA	5	QL (120 PER 30 DAYS)	LIBTAYO	5	
INREBIC	5		LONSURF 15 MG-6.14 MG TABLET	5	PA; QL (300 PER 30 DAYS)
IRESSA	5	PA; QL (60 PER 30 DAYS)	LONSURF 20 MG-8.19 MG TABLET	5	PA; QL (240 PER 30 DAYS)
<i>irinotecan hcl</i>	2	B/D PA	LORBRENA	5	PA
ISTODAX	5	B/D PA	LUMOXITI	5	PA
IXEMPRA	5	B/D PA	LUPRON DEPOT	5	
JAKAFI	5	QL (60 PER 30 DAYS)	LUPRON DEPOT (LUPANETA)	5	
JEVTANA	5	B/D PA	LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	5	
KADCYLA	5	B/D PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA	5	PA; QL (120 PER 30 DAYS)	<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	2	B/D PA
LYSODREN	3		<i>mycophenolate mofetil hcl</i>	2	B/D PA
MARQIBO	4		<i>mycophenolate sodium</i>	2	B/D PA
MATULANE	5		MYLOTARG	5	B/D PA
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp, 625mg/5ml oral susp)</i>	2		NERLYNX	5	PA; LA; QL (240 PER 30 DAYS)
MEKINIST	5	PA	NEXAVAR	5	PA; LA
MEKTOVI	5	PA; LA	<i>nilutamide</i>	5	
<i>melphalan</i>	3	B/D PA	NINLARO	5	QL (3 PER 28 DAYS)
<i>melphalan hcl</i>	5	B/D PA	NIPENT	5	B/D PA
<i>mercaptopurine 50 mg tablet</i>	2		NUBEQA	5	PA
<i>methotrexate 250 mg/10 ml vial - 1655959</i>	2	B/D PA	NULOJIX	5	B/D PA
<i>methotrexate 250 mg/10ml - 1946772</i>	2	B/D PA	<i>octreotide acetate (50 mcg/ml vial, 50 mcg/ml ampul, 50 mcg/ml syringe, 100 mcg/ml ampul, 100 mcg/ml vial, 100 mcg/ml syringe, 200 mcg/ml vial)</i>	2	
<i>methotrexate sodium 2.5 mg tablet</i>	2	B/D PA	<i>octreotide acetate (500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	5	
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	2	B/D PA	ODOMZO	5	LA; QL (30 PER 30 DAYS)
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	2	B/D PA	ONCASPAR	5	B/D PA
<i>mitoxantrone hcl</i>	2	B/D PA	ONIVYDE	4	B/D PA
MUSTARGEN	3	B/D PA	OPDIVO	5	B/D PA
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	B/D PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial)</i>	3	B/D PA	SANDIMMUNE 100 MG/ML SOLN	4	B/D PA
<i>paclitaxel</i>	2	B/D PA	SANDOSTATIN LAR DEPOT	5	
PERJETA	5	B/D PA	SIGNIFOR	5	
PIQRAY	5	PA	SIGNIFOR LAR	5	
POLIVY	5	PA	SIKLOS	5	
POMALYST	5	QL (90 PER 30 DAYS)	SIMULECT 20 MG VIAL	3	B/D PA
POTELIGEO	5	PA	<i>sirolimus 1 mg/ml solution</i>	4	B/D PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	4	B/D PA	<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	B/D PA
PURIXAN	5		SOLTAMOX	3	
RAPAMUNE 1 MG/ML ORAL SOLN	4	B/D PA	SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	5	
REVLIMID	5	LA; QL (28 PER 28 DAYS)	SPRYCEL (20 MG TABLET, 50 MG TABLET)	5	PA; QL (90 PER 30 DAYS)
RITUXAN 100 MG/10 ML VIAL	5		SPRYCEL (70 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA; QL (30 PER 30 DAYS)
RITUXAN 500 MG/50 ML VIAL	5	B/D PA	SPRYCEL 80 MG TABLET	5	PA; QL (60 PER 30 DAYS)
RITUXAN 10 MG/ML VIAL - 1657864	5	B/D PA	STIVARGA	5	PA; QL (112 PER 28 DAYS)
RITUXAN HYCELA	5	B/D PA	SUPPRELIN LA	4	
<i>romidepsin</i>	5	B/D PA	SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE)	5	QL (28 PER 28 DAYS)
RUBRACA (200 MG TABLET, 300 MG TABLET)	5	PA; QL (120 PER 30 DAYS)			
RYDAPT	5	PA; QL (240 PER 30 DAYS)			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUTENT 37.5 MG CAPSULE	5	QL (56 PER 28 DAYS)	TORISEL	5	B/D PA
SYLVANT	5	B/D PA	TREANDA (25 MG VIAL, 100 MG VIAL)	5	B/D PA
SYNRIBO	5	B/D PA	TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	B/D PA
TABLOID	3		tretinoin 10 mg capsule	5	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	2	B/D PA	TREXALL	3	B/D PA
TAFINLAR	5	PA	TRIPTODUR	5	PA
TAGRISSE	5	PA; LA; QL (30 PER 30 DAYS)	TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	5	B/D PA
TALZENNA	5	PA	TURALIO	5	PA
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2		TYKERB	5	PA; LA
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	PA; QL (30 PER 30 DAYS)	<i>valrubicin</i>	3	B/D PA
TARCEVA 25 MG TABLET	5	PA; QL (90 PER 30 DAYS)	VECTIBIX 100 MG/5 ML VIAL	5	B/D PA
TARGRETIN 1% GEL	5		VELCADE	5	B/D PA
TASIGNA	5	PA; QL (120 PER 30 DAYS)	VENCLEXTA 10 MG TABLET	4	PA; LA; QL (60 PER 30 DAYS)
TECENTRIQ	5	B/D PA; LA	VENCLEXTA 100 MG TABLET	5	PA; LA; QL (120 PER 30 DAYS)
<i>temsirolimus</i>	5	B/D PA	VENCLEXTA 50 MG TABLET	4	PA; LA; QL (30 PER 30 DAYS)
THALOMID	5		VENCLEXTA STARTING PACK	5	PA; LA
<i>thiotepa 15 mg vial</i>	5	B/D PA	VERZENIO	5	LA; QL (60 PER 30 DAYS)
TIBSOVO	5	PA	<i>vinblastine sulfate</i>	2	B/D PA
TOPOSAR	2	B/D PA	VINCASAR PFS	2	B/D PA
<i>topotecan hcl (4 mg/4 ml vial, 4 mg vial)</i>	5	B/D PA	<i>vincristine sulfate</i>	2	B/D PA
<i>toremifene citrate</i>	5				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>vinorelbine tartrate</i>	2	B/D PA	ZYKADIA (150 MG TABLET, 150 MG CAPSULE)	5	PA; QL (150 PER 30 DAYS)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA; LA	ZYTIGA	5	QL (120 PER 30 DAYS)
VIZIMPRO	5	PA; QL (30 PER 30 DAYS)	AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
VOTRIENT	5	QL (120 PER 30 DAYS)			
VYXEOS	5	B/D PA	ANTICONVULSANTS		
XALKORI	5	PA	APTOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30); STEP
XATMEP	5	B/D PA	APTOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30); STEP
XERMELO	5		BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	STEP
XOSPATA	5	PA; LA	BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS); STEP
XPOVIO	5	LA	BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS); STEP
XTANDI	5	QL (120 PER 30 DAYS)	BRIVIACT 50 MG/5 ML VIAL	4	STEP
YERVOY	5	B/D PA	<i>carbamazepine (100 mg tab er 12h, 100 mg cpmp 12hr, 100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet, 200 mg tab er 12h, 200 mg cpmp 12hr, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	2	
YONDELIS	5	B/D PA	CELONTIN	3	STEP
YONSA	5		<i>clobazam 2.5 mg/ml oral susp</i>	3	QL (480 PER 30 DAYS)
ZALTRAP	5	B/D PA			
ZANOSAR	3	B/D PA			
ZEJULA	5	PA; LA; QL (90 PER 30 DAYS)			
ZELBORAF	5	PA; QL (240 PER 30 DAYS)			
ZOLADEX	4	B/D PA			
ZOLINZA	5				
ZORTRESS	5	B/D PA			
ZYDELIG	5	QL (60 PER 30 DAYS)			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	3	QL (60 PER 30 DAYS)	FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	STEP
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tablet, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet)</i>	3		<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg/6ml solution, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	2	
DIASTAT	4		GRALISE	4	
DIASTAT ACUDIAL	4		LAMICTAL XR (BLUE)	4	STEP
<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	3		LAMICTAL XR (GREEN)	4	STEP
DILANTIN 30 MG CAPSULE	3	STEP	LAMICTAL XR (ORANGE)	4	STEP
<i>divalproex sodium (125 mg tablet dr, 125 mg cap dr spr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tablet dr, 500 mg tab er 24h)</i>	2		<i>lamotrigine (25 mg tab er 24, 25 mg tab rapdis, 50 mg tab rapdis, 50 mg tab er 24, 100 mg tab er 24, 100 mg tab rapdis, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24)</i>	4	
EPIDIOLEX	5	PA; LA	<i>lamotrigine (5 mg tb chw dsp, 25(84)-100 tab ds pk, 25 mg tablet, 25(42)-100 tab ds pk, 25mg (35) tab ds pk, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet, 300 mg tab er 24)</i>	2	
EPITOL	2				
EQUETRO	4	STEP			
<i>ethosuximide (250 mg/5ml solution, 250 mg capsule)</i>	2				
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	4				
<i>fosphenytoin sodium</i>	2				
FYCOMPA 0.5 MG/ML ORAL SUSP	5	STEP			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 500 mg tablet, 500 mg/5ml vial, 750 mg tablet, 1000 mg tablet)</i>	2		<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	3	
<i>levetiracetam in sodium chloride, iso-osmotic</i>	4		<i>phenobarbital sodium</i>	3	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)	<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	2	
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (120 PER 30 DAYS)	<i>phenytoin sodium 50 mg/ml vial</i>	2	
			<i>phenytoin sodium extended</i>	2	
			<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	QL (60 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)	<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	2	QL (120 PER 30 DAYS)
LYRICA CR	4	PA; QL (30 PER 30 DAYS)			
ONFI 2.5 MG/ML SUSPENSION	5		<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	5	QL (60 PER 30 DAYS)	<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	2		QUDEXY XR	4	PA
			ROWEEPRA	2	
OXTELLAR XR	4	STEP	ROWEEPRA XR	2	
PEGANONE	3		SABRIL 500 MG TABLET	5	LA; QL (180 PER 30 DAYS)
			SPRITAM	4	STEP
			SYMPAZAN	5	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tiagabine hcl</i>	3		<i>benztropine mesylate</i> (0.5 mg tablet, 1 mg tablet, 2 mg/2 ml vial, 2 mg/2 ml ampul, 2 mg tablet)	2	
<i>topiramate</i> (25 mg cap spr 24, 50 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24, 200 mg cap spr 24)	4	PA	<i>bromocriptine mesylate</i> 5 mg capsule	4	
<i>topiramate</i> (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	2	PA	<i>bromocriptine mesylate</i> 2.5 mg tablet	2	
TROKENDI XR	4	PA	<i>carbidopa</i> 25 mg tablet	4	
<i>valproic acid</i> 250 mg capsule	2		<i>carbidopa/levodopa</i> (<i>carbidopa/levodopa</i> 10mg-100mg tab rapdis, <i>carbidopa/levodopa</i> 10mg-100mg tablet, <i>carbidopa/levodopa</i> 25mg-250mg tab rapdis, <i>carbidopa/levodopa</i> 25mg-250mg tablet, <i>carbidopa/levodopa</i> 25mg-100mg tab rapdis, <i>carbidopa/levodopa</i> 25mg-100mg tablet er, <i>carbidopa/levodopa</i> 25mg-100mg tablet, <i>carbidopa/levodopa</i> 50mg-200mg tablet er)	2	
<i>valproic acid</i> (as sodium salt) (<i>valproate sodium</i>) (salt) 250 mg/5ml solution, salt) 500 mg/5ml vial, salt) 500mg/10ml solution)	2		<i>carbidopa/levodopa/en tacapone</i>	4	
<i>vigabatrin</i> 500 mg powd pack	5	LA; QL (180 PER 30 DAYS)	DUOPA	4	B/D PA
<i>vigabatrin</i> 500 mg tablet	5	LA	<i>entacapone</i>	2	
VIMPAT 150 MG TABLET	3	STEP	GOCOVRI ER 137 MG CAPSULE	5	QL (60 PER 30 DAYS)
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 200 MG/20 ML VIAL, 200 MG TABLET)	4	STEP	GOCOVRI ER 68.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
<i>zonisamide</i> (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	PA	INBRIJA	5	
ANTIPARKINSONISM AGENTS			NEUPRO	4	
APOKYN	5	LA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OSMOLEX ER	4		AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA; QL (2 PER 30 DAYS)
<i>pramipexole di-hcl 1.5 mg tab er 24h</i>	4		AIMOVIG AUTOINJECTOR (2 PACK)	4	PA; QL (2 PER 30 DAYS)
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.375 mg tab er 24h, 0.5 mg tablet, 0.75 mg tab er 24h, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	2		AJOVY	4	PA; QL (1 PER 30 DAYS)
<i>rasagiline mesylate (0.5 mg tablet, 1 mg tablet)</i>	3		<i>almotriptan malate</i>	2	QL (9 PER 30)
<i>ropinirole hcl 12 mg tab er 24h</i>	4		<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	2	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tablet, 4 mg tab er 24h, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h)</i>	2		<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	5	QL (8 PER 28)
RYTARY	4		<i>eletriptan hydrobromide</i>	2	QL (9 PER 30 DAYS)
<i>selegiline hcl (5 mg tablet, 5 mg capsule)</i>	2		EMGALITY PEN	4	PA; QL (2 PER 30 DAYS)
<i>tolcapone</i>	5		EMGALITY 120 MG/ML SYRINGE	4	PA; QL (2 PER 30 DAYS)
XADAGO	5		EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	4	PA; QL (3 PER 30 DAYS)
ZELAPAR	5		ERGOMAR	4	
MIGRAINE / CLUSTER HEADACHE THERAPY			<i>ergotamine tartrate/caffeine</i>	2	
AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA; QL (1 PER 30 DAYS)	<i>frovatriptan succinate</i>	2	QL (27 PER 28)
			MIGERGOT	2	
			<i>naratriptan hcl</i>	2	QL (9 PER 30)
			ONZETRA XSAIL	4	QL (32 PER 28); STEP
			RELPAX	4	QL (9 PER 30); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	2	QL (36 PER 28)	<i>dalfampridine 10 mg tab er 12h</i>	5	PA; QL (60 PER 30 DAYS)
<i>sumatriptan 20 mg spray</i>	4	QL (12 PER 30)	<i>donepezil hcl 23 mg tablet</i>	4	STEP
<i>sumatriptan 5 mg spray</i>	4	QL (36 PER 30)	<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)</i>	2	
<i>sumatriptan succinate (4 mg/0.5ml pen injctr, 4 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml vial)</i>	3	QL (8 PER 28)	EXONDYS 51	5	PA
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (9 PER 30)	FIRDAPSE	5	PA
<i>sumatriptan succinate/naproxen sodium</i>	2	QL (18 PER 30 DAYS)	<i>galantamine hbr (4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	2	
TREXIMET 10-60 MG TABLET	4	QL (18 PER 28 DAYS); STEP	GILENYA 0.5 MG CAPSULE	5	QL (30 PER 30 DAYS)
ZEMBRACE SYMTOUCH	5	STEP	<i>glatiramer acetate</i>	5	
<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	2	QL (9 PER 30)	GLATOPA	5	
ZOMIG (2.5 MG SPRAY, 5 MG SPRAY)	4	QL (18 PER 28); STEP	HORIZANT	4	STEP
MISCELLANEOUS NEUROLOGICAL THERAPY			INGREZZA	5	LA; QL (30 PER 30 DAYS)
AMPYRA	5	PA; LA; QL (60 PER 30 DAYS)	INGREZZA INITIATION PACK	5	LA; QL (28 PER 28 DAYS)
AUBAGIO	5	PA; QL (30 PER 30 DAYS)	KEVEYIS	5	
AUSTEDO	5	PA; LA	LUCEMYRA	5	PA
			MAVENCLAD	5	PA; LA
			MAYZENT (0.25 MG TABLET, 2 MG TABLET)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 7 mg cap spr 24, 10 mg tablet, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	2	PA	<i>baclofen (10 mg tablet, 20 mg tablet)</i>	2	
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	4	PA	<i>baclofen 5 mg tablet</i>	4	
NAMENDA XR TITRATION PACK	4	PA	<i>baclofen (20k mcg/20 vial, 10000/20ml vial, 40000/20ml vial)</i>	4	B/D PA
NAMZARIC (7 MG-10 MG CAPSULE, 14 MG-10 MG CAPSULE, 21 MG-10 MG CAPSULE, 28 MG-10 MG CAPSULE, TITRATION PACK)	4	PA	<i>chlorzoxazone</i>	3	PA
NUEDEXTA	3	PA	<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	3	PA
OCREVUS	5	PA; LA	<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
ONPATTRO	5	PA; LA	GABLOFEN (MCG/20 ML VIAL, MCG/20 ML SYRG)	4	B/D PA
RADICAVA	5		LIORESAL INTRATHECAL	4	B/D PA
<i>rivastigmine</i>	2		MESTINON 60 MG/5 ML SYRUP	5	
<i>rivastigmine tartrate</i>	2		<i>orphenadrine citrate 100 mg tablet er</i>	3	PA
RUZURGI	5	PA	<i>orphenadrine citrate (30 mg/ml ampul, 30 mg/ml vial)</i>	3	
TECFIDERA	5		<i>pyridostigmine bromide 60 mg/5 ml syrup</i>	5	
TEGSEDI	5	PA; LA	<i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	5	PA; QL (90 PER 30 DAYS)	<i>pyridostigmine bromide 30 mg tablet</i>	4	
<i>tetrabenazine 25 mg tablet</i>	5	PA; QL (120 PER 30 DAYS)	<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	
TYSABRI	5	PA; LA			
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			NARCOTIC ANALGESICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABSTRAL	5	PA; QL (120 PER 30 OVER TIME)	<i>buprenorphine hcl (0.3 mg/ml cartridge, 0.3 mg/ml vial)</i>	2	QL (266 PER 30 OVER TIME)
<i>acetaminophen with codeine 120-12mg/5 solution</i>	2	QL (4500 PER 30 OVER TIME)	<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	2	
<i>acetaminophen with codeine 300mg/12.5 solution</i>	2	QL (4500 PER 30)	BUTRANS	4	QL (4 PER 28 OVER TIME)
<i>acetaminophen with codeine 300mg-60mg tablet</i>	2	QL (180 PER 30 OVER TIME)	<i>codeine sulfate</i>	2	QL (180 PER 30 OVER TIME)
<i>acetaminophen with codeine phosphate (300mg-30mg tablet, 300mg-15mg tablet)</i>	2	QL (360 PER 30 OVER TIME)	DURAMORPH 10 MG/10 ML AMPUL	2	QL (2000 PER 30 OVER TIME)
<i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	2	QL (300 PER 30 OVER TIME)	DURAMORPH 5 MG/10 ML AMPUL	2	QL (4000 PER 30 OVER TIME)
ALLZITAL	4	QL (360 PER 30)	EMBEDA (ER 20-0.8 MG CAPSULE, ER 30-1.2 MG CAPSULE, ER 50-2 MG CAPSULE)	4	QL (90 PER 30 OVER TIME)
<i>aspirin/caffeine/dihydrocodeine bitartrate</i>	2	QL (300 PER 30 OVER TIME)	EMBEDA (ER 60-2.4 MG CAPSULE, ER 80-3.2 MG CAPSULE, ER 100-4 MG CAPSULE)	5	QL (90 PER 30 OVER TIME)
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM)	4	QL (60 PER 30 OVER TIME)	ENDOCET	2	QL (360 PER 30 OVER TIME)
BELBUCA (750 MCG FILM, 900 MCG FILM)	3	QL (60 PER 30 OVER TIME)	<i>fentanyl (12 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	2	QL (10 PER 30 OVER TIME)
BUPRENEX	4	QL (266 PER 30 OVER TIME)	<i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72)</i>	4	QL (10 PER 30 OVER TIME)
<i>buprenorphine (5 mcg/hr patch tdwk, 10 mcg/hr patch tdwk, 15 mcg/hr patch tdwk, 20 mcg/hr patch tdwk)</i>	3	QL (4 PER 28 OVER TIME)	<i>fentanyl 25 mcg/hr patch td72</i>	2	QL (10 PER 30 DAYS)
<i>buprenorphine 7.5 mcg/hr patch tdwk</i>	3	QL (4 PER 28 DAYS)	<i>fentanyl 87.5mcg/hr patch td72</i>	5	QL (10 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl citrate (100 mcg tablet eff, 200 mcg lozenge hd, 200 mcg tablet eff, 400 mcg lozenge hd, 400 mcg tablet eff, 600 mcg tablet eff, 600 mcg lozenge hd, 800 mcg tablet eff, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	5	PA; QL (120 PER 30 OVER TIME)	<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet)</i>	2	QL (390 PER 30 OVER TIME)
<i>fentanyl citrate/pf (citrate/pf 50 mcg/ml ampul, citrate/pf 50 mcg/ml vial, citrate/pf 100mcg/2ml cartridge, citrate/pf 100mcg/2ml syringe)</i>	2	QL (400 PER 30 OVER TIME)	<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
FENTORA	5	PA; QL (120 PER 30 OVER TIME)			
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution, hydrocodone/acetaminophen 5-163/7.5 solution, hydrocodone/acetaminophen 7.5-325/15 solution, hydrocodone/acetaminophen 10-325/15 solution)</i>	2	QL (5550 PER 30 OVER TIME)	<i>hydrocodone/ibuprofen</i>	2	QL (50 PER 30 OVER TIME)
			<i>hydromorphone hcl (1 mg/ml syringe, 1 mg/ml cartridge, 1 mg/ml ampul)</i>	2	QL (300 PER 30 DAYS)
			<i>hydromorphone hcl (4 mg/ml cartridge, 4 mg/ml ampul)</i>	2	QL (75 PER 30 OVER TIME)
			<i>hydromorphone hcl 1 mg/ml liquid</i>	2	QL (2400 PER 30 OVER TIME)
			<i>hydromorphone hcl (2 mg/ml syringe, 2 mg/ml cartridge)</i>	2	QL (1200 PER 30 OVER TIME)
			<i>hydromorphone hcl 0.5mg/.5ml syringe</i>	4	QL (300 PER 30 DAYS)
			<i>hydromorphone hcl (16 mg tab er 24h, 32 mg tab er 24h)</i>	5	QL (60 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h)</i>	2	QL (60 PER 30 OVER TIME)	LAZANDA 400 MCG NASAL SPRAY	5	PA; QL (30 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)	<i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i>	5	QL (120 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg/ml ampul, 2 mg/ml vial)</i>	2	QL (150 PER 30 DAYS)	LORCET	2	QL (360 PER 30 OVER TIME)
<i>hydromorphone hcl/pf (hcl/pf 2 mg/ml ampul, hcl/pf 2 mg/ml vial)</i>	2	QL (150 PER 30 OVER TIME)	LORCET HD	2	QL (360 PER 30 OVER TIME)
<i>hydromorphone hcl/pf (hcl/pf 10 mg/ml ampul, hcl/pf 10 mg/ml vial)</i>	2	QL (240 PER 30 OVER TIME)	LORCET PLUS	2	QL (360 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 1 mg/ml vial</i>	4	QL (2400 PER 30 OVER TIME)	LORTAB 10 MG-300 MG/15 ML ELXR	4	QL (6000 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 4 mg/ml vial</i>	2	QL (75 PER 30 OVER TIME)	LORTAB (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	2	QL (360 PER 30 OVER TIME)
HYSINGLA ER (ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	4	QL (60 PER 30 OVER TIME)	MARGESIC	2	QL (360 PER 30 OVER TIME)
HYSINGLA ER (ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET)	5	QL (60 PER 30 OVER TIME)	<i>methadone hcl 10 mg/5 ml solution</i>	2	QL (600 PER 30 OVER TIME)
HYSINGLA ER 20 MG TABLET	4	QL (150 PER 30 OVER TIME)	<i>methadone hcl 5 mg/5 ml solution</i>	2	QL (1200 PER 30 OVER TIME)
<i>ibuprofen/oxycodone hcl</i>	2	QL (28 PER 30 OVER TIME)	<i>methadone hcl 10 mg/ml syringe</i>	2	QL (160 PER 30)
KADIAN (ER 40 MG CAPSULE, ER 200 MG CAPSULE)	4	QL (90 PER 30 OVER TIME)	<i>methadone hcl (10 mg/ml oral conc, 10 mg tablet)</i>	2	QL (120 PER 30 OVER TIME)
LAZANDA 100 MCG NASAL SPRAY	5	PA; QL (45 PER 30 OVER TIME)	<i>methadone hcl 5 mg tablet</i>	2	QL (240 PER 30 OVER TIME)
LAZANDA 300 MCG NASAL SPRAY	5	PA; QL (23 PER 30 OVER TIME)	<i>methadone hcl 10 mg/ml vial</i>	2	QL (150 PER 30 OVER TIME)
			METHADONE INTENSOL	2	QL (120 PER 30 OVER TIME)
			METHADOSE 10 MG/ML ORAL CONC	2	QL (120 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MORPHABOND ER (ER 15 MG TABLET, ER 30 MG TABLET)	4	QL (120 PER 30 OVER TIME)	<i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
MORPHABOND ER 100 MG TABLET	5	QL (60 PER 30 OVER TIME)	<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 200 mg tablet er)</i>	2	QL (120 PER 30 OVER TIME)
MORPHABOND ER 60 MG TABLET	4	QL (100 PER 30 OVER TIME)	<i>morphine sulfate 10 mg/ml vial</i>	2	QL (200 PER 30 DAYS)
<i>morphine sulfate (10 mg cap er pel, 20 mg cap er pel, 30 mg cap er pel, 50 mg cap er pel, 60 mg cap er pel, 80 mg cap er pel, 100 mg cap er pel)</i>	2	QL (90 PER 30 OVER TIME)	<i>morphine sulfate 2 mg/ml vial</i>	4	QL (1000 PER 30 OVER TIME)
<i>morphine sulfate 40 mg cap er pel</i>	3	QL (90 PER 30 OVER TIME)	<i>morphine sulfate/0.9% nacl/pf 5 mg/ml plast. bag</i>	4	
<i>morphine sulfate 10 mg/ml cartridge</i>	4	QL (200 PER 30 DAYS)	<i>morphine sulfate/pf 150mg/30ml pca vial</i>	2	QL (400 PER 30 OVER TIME)
<i>morphine sulfate 2 mg/ml cartridge</i>	2	QL (1000 PER 30 DAYS)	<i>morphine sulfate/pf (sulfate/pf 1 mg/ml vial, sulfate/pf 30 mg/30ml pca vial)</i>	2	QL (2000 PER 30 DAYS)
<i>morphine sulfate 4 mg/ml cartridge</i>	2	QL (500 PER 30 DAYS)	<i>morphine sulfate/pf 0.5 mg/ml vial</i>	2	QL (4000 PER 30 OVER TIME)
<i>morphine sulfate (30 mg cpmp 24hr, 90 mg cpmp 24hr, 100 mg tablet er, 120 mg cpmp 24hr)</i>	2	QL (60 PER 30 OVER TIME)	<i>nalbuphine hcl (10 mg/ml vial, 10 mg/ml ampul)</i>	2	QL (200 PER 30 OVER TIME)
<i>morphine sulfate (45 mg cpmp 24hr, 60 mg cpmp 24hr, 75 mg cpmp 24hr)</i>	4	QL (60 PER 30 OVER TIME)	<i>nalbuphine hcl (20 mg/ml vial, 20 mg/ml ampul)</i>	2	QL (100 PER 30 OVER TIME)
<i>morphine sulfate (10 mg/5 ml solution, 20 mg/5 ml solution, 100 mg/5ml solution)</i>	2	QL (900 PER 30 OVER TIME)	OPANA ER (ER 5 MG TABLET, ER 10 MG TABLET, ER 15 MG TABLET)	4	QL (90 PER 30 OVER TIME)
<i>morphine sulfate 10 mg/ml syringe</i>	4	QL (200 PER 30 OVER TIME)	<i>oxycodone hcl 5 mg/5 ml solution</i>	4	QL (1200 PER 30 OVER TIME)
<i>morphine sulfate 8 mg/ml syringe</i>	4	QL (250 PER 30 OVER TIME)	<i>oxycodone hcl (10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h, 60 mg tab er 12h)</i>	4	QL (90 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl 80 mg tab er 12h</i>	4	QL (60 PER 30 OVER TIME)	<i>oxymorphone hcl 5 mg tablet</i>	2	QL (180 PER 30 OVER TIME)
<i>oxycodone hcl (10mg/0.5ml syringe, 10 mg tablet, 15 mg tablet, 20 mg/ml oral conc, 20 mg tablet, 30 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)	PRIMLEV	4	QL (360 PER 30 OVER TIME)
			REPREXAIN 2.5-200 MG TABLET	2	QL (50 PER 30 DAYS)
			ROXYBOND (15 MG TABLET, 30 MG TABLET)	4	QL (180 PER 30 OVER TIME)
<i>oxycodone hcl (5 mg capsule, 5 mg tablet)</i>	2	QL (360 PER 30 OVER TIME)	ROXYBOND 5 MG TABLET	4	QL (360 PER 30 OVER TIME)
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet, hcl/acetaminophen 7.5-325 mg tablet, hcl/acetaminophen 10mg-325mg tablet)</i>	2	QL (360 PER 30 OVER TIME)	SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY)	5	PA; QL (120 PER 30 OVER TIME)
			SUBSYS 1,200 MCG SPRAY	5	PA; QL (56 PER 30 OVER TIME)
			SUBSYS 1,600 MCG SPRAY	5	PA; QL (42 PER 30 OVER TIME)
OXYCONTIN (ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	3	QL (90 PER 30 OVER TIME)	SYNALGOS-DC	4	QL (300 PER 30 OVER TIME)
			TREZIX	4	QL (300 PER 30 OVER TIME)
			VICODIN ES	2	QL (390 PER 30 OVER TIME)
<i>oxymorphone hcl (15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h)</i>	4	QL (90 PER 30 OVER TIME)	VICODIN HP	4	QL (390 PER 30 OVER TIME)
			XTAMPZA ER	4	QL (90 PER 30 OVER TIME)
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 40 mg tab er 12h)</i>	2	QL (90 PER 30 OVER TIME)	ZAMICET	2	QL (5550 PER 30 OVER TIME)
			ZOXYBOND ER	4	QL (90 PER 30 OVER TIME)
<i>oxymorphone hcl 10 mg tablet</i>	4	QL (360 PER 30 OVER TIME)	NON-NARCOTIC ANALGESICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BUNAVAIL (4.2-0.7 MG FILM, 6.3-1 MG FILM)	4	QL (60 PER 30)	<i>diclofenac potassium</i>	2	
BUNAVAIL 2.1-0.3 MG FILM	4	QL (30 PER 30)	<i>diclofenac sodium 1.5 % drops</i>	4	QL (300 PER 28 DAYS)
<i>buprenorphine hcl/naloxone hcl (/naloxone 4mg-1mg film, /naloxone 8 mg-2 mg film)</i>	2	QL (90 PER 30 DAYS)	<i>diclofenac sodium (1 % gel (gram), 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h)</i>	2	
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	2	QL (60 PER 30 DAYS)	<i>diclofenac sodium/misoprostol</i>	2	
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg film</i>	2	QL (360 PER 30 DAYS)	<i>diflunisal</i>	2	
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl</i>	2	QL (360 PER 30)	<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tablet, 500 mg tab er 24h, 600 mg tab er 24h)</i>	2	
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl</i>	2	QL (90 PER 30)	EVZIO 2 MG AUTO-INJECTOR	4	
<i>butorphanol tartrate 10 mg/ml spray</i>	2	QL (5 PER 28 OVER TIME)	<i>fenoprofen calcium 400 mg capsule</i>	4	
<i>butorphanol tartrate 1 mg/ml vial</i>	2	QL (857 PER 30 OVER TIME)	<i>fenoprofen calcium 600 mg tablet</i>	2	
<i>butorphanol tartrate 2 mg/ml vial</i>	2	QL (428 PER 30 OVER TIME)	FLECTOR	4	PA
CAMBIA	4	QL (9 PER 30)	<i>flurbiprofen (50 mg tablet, 100 mg tablet)</i>	2	
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2		IBU	2	
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	QL (30 PER 30 OVER TIME)	<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	2	
<i>diclofenac epolamine</i>	4	PA	INDOCIN 25 MG/5 ML SUSPENSION	4	PA
			INDOCIN 50 MG SUPPOSITORY	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ketoprofen (25 mg capsule, 200 mg cap24h pel)</i>	2		NUCYNTA 100 MG TABLET	4	QL (181 PER 30 OVER TIME)
KLOFENSAID II	4	QL (300 PER 28 DAYS)	NUCYNTA 50 MG TABLET	4	QL (362 PER 30 OVER TIME)
<i>meclofenamate sodium 100 mg capsule</i>	4		NUCYNTA 75 MG TABLET	4	QL (242 PER 30 OVER TIME)
<i>meclofenamate sodium 50 mg capsule</i>	2		NUCYNTA ER	4	QL (60 PER 30 OVER TIME)
<i>mefenamic acid 250 mg capsule</i>	2		<i>oxaprozin</i>	2	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	2		<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	2	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2		<i>salsalate (500 mg tablet, 750 mg tablet)</i>	2	
NALFON 400 MG CAPSULE	4		SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM)	4	QL (90 PER 30)
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)</i>	2		SUBOXONE 12 MG-3 MG SL FILM	4	QL (60 PER 30)
<i>naltrexone hcl 50 mg tablet</i>	2		SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (360 PER 30)
NAPRELAN CR 750 MG TABLET	4		<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	
<i>naproxen (125 mg/5ml oral susp, 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet dr, 500 mg tablet)</i>	2		TIVORBEX	4	PA
<i>naproxen sodium (275 mg tablet, 375 mg tbmp 24hr, 500 mg tbmp 24hr, 550 mg tablet)</i>	2		<i>tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)</i>	2	
NARCAN 4 MG NASAL SPRAY	3		<i>tramadol hcl (100 mg cpbp 25-75, 200 mg cpbp 25-75, 300 mg cpbp 17-83)</i>	4	QL (30 PER 30 OVER TIME)
			<i>tramadol hcl (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tbmp 24hr)</i>	2	QL (30 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl (100 mg tbmp 24hr, 200 mg tbmp 24hr, 300 mg tab er 24h)</i>	2	QL (30 PER 30)	<i>alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tab er 24h, 0.5 mg tablet, 1 mg tablet, 1 mg tab rapdis, 1 mg tab er 24h, 2 mg tab rapdis, 2 mg tablet, 2 mg tab er 24h, 3 mg tab er 24h)</i>	3	
<i>tramadol hcl 50 mg tablet</i>	2	QL (240 PER 30 OVER TIME)			
<i>tramadol hcl/acetaminophen</i>	2	QL (240 PER 30 OVER TIME)	ALPRAZOLAM INTENSOL	3	
VIMOVO	4				
VIVITROL	5		<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	PA
VIVLODEX	4		<i>amoxapine</i>	2	
ZIPSOR	4		<i>amphetamine sulfate</i>	3	PA
ZORVOLEX	4		APTENSIO XR	4	
ZUBSOLV (1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET)	4	QL (90 PER 30)	<i>aripiprazole 1 mg/ml solution</i>	2	QL (750 PER 30 DAYS)
ZUBSOLV (2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET)	4	QL (30 PER 30)	<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	QL (30 PER 30 DAYS)
ZUBSOLV 0.7-0.18 MG TABLET SL	4	QL (30 PER 30 DAYS)			
ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30)	<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	2	QL (60 PER 30 DAYS)
PSYCHOTHERAPEUTIC DRUGS			ARISTADA	5	
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG VL, ER 400 MG SYR)	5		ARISTADA INITIO	5	
ABILIFY MYCITE	5	QL (30 PER 30 DAYS)	<i>armodafinil</i>	3	PA
ADASUVE	4		<i>atomoxetine hcl</i>	2	
ADZENYS ER	4		BELSOMRA	4	STEP
ADZENYS XR-ODT	4				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl (75 mg tablet, 100 mg tablet, 150 mg tab er 24h, 150 mg tab er 12h, 300 mg tab er 24h)</i>	2		<i>clozapine (12.5 mg tab rapdis, 25 mg tablet, 25 mg tab rapdis, 50 mg tablet, 100 mg tablet, 100 mg tab rapdis, 200 mg tablet)</i>	2	
<i>bupropion hcl (100 mg tab sr 12h, 150 mg tab sr 12h, 200 mg tab sr 12h)</i>	1		<i>clozapine (150 mg tab rapdis, 200 mg tab rapdis)</i>	4	
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2		COTEMPLA XR-ODT	4	
BUTISOL SODIUM	4		DAYTRANA	4	
<i>chlorpromazine hcl (25 mg/ml ampul, 100 mg tablet)</i>	4		<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	2	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 200 mg tablet)</i>	2		<i>desvenlafaxine (50 mg tab er 24h, 50 mg tab er 24, 100 mg tab er 24h, 100 mg tab er 24)</i>	4	
<i>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	2		<i>desvenlafaxine succinate</i>	2	
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1		<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg cpbp 50-50, 25 mg cpbp 50-50, 30 mg cpbp 50-50, 35 mg cpbp 50-50, 40 mg cpbp 50-50)</i>	2	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule)</i>	3	PA	<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 20 mg cpbp 50-50)</i>	4	
<i>clomipramine hcl 75 mg capsule</i>	4	PA			
<i>clonidine hcl 0.1 mg tab er 12h</i>	2				
<i>clorazepate dipotassium</i>	3				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
dextroamphetamine sulf- saccharate/amphetami ne sulf-aspartate (dextroamphetamine/a mphetamine 5 mg cap er 24h, dextroamphetamine/am phetamine 5 mg tablet, dextroamphetamine/am phetamine 7.5 mg tablet, dextroamphetamine/am phetamine 10 mg cap er 24h, dextroamphetamine/am phetamine 10 mg tablet, dextroamphetamine/am phetamine 12.5 mg tablet, dextroamphetamine/am phetamine 15 mg cap er 24h, dextroamphetamine/am phetamine 15 mg tablet, dextroamphetamine/am phetamine 20 mg tablet, dextroamphetamine/am phetamine 20 mg cap er 24h, dextroamphetamine/am phetamine 25 mg cap er 24h, dextroamphetamine/am phetamine 30 mg tablet, dextroamphetamine/am phetamine 30 mg cap er 24h)	2		diazepam (2 mg tablet, 5 mg/5 ml solution, 5 mg/ml cartridge, 5 mg/ml syringe, 5 mg tablet, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet)	3	
			doxepin hcl (10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	3	PA
			duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 40 mg capsule dr, 60 mg capsule dr)	2	
			DYANAVEL XR	4	
			EDLUAR	4	STEP
			EMSAM	5	QL (30 PER 30 DAYS)
			ergoloid mesylates 1 mg tablet	2	
			escitalopram oxalate 5 mg/5 ml solution	2	
			escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
			eszopiclone	3	STEP
			EVEKEO	4	PA
			EVEKEO ODT	4	PA
dextroamphetamine sulfate (10 mg capsule er, 15 mg capsule er)	4				
dextroamphetamine sulfate (5 mg/5 ml solution, 5 mg tablet, 5 mg capsule er, 10 mg tablet)	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET, TITRATION PACK)	4	STEP	GEODON 20 MG/ML VIAL	4	
			<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	3	
			<i>guanidine hcl</i>	2	
FAZACLO (150 MG ODT, 200 MG ODT)	4		<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4		<i>haloperidol decanoate (50 mg/ml vial, 50 mg/ml ampul, 100 mg/ml ampul, 100 mg/ml vial)</i>	2	
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1		<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial, 5 mg/ml syringe, 5 mg/ml ampul)</i>	2	
<i>fluoxetine hcl (20 mg/5 ml solution, 90 mg capsule dr)</i>	2		HETLIOZ	5	PA; QL (30 PER 30 DAYS)
<i>fluoxetine hcl 60 mg tablet</i>	4		<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	PA
<i>fluphenazine decanoate 25 mg/ml vial</i>	2		<i>imipramine pamoate</i>	4	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg/5ml elixir, 2.5 mg tablet, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet)</i>	2		INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	4		INVEGA SUSTENNA 39 MG/0.25 ML	4	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2		INVEGA TRINZA	5	
FORFIVO XL	4		KHEDEZLA	4	
			LATUDA	5	QL (30 PER 30 DAYS); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate (150 mg capsule, 300 mg tablet er, 300 mg tablet, 300 mg capsule, 450 mg tablet er, 600 mg capsule)</i>	2		<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab chew, 10 mg tablet, 10 mg cpbp 30-70, 10 mg tab chew, 10 mg cpbp 50-50, 20 mg cpbp 30-70, 20 mg tablet, 20 mg cpbp 50-50, 30 mg cpbp 50-50, 30 mg cpbp 30-70, 40 mg cpbp 50-50, 40 mg cpbp 30-70, 50 mg cpbp 30-70, 60 mg cpbp 30-70, 60 mg cpbp 50-50)</i>	2	
<i>lithium citrate</i>	2				
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg/ml syringe, 2 mg/ml vial, 2 mg/ml cartridge, 2 mg/ml oral conc, 2 mg tablet, 4 mg/ml cartridge, 4 mg/ml vial)</i>	3				
LORAZEPAM INTENSOL	3		<i>methylphenidate hcl (10 mg tablet er, 10 mg/5 ml solution, 20 mg tablet er, 72 mg tab er 24)</i>	4	
<i>loxapine succinate</i>	2				
<i>maprotiline hcl</i>	2		<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	1	
MARPLAN	3		<i>mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)</i>	2	
METADATE ER	2		<i>modafinil</i>	3	PA
<i>methamphetamine hcl</i>	2	PA	<i>molindone hcl</i>	2	
<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24)</i>	2	QL (30 PER 30)	MYDAYIS	4	
<i>methylphenidate hcl 36 mg tab er 24</i>	2	QL (60 PER 30 DAYS)	<i>nefazodone hcl</i>	2	
			<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
			<i>nortriptyline hcl 10 mg/5 ml solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl 20 mg/10ml solution</i>	4		<i>paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	2	
NUPLAZID 34 MG CAPSULE	5	PA; QL (30 PER 30 DAYS)	<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
NUPLAZID 10 MG TABLET	5	PA; QL (60 PER 30 DAYS)	<i>paroxetine mesylate</i>	2	
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	2	QL (30 PER 30 DAYS)	PAXIL 10 MG/5 ML SUSPENSION	4	
<i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>	3	QL (30 PER 30 DAYS)	<i>pentobarbital sodium 50 mg/ml vial</i>	2	
<i>olanzapine 10 mg vial</i>	2		<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	2	
<i>olanzapine/fluoxetine hcl (olanzapine/fluoxetine 3 mg-25 mg capsule, olanzapine/fluoxetine 12mg-25mg capsule)</i>	2	STEP	PERSERIS	5	STEP
<i>olanzapine/fluoxetine hcl (olanzapine/fluoxetine 6mg-50mg capsule, olanzapine/fluoxetine 6mg-25mg capsule, olanzapine/fluoxetine 12mg-50mg capsule)</i>	4	STEP	PEXEVA	4	
<i>oxazepam</i>	3		<i>phenelzine sulfate 15 mg tablet</i>	2	
<i>paliperidone (3 mg tab er 24, 9 mg tab er 24)</i>	4	QL (30 PER 30 DAYS); STEP	<i>pimozide</i>	2	
<i>paliperidone 1.5 mg tab er 24</i>	2	STEP	PROCENTRA	2	
<i>paliperidone 6 mg tab er 24</i>	4	QL (60 PER 30 DAYS); STEP	<i>protriptyline hcl</i>	2	
			<i>quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)</i>	2	QL (30 PER 30 DAYS); STEP
			<i>quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)</i>	2	QL (60 PER 30 DAYS); STEP
			<i>quetiapine fumarate (300 mg tablet, 400 mg tablet)</i>	2	QL (60 PER 30 DAYS)
			<i>quetiapine fumarate (50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate 25 mg tablet</i>	2	QL (120 PER 30 DAYS)	<i>temazepam</i>	3	
QUILLICHEW ER	4		<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
QUILLIVANT XR	4		<i>thiothixene</i>	2	
<i>ramelteon</i>	3		<i>tranylcypromine sulfate</i>	4	
REXULTI	5	QL (30 PER 30 DAYS); STEP	<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1	
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR)	3		<i>trifluoperazine hcl</i>	2	
RISPERDAL CONSTA (37.5 MG SYR, 50 MG SYR)	5		<i>trimipramine maleate</i>	3	PA
<i>risperidone (0.25 mg tablet, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg/ml solution, 1 mg tablet, 2 mg tablet, 2 mg tab rapdis, 3 mg tablet, 4 mg tablet)</i>	2		TRINTELLIX	4	
<i>risperidone (3 mg tab rapdis, 4 mg tab rapdis)</i>	4		<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	2	
ROZEREM	4		<i>venlafaxine hcl (37.5 mg tab er 24, 75 mg tab er 24, 150 mg tab er 24)</i>	4	
SAPHRIS	4	STEP	VERSACLOZ	5	STEP
SECONAL SODIUM	3		VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	3	
<i>sertraline hcl 20 mg/ml oral conc</i>	2		VRAYLAR 1.5 MG-3 MG PACK	4	STEP
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1		VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS); STEP
SILENOR	4				
SUNOSI	4	PA; QL (30 PER 30 DAYS)			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VYVANSE (10 MG CHEWABLE TABLET, 10 MG CAPSULE, 20 MG CAPSULE, 20 MG CHEWABLE TABLET, 30 MG CAPSULE, 30 MG CHEWABLE TABLET, 40 MG CHEWABLE TABLET, 40 MG CAPSULE, 50 MG CAPSULE, 50 MG CHEWABLE TABLET, 60 MG CAPSULE, 60 MG CHEWABLE TABLET, 70 MG CAPSULE)	3		ZYPREXA RELPREVV 210 MG VL KIT	3	
			CARDIOVASCULAR, HYPERTENSION / LIPIDS		
			ANTIARRHYTHMIC AGENTS		
			<i>adenosine (3 mg/ml syringe, 3 mg/ml vial)</i>	2	
			<i>amiodarone hcl (100 mg tablet, 150 mg/3ml syringe, 200 mg tablet, 400 mg tablet)</i>	2	
			<i>amiodarone hcl 50 mg/ml vial</i>	2	B/D PA
XYREM	5	PA; LA; QL (540 PER 30 DAYS)	<i>dofetilide</i>	2	
<i>zaleplon</i>	3	STEP	<i>flecainide acetate</i>	2	
ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4		<i>ibutilide fumarate</i>	2	
ZENZEDI (5 MG TABLET, 10 MG TABLET)	2		<i>lidocaine hcl in dextrose 5% in water/pf</i>	2	
<i>ziprasidone hcl</i>	2		<i>lidocaine hcl/pf (hcl/pf 20 mg/ml ampul, hcl/pf 20 mg/ml vial, hcl/pf 50 mg/5 ml syringe, hcl/pf 100 mg/5ml syringe)</i>	2	
<i>zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i>	3	STEP	<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	2	
<i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)</i>	3	PA; QL (20 PER 30)	MULTAQ	3	
ZYPREXA RELPREVV (300 MG VL KIT, 405 MG VL KIT)	5		NEXTERONE	4	B/D PA
			NORPACE CR	4	
			PACERONE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>procainamide hcl (100 mg/ml vial, 500 mg/ml vial)</i>	2		<i>amlodipine besylate/olmesartan medoxomil</i>	2	
<i>propafenone hcl 225 mg cap er 12h</i>	4		<i>amlodipine besylate/valsartan</i>	2	
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i>	2		<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hydrochlorothiazide 10mg-160mg tablet, amlodipine/valsartan/hydrochlorothiazide 10-320-25 tablet, amlodipine/valsartan/hydrochlorothiazide 10-160-25 tablet)</i>	4	
<i>quinidine gluconate (80 mg/ml vial, 324 mg tablet er)</i>	2		<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hydrochlorothiazide 5-160-25mg tablet, amlodipine/valsartan/hydrochlorothiazide 5-160-12.5 tablet)</i>	2	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	2		<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
SORINE	2		<i>atenolol/chlorthalidone</i>	2	
<i>sotalol hcl</i>	2		<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
SOTYLIZE	4				
ANTIHYPERTENSIVE THERAPY					
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	2				
ALDACTAZIDE 50-50 TABLET	4	STEP			
<i>aliskiren hemifumarate</i>	4				
<i>amiloride hcl 5 mg tablet</i>	2				
<i>amiloride hcl/hydrochlorothiazide</i>	2				
<i>amlodipine besylate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1				
<i>amlodipine besylate/benazepril hcl</i>	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hcl/hydrochlorothiazide (benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10-12.5mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet)</i>	2		CARDENE I.V. (CARDENE-DEX 20 MG/200 ML SOLN, CARDENE-NACL 20 MG/200 ML SOLN, CARDENE-NACL 40 MG/200 ML IV)	4	
			CARDIZEM LA 120 MG TABLET	4	
			CARDURA XL	4	
			CAROSPIR	5	STEP
			CARTIA XT	2	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2		<i>carvedilol</i>	2	
BIDIL	3		<i>carvedilol phosphate</i>	3	
<i>bisoprolol fumarate</i>	2		<i>chlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2		<i>chlorothiazide sodium</i>	2	
			<i>chlorthalidone</i>	2	
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2		<i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk)</i>	2	
BYSTOLIC	4		<i>clonidine 0.3mg/24hr patch tdwk</i>	4	
<i>candesartan cilexetil</i>	1		<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2		DEMSER	5	
<i>captopril (12.5 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4		DILT-XR	2	
<i>captopril 25 mg tablet</i>	1				
<i>captopril/hydrochlorothiazide</i>	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl (5 mg/ml vial, 30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 100 mg vial port, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg tab er 24h, 180 mg cap sa 24h, 240 mg cap sa 24h, 240 mg tab er 24h, 240 mg cap er deg, 240 mg cap er 24h, 300 mg cap sa 24h, 300 mg cap er 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 420 mg cap sa 24h)	2		enalapril maleate/hydrochlorothiazide (enalapril/hydrochlorothiazide 5mg-12.5mg tablet, enalapril/hydrochlorothiazide 10 mg-25mg tablet)	2	
DIURIL	4		enalaprilat dihydrate	2	
doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)	2		EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3	
DUTOPROL	4		eplerenone	2	STEP
DYRENIUM 100 MG CAPSULE	3		eprosartan mesylate	2	
DYRENIUM 50 MG CAPSULE	4		esmolol hcl in sodium chloride, iso-osmotic	2	
EDARBI	4		ethacrynate sodium	5	
EDARBYCLOR	4		ethacrynic acid	3	
enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1		felodipine	2	
			fosinopril sodium	1	
			fosinopril sodium/hydrochlorothiazide	2	
			furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
			furosemide (10 mg/ml syringe, 10 mg/ml solution, 10 mg/ml vial, 40mg/5ml solution)	2	
			hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)	1		metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml cartridge, 5 mg/5 ml vial, 37.5 mg tablet, 75 mg tablet)	2	
indapamide	2		metoprolol tartrate/hydrochlorothiazide	2	
INNOPRAN XL	3		minoxidil (2.5 mg tablet, 10 mg tablet)	2	
irbesartan	1		moexipril hcl	1	
irbesartan/hydrochlorothiazide	1		nadolol (20 mg tablet, 40 mg tablet)	2	
isradipine	2		nadolol 80 mg tablet	4	
labetalol hcl (5 mg/ml vial, 20 mg/4 ml syringe, 20 mg/4 ml cartridge, 100 mg tablet, 200 mg tablet, 300 mg tablet)	2		nadolol/bendroflumethiazide	2	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1		nicardipine hcl (20 mg capsule, 25 mg/10ml vial, 25 mg/10ml ampul, 30 mg capsule)	2	
lisinopril/hydrochlorothiazide	1		NIFEDICAL XL	2	
losartan potassium	1		nifedipine (30 mg tablet er 24, 30 mg tablet er, 60 mg tablet er, 60 mg tablet er 24, 90 mg tablet er 24, 90 mg tablet er)	2	
losartan potassium/hydrochlorothiazide	1		nimodipine	5	
mannitol (20 % iv soln, 25 % vial)	2		nisoldipine (8.5mg tablet er 24h, 17 mg tablet er 24h, 25.5 mg tablet er 24h, 30 mg tablet er 24h, 34 mg tablet er 24h, 40 mg tablet er 24h)	2	
MATZIM LA	2		nisoldipine 20 mg tablet er 24h	4	
metolazone	2		nitroprusside sodium	2	
metoprolol succinate	1		olmesartan medoxomil	1	
metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	2		<i>quinapril hcl/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2		<i>ramipril</i>	1	
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5		REMODULIN	5	B/D PA; LA
ORENITRAM ER 0.125 MG TABLET	4		RESECTISOL	4	
OSMITROL (15% IV SOLUTION, 20% IV SOLUTION)	2		<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>perindopril erbumine</i>	1		<i>spironolactone/hydrochlorothiazide</i>	2	
<i>phenoxybenzamine hcl 10 mg capsule</i>	5		TAZTIA XT	2	
<i>pindolol</i>	2		TEKTURNA	4	
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	2		TEKTURNA HCT	4	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg/5 ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg tablet, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	2		<i>telmisartan (40 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol hcl/hydrochlorothiazide</i>	2		<i>telmisartan 20 mg tablet</i>	2	
QBRELIS	4		<i>telmisartan/amlodipine besylate</i>	2	
<i>quinapril hcl</i>	1		<i>telmisartan/hydrochlorothiazide</i>	2	
			<i>terazosin hcl</i>	2	
			<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
			<i>torseamide</i>	2	
			<i>trandolapril</i>	1	
			<i>trandolapril/verapamil hcl</i>	2	
			<i>treprostinil sodium</i>	5	B/D PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene (50 mg capsule, 100 mg capsule)</i>	3		<i>verapamil hcl (2.5 mg/ml ampul, 2.5 mg/ml vial, 2.5 mg/ml syringe, 40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg tablet er, 180 mg cap24h pel, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel)</i>	2	
<i>triamterene/hydrochlorothiazide (triamterene/hydrochlorothiazid 37.5-25 mg capsule, triamterene/hydrochlorothiazid 37.5-25 mg tablet, triamterene/hydrochlorothiazid 75 mg-50mg tablet)</i>	2				
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	LA	CARDIAC GLYCOSIDES		
			DIGITEK	2	
			DIGOX	2	
			<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg/ml ampul, 250 mcg tablet, 250 mcg/ml syringe)</i>	2	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1		LANOXIN 62.5 MCG TABLET	3	
<i>valsartan 320 mg tablet</i>	2		LANOXIN PEDIATRIC	3	
<i>valsartan/hydrochlorothiazide</i>	2		COAGULATION THERAPY		
VELETRI	2		AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET)	3	
			AMICAR 1,000 MG TABLET	4	
			<i>aminocaproic acid (250 mg/ml vial, 250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	2	
			ANDEXXA 200 MG VIAL	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>argatroban</i>	5		<i>fondaparinux sodium</i> (5mg/0.4ml syringe, 7.5mg/0.6 syringe, 10mg/0.8ml syringe)	5	
<i>argatroban in 0.9 % sodium chloride (in 0.9 % 250 mg/250 iv soln, in 0.9 % 50 mg/50ml vial, in 0.9 % 125 mg/125 vial)</i>	5		<i>fondaparinux sodium</i> 2.5 mg/0.5 syringe	2	QL (15 PER 30)
<i>argatroban in sodium chloride, iso-osmotic</i>	5		FRAGMIN (10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML, 95,000 UNITS/3.8 ML VL)	5	
<i>aspirin/dipyridamole</i>	2				
BEVYXXA	4				
BRILINTA	3				
CABLIVI 11 MG KIT	5	PA	FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)	4	QL (6 PER 30)
CABLIVI 11 MG VIAL	5				
<i>cilostazol</i>	2		FRAGMIN 7,500 UNITS/0.3 ML SYR	5	QL (9 PER 30)
<i>clopidogrel bisulfate 75 mg tablet</i>	2		<i>heparin sodium,porcine</i> (1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)	2	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	2				
DOPTELET	5	LA	<i>heparin sodium,porcine in 0.45 % sodium chloride (in 25000/500 iv soln, in 25000/250 iv soln)</i>	2	
ELIQUIS (2.5 MG TABLET, 5 MG STARTER PACK, 5 MG TABLET)	3		<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	2	
<i>enoxaparin sodium</i> (30mg/0.3ml syringe, 40mg/0.4ml syringe, 60mg/0.6ml syringe, 80mg/0.8ml syringe, 100 mg/ml syringe, 120mg/.8ml syringe, 150 mg/ml syringe, 300mg/3ml vial)	4		<i>heparin sodium,porcine/dextros e 5 % in water</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
heparin sodium,porcine/pf (sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml vial, sodium,porcine/pf 5000/0.5ml cartridge)	2		LIPID/CHOLESTEROL LOWERING AGENTS		
JANTOVEN	1		ALTOPREV	4	
MULPLETA	5		amlodipine besylate/atorvastatin calcium (amlodipine/atorvastatin 2.5mg-20mg tablet, amlodipine/atorvastatin 5 mg-20 mg tablet, amlodipine/atorvastatin 5 mg-80 mg tablet, amlodipine/atorvastatin 5 mg-10 mg tablet, amlodipine/atorvastatin 5 mg-40 mg tablet, amlodipine/atorvastatin 10 mg-80mg tablet, amlodipine/atorvastatin 10 mg-20mg tablet, amlodipine/atorvastatin 10 mg-40mg tablet, amlodipine/atorvastatin 10 mg-10mg tablet)	4	
NOCTIVA	4				
pentoxifylline 400 mg tablet er	2		amlodipine besylate/atorvastatin calcium (amlodipine/atorvastatin 2.5mg-40mg tablet, amlodipine/atorvastatin 2.5mg-10mg tablet)	2	
PRADAXA	4		ANDEXXA 100 MG VIAL	5	
prasugrel hcl	2		ANTARA	4	
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	5	PA; LA	atorvastatin calcium	1	
SAVAYSA	4		cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powd pack)	2	
TAVALISSE	5	PA; LA; QL (60 PER 30 DAYS)			
ticlopidine hcl	2				
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1				
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK)	3				
ZONTIVITY	4				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine/aspartame</i> (<i>cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder</i>)	2		KYNAMRO	5	PA; LA
			LIPOFEN	4	
			LIVALO	4	
			<i>lovastatin</i>	1	
<i>colesevelam hcl</i> (3.75 g powd pack, 625 mg tablet)	3		<i>niacin</i> (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)	2	
<i>colestipol hcl</i> (1 g tablet, 5 g packet, 5 g granules)	2		NIACOR	4	
<i>ezetimibe</i>	2		<i>omega-3 acid ethyl esters</i>	4	
<i>ezetimibe/simvastatin</i>	2		PRALUENT 150 MG/ML PEN	5	PA; QL (2 PER 28)
<i>fenofibrate</i> (40 mg tablet, 50 mg capsule, 120 mg tablet, 150 mg capsule)	4		PRALUENT 75 MG/ML PEN	5	PA; QL (4 PER 28)
<i>fenofibrate</i> (54 mg tablet, 160 mg tablet)	2		PRALUENT 150 MG/ML SYRINGE	5	PA; QL (2 PER 28)
<i>fenofibrate nanocrystallized</i> (48 mg tablet, 145mg tablet)	2		PRALUENT 75 MG/ML SYRINGE	5	PA; QL (4 PER 28)
			<i>pravastatin sodium</i>	1	
<i>fenofibrate nanocrystallized</i> 160 mg tablet	4		PREVALITE (PACKET, POWDER)	2	
<i>fenofibrate, micronized</i>	2		REPATHA PUSHTRONEX	5	PA; QL (3.5 PER 28 DAYS)
<i>fenofibric acid</i>	2		REPATHA SURECLICK	5	PA; QL (3 PER 30)
<i>fenofibric acid (choline)</i>	2		REPATHA SYRINGE	5	PA; QL (3 PER 30)
<i>fluvastatin sodium</i> (20 mg capsule, 40 mg capsule, 80 mg tab er 24h)	2		<i>rosuvastatin calcium</i>	1	
<i>gemfibrozil</i> 600 mg tablet	2		<i>simvastatin</i> (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
JUXTAPID	5	PA; LA	TRIGLIDE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VASCEPA	3		GONITRO	4	
WELCHOL (3.75G PACKET, 625 MG TABLET)	4		isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)	2	
ZYPITAMAG	4	QL (30 PER 30 DAYS)	isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	2	
MISCELLANEOUS CARDIOVASCULAR AGENTS			MINITRAN	4	
CORLANOR 5 MG/5 ML ORAL SOLN	4		NITRO-BID	2	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	4	QL (60 PER 30 DAYS)	NITRO-DUR	4	
<i>dobutamine hcl</i>	2		nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6mg/hr patch td24, 0.6 mg tab subl, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er, 400mcg/spr spray)	2	
<i>dobutamine hcl in dextrose 5 % in water</i>	2		nitroglycerin 50 mg/10ml vial	2	B/D PA
<i>dopamine hcl (200 mg/5ml vial, 400 mg/5ml vial, 400mg/10ml vial, 800mg/5ml vial)</i>	2		nitroglycerin in 5 % dextrose in water (in 5 % 50mg/250ml infus. btl, in 5 % 100mg/250 infus. btl, in 5 % 25mg/250ml infus. btl)	2	
<i>dopamine hcl in dextrose 5 % in water</i>	2		DERMATOLOGICALS/TOPICAL THERAPY		
ENTRESTO	3		ANTIPSORIATIC / ANTISEBORRHEIC		
<i>milrinone lactate</i>	2		<i>acitretin</i>	5	
<i>norepinephrine bitartrate (1 mg/ml ampul, 1 mg/ml vial)</i>	2		<i>calcipotriene 0.005 % cream (g)</i>	4	
RANEXA	4				
<i>ranolazine</i>	3				
VECAMYL	5				
VYNDAQEL	5	PA			
NITRATES					
DILATRATE-SR	4				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene (0.005 % oint. (g), 0.005 % solution)</i>	2		TACLONEX 0.005%-0.064% SUSPENS	4	
<i>calcipotriene/betamethasone dipropionate</i>	2		TALTZ AUTOINJECTOR	5	PA
<i>calcitriol 3 mcg/g oint. (g)</i>	4		TALTZ AUTOINJECTOR (2 PACK)	5	PA
COSENTYX (2 SYRINGES)	5	PA	TALTZ AUTOINJECTOR (3 PACK)	5	PA
COSENTYX PEN	5	PA	TALTZ SYRINGE	5	PA
COSENTYX PEN (2 PENS)	5	PA	TALTZ SYRINGE (2 PACK)	5	PA
COSENTYX SYRINGE	5	PA	TALTZ SYRINGE (3 PACK)	5	PA
DUPIXENT 300 MG/2 ML SYRINGE	5	PA	TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	5	PA
ENSTILAR	5		MISCELLANEOUS DERMATOLOGICALS		
EPIFOAM	4				
ILUMYA	5	PA			
PRAMOSONE (1%-1% CREAM, 1% LOTION, 2.5%-1% LOTION)	4		<i>ammonium lactate (12 % lotion, 12 % cream (g))</i>	2	
<i>selenium sulfide 2.5 % lotion</i>	2		CONDYLOX 0.5% GEL	4	
SILIQ	5	PA	<i>diclofenac sodium 3 % gel (gram)</i>	4	PA; QL (100 PER 30 DAYS)
SKYRIZI (2 SYRINGES) KIT	5	PA; QL (1 PER 84 DAYS)	<i>doxepin hcl 5 % cream (g)</i>	5	PA
SORILUX	4		ELIDEL	3	
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	5	PA	EUCRISA	4	
			<i>fluorouracil 0.5 % cream (g)</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (2 % solution, 5 % solution, 5 % cream (g))</i>	2		<i>adapalene (0.1 % gel (gram), 0.1 % cream (g))</i>	2	PA
<i>imiquimod 5 % cream pack</i>	3		<i>adapalene (0.3 % gel (gram), 0.3 % gel w/pump)</i>	4	PA
<i>imiquimod 3.75 % crm md pmp</i>	5		<i>adapalene 0.1 % med. swab</i>	3	PA
<i>methoxsalen 10 mg cap lq rap</i>	5		<i>adapalene 0.1 % solution</i>	5	PA
PANRETIN	5	PA	<i>adapalene/benzoyl peroxide</i>	3	PA
PICATO	5		AKTIPAK	4	
<i>pimecrolimus</i>	2		ALTRENO	4	PA
<i>podofilox 0.5 % solution</i>	2		AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE)	4	
PRUDOXIN	4	PA	AMNESTEEM 40 MG CAPSULE	2	
REGRANEX	5		AVITA 0.025% CREAM	2	PA
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	2		AVITA 0.025% GEL	4	PA
TOLAK	4		<i>azelaic acid 15 % gel (gram)</i>	2	
UVADEX	3	B/D PA	AZELEX	4	
VALCHLOR	5		CLARAVIS (10 MG CAPSULE, 30 MG CAPSULE)	2	
VEREGEN	4		CLARAVIS (20 MG CAPSULE, 40 MG CAPSULE)	4	
ZYCLARA (2.5% CREAM PUMP, 3.75% CREAM PUMP, 3.75% CREAM)	5		CLINDACIN ETZ 1% PLEDGET	4	
THERAPY FOR ACNE			CLINDACIN P	4	
ABSORICA	5		CLINDAGEL	4	
ACANYA	4				
ACZONE 7.5% GEL PUMP	4				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (1 % foam, 1 % gel daily)</i>	4		FINACEA (FOAM, GEL)	3	
<i>clindamycin phosphate (1 % lotion, 1 % med. swab, 1 % gel (gram), 1 % solution)</i>	2		<i>isotretinoin (20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 % gel (gram), phos/benzoyl 1 % gel w/pump)</i>	4		<i>isotretinoin 10 mg capsule</i>	4	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1.2(1)%-5% gel (gram), phos/benzoyl 1.2%-2.5% gel w/pump)</i>	2		<i>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel w/pump, 1 % gel (gram))</i>	2	
<i>clindamycin phosphate/tretinoin</i>	2	PA	MIRVASO (GEL, GEL PUMP)	4	PA
CLINDESSE	4		MYORISAN	2	
<i>dapsone 5 % gel (gram)</i>	4		NEUAC GEL	2	
DIFFERIN 0.1% LOTION	4	PA	NORITATE	4	
EPIDUO FORTE	4	PA	ONEXTON 1.2%-3.75% GEL	4	
ERY	2		RETIN-A MICRO PUMP (PUMP 0.06% GEL, PUMP 0.08% GEL)	4	PA
ERYGEL	2		RHOFADE	4	PA
<i>erythromycin base in ethanol (in 2 % solution, in 2 % gel (gram), in 2 % med. swab)</i>	2		ROSDAN (CREAM, GEL)	2	
<i>erythromycin base/benzoyl peroxide</i>	2		SOOLANTRA	4	
FABIOR	4	PA	<i>tazarotene 0.1 % cream (g)</i>	2	PA
			TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin (0.01 % gel (gram), 0.025 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.05 % gel (gram), 0.1 % cream (g))</i>	2	PA	<i>lidocaine hcl/epinephrine (hcl/epinephrine 0.5-1:200k vial, hcl/epinephrine 1%-1:100k vial, hcl/epinephrine 1.5-1:200k ampul, hcl/epinephrine 1.5-1:200k vial, hcl/epinephrine 2 %-1:100k vial, hcl/epinephrine 2%-1:200k vial)</i>	2	
<i>tretinoin microspheres (0.04 % gel w/pump, 0.04 % gel (gram), 0.1 % gel (gram), 0.1 % gel w/pump)</i>	4	PA			
ZENATANE (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	2		<i>lidocaine hcl/pf (hcl/pf 5 mg/ml vial, hcl/pf 10 mg/ml vial, hcl/pf 10 mg/ml ampul, hcl/pf 15 mg/ml ampul, hcl/pf 40 mg/ml ampul)</i>	2	
ZENATANE 10 MG CAPSULE	4				
TOPICAL ANESTHETICS			<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	2	
GLYDO	2		PLIAGLIS	4	
<i>lidocaine 5 % adh. patch</i>	2	PA	XYLOCAINE 2%-EPI 1:100,000	2	
<i>lidocaine 5 % oint. (g)</i>	4	QL (110 PER 30 DAYS)	ZTLIDO	4	PA
<i>lidocaine hcl (2 % jelly(ml), 2 % solution, 2 % jel/pf app, 4 % solution, 5 mg/ml vial, 10 mg/ml vial, 20 mg/ml vial, 40 mg/ml solution)</i>	2		TOPICAL ANTIBACTERIALS		
			CENTANY	4	
			CORTISPORIN (CREAM, OINTMENT)	4	
			<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	2	
			<i>mafenide acetate 50 g packet</i>	4	
			<i>mupirocin 2 % oint. (g)</i>	2	
			<i>mupirocin calcium</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEO-SYNALAR 0.5%-0.025% CREAM	4		<i>ketoconazole (2 % cream (g), 2 % foam, 2 % shampoo)</i>	2	
<i>silver sulfadiazine 1 % cream (g)</i>	2		<i>luliconazole</i>	4	
SSD	2		LUZU	4	
<i>sulfacetamide sodium 10 % suspension</i>	2		MENTAX	4	
SULFAMYLON 8.5% CREAM	4		<i>naftifine hcl 1 % cream (g)</i>	4	
XEPI	4		<i>naftifine hcl 2 % cream (g)</i>	2	
TOPICAL ANTIFUNGALS			NAFTIN (1% GEL, 2% GEL)	4	
CICLODAN 8% SOLUTION	2		NYAMYC	2	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	2		NYATA 100,000 UNIT/GM POWDER	2	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	2		<i>nystatin (100000/g powder, 100000/g cream (g), 100000/g oint. (g))</i>	2	
<i>clotrimazole (1 % cream (g), 1 % solution)</i>	2		<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g))</i>	2	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % lotion, clotrimazole/betamethasone 1 % cream (g))</i>	2		NYSTOP	2	
<i>econazole nitrate 1 % cream (g)</i>	4		<i>oxiconazole nitrate</i>	2	
ERTACZO	4		OXISTAT 1% LOTION	4	
EXELDERM (CREAM, SOLUTION)	4		TOPICAL ANTIVIRALS		
JUBLIA	4		<i>acyclovir 5 % cream (g)</i>	4	QL (5 PER 30 DAYS)
KERYDIN	4		<i>acyclovir 5 % oint. (g)</i>	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DENAVIR	5	QL (5 PER 30 DAYS)	<i>clobetasol propionate (0.05 % solution, 0.05 % spray, 0.05 % cream (g), 0.05 % gel (gram))</i>	2	
XERESE	4				
ZOVIRAX 5% CREAM	5	QL (5 PER 30 DAYS)	<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo, 0.05 % foam, 0.05 % oint. (g))</i>	4	
TOPICAL CORTICOSTEROIDS					
ALA-CORT	2		<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	2	
<i>alclometasone dipropionate (0.05 % oint. (g), 0.05 % cream (g))</i>	2		<i>clobetasol propionate/emoll 0.05 % foam</i>	4	
<i>amcinonide (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	4		<i>clocortolone pivalate</i>	4	
APEXICON E	2		CLODAN 0.05% SHAMPOO	4	
BESER	4		CORDRAN	4	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	2		DESONATE	4	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g), betamethasone/propylene 0.05 % lotion)</i>	2		<i>desonide (0.05 % lotion, 0.05 % cream (g))</i>	4	
<i>betamethasone valerate 0.12 % foam</i>	4		<i>desonide 0.05 % oint. (g)</i>	2	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	2		<i>desoximetasone (0.05 % gel (gram), 0.25 % spray, 0.25 % cream (g))</i>	2	
			<i>desoximetasone (0.05 % cream (g), 0.05 % oint. (g), 0.25 % oint. (g))</i>	4	
			<i>diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</i>	4	
BRYHALI	4		DUOBRII	4	PA
CAPEX SHAMPOO	4				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % oil, 0.01 % solution, 0.025 % oint. (g), 0.025 % cream (g))</i>	3		<i>hydrocortisone butyrate 0.1 % lotion</i>	3	
<i>fluocinolone acetonide/shower cap</i>	3		<i>hydrocortisone butyrate (0.1 % oint. (g), 0.1 % solution)</i>	2	
<i>fluocinonide (0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g), 0.1 % cream (g))</i>	2		<i>hydrocortisone butyrate/emollient base</i>	4	
<i>fluocinonide/emollient base</i>	2		<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	2	
<i>flurandrenolide (0.05 % lotion, 0.05 % cream (g))</i>	2		<i>hydrocortisone/mineral oil/petrolatum,white</i>	2	
<i>flurandrenolide 0.05 % oint. (g)</i>	3		IMPOYZ	4	
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	2		LEXETTE	5	
<i>fluticasone propionate 0.05 % lotion</i>	4		<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	2	
<i>halcinonide</i>	3		NOLIX 0.05% CREAM	5	
<i>halobetasol propionate (0.05 % foam, 0.05 % oint. (g), 0.05 % cream (g))</i>	3		NOLIX 0.05% LOTION	2	
HALOG (CREAM, OINTMENT)	4		PANDEL	4	
<i>hydrocortisone (1 % oint. (g), 1 % cream (g), 2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g))</i>	2		<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	2	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	4		SERNIVO	5	
			TEXACORT	4	
			TOPICORT 0.25% SPRAY	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.025 % lotion, 0.1 % lotion, 0.1 % oint. (g), 0.1 % cream (g), 0.147mg/g aerosol, 0.5 % oint. (g), 0.5 % cream (g))</i>	2		<i>ringer's solution irrig soln</i>	2	
TRIANEX	2		<i>ringer's solution, lactated irrig soln</i>	2	
TRIDERM	2		TIS-U-SOL PENTALYTE	2	
TOPICAL ENZYMES			MISCELLANEOUS AGENTS		
SANTYL	4		<i>0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt)</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES			<i>acamprosate calcium</i>	2	
CROTAN	5		<i>acetic acid 0.25 % irrig soln</i>	2	
EURAX (CREAM, LOTION)	3		ADAGEN	5	
<i>lindane 1 % shampoo</i>	2		<i>alendronate sodium 40 mg tablet</i>	2	QL (30 PER 30)
<i>malathion</i>	2		<i>anagrelide hcl</i>	2	
<i>permethrin 5 % cream (g)</i>	2		ARALAST NP	5	LA
SKLICE	3		AURYXIA	5	
DIAGNOSTICS / MISCELLANEOUS AGENTS			BESPONSA	5	B/D PA
ANOREXIANTS			<i>caffeine citrate (60 mg/3 ml vial, 60 mg/3 ml solution)</i>	2	
XENICAL	4	PA	CARBAGLU	5	LA
IRRIGATING SOLUTIONS			CETYLEV 2.5 GM EFF TABLET	5	
<i>mannitol/sorbitol solution</i>	4		CETYLEV 500 MG EFF TABLET	4	
<i>neomycin sulfate/polymyxin b sulfate (/polymyxin 40-200k/ml ampul, /polymyxin 40-200k/ml vial)</i>	2		<i>cevimeline hcl</i>	2	
			CHEMET	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%-5% SOLUTION	3	B/D PA	<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	2	
CLINIMIX E 2.75%-5% SOLUTION	3	B/D PA	ELOCTATE (4,000, 5,000, 6,000)	4	
CLINIMIX N9G20E	4	B/D PA	ENDARI	5	PA
<i>deferasirox</i>	5		<i>etidronate disodium 400 mg tablet</i>	2	
<i>dextrose 10 % and 0.2 % sodium chloride</i>	2		EXJADE	5	LA
<i>dextrose 10 % and 0.45 % sodium chloride</i>	2		FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5	
<i>dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)</i>	2		FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	5	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	2		GALAFOLD	5	PA; LA
<i>dextrose 5 % and 0.2 % sodium chloride</i>	2		GLASSIA	5	LA
<i>dextrose 5 % and 0.3 % sodium chloride</i>	2		INCRELEX	5	LA
<i>dextrose 5 % and 0.45 % sodium chloride</i>	2		JADENU	5	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	2		JADENU SPRINKLE	5	
<i>dextrose 5 % in lactated ringers</i>	2		KIONEX 15 GM/60 ML SUSPENSION	2	
<i>dextrose 5 % in water (5 % in 5 % iv soln, 5 % in pgy vl prt, 5 % in pggybk prt, 5 % in 5 % vial)</i>	2		<i>lanthanum carbonate</i>	3	
<i>dextrose 50 % in water (50 % in 50 % iv soln, 50 % in 50 % vial, 50 % in 50 % syringe)</i>	2		<i>levocarnitine 330 mg tablet</i>	2	
<i>dextrose 70 % in water</i>	2		<i>levocarnitine (with sugar)</i>	2	
			LITHOSTAT	4	
			LOKELMA	3	
			<i>midodrine hcl</i>	2	
			NITYR	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOCDURNA	4	QL (30 PER 30 DAYS)	<i>sodium benzoate/sodium phenylacetate</i>	3	
NORTHERA (200 MG CAPSULE, 300 MG CAPSULE)	5	QL (180 PER 30 DAYS)	<i>sodium chloride irrigating solution</i>	2	
NORTHERA 100 MG CAPSULE	5	QL (90 PER 30 DAYS)	<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	5	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	LA	<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	2	
PALYNZIQ	5	PA; LA	SOLIRIS	5	
PANHEMATIN 350 MG VIAL	5		SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	2	
PARSABIV	5		THIOLA	5	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2		THIOLA EC	5	
PROLASTIN C	5	LA	THROMBIN-JMI 5,000 UNIT EPIST	4	
RAVICTI	5	QL (525 PER 30 DAYS)	TIGLUTIK	5	PA
RENAGEL	4		<i>trientine hcl</i>	5	QL (240 PER 30 DAYS)
REVCIVI	5	PA	ULTOMIRIS	5	
<i>riluzole</i>	2	PA	VELPHORO	5	
<i>risedronate sodium 30 mg tablet</i>	2	QL (30 PER 30)	VELTASSA	3	
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	5		<i>water for irrigation,sterile</i>	2	
<i>sevelamer carbonate 800 mg tablet</i>	4		XURIDEN	5	
<i>sevelamer hcl</i>	3		ZEMAIRA	5	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pggybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	2		<i>olopatadine hcl 0.6 % spray/pump</i>	2	QL (30.5 PER 30 DAYS)
SMOKING DETERRENTS			PAROEX	2	
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	3		PREVIDENT 5000 BOOSTER PLUS	4	
NICOTROL	3		PREVIDENT 5000	4	
NICOTROL NS	3		PREVIDENT 5000 ENAMEL PROTECT	4	
EAR, NOSE / THROAT MEDICATIONS			PREVIDENT 5000 SENSITIVE	4	
MISCELLANEOUS AGENTS			SF	2	
<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	2	QL (60 PER 30 DAYS)	SF 5000 PLUS	2	
BACTROBAN NASAL	4		<i>triamcinolone acetonide 0.1 % paste (g)</i>	2	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	2		XHANCE	4	
DENTA 5000 PLUS	2		MISCELLANEOUS OTIC PREPARATIONS		
DENTAGEL	2		ACETASOL HC	2	
<i>fluoride (sodium) 1.1 % gel (gram)</i>	2		<i>acetic acid 2 % solution</i>	2	
FLUORIDEX	4		<i>ciprofloxacin hcl 0.2 % dropperette</i>	2	
<i>ipratropium bromide 21 mcg spray</i>	2	QL (60 PER 30)	FLAC OTIC OIL	2	
<i>ipratropium bromide 42 mcg spray</i>	2	QL (45 PER 30)	<i>fluocinolone acetonide oil</i>	2	
			<i>hydrocortisone/acetic acid</i>	2	
			<i>ofloxacin 0.3 % drops</i>	2	
			OTIC STEROID / ANTIBIOTIC		
			CIPRO HC	3	
			CIPRODEX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COLY-MYCIN S	4		EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5	PA
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	2		<i>fludrocortisone acetate 0.1 mg tablet</i>	2	
OTOVEL	3		<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
ENDOCRINE/DIABETES			KENALOG-10	4	
ADRENAL HORMONES			KENALOG-40	4	
ACTHAR	5	PA	KENALOG-80	4	
<i>cortisone acetate 25 mg tablet</i>	2		MEDROL 2 MG TABLET	4	
DECADRON 0.5 MG/5 ML ELIXIR	2		<i>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	2	
DELTASONE	2		<i>methylprednisolone acetate</i>	2	
DEPO-MEDROL	4		<i>methylprednisolone sodium succinate (40 mg vial, 125 mg vial, 1000 mg vial)</i>	2	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2		MILLIPRED	4	
DEXAMETHASONE INTENSOL	2		MILLIPRED DP	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)</i>	2		<i>prednisolone 15 mg/5 ml solution</i>	2	
<i>dexamethasone sodium phosphate/pf</i>	2		<i>prednisolone sodium phosphate (5 mg/5 ml solution, 10 mg/5 ml solution, 15 mg/5 ml solution, 15 mg tab rapdis, 20 mg/5 ml solution, 25 mg/5 ml solution, 30 mg tab rapdis)</i>	2	
DEXPAK	4				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate 10 mg tab rapdis</i>	4		ADMELOG SOLOSTAR	4	PA
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg tab ds pk, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	2		AFREZZA (4 /8 /12, 4 CARTRIDGE, 8 CARTRIDGE, 12 CARTRIDGE, 90-4 / 90-8, 90-8 / 90-12)	4	
PREDNISONE INTENSOL	2		<i>alcohol antiseptic pads</i>	3	
SOLU-CORTEF (100 MG, 250 MG)	4		<i>alogliptin benzoate</i>	4	QL (30 PER 30); STEP
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 2,000 MG VIAL)	4		<i>alogliptin benzoate/metformin hcl</i>	4	QL (60 PER 30); STEP
<i>triamcinolone acetonide (10 mg/ml vial, 40 mg/ml vial)</i>	2		<i>alogliptin benzoate/pioglitazone hcl</i>	4	QL (30 PER 30); STEP
ZILRETTA	4		APIDRA 100 UNITS/ML VIAL	4	PA
ANTITHYROID AGENTS			APIDRA SOLOSTAR	4	PA
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	2		AVANDIA (2 MG TABLET, 4 MG TABLET)	4	QL (60 PER 30)
<i>propylthiouracil 50 mg tablet</i>	2		BAQSIMI	4	
DIABETES THERAPY			BASAGLAR KWIKPEN U-100	3	
<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30)	BYDUREON BCISE	3	QL (4 PER 28 DAYS); STEP
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30)	BYDUREON PEN	3	QL (4 PER 28); STEP
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30)	BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 PER 30); STEP
ADLYXIN	4	QL (6 PER 28 DAYS); STEP	BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 PER 30); STEP
ADMELOG	4	PA	CYCLOSET	4	QL (180 PER 30)
			FARXIGA 10 MG TABLET	3	QL (30 PER 30)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FARXIGA 5 MG TABLET	3	QL (60 PER 30)	HUMALOG KWIKPEN U-100	4	PA
FIASP	3		HUMALOG KWIKPEN U-200	4	PA
FIASP FLEXTOUCH	3		HUMALOG MIX 50-50	4	PA
FIASP PENFILL	3		HUMALOG MIX 50-50 KWIKPEN	4	PA
<i>gauze pads & dressings - pads 2x2</i>	3		HUMALOG MIX 75-25	4	PA
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30)	HUMALOG MIX 75-25 KWIKPEN	4	PA
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30)	HUMULIN 70-30	4	PA
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30)	HUMULIN 70/30 KWIKPEN	4	PA
<i>glipizide 10 mg tab er 24</i>	1	QL (60 PER 30)	HUMULIN N	4	PA
<i>glipizide (2.5 mg tab er 24, 5 mg tablet)</i>	1	QL (240 PER 30)	HUMULIN N KWIKPEN	4	PA
<i>glipizide (5 mg tab er 24, 10 mg tablet)</i>	1	QL (120 PER 30)	HUMULIN R	4	PA
<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	1	QL (120 PER 30)	HUMULIN R U-500	3	PA
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL (240 PER 30)	HUMULIN R U-500 KWIKPEN	3	PA
GLUCAGEN	3		<i>insulin admin. supplies</i>	4	
GLUCAGON EMERGENCY KIT	3		<i>insulin lispro (100/ml insuln pen, 100/ml vial)</i>	4	
GLYXAMBI	4	QL (30 PER 30); STEP	<i>insulin pen needle</i>	3	
HUMALOG (100 UNITS/ML CARTRIDGE, 100 UNIT/ML VIAL)	4	PA	<i>insulin pump cartridge</i>	4	
HUMALOG JUNIOR KWIKPEN	4	PA	<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
			<i>insulin syringe (disp) u-100 1 ml</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>insulin syringe (disp) u-100 1/2 ml</i>	3		KAZANO	4	QL (60 PER 30); STEP
INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 PER 30)	KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30)
INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30)	KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30)
INVOKAMET XR (50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)	LANTUS	3	
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)	LANTUS SOLOSTAR	3	
INVOKANA 100 MG TABLET	3	QL (90 PER 30)	LEVEMIR	4	STEP
INVOKANA 300 MG TABLET	3	QL (30 PER 30)	LEVEMIR FLEXTOUCH	4	STEP
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3		<i>metformin er 500 mg (generic glucophage xr 500 mg)</i>	1	QL (120 PER 30)
JANUMET	3	QL (60 PER 30)	<i>metformin hcl (750 mg tab er 24h, 1000 mg tablet)</i>	1	QL (75 PER 30)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30)	<i>metformin hcl 500 mg tab er 24h</i>	1	QL (120 PER 30)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30)	<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30)
JANUVIA	3	QL (30 PER 30)	<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30)
JARDIANCE	3	QL (30 PER 30)	<i>miglitol 100 mg tablet</i>	2	QL (90 PER 30)
JENTADUETO	4	QL (60 PER 30); STEP	<i>miglitol 25 mg tablet</i>	2	QL (360 PER 30)
JENTADUETO XR 2.5 MG-1,000 MG	4	QL (60 PER 30); STEP	<i>miglitol 50 mg tablet</i>	2	QL (180 PER 30)
JENTADUETO XR 5 MG-1,000 MG TB	4	QL (30 PER 30); STEP	MYXREDLIN	4	
			<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30)
			<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30)
			<i>needles, insulin disp., safety</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NESINA	4	QL (30 PER 30); STEP	<i>pioglitazone hcl/glimepiride</i>	4	QL (30 PER 30)
NOVOLIN 70-30	3		<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 PER 30)
NOVOLIN N	3		PROGLYCEM	3	
NOVOLIN R	3		QTERN	3	QL (30 PER 30 DAYS)
NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	3		<i>repaglinide 0.5 mg tablet</i>	2	QL (960 PER 30)
NOVOLOG FLEXPEN	3		<i>repaglinide 1 mg tablet</i>	2	QL (480 PER 30)
NOVOLOG MIX 70- 30	3		<i>repaglinide 2 mg tablet</i>	2	QL (240 PER 30)
NOVOLOG MIX 70- 30 FLEXPEN	3		<i>repaglinide/metformin hcl</i>	2	QL (150 PER 30)
ONGLYZA	3	QL (30 PER 30)	RIOMET	4	QL (765 PER 30)
OSENI	4	QL (30 PER 30); STEP	SEGLUROMET (2.5- 1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET)	4	PA; QL (60 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG DOSE PEN	4	QL (1.5 PER 30 DAYS); STEP	SEGLUROMET 2.5- 500 MG TABLET	4	PA; QL (120 PER 30 DAYS)
OZEMPIC 1 MG DOSE PEN	4	QL (3 PER 30 DAYS); STEP	SOLIQUA 100-33	4	QL (15 PER 25 DAYS)
<i>pen needle, diabetic (pen 31 g x1/4" dis needle, pen 31 gx3/16" dis needle, pen 31 gx5/16" dis needle, pen 32 gx3/16" dis needle, pen 32 gx 1/4" dis needle, pen 32gx 5/32" dis needle, pen 33 g x1/4" dis needle, pen 33 gx5/32" dis needle, pen 33 gx3/16" dis needle)</i>	3		STEGLATRO 15 MG TABLET	4	PA; QL (30 PER 30 DAYS)
<i>pen needle, diabetic, safety</i>	3		STEGLATRO 5 MG TABLET	4	PA; QL (60 PER 30 DAYS)
<i>pioglitazone hcl</i>	2	QL (30 PER 30)	STEGLUJAN	4	PA; QL (30 PER 30 DAYS)
			<i>sub-q insulin delivery device, 20 unit,disposable</i>	4	
			<i>sub-q insulin delivery device, 30 unit, disposable</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sub-q insulin delivery device, 40 unit, disposable</i>	4		<i>syringe with needle,insulin,0.3 ml (ml 29 g x1/2" disp syrin, ml 30gx1/2" disp syrin, ml 30 gx5/16" disp syrin, ml 31 gx5/16" disp syrin, ml 31gx15/64" disp syrin)</i>	3	
<i>subcutaneous insulin pump</i>	4				
SYMLINPEN 120	5	QL (18.9 PER 30)			
SYMLINPEN 60	5	QL (10.5 PER 30)	<i>syringe with needle,insulin,0.5 ml (ml 27gx1/2" disp syrin, ml 28gx1/2" disp syrin, ml 29 g x1/2" disp syrin, ml 30 gx5/16" disp syrin, ml 31 gx5/16" disp syrin, ml 32 gx5/16" disp syrin)</i>	3	
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	4	QL (60 PER 30)			
SYNJARDY 5-500 MG TABLET	4	QL (120 PER 30)			
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	4	QL (60 PER 30 DAYS)	<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	3	
SYNJARDY XR 25-1,000 MG TABLET	4	QL (30 PER 30 DAYS)	TAPERDEX 6 DAY 1.5 MG TABLET	4	
<i>syringe with needle,disposable,insul in 1 ml (syringe 27gx1/2" disp syrin, syringe 28 gx5/16" disp syrin, syringe 28gx1/2" disp syrin, syringe 29 g x1/2" disp syrin, syringe 29gx 5/16" disp syrin, syringe 30 gx5/16" disp syrin, syringe 30gx1/2" disp syrin, syringe 31 gx5/16" disp syrin, syringe 31gx15/64" disp syrin)</i>	3		<i>tolbutamide</i>	2	QL (180 PER 30)
			TOUJEO MAX SOLOSTAR	3	
			TOUJEO SOLOSTAR	3	
			TRADJENTA	4	QL (30 PER 30); STEP
			TRESIBA	4	STEP
			TRESIBA FLEXTOUCH U-100	4	STEP
			TRESIBA FLEXTOUCH U-200	4	STEP
			TRULICITY	4	QL (2 PER 28); STEP
			VICTOZA 2-PAK	3	QL (9 PER 30); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VICTOZA 3-PAK	3	QL (9 PER 30); STEP	<i>chorionic gonadotropin, human</i> 10000 unit vial	4	PA
XIGDUO XR (10 MG- 1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30)	<i>cinacalcet hcl 30 mg</i> tablet	3	B/D PA; QL (60 PER 30 DAYS)
XIGDUO XR (5 MG- 1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30)	<i>cinacalcet hcl 60 mg</i> tablet	5	B/D PA; QL (60 PER 30 DAYS)
XIGDUO XR 2.5 MG- 1,000 MG TAB	3	QL (60 PER 30 DAYS)	<i>cinacalcet hcl 90 mg</i> tablet	5	B/D PA; QL (120 PER 30 DAYS)
XULTOPHY 100-3.6	5	QL (15 PER 30 DAYS)	<i>danazol (50 mg</i> capsule, 100 mg capsule)	2	
MISCELLANEOUS HORMONES			<i>danazol 200 mg</i> capsule	4	
ALDURAZYME	5		DDAVP 10 MCG/0.1 ML SOLUTION	4	
ANADROL-50	5	PA	DEPO- TESTOSTERONE 100 MG/ML VL	4	
ANDRODERM	4	PA	<i>desmopressin acetate</i> 10/spray spray/pump	4	
ANDROGEL (1.62%(1.25G) GEL PCKT, 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	3	PA	<i>desmopressin acetate</i> (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml vial, 4 mcg/ml ampul)	2	
ANDROXY	2		<i>desmopressin acetate</i> (non-refrigerated)	4	
AVEED	4		<i>doxercalciferol (1 mcg</i> capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)	2	
<i>cabergoline</i>	2		<i>doxercalciferol 0.5</i> mcg capsule	4	
<i>calcitonin,salmon,synth</i> <i>etic</i>	2		ELAPRASE	5	
<i>calcitriol (0.25 mcg</i> capsule, 0.5 mcg capsule, 1 mcg/ml solution, 1 mcg/ml ampul)	2		ELELYSO	5	
CERDELGA	5		FABRAZYME	5	
CEREZYME 400 UNITS VIAL	5				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FORTESTA	4	PA	<i>pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)</i>	2	
JYNARQUE (15 MG TABLET, 30 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	5	LA	<i>paricalcitol (1 mcg capsule, 4 mcg capsule)</i>	2	
KANUMA	5		<i>paricalcitol (2 mcg/ml vial, 2 mcg capsule, 5 mcg/ml vial)</i>	4	
KORLYM	5	PA; QL (120 PER 30 DAYS)	PREGNYL	4	PA
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA	RAYALDEE	5	QL (60 PER 30 DAYS)
LUMIZYME	5		SAMSCA	5	PA; QL (60 PER 30 DAYS)
METHITEST	4		SENSIPAR 30 MG TABLET	3	B/D PA; QL (60 PER 30)
<i>methyltestosterone 10 mg capsule</i>	2		SENSIPAR 60 MG TABLET	5	B/D PA; QL (60 PER 30 DAYS)
MIACALCIN 400 UNIT/2 ML VIAL	4		SENSIPAR 90 MG TABLET	5	B/D PA; QL (120 PER 30 DAYS)
<i>miglustat</i>	5	LA	SOMAVERT	5	
MYALEPT	5	PA; LA	STIMATE	3	
NAGLAZYME	5	LA	STRENSIQ	5	LA
NATESTO	4	PA	STRIANT	4	PA
NATPARA	5	PA; LA	SYNAREL	5	
NOVAREL	4	PA	TESTIM	4	PA
<i>oxandrolone 10 mg tablet</i>	5	PA	TESTOPEL	3	PA
<i>oxandrolone 2.5 mg tablet</i>	2	PA	<i>testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
testosterone 25mg(1%) gel packet	2	PA	levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1	
testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 30mg/1.5ml sol md pmp)	3	PA			
testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)	2		levothyroxine sodium (200 mcg vial, 500 mcg vial)	2	
testosterone enanthate 200 mg/ml vial	2		levothyroxine sodium 100 mcg vial	4	
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKET)	4	PA	LEVOXYL	2	
VPRIV	5		liothyronine sodium (5 mcg tablet, 10 mcg/ml vial, 25 mcg tablet, 50 mcg tablet)	2	
ZAVESCA	5	LA	NP THYROID	2	
zoledronic acid 4 mg/5 ml vial	2	B/D PA	thyroid,pork (15 mg tablet, 120 mg tablet)	4	
zoledronic acid in mannitol and 0.9 % sodium chloride	4		THYROLAR-1	3	
zoledronic acid/mannitol-water 4 mg/100ml pggybk btl	2	B/D PA	THYROLAR-1/2	3	
ZOMETA 4 MG/100 ML INJECTION	5	B/D PA	THYROLAR-1/4	3	
THYROID HORMONES			THYROLAR-2	3	
ARMOUR THYROID	3		THYROLAR-3	3	
			TIROSINT	4	
			TIROSINT-SOL	4	
			UNITHROID	2	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml syringe)</i>	2		ANALPRAM HC 1% CREAM	4	
CUVPOSA	4		ANZEMET 100 MG TABLET	4	B/D PA; QL (4 PER 28)
<i>dicyclomine hcl (10 mg/ml vial, 10 mg/ml ampul, 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	3		ANZEMET 50 MG TABLET	4	B/D PA; QL (8 PER 28)
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	2		<i>aprepitant 125mg-80mg cap ds pk</i>	3	B/D PA; QL (12 PER 28 DAYS)
GLYCATE	4		<i>aprepitant 125 mg capsule</i>	3	B/D PA; QL (4 PER 28 DAYS)
<i>glycopyrrolate (0.2 mg/ml vial, 1 mg tablet, 2 mg tablet)</i>	2		<i>aprepitant 40 mg capsule</i>	3	B/D PA
<i>loperamide hcl 2 mg capsule</i>	2		<i>aprepitant 80 mg capsule</i>	3	B/D PA; QL (8 PER 28 DAYS)
<i>methscopolamine bromide (2.5 mg tablet, 5 mg tablet)</i>	2		APRISO	3	
MYTESI	4		ASACOL HD	4	
<i>paregoric</i>	2		<i>balsalazide disodium</i>	2	
<i>propantheline bromide 15 mg tablet</i>	3		BONJESTA	4	
MISCELLANEOUS GASTROINTESTINAL AGENTS			<i>budesonide (3 mg capdr - er, 9 mg tabdr - er)</i>	5	
AKYNZEO 235-0.25 MG VIAL	5		CANASA	3	
<i>alosetron hcl</i>	5		CESAMET	5	B/D PA
ALOXI 0.25 MG/5 ML VIAL	5		CHENODAL	5	LA
AMITIZA	3		CHOLBAM	5	
			CIMZIA (200 MG VIAL KIT, 200 MG/ML STARTER KIT, 200 MG/ML SYRINGE KIT)	5	PA
			CINVANTI	4	
			CLENPIQ	4	
			COLOCORT	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COMPRO	2		GAVILYTE-G	2	
CONSTULOSE	2		GAVILYTE-H AND BISACODYL	2	
CORTIFOAM	3		GAVILYTE-N	2	
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE)	3		GENERLAC	2	
CREON DR 36,000 UNITS CAPSULE	5		GOLYTELY PACKET	4	
<i>cromolyn sodium 20 mg/ml oral conc</i>	2		<i>granisetron hcl 1 mg tablet</i>	2	B/D PA; QL (56 PER 28)
CYSTADANE	5		<i>granisetron hcl (1 mg/ml(1) vial, 1 mg/ml vial)</i>	2	
DELZICOL	3		<i>granisetron hcl/pf</i>	2	
DIPENTUM	5		<i>hydrocortisone (1 % crm/pe app, 2.5 % crm/pe app, 100mg/60ml enema)</i>	2	
<i>dronabinol (2.5 mg capsule, 5 mg capsule)</i>	4	B/D PA	<i>hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	2	
<i>dronabinol 10 mg capsule</i>	5	B/D PA	INFLECTRA	5	
<i>droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)</i>	2		KRISTALOSE	4	
EMEND 125 MG POWDER PACKET	4	B/D PA; QL (4 PER 28 DAYS)	<i>lactulose (10 g/15 ml solution, 10 g packet, 20 g/30 ml solution)</i>	2	
EMEND 150 MG VIAL	4		LIALDA	3	
ENTEREG	4		LINZESS	3	
ENTYVIO	5	PA	<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
ENULOSE	2		<i>mesalamine (1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 1000 mg supp.rect)</i>	2	
<i>fosaprepitant dimeglumine</i>	3				
GATTEX	5	PA			
GAVILYTE-C	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>mesalamine 800 mg tablet dr</i>	4		PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP)	4	
<i>mesalamine with cleansing wipes</i>	2		PANCREAZE DR 21,000 UNIT CAP	3	
<i>metoclopramide hcl (5 mg tab rapdis, 5 mg tablet, 5 mg/ml vial, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution, 10 mg/2 ml syringe, 10 mg tab rapdis)</i>	2		<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
MOTEGRITY	4	QL (30 PER 30 DAYS)	PENTASA	3	
MOVANTIK	4		PERTZYE (DR 16,000 CAPSULE, DR 24,000 CAPSULE)	5	
MOVIPREP	4		PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE)	4	
OICALIVA	5	PA	PLENVU	4	
<i>ondansetron</i>	2	B/D PA	PREPOPIK	4	
<i>ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	2	B/D PA	<i>prochlorperazine</i>	2	
<i>ondansetron hcl 2 mg/ml vial</i>	2		<i>prochlorperazine edisylate (5 mg/ml vial, 10 mg/2 ml vial)</i>	2	
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml ampul, hcl/pf 4 mg/2 ml vial, hcl/pf 4 mg/2 ml syringe)</i>	2		<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	2	
OSMOPREP	4		PROCTO-MED HC	2	
<i>palonosetron hcl (0.25mg/5ml syringe, 0.25mg/5ml vial)</i>	4		PROCTO-PAK	2	
<i>palonosetron hcl 0.25mg/2ml vial</i>	5		PROCTOFOAM-HC	4	
			PROCTOSOL-HC	2	
			PROCTOZONE-HC	2	
			RECTIV	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	5		VARUBI 166.5 MG/92.5 ML VIAL	3	
			VIBERZI	5	
			VIOKACE	4	
REMICADE	5		ZELNORM	4	
RENFLEXIS	5		ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE)	4	
SANCUSO	5	QL (4 PER 28)			
<i>scopolamine</i>	2		ZENPEP DR 40,000 UNIT CAPSULE	5	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	2		ZUPLENZ	4	B/D PA
SUCRAID	5		ULCER THERAPY		
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	2		CARAFATE 1 GM/10 ML SUSP	4	
SUPREP	4		<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	2	
SUSTOL	5		<i>cimetidine hcl</i>	2	
SYMPROIC	4		DEXILANT	4	QL (30 PER 30 DAYS)
SYNDROS	5	B/D PA	<i>esomeprazole magnesium</i>	2	
TRILYTE WITH FLAVOR PACKETS	2		<i>esomeprazole sodium</i>	2	
TRULANCE	4		<i>esomeprazole strontium 49.3 mg capsule dr</i>	4	
UCERIS 2 MG RECTAL FOAM	4		<i>famotidine (10 mg/ml vial, 20 mg tablet, 40mg/5ml oral susp, 40 mg tablet)</i>	2	
UCERIS 9 MG ER TABLET	5				
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2				
VARUBI 90 MG TABLET	3	B/D PA; QL (4 PER 28)			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine in sodium chloride, iso-osmotic/pf</i>	2		<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
<i>famotidine/pf</i>	2		<i>pantoprazole sodium 40 mg vial</i>	2	
<i>lansoprazole (15 mg capsule dr, 15 mg tab rap dr, 30 mg tab rap dr, 30 mg capsule dr)</i>	2		PRILOSEC (DR 2.5 MG SUSPENSION, DR 10 MG SUSPENSION)	4	PA
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	2		PROTONIX 40 MG SUSPENSION	4	PA
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	2		PYLERA	4	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 40 MG PACKET)	4		<i>rabeprazole sodium 10 mg cap dr spr</i>	4	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2		<i>rabeprazole sodium 20 mg tablet dr</i>	2	
<i>nizatidine 150mg/10ml solution</i>	4		<i>ranitidine hcl (15 mg/ml syrup, 25 mg/ml vial, 50 mg/2 ml vial, 150 mg capsule, 150 mg tablet, 300 mg tablet, 300 mg capsule)</i>	2	
OMECLAMOX-PAK	4		<i>sucralfate 1 g tablet</i>	2	
<i>omeprazole (20 mg capsule dr, 40 mg capsule dr)</i>	1		IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
<i>omeprazole 10 mg capsule dr</i>	1	QL (30 PER 30)	BIOTECHNOLOGY DRUGS		
<i>omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 20mg-1.1g capsule, omeprazole/sodium 40-1680mg packet, omeprazole/sodium 40mg-1.1g capsule)</i>	4		ACTIMMUNE	5	B/D PA
			ARANESP (10 MCG/0.4 ML SYRINGE, 40 MCG/0.4 ML SYRINGE)	3	PA; QL (1.6 PER 28)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARANESP (150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	5	PA	EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA; QL (12 PER 28)
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA; QL (2 PER 28)	EPOGEN 20,000 UNITS/ML VIAL	5	PA; QL (12 PER 28)
ARANESP 25 MCG/0.42 ML SYRINGE	3	PA; QL (1.68 PER 28)	EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	5	
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA; QL (1.2 PER 28)	FULPHILA	5	
ARANESP (25 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA; QL (4 PER 28)	GENOTROPIN (MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
ARANESP (60 MCG/ML VIAL, 100 MCG/ML VIAL)	5	PA; QL (4 PER 28)	GENOTROPIN MINIQUICK 0.2 MG	4	PA
ARCALYST	5	PA	GRANIX (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRINGE, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	
AVONEX (SYR 30 MCG, SYR 30 MCG KT)	5		HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	5				
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5				
EGRIFTA	5	PA			
EPOGEN (10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL)	4	PA; QL (24 PER 28)			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 18 MILLION UNITS VIL, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	B/D PA	PEGASYS PROCLICK 180 MCG/0.5	5	
			PEGINTRON	5	
			PEGINTRON REDIPEN	5	
			PLEGRIDY	5	
LEUKINE 250 MCG VIAL	5		PLEGRIDY PEN	5	
MOZOBIL	5	B/D PA	PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA; QL (12 PER 28)
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	5		PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5		PROCRIT 10,000 UNITS/ML VIAL	4	PA; QL (12 PER 28)
			PROLEUKIN	5	PA; B/D PA
NIVESTYM (300 MCG/ML VIAL, 300 MCG/0.5 ML SYRING, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5		REBIF	5	
			REBIF REBIDOSE	5	
			RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL)	3	PA; QL (12 PER 28 DAYS)
NORDITROPIN FLEXPOR	5	PA	RETACRIT 10,000 UNIT/ML VIAL	4	PA; QL (12 PER 28 DAYS)
NUTROPIN AQ	5	PA	RETACRIT 40,000 UNIT/ML VIAL	5	PA
NUTROPIN AQ NUSPIN	5	PA	SAIZEN (5 MG VIAL, 8.8 MG VIAL, 8.8 MG CLICK.EASY CARTG)	5	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA	SAIZEN-SAIZENPREP	5	PA
PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	5				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SEROSTIM	5	PA	CYTOGAM	4	
SYLATRON	5		DAPTACEL DTAP	3	
SYLATRON 4-PACK (200 MCG, 300 MCG)	5		DYSPORT	4	PA
UDENYCA	5		ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	B/D PA
ZARXIO	5		ENGRIX-B PEDIATRIC-ADOLESCENT (10 MCG/0.5 ML PED VL, PEDI 10 MCG/0.5 SYRN)	3	B/D PA
ZOMACTON 10 MG VIAL	5	PA	FLEBOGAMMA DIF 10% VIAL	5	PA
ZOMACTON 5 MG VIAL	3	PA	FLEBOGAMMA DIF 5% VIAL	5	B/D PA
ZORBTIVE	5	PA	<i>fomepizole 1 g/ml vial</i>	2	
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			GAMASTAN	4	PA
ACTHIB	3		GAMASTAN S-D	4	PA
ADACEL TDAP (SYRINGE, VIAL)	3		GAMASTAN S-D VIAL (RXCU1 1809038)	4	PA
ATGAM	5	B/D PA	GAMMAGARD LIQUID	5	PA
<i>bcg live</i>	3		GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA
<i>bcg vaccine, live/pf</i>	3		GAMMAKED	5	PA
BEXSERO	4		GAMMAPLEX (5 GRAM/50 ML VIAL, 5 GRAM/100 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA
BOOSTRIX TDAP (SYRINGE, VIAL)	3				
BOTOX	4	PA			
CARIMUNE NF NANOFILTERED	5	PA			
CUTAQUIG	5	PA			
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL)	5	PA; LA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GAMMAPLEX 2.5 GRAM/50 ML VIAL	5		MENHIBRIX	4	
GAMUNEX-C	5	PA	MENOMUNE-A-C-Y- W-135	3	
GARDASIL	3		MENVEO A-C-Y-W- 135-DIP	4	
GARDASIL 9 (9 VIAL, 9 SYRINGE)	3		MYOBLOC	4	
GRASTEK	4		NABI-HB	5	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL, 1,440 UNITS/ML SYRINGE)	3		OCTAGAM	5	PA
HIBERIX	4		ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT)	4	
HIZENTRA	5	PA	PANZYGA	5	PA
HYPERHEP B S-D (NEONATAL SYRIN., SYRINGE, VIAL)	5		PEDIARIX 0.5 ML SYRINGE	3	
HYPERRAB	4		PEDVAXHIB	3	
HYPERRHO S-D	5		PRIVIGEN	5	PA
HYQVIA	5	B/D PA	PROQUAD	3	
IMOVAX RABIES VACCINE	3		QUADRACEL DTAP- IPV	4	
INFANRIX DTAP (SYRINGE, VIAL)	3		RABAVERT	3	
IPOL	3		RAGWITEK	4	
IXIARO	4		RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	B/D PA
KEDRAB	4		ROTARIX VACCINE SUSPENSION	4	
KINRIX (TIP-LOK SYRINGE, VIAL)	4		ROTATEQ	3	
M-M-R II VACCINE	3		SHINGRIX	3	
MENACTRA VIAL	3				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STAMARIL	3		<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	2	
TENIVAC (SYRINGE, VIAL)	4		<i>allopurinol sodium</i>	5	
<i>tetanus and diphtheria toxoids, adult</i>	3		ALOPRIM	2	
<i>tetanus, diphtheria toxoid/pf 5-25/0.5ml vial</i>	3		<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	4	
THYMOGLOBULIN	5	B/D PA	COLCRYS	3	
TRUMENBA	4		DUZALLO	4	
TWINRIX VACCINE SYRINGE	3		<i>febuxostat</i>	2	
TYPHIM VI (25 MCG/0.5 ML SYRNG, 25 MCG/0.5 ML AL)	3		MITIGARE	4	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3		<i>probenecid</i>	2	
VARIVAX VACCINE	3		<i>probenecid/colchicine</i>	2	
VARIZIG (125 UNIT/1.2 ML VIAL, 125 UNIT VIAL)	5		ULORIC	3	
XEOMIN (50 VIAL, 100 VIAL)	4	PA	OSTEOPOROSIS THERAPY		
XEOMIN 200 UNIT VIAL	5	PA	<i>alendronate sodium 70 mg/75ml solution</i>	2	QL (375 PER 30)
YF-VAX	3		<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	1	QL (5 PER 30)
ZINPLAVA	5		<i>alendronate sodium (5 mg tablet, 10 mg tablet)</i>	2	QL (30 PER 30)
ZOSTAVAX	3		BINOSTO	4	QL (5 PER 30); STEP
MUSCULOSKELETAL / RHEUMATOLOGY			EVENITY	4	STEP
GOUT THERAPY			EVENITY (2 SYRINGES)	4	STEP
			FORTEO	5	QL (2.4 PER 28 DAYS); STEP
			FOSAMAX PLUS D	4	QL (5 PER 30); STEP

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	2	STEP	ENBREL SURECLICK	5	PA
<i>ibandronate sodium 150 mg tablet</i>	2	QL (1 PER 30)	HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE)	5	PA; QL (2 PER 28)
PROLIA	4	STEP	HUMIRA 40 MG/0.8 ML SYRINGE	5	PA; QL (4 PER 28)
<i>raloxifene hcl</i>	2		HUMIRA PEDIATRIC CROHN'S	5	PA; QL (6 PER 28)
<i>risedronate sodium (35 mg tablet dr, 35 mg tablet)</i>	2	QL (5 PER 30)	HUMIRA PEN	5	PA; QL (4 PER 28)
<i>risedronate sodium 150 mg tablet</i>	2	QL (1 PER 30)	HUMIRA PEN CROHN'S-UC-HS	5	PA; QL (6 PER 28)
<i>risedronate sodium 5 mg tablet</i>	2	QL (30 PER 30)	HUMIRA PEN PSOR- UVEITS-ADOL HS	5	PA; QL (4 PER 28 DAYS)
TYMLOS	5	QL (1.56 PER 30 DAYS); STEP	HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING)	5	PA; QL (2 PER 28 DAYS)
OTHER RHEUMATOLOGICALS			HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA; QL (4 PER 28 DAYS)
ACTEMRA (80 MG/4 ML VIAL, 162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	5	PA	HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA; QL (2 PER 30 DAYS)
ACTEMRA ACTPEN	5	PA	HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA; QL (3 PER 30 DAYS)
BENLYSTA (120 MG VIAL, 200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT, 400 MG VIAL)	5		HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA; QL (4 PER 28 DAYS)
CUPRIMINE	5		HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA; QL (3 PER 28 OVER TIME)
DEPEN	5		HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (3 PER 28 OVER TIME)
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	5	PA			
ENBREL MINI	5	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA	SIMPONI (50 MG/0.5 ML SYRINGE, 50 MG/0.5 ML PEN INJEC)	5	PA; QL (0.5 PER 28)
KINERET	5	PA	SIMPONI ARIA	5	PA
<i>leflunomide</i>	2		XELJANZ	5	PA
OLUMIANT	5	PA	XELJANZ XR	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	PA	OBSTETRICS / GYNECOLOGY		
ORENCIA CLICKJECT	5	PA	ESTROGENS / PROGESTINS		
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	PA	ALORA	3	
OTREXUP	4		AMABELZ	2	
<i>penicillamine 250 mg capsule</i>	5		ANGELIQ	4	
RASUVO	4		BIJUVA	4	
RIDAURA	5		CAMILA	2	
RINVOQ ER	5	PA	CLIMARA PRO	4	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3		COMBIPATCH	4	
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA; QL (1 PER 28)	CRINONE	4	PA
			DEBLITANE	2	
			DEPO-ESTRADIOL	4	
			DEPO-PROVERA 400 MG/ML VIAL	4	
			DEPO-SUBQ PROVERA 104	3	
			DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 1 MG GEL PACKET)	4	QL (30 PER 30)
			DIVIGEL 0.75 MG GEL PACKET	4	QL (30 PER 30 DAYS)
			DOTTI	2	
			DUAVEE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELESTRIN	4		IMVEXXY (4 MCG STARTER PACK, 4 MCG MAINTENANCE PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	4	
ERRIN	2		INCASSIA	2	
<i>estradiol (0.01 % cream/appl, .025mg/24h patch tdwk, .025mg/24h patch tds, .0375mg/24 patch tdwk, .0375mg/24 patch tds, 0.05mg/24h patch tds, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tdwk, .075mg/24h patch tds, 0.1mg/24hr patch tdwk, 0.1mg/24hr patch tds, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i>	2		JENCYCLA	2	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	2		JEVANTIQUE LO	2	
<i>estradiol/norethindrone acetate</i>	2		JINTELI	2	
ESTRING	4		LOPREEEZA	2	
EVAMIST	4		LYZA	2	
FEMRING	4		<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml vial, 150 mg/ml syringe)</i>	2	
FYAVOLV	2		MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	4	
HEATHER	2		MENOSTAR	4	
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	5		MIMVEY	2	
<i>hydroxyprogesterone caproate/pf</i>	5		MIMVEY LO	2	
			MINIVELLE	4	
			NORA-BE	2	
			<i>norethindrone 0.35 mg tablet</i>	2	
			<i>norethindrone acetate 5 mg tablet</i>	2	
			<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NORLYDA	2		LUPANETA PACK	5	
NORLYROC	2		<i>metronidazole 0.75 % gel w/appl</i>	2	
PREFEST	3		<i>miconazole nitrate 200 mg supp.vag</i>	2	
PREMARIN VAGINAL CREAM-APPL	4		NEXPLANON	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL)	3		NUVARING	4	
PREMPHASE	4		NUVESSA	4	
PREMPRO	4		ORILISSA	5	
<i>progesterone 50 mg/ml vial</i>	2		OSPHENA	4	PA
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	2		SKYLA	3	
SHAROBEL	2		<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	2	
YUVAFEM	2		<i>tranexamic acid 650 mg tablet</i>	4	
MISCELLANEOUS OB/GYN			VANDAZOLE	2	
AVC	4		XULANE	2	
CLEOCIN 100 MG VAGINAL OVULE	4		ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>clindamycin phosphate 2 % cream/appl</i>	2		ALTAVERA	2	
<i>clomiphene citrate 50 mg tablet</i>	2	PA	ALYACEN	2	
GYNAZOLE 1	4		AMETHIA	2	
KYLEENA	5	LA	AMETHIA LO	2	
LILETTA	4		AMETHYST	2	
			ANNOVERA	4	
			APRI	2	
			ARANELLE	2	
			ASHLYNA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUBRA	2		<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	2	
AUBRA EQ	2				
AUROVELA 1 MG-20 MCG TABLET	2		<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
AUROVELA FE 1.5 MG-30 MCG TAB	2		ELINEST	2	
AVIANE	2		ELLA	3	
AZURETTE	2		EMOQUETTE	2	
BALCOLTRA	4		ENPRESSE	2	
BALZIVA	2		ENSKYCE	2	
BLISOVI 24 FE	2		ESTARYLLA	2	
BLISOVI FE 1.5-30 TABLET	2		<i>ethinyl estradiol/drospirenone</i>	2	
BRIELLYN	2		<i>ethynodiol diacetate- ethinyl estradiol</i>	2	
CAMRESE	2		FALMINA	2	
CAMRESE LO	2		FAYOSIM	2	
CAZIAN	2		FEMYNOR	2	
CHATEAL	2		GIANVI	2	
CRYSSELLE	2		HAILEY 24 FE	2	
CYCLAFEM	2		INTROVALE	2	
CYRED	2		ISIBLOOM	2	
CYRED EQ	2		JASMIEL	2	
DASETTA	2		JOLESSA	2	
DAYSEE	2		JULEBER	2	
DELYLA	2		JUNEL	2	
<i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>	2		JUNEL FE	2	
			JUNEL FE 24	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KAITLIB FE	2		MIBELAS 24 FE	2	
KARIVA	2		MICROGESTIN	2	
KELNOR 1-35	2		MICROGESTIN FE	2	
KELNOR 1-50	2		MILI	2	
KURVELO	2		MONO-LINYAH	2	
LARIN	2		MYZILRA	2	
LARIN 24 FE	2		NATAZIA	4	
LARIN FE	2		NECON (0.5-35-28 TABLET, 1-50-28 TABLET)	2	
LARISSIA	2		NIKKI	2	
LAYOLIS FE	2		<i>norethindrone ac-eth estradiol 1mg-20mcg tablet</i>	2	
LEENA	2		<i>norethindrone acetate- ethinyl estradiol/ferrous fumarate (1mg-20(24) tablet, 1mg-20(24) tab chew, 1mg-20(21) tablet)</i>	2	
LEVONEST	2		<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	2	
<i>levonorgestrel-ethinyl estradiol (0.1-0.02mg tablet, 0.15-0.03 tbdspk 3mo, 0.15-0.03 tablet, 6-5-10 tablet, 90-20 mcg tablet)</i>	2		<i>norgestimate-ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	2		NORTREL	2	
LEVORA-28	2		OCELLA	2	
LO LOESTRIN FE	4		OGESTREL	2	
LOMEDIA 24 FE	2		ORSYTHIA	2	
LORYNA	2		PHILITH	2	
LOW-OGESTREL	2		PIMTREA	2	
LUTERA	2		PIRMELLA	2	
MARLISSA	2				
MELODETTA 24 FE	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PORTIA	2		TRI-VYLIBRA	2	
PREVIFEM	2		TRI-VYLIBRA LO	2	
RAJANI	2		TRINESSA LO	2	
RECLIPSEN	2		TRIVORA-28	2	
RIVELSA	4		TYDEMY	2	
SAFYRAL	4		VELIVET	2	
SETLAKIN	2		VIENVA	2	
SLYND	4		VIORELE	2	
SPRINTEC	2		VYFEMLA	2	
SRONYX	2		VYLIBRA	2	
SYEDA	2		WERA	2	
TARINA 24 FE	2		WYMZYA FE	2	
TARINA FE	2		ZARAH	2	
TARINA FE 1-20 EQ	2		ZENCHENT FE	2	
TAYTULLA	4		ZOVIA 1-35E	2	
TILIA FE	2		OXYTOCICS		
TRI FEMYNOR	2		METHERGINE	5	
TRI-ESTARYLLA	2		<i>methylergonovine maleate 0.2 mg tablet</i>	2	
TRI-LEGEST FE	2		<i>methylergonovine maleate (.2mg/ml(1) vial, .2mg/ml(1) ampul)</i>	4	
TRI-LINYAH	2		<i>oxytocin 10 unit/ml vial</i>	2	
TRI-LO-ESTARYLLA	2		OPHTHALMOLOGY		
TRI-LO-MARZIA	2		ANTIBIOTICS		
TRI-LO-SPRINTEC	2		AZASITE	4	
TRI-MILI	2				
TRI-PREVIFEM	2				
TRI-SPRINTEC	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bacitracin 500 unit/g oint. (g)</i>	2		<i>polymyxin b sulfate/trimethoprim</i>	2	
<i>bacitracin/polymyxin b sulfate</i>	2		<i>tobramycin 0.3 % drops</i>	2	
BESIVANCE	4		TOBREX 0.3% EYE OINTMENT	4	
CILOXAN 0.3% OINTMENT	3		ANTIVIRALS		
<i>ciprofloxacin hcl 0.3 % drops</i>	2		<i>trifluridine 1 % drops</i>	2	
<i>erythromycin base 5 mg/gram oint. (g)</i>	2		ZIRGAN	4	
<i>gatifloxacin 0.5 % drops</i>	2		BETA-BLOCKERS		
GENTAK	2		<i>betaxolol hcl 0.5 % drops</i>	2	
<i>gentamicin sulfate (0.3 % oint. (g), 0.3 % drops)</i>	2		BETIMOL	4	STEP
<i>levofloxacin 0.5 % drops</i>	2		BETOPTIC S	4	STEP
MOXEZA	4		<i>carteolol hcl</i>	2	
<i>moxifloxacin hcl 0.5 % drops</i>	2		<i>levobunolol hcl 0.5 % drops</i>	2	
<i>moxifloxacin in nacl,iso-os/pf 1 mg/ml vial</i>	4		<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)</i>	2	
NATACYN	3		TIMOPTIC OCUDOSE	4	STEP
NEO-POLYCIN	2		CHOLINESTERASE INHIBITOR MIOTICS		
<i>neomycin sulfate/bacitracin/poly myxin b</i>	2		PHOSPHOLINE IODIDE	3	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	2		CYCLOPLEGIC MYDRIATICS		
POLYCIN	2		<i>atropine sulfate 1 % drops</i>	2	
			DIRECT ACTING MIOTICS		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	2		NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
MISCELLANEOUS OPHTHALMOLOGICS			ACUVAIL	4	
ALOCRIIL	4		<i>bromfenac sodium 0.09 % drops</i>	2	
ALOMIDE	4		BROMSITE	4	
<i>azelastine hcl 0.05 % drops</i>	2		<i>diclofenac sodium 0.1 % drops</i>	2	
BEPREVE	3		<i>flurbiprofen sodium</i>	2	
CEQUA	4		ILEVRO	4	
<i>cromolyn sodium 4 % drops</i>	2		<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	2	
CYSTARAN	5		NEVANAC	4	
<i>epinastine hcl</i>	2		PROLENSA	4	
JETREA 1.25 MG/ML VIAL	5	LA	ORAL DRUGS FOR GLAUCOMA		
LACRISERT	3		<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	2	
LASTACFT	4		<i>acetazolamide sodium</i>	2	
LUCENTIS (0.3 MG VIAL, 0.3 MG/0.05 ML VIAL, 0.5 MG VIAL, 0.5 MG/0.05 ML SYRING, 0.5 MG/0.05 ML VIAL)	5		<i>methazolamide 25 mg tablet</i>	2	
<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	2		<i>methazolamide 50 mg tablet</i>	4	
OXERVATE	5		OTHER GLAUCOMA DRUGS		
PAZEO	4		AZOPT	4	
RESTASIS	4		<i>bimatoprost 0.03 % drops</i>	2	
RESTASIS MULTIDOSE	4		COMBIGAN	4	STEP
XIIDRA	4		<i>dorzolamide hcl</i>	2	
			<i>dorzolamide hcl/timolol maleate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	2		TOBRADEX ST	4	
<i>latanoprost 0.005 % drops</i>	2		<i>tobramycin/dexamethasone</i>	2	
LUMIGAN	4	STEP	ZYLET	4	
RHOPRESSA	4	STEP	STEROID-SULFONAMIDE COMBINATIONS		
ROCKLATAN	4	STEP	BLEPHAMIDE	4	
SIMBRINZA	4		BLEPHAMIDE S.O.P.	4	
TRAVATAN Z	3	STEP	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
VYZULTA	4	STEP	STERIODS		
XELPROS	4	STEP	ALREX	4	
ZIOPTAN	4	STEP	<i>dexamethasone sodium phosphate 0.1 % drops</i>	2	
STERIOD-ANTIBIOTIC COMBINATIONS			DUREZOL	4	
NEO-POLYCIN HC	2		FLAREX	4	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	2		<i>fluorometholone</i>	2	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	2		FML FORTE	4	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	2		FML S.O.P.	4	
PRED-G (1% DROPS, S.O.P. OINTMENT)	4		INVELTYS	4	
<i>prednisolone acetate/gatifloxacin</i>	4		LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	4	
TOBRADEX EYE OINTMENT	4		LOTEMAX SM	4	
			<i>loteprednol etabonate</i>	2	
			MAXIDEX	4	
			OZURDEX	4	
			PRED MILD	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone acetate</i>	2		<i>diphenhydramine hcl</i> (50 mg/ml vial, 50 mg/ml cartridge, 50 mg/ml syringe)	2	
<i>prednisolone sodium phosphate 1 % drops</i>	2		<i>epinephrine</i> (0.15mg/0.3 auto inject, 0.3mg/0.3 auto inject)	3	QL (4 PER 30 DAYS)
SULFONAMIDES			<i>epinephrine 0.15 mg auto-inject (mylan)</i>	3	QL (4 PER 30 DAYS)
<i>sulfacetamide sodium</i> (10 % drops, 10 % oint. (g))	2		<i>epinephrine 0.3 mg auto-inject (mylan)</i>	3	QL (4 PER 30 DAYS)
SYMPATHOMIMETICS			<i>epinephrine 0.3 mg auto-inject (teva)</i>	3	QL (4 PER 30 DAYS)
ALPHAGAN P 0.1% DROPS	4		EPIPEN 2-PAK	4	QL (4 PER 30 DAYS)
<i>apraclonidine hcl</i>	2		EPIPEN JR 2-PAK	4	QL (4 PER 30 DAYS)
<i>brimonidine tartrate</i> (0.15 % drops, 0.2 % drops)	2		<i>hydroxyzine hcl</i> (10 mg tablet, 25 mg tablet, 50 mg tablet)	3	PA
IOPIDINE	4		KALYDECO 25 MG GRANULES PACKET	5	PA; QL (60 PER 30 DAYS)
RESPIRATORY AND ALLERGY			<i>levocetirizine dihydrochloride</i> (2.5 mg/5ml solution, 5 mg tablet)	2	
ANTI HISTAMINE / ANTIALLERGENIC AGENTS			<i>promethazine hcl</i> (25 mg/ml vial, 25 mg/ml ampul, 50 mg/ml ampul, 50 mg/ml vial)	2	
ADRENALIN	2		<i>promethazine hcl</i> (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)	3	PA
<i>carbinoxamine maleate</i> 6 mg tablet	5		PROMETHEGAN 12.5 MG SUPPOS	2	
<i>cetirizine 1 mg/ml sol'n and syrup</i>	2		RYVENT	4	
CLARINEX 0.5 MG/ML (2.5 MG/5)	4				
CLARINEX-D 12 HOUR	4				
<i>desloratadine</i> (2.5 mg tab rapdis, 5 mg tablet, 5 mg tab rapdis)	2				
<i>diphenhydramine hcl</i> 12.5mg/5ml elixir	3	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SEMPREX-D	4		<i>aminophylline</i> (250mg/10ml vial, 500mg/20ml vial)	2	
SYMJEPI	3				
PULMONARY AGENTS			ANORO ELLIPTA	3	QL (60 PER 30)
<i>acetylcysteine</i> (100 mg/ml vial, 200 mg/ml vial)	2	B/D PA	ARCAPTA NEOHALER	4	QL (30 PER 30 DAYS)
ADCIRCA	5	PA; QL (60 PER 30 DAYS)	ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ADEMPAS	5	PA; LA	ASMANEX (110 MCG #7, 220 MCG #14)	3	
ADVAIR DISKUS	3	QL (60 PER 30 DAYS)	ASMANEX (110 MCG, 220 MCG)	3	QL (30 PER 30 DAYS)
ADVAIR HFA	3	QL (12 PER 30 DAYS)	ASMANEX TWISTHALER 220 MCG #60	3	QL (60 PER 30 DAYS)
AEROSPAN	4	QL (8.9 PER 30 DAYS)	ASMANEX TWISTHALR 220 MCG #120	3	QL (120 PER 30 DAYS)
AIRDUO RESPICLICK	4	QL (60 PER 30 DAYS)	ASMANEX HFA	3	QL (13 PER 30 DAYS)
<i>albuterol sulfate</i> 90 mcg hfa aer ad	2	QL (36 PER 30 DAYS)	ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
<i>albuterol sulfate</i> (2 mg/5 ml syrup, 2 mg tablet, 4 mg tab er 12h, 8 mg tab er 12h)	2		BECONASE AQ	4	QL (50 PER 30 DAYS); STEP
<i>albuterol sulfate</i> 4 mg tablet	4		BERINERT (500 VIAL, 500 KIT)	5	
<i>albuterol sulfate</i> (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 5 mg/ml solution)	2	B/D PA	BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
ALVESCO	4	QL (12.2 PER 30 DAYS)	<i>bosentan</i>	5	LA; QL (60 PER 30 DAYS)
ALYQ	5	PA	BREO ELLIPTA	3	QL (60 PER 30)
<i>ambrisentan</i>	5	LA; QL (30 PER 30 DAYS)	BROVANA	3	B/D PA; QL (120 PER 30)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	2	B/D PA	FLOVENT HFA 44 MCG INHALER	3	QL (10.6 PER 30 DAYS)
			<i>flunisolide 25 mcg spray</i>	2	QL (50 PER 30 DAYS)
<i>budesonide 32mcg spray/pump</i>	2	QL (8.6 PER 30 DAYS); STEP	<i>fluticasone propionate 50 mcg spray susp</i>	2	QL (16 PER 30 DAYS)
CINQAIR	5	PA	<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba, propion/salmeterol 250-50 mcg blst w/dev, propion/salmeterol 500-50 mcg blst w/dev)</i>	2	QL (60 PER 30 DAYS)
CINRYZE	5	PA			
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)			
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	2	B/D PA			
DALIRES	3				
DULERA	3	QL (13 PER 30 DAYS)			
DUPIXENT 200 MG/1.14 ML SYRING	5	PA	HAEGARDA	5	PA
DYMISTA	4	QL (23 PER 30 DAYS); STEP	<i>icatibant acetate</i>	5	PA
ELIXOPHYLLIN	4		INCRUSE ELLIPTA	4	QL (30 PER 30 DAYS)
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA; QL (270 PER 30 DAYS)	<i>ipratropium bromide 0.2 mg/ml solution</i>	2	B/D PA
ESBRIET 801 MG TABLET	5	PA; QL (90 PER 30 DAYS)	<i>ipratropium bromide/albuterol sulfate</i>	2	B/D PA
FASENRA	5	PA	KALYDECO (50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA; QL (60 PER 30 DAYS)
FIRAZYR	5	PA; QL (27 PER 30 DAYS)			
FLOVENT DISKUS	3	QL (60 PER 30 DAYS)	LETAIRIS	5	LA; QL (30 PER 30 DAYS)
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	QL (24 PER 30 DAYS)	<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb)</i>	2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl</i> (1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)	4	B/D PA	PROAIR HFA	3	QL (17 PER 30)
<i>levalbuterol tartrate</i>	4	QL (30 PER 30 DAYS)	PROAIR RESPICLICK	3	QL (2 PER 30)
LONHALA MAGNAIR REFILL	5		PROVENTIL HFA	4	QL (13.4 PER 30)
LONHALA MAGNAIR STARTER	5		PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
<i>metaproterenol sulfate</i>	2		PULMOZYME	5	B/D PA; QL (150 PER 30 DAYS)
<i>mometasone furoate 50 mcg spray/pump</i>	2	QL (34 PER 30 DAYS); STEP	QNASL	4	QL (8.7 PER 30 DAYS); STEP
<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	2		QNASL CHILDREN	4	QL (4.9 PER 30 DAYS); STEP
NUCALA (100 MG/ML AUTO- INJECTOR, 100 MG/ML SYRINGE)	5	PA; LA; QL (3 PER 28 DAYS)	QVAR REDHALER	3	QL (21.2 PER 30 DAYS)
NUCALA 100 MG VIAL	5	PA; LA; QL (1 PER 28 DAYS)	REVATIO 10 MG/ML ORAL SUSP	5	PA
OFEV	5	PA; QL (60 PER 30 DAYS)	RUCONEST	5	
OMNARIS	4	QL (12.5 PER 30 DAYS); STEP	SEEBRI NEOHALER	4	QL (60 PER 30 DAYS)
OPSUMIT	5	PA; LA	SEREVENT DISKUS	4	QL (60 PER 30 DAYS)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA	<i>sildenafil citrate 20 mg tablet</i>	2	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA; QL (112 PER 28 DAYS)	<i>sildenafil citrate (10 mg/ml susp recon, 10 mg/12.5 vial)</i>	5	PA
PERFOROMIST	4	B/D PA	SPIRIVA	3	QL (30 PER 30 DAYS)
PROAIR DIGIHALER	3	QL (2 PER 30)	SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
			STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
			STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT	4	QL (10.2 PER 30 DAYS); STEP	VENTAVIS 10 MCG/1 ML SOLUTION	5	B/D PA; QL (210 PER 30 DAYS)
SYMDEKO	5	PA	VENTAVIS 20 MCG/1 ML SOLUTION	5	B/D PA; QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	5	PA	VENTOLIN HFA	4	QL (36 PER 30)
TAKHZYRO	5	PA	WIXELA INHUB	2	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (1 mg/ml vial, 2.5 mg tablet, 5 mg tablet)</i>	2		XOLAIR 150 MG/ML SYRINGE	5	PA; LA; QL (6 PER 28 DAYS)
THEO-24	4		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA; LA; QL (10 PER 28 DAYS)
<i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2		XOLAIR 150 MG VIAL	5	PA; LA
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	LA; QL (60 PER 30 DAYS)	XOPENEX HFA	3	QL (30 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	LA; QL (120 PER 30 DAYS)	YUPELRI	5	B/D PA
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)	<i>zafirlukast</i>	2	
TUDORZA PRESSAIR	3	QL (1 PER 30 DAYS)	ZETONNA	4	QL (6.1 PER 30 DAYS); STEP
TYVASO	5	B/D PA	<i>zileuton</i>	5	
TYVASO INSTITUTIONAL START KIT	5	B/D PA	ZYFLO	5	
TYVASO REFILL KIT	5	B/D PA	UROLOGICALS		
TYVASO STARTER KIT	5	B/D PA	ANTICHOLINERGICS / ANTISPASMODICS		
UTIBRON NEOHALER	4	QL (60 PER 30 DAYS)	<i>darifenacin hydrobromide</i>	2	
			<i>flavoxate hcl</i>	2	
			GELNIQUE (GEL PUMP, GEL SACHET, GEL SACHETS)	4	
			MYRBETRIQ	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride (5 mg/5 ml syrup, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 15 mg tab er 24)</i>	2		<i>alprostadil 500 mcg/ml vial</i>	2	
OXYTROL	4		CIALIS (2.5 MG TABLET, 5 MG TABLET)	4	PA; QL (30 PER 30)
<i>solifenacin succinate</i>	2		CYSTAGON	3	LA
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)</i>	2		ELMIRON	3	
TOVIAZ	4		<i>glycine urologic solution</i>	2	
<i>trospium chloride (20 mg tablet, 60 mg cap er 24h)</i>	2		K-PHOS NO.2	4	
VESICARE	4		K-PHOS ORIGINAL	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY			<i>potassium citrate</i>	2	
<i>alfuzosin hcl</i>	2		PROCYSBI	5	
<i>dutasteride 0.5 mg capsule</i>	2		PROSTIN VR PEDIATRIC	4	
<i>dutasteride/tamsulosin hcl</i>	2		RENACIDIN	3	
<i>finasteride 5 mg tablet</i>	1		<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	3	PA; QL (30 PER 30 DAYS)
RAPAFLO	4		UNCATEGORIZED		
<i>silodosin</i>	3		Unclassified		
<i>tamsulosin hcl</i>	2		FLUORIDEX SENSITIV RLF PASTE	4	
CHOLINERGIC STIMULANTS			INTRAROSA	4	PA
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2		<i>morphine sulfate 8 mg/ml cartridge</i>	4	QL (250 PER 30 OVER TIME)
MISCELLANEOUS UROLOGICALS			RUBRACA 250 MG TABLET	5	PA; QL (120 PER 30 DAYS)
			VITAMINS, HEMATINICS / ELECTROLYTES		
			ELECTROLYTES		

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcium acetate (667 mg capsule, 667 mg tablet)</i>	2		<i>magnesium sulfate (4 meq/ml syringe, 4 meq/ml vial)</i>	2	
<i>calcium chloride (100 mg/ml vial, 100 mg/ml syringe)</i>	2		<i>magnesium sulfate in sterile water (in 2 g/50 ml piggyback, in 4 g/50 ml piggyback, in 4 g/100 ml piggyback, in 20 g/500ml iv soln, in 40g/1000ml iv soln)</i>	2	
EFFER-K (10 TABLET EFF, 20 TABLET EFF)	4		NORMOSOL-R	3	
EFFER-K 25 MEQ TABLET EFF	2		NORMOSOL-R AND DEXTROSE	3	
HYPERLYTE CR	3		PHOSLYRA	4	
K EFFERVESCENT	2		<i>potassium acetate</i>	2	
K-TAB ER (ER 10 TABLET, ER 20 TABLET)	3		<i>potassium bicarbonate/citric acid</i>	2	
K-TAB ER 8 MEQ TABLET	2		<i>potassium chloride (2 meq/ml vial, 2 meq/ml ampul, 8 meq capsule er, 8 meq tablet er, 10 meq tablet er, 10 meq tab er prt, 10 meq capsule er, 20meq/15ml liquid, 20 meq packet, 20 meq tablet er, 20 meq tab er prt, 40meq/15ml liquid)</i>	2	
KLOR-CON 20 MEQ PACKET	2		<i>potassium chloride in 0.45 % sodium chloride</i>	2	
KLOR-CON 25 MEQ PACKET	3		<i>potassium chloride in 0.9 % sodium chloride (in 20 meq/l iv soln, in 40 meq/l iv soln)</i>	2	
KLOR-CON 10	2		<i>potassium chloride in 5 % dextrose in water</i>	2	
KLOR-CON 8	2		<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	2	
KLOR-CON M10	2				
KLOR-CON M15	2				
KLOR-CON M20	2				
KLOR-CON SPRINKLE	2				
KLOR-CON-EF	2				
<i>magnesium chloride 200 mg/ml vial</i>	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
potassium chloride in dextrose 5 %-0.2 % sodium chloride (chloride/d5-0.2%nacl 20 meq/l iv soln, chloride/d5-0.2%nacl 30 meq/l iv soln, chloride/d5-0.2%nacl 40 meq/l iv soln)	2		sodium bicarbonate (0.9meq/ml syringe, 1 meq/ml syringe, 1 meq/ml vial, 10meq/10ml syringe)	2	
			sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)	2	
potassium chloride in dextrose 5 %-0.45 % sodium chloride	2		sodium chloride 3 %	2	
			sodium chloride 5 %	2	
potassium chloride in dextrose 5% and 0.3 % sodium chloride	2		sodium lactate	2	
potassium chloride in lactated ringers and 5 % dextrose	2		sodium phosphate,monobasic-dibasic	2	
potassium chloride in water for injection, sterile (in 10meq/50ml piggyback, in 10meq/0.1l piggyback, in 20meq/50ml piggyback, in 20meq/0.1l piggyback, in 30meq/0.1l piggyback, in 40meq/0.1l piggyback)	2		MISCELLANEOUS NUTRITION PRODUCTS		
			albumin human 5 % iv soln	4	
			ALBURX	2	
			AMINOSYN	3	B/D PA
			AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	3	B/D PA
			AMINOSYN M	3	B/D PA
			AMINOSYN-PF	3	B/D PA
			BAL IN OIL	4	
			CLINIMIX (4.25%-25% SOLUTION, 4.25%-10% SOLUTION, 5%-20% SOLUTION, 5%-25% SOLUTION, 5%-15% SOLUTION)	3	B/D PA
			CLINIMIX E (4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	B/D PA
potassium chloride/potassium bicarbonate/citric acid	2				
potassium phosphate,monobasic-dibasic	2				
ringer's solution iv soln	2				
ringer's solution,lactated iv soln	2				
sodium acetate	2				

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E 4.25%-10% SOLUTION	4	B/D PA	PREMASOL 10% IV SOLUTION	2	B/D PA
CLINIMIX N14G30E	4	B/D PA	PREMASOL 6% IV SOLUTION	3	B/D PA
CLINIMIX N9G15E	4	B/D PA	PROCALAMINE	3	B/D PA
<i>cysteine hcl 50 mg/ml vial</i>	2	B/D PA	PROSOL	4	B/D PA
<i>edetate calcium disodium 200 mg/ml ampul</i>	4		TRAVASOL	4	B/D PA
<i>electrolyte-48 solution/dextrose 5 % in water</i>	2		TROPHAMINE	3	B/D PA
FREAMINE HBC	3	B/D PA	VITAMINS / HEMATINICS		
HEPATAMINE	3	B/D PA	<i>albumin human 25 % iv soln</i>	2	
INTRALIPID 20% IV FAT EMUL	2	B/D PA	ALBUMINEX	4	
INTRALIPID 30% IV FAT EMUL	3	B/D PA	CITRANATAL BLOOM	4	
IONOSOL MB-DEXTROSE 5%	3		<i>fluoride (sodium) ((sodium) 0.25(0.55) tab chew, (sodium) 0.5(1.1)mg tab chew, (sodium) 1mg(2.2mg) tab chew)</i>	3	
ISOLYTE P WITH DEXTROSE	3		FLUORITAB 1 MG TABLET CHEW	3	
ISOLYTE S	3		LUDENT FLUORIDE 1 MG TAB CHEW	3	
NEPHRAMINE	3	B/D PA	M-NATAL PLUS	4	
NORMOSOL-M AND DEXTROSE	3		<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	2	
NORMOSOL-R PH 7.4	3		<i>pediatric multivitamins no.17 with sodium fluoride</i>	2	
OMEGAVEN	4	B/D PA			
PLASMA-LYTE 148	3				
PLASMA-LYTE A PH 7.4	3				
PLENAMINE	2	B/D PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
<i>prenatal vitamins no.60/ferrous fumarate/folic acid</i>	4	
TRICARE PRENATAL COMPLEAT	4	
TRICARE PRENATAL DHA ONE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Alphabetical Listing

O

0.9 % sodium chloride.....67

A

abacavir sulfate.....10

abacavir sulfate/lamivudine..10

abacavir

sulfate/lamivudine/zidovudine.1

0

ABELCET.....9

ABILIFY MAINTENA.....42

ABILIFY MYCITE.....42

abiraterone acetate.....21

ABRAXANE.....21

ABSORICA.....61

ABSTRAL.....35

acamprosate calcium.....67

ACANYA.....61

acarbose.....72

acebutolol hcl.....50

acetaminophen with codeine

phosphate.....35

acetaminophen/caffeine/dihydr

ocodeine bitartrate.....35

ACETASOL HC.....70

acetazolamide.....98

acetazolamide sodium.....98

acetic acid.....67,70

acetylcysteine.....101

acitretin.....59

ACTEMRA.....90

ACTEMRA ACTPEN.....90

ACTHAR.....71

ACTHIB.....87

ACTIMMUNE.....84

ACUVAIL.....98

acyclovir.....10,64

acyclovir sodium.....10

ACZONE.....61

ADACEL TDAP.....87

ADAGEN.....67

adapalene.....61

adapalene/benzoyl peroxide.61

ADASUVE.....42

ADCIRCA.....101

adefovir dipivoxil.....10

ADEMPAS.....101

adenosine.....49

ADLYXIN.....72

ADMELOG.....72

ADMELOG SOLOSTAR.....72

ADRENALIN.....100

ADRIAMYCIN.....21

ADRUCIL.....21

ADVAIR DISKUS.....101

ADVAIR HFA.....101

ADZENYS ER.....42

ADZENYS XR-ODT.....42

AEROSPAN.....101

AFINITOR.....21

AFINITOR DISPERZ.....21

AFREZZA.....72

AIMOVIG AUTOINJECTOR.32

AIMOVIG AUTOINJECTOR (2

PACK).....32

AIRDUO RESPICLICK.....101

AJOVY.....32

AKTIPAK.....61

AKYNZEO.....80

ALA-CORT.....65

albendazole.....15

ALBENZA.....15

albumin human.....107,108

ALBUMINEX.....108

ALBURX.....107

albuterol sulfate.....101

alclometasone dipropionate.65

alcohol antiseptic pads.....72

ALDACTAZIDE.....50

ALDURAZYME.....77

ALECENSA.....21

alendronate sodium.....67,89

alfuzosin hcl.....105

ALIMTA.....21

ALINIA.....15

ALIQOPA.....21

aliskiren hemifumarate.....50

ALKERAN.....21

allopurinol.....89

allopurinol sodium.....89

ALLZITAL.....35

almotriptan malate.....32

ALOCRIIL.....98

alogliptin benzoate.....72

alogliptin benzoate/metformin

hcl.....72

alogliptin benzoate/pioglitazone

hcl.....72

ALOMIDE.....98

ALOPRIM.....89

ALORA.....91

alosetron hcl.....80

ALOXI.....80

ALPHAGAN P.....100

alprazolam.....42

ALPRAZOLAM INTENSOL..42

alprostadil.....105

ALREX.....99

ALTAVERA.....93

ALTOPREV.....57

ALTRENO.....61

ALUNBRIG.....21

ALVESCO.....101

ALYACEN.....93

ALYQ.....101

AMABELZ.....91

amantadine hcl.....10

AMBISOME.....9

ambrisentan.....101

amcinonide.....65

AMETHIA.....93

AMETHIA LO.....93

AMETHYST.....	93	anagrelide hcl.....	67	ASACOL HD.....	80
AMICAR.....	55	ANALPRAM HC.....	80	ASHLYNA.....	93
amikacin sulfate.....	15	anastrozole.....	21	ASMANEX.....	101
amiloride hcl.....	50	ANDEXXA.....	55,57	ASMANEX HFA.....	101
amiloride		ANDRODERM.....	77	aspirin/caffeine/dihydrocodeine	
hcl/hydrochlorothiazide.....	50	ANDROGEL.....	77	bitartrate.....	35
aminocaproic acid.....	55	ANDROXY.....	77	aspirin/dipyridamole.....	56
aminophylline.....	101	ANGELIQ.....	91	ASTAGRAF XL.....	21
AMINOSYN.....	107	ANNOVERA.....	93	atazanavir sulfate.....	10
AMINOSYN II.....	107	ANORO ELLIPTA.....	101	atenolol.....	50
AMINOSYN M.....	107	ANTARA.....	57	atenolol/chlorthalidone.....	50
AMINOSYN-PF.....	107	ANZEMET.....	80	ATGAM.....	87
amiodarone hcl.....	49	APEXICON E.....	65	atomoxetine hcl.....	42
AMITIZA.....	80	APIDRA.....	72	atorvastatin calcium.....	57
amitriptyline hcl.....	42	APIDRA SOLOSTAR.....	72	atovaquone.....	15
amlodipine besylate.....	50	APOKYN.....	31	atovaquone/proguanil hcl.....	15
amlodipine		apraclonidine hcl.....	100	ATRIPLA.....	10
besylate/atorvastatin calcium	57	aprepitant.....	80	atropine sulfate.....	80,97
amlodipine besylate/benazepril		APRI.....	93	ATROVENT HFA.....	101
hcl.....	50	APRISO.....	80	AUBAGIO.....	33
amlodipine besylate/olmesartan		APTENSIO XR.....	42	AUBRA.....	94
medoxomil.....	50	APTIOM.....	28	AUBRA EQ.....	94
amlodipine		APTIVUS.....	10	AUGMENTIN.....	18
besylate/valsartan.....	50	ARALAST NP.....	67	AUROVELA.....	94
amlodipine		ARANELLE.....	93	AUROVELA FE.....	94
besylate/valsartan/hydrochlorot		ARANESP.....	84,85	AURYXIA.....	67
hiazide.....	50	ARCALYST.....	85	AUSTEDO.....	33
ammonium lactate.....	60	ARCAPTA NEOHALER.....	101	AVANDIA.....	72
AMNESTEEM.....	61	argatroban.....	56	AVASTIN.....	21
amoxapine.....	42	argatroban in 0.9 % sodium		AVC.....	93
amoxicillin.....	17	chloride.....	56	AVEED.....	77
amoxicillin/potassium		argatroban in sodium chloride,		AVELOX ABC PACK.....	18
clavulanate.....	17	iso-osmotic.....	56	AVIANE.....	94
amphetamine sulfate.....	42	ARIKAYCE.....	15	AVITA.....	61
amphotericin b.....	9	aripiprazole.....	42	AVONEX.....	85
ampicillin sodium.....	17	ARISTADA.....	42	AVONEX PEN.....	85
ampicillin sodium/sulbactam		ARISTADA INITIO.....	42	AVYCAZ.....	13
sodium.....	18	armodafinil.....	42	azacitidine.....	21
ampicillin trihydrate.....	18	ARMOUR THYROID.....	79	AZACTAM-ISO-OSMOTIC	
AMPYRA.....	33	ARNUIITY ELLIPTA.....	101	DEXTROSE.....	15
ANADROL-50.....	77	ARRANON.....	21	AZASAN.....	21

AZASITE.....	96	benztropine mesylate.....	31	bosentan.....	101
azathioprine.....	21	BEPREVE.....	98	BOSULIF.....	21,22
azathioprine sodium.....	21	BERINERT.....	101	BOTOX.....	87
azelaic acid.....	61	BESER.....	65	BRAFTOVI.....	22
azelastine hcl.....	70,98	BESIVANCE.....	97	BREO ELLIPTA.....	101
AZELEX.....	61	BESPONSA.....	67	BRIELLYN.....	94
azithromycin.....	14	betamethasone dipropionate.....	65	BRILINTA.....	56
AZOPT.....	98	betamethasone		brimonidine tartrate.....	100
aztreonam.....	15	dipropionate/propylene glycol.....	65	BRIVIACT.....	28
AZURETTE.....	94	betamethasone valerate.....	65	bromfenac sodium.....	98
B		BETASERON.....	85	bromocriptine mesylate.....	31
BACIIM.....	15	betaxolol hcl.....	51,97	BROMSITE.....	98
bacitracin.....	15,97	bethanechol chloride.....	105	BROVANA.....	101
bacitracin/polymyxin b		BETHKIS.....	15	BRYHALI.....	65
sulfate.....	97	BETIMOL.....	97	budesonide.....	80,102
baclofen.....	34	BETOPTIC S.....	97	bumetanide.....	51
BACTROBAN NASAL.....	70	BEVESPI AEROSPHERE.....	101	BUNAVAIL.....	40
BAL IN OIL.....	107	BEVYXXA.....	56	BUPRENEX.....	35
BALCOLTRA.....	94	bexarotene.....	21	buprenorphine.....	35
balsalazide disodium.....	80	BEXSERO.....	87	buprenorphine hcl.....	35
BALVERSA.....	21	bicalutamide.....	21	buprenorphine hcl/naloxone	
BALZIVA.....	94	BICILLIN C-R.....	18	hcl.....	40
BANZEL.....	28	BICILLIN L-A.....	18	bupropion hcl.....	43
BAQSIMI.....	72	BICNU.....	21	buspirone hcl.....	43
BARACLUDE.....	10	BIDIL.....	51	busulfan.....	22
BASAGLAR KWIKPEN U-		BIJUVA.....	91	BUSULFEX.....	22
100.....	72	BIKTARVY.....	10	BUTISOL SODIUM.....	43
BAVENCIO.....	21	BILTRICIDE.....	15	butorphanol tartrate.....	40
BAXDELA.....	18	bimatoprost.....	98	BUTRANS.....	35
bcg live.....	87	BINOSTO.....	89	BYDUREON BCISE.....	72
bcg vaccine, live/pf.....	87	bisoprolol fumarate.....	51	BYDUREON PEN.....	72
BECONASE AQ.....	101	bisoprolol		BYETTA.....	72
BELBUCA.....	35	fumarate/hydrochlorothiazide.....	51	BYSTOLIC.....	51
BELEODAQ.....	21	bleomycin sulfate.....	21	C	
BELSOMRA.....	42	BLEPHAMIDE.....	99	cabergoline.....	77
benazepril hcl.....	50	BLEPHAMIDE S.O.P.....	99	CABLIVI.....	56
benazepril		BLISOVI 24 FE.....	94	CABOMETYX.....	22
hcl/hydrochlorothiazide.....	51	BLISOVI FE.....	94	caffeine citrate.....	67
BENLYSTA.....	90	BONJESTA.....	80	calcipotriene.....	59,60
benznidazole.....	15	BOOSTRIX TDAP.....	87		
		bortezomib.....	21		

calcipotriene/betamethasone dipropionate	60	casprofungin acetate	9	cetirizine 1 mg/ml sol'n and syrup	100
calcitonin, salmon, synthetic	77	CAYSTON	15	CETYLEV	67
calcitriol	60,77	CAZANT	94	cevimeline hcl	67
calcium acetate	106	cefaclor	13	CHANTIX	70
calcium chloride	106	cefadroxil	13	CHATEAL	94
CALQUENCE	22	cefazolin sodium	13	CHEMET	67
CAMBIA	40	cefazolin sodium/dextrose, iso-osmotic	13	CHENODAL	80
CAMILA	91	cefdinir	13	chloramphenicol sodium succinate	15
CAMRESE	94	cefepime hcl	13	chlorhexidine gluconate	70
CAMRESE LO	94	cefepime hcl in dextrose 5 % in water	13	chloroquine phosphate	15
CANASA	80	cefepime hcl in iso-osmotic dextrose	13	chlorothiazide	51
CANCIDAS	9	cefepime hcl in iso-osmotic dextrose	13	chlorothiazide sodium	51
candesartan cilexetil	51	cefixime	13	chlorpromazine hcl	43
candesartan		cefotaxime sodium	13	chlorthalidone	51
cilexetil/hydrochlorothiazide	51	cefotetan disodium	13	chlorzoxazone	34
CAPASTAT SULFATE	15	cefotetan disodium in iso-osmotic dextrose	13	CHOLBAM	80
CAPEX SHAMPOO	65	cefoxitin sodium	13	cholestyramine (with sugar)	57
CAPRELSA	22	cefoxitin sodium/dextrose, iso-osmotic	13	cholestyramine/aspartame	58
captopril	51	cefoxitin sodium/dextrose, iso-osmotic	13	chorionic gonadotropin, human	77
captopril/hydrochlorothiazide	51	cefpodoxime proxetil	13	CIALIS	105
CARAFATE	83	cefprozil	13	CICLODAN	64
CARBAGLU	67	ceftazidime	13	ciclopirox	64
carbamazepine	28	ceftazidime in dextrose 5% and water	13	ciclopirox olamine	64
carbidopa	31	ceftriaxone sodium	13	cidofovir	10
carbidopa/levodopa	31	ceftriaxone sodium in iso-osmotic dextrose	14	cilostazol	56
carbidopa/levodopa/entacapone	31	ceftriaxone sodium in iso-osmotic dextrose	14	CILOXAN	97
carbinoxamine maleate	100	cefuroxime axetil	14	CIMDUO	10
carboplatin	22	cefuroxime sodium	14	cimetidine	83
CARDENE I.V.	51	celecoxib	40	cimetidine hcl	83
CARDIZEM LA	51	CELONTIN	28	CIMZIA	80
CARDURA XL	51	CENTANY	63	cinacalcet hcl	77
CARIMUNE NF		cephalexin	14	CINQAIR	102
NANOFILTERED	87	CEQUA	98	CINRYZE	102
carmustine	22	CERDELGA	77	CINVANTI	80
CAROSPIR	51	CEREZYME	77	CIPRO HC	70
carteolol hcl	97	CESAMET	80	CIPRODEX	70
CARTIA XT	51			ciprofloxacin	18
carvedilol	51			ciprofloxacin hcl	18,70,97
carvedilol phosphate	51				

ciprofloxacin lactate.....	18	clocortolone pivalate.....	65	COSENTYX PEN (2 PENS).....	60
ciprofloxacin lactate/dextrose 5 % in water.....	19	CLODAN.....	65	COSENTYX SYRINGE.....	60
cisplatin.....	22	clofarabine.....	22	COSMEGEN.....	22
citalopram hydrobromide.....	43	clomiphene citrate.....	93	COTELLIC.....	22
CITRANATAL BLOOM.....	108	clomipramine hcl.....	43	COTEMPLA XR-ODT.....	43
cladribine.....	22	clonazepam.....	29	CREON.....	81
CLARAVIS.....	61	clonidine.....	51	CRESEMBA.....	9
CLARINEX.....	100	clonidine hcl.....	43,51	CRINONE.....	91
CLARINEX-D 12 HOUR.....	100	clopidogrel bisulfate.....	56	CRIXIVAN.....	10
clarithromycin.....	14	clorazepate dipotassium.....	43	cromolyn sodium.....	81,98,102
CLENPIQ.....	80	clotrimazole.....	9,64	CROTAN.....	67
CLEOCIN.....	93	clotrimazole/betamethasone dipropionate.....	64	CRYSELLE.....	94
CLEOCIN PHOSPHATE IN D5W.....	15	clozapine.....	43	CUPRIMINE.....	90
CLIMARA PRO.....	91	COARTEM.....	15	CUTAQUIG.....	87
CLINDACIN ETZ.....	61	codeine sulfate.....	35	CUVITRU.....	87
CLINDACIN P.....	61	colchicine.....	89	CUVPOSA.....	80
CLINDAGEL.....	61	COLCRYS.....	89	CYCLAFEM.....	94
clindamycin hcl.....	15	colesevelam hcl.....	58	cyclobenzaprine hcl.....	34
clindamycin palmitate hcl.....	15	colestipol hcl.....	58	cyclophosphamide.....	22
clindamycin phosphate 15,62,93 sodium chloride.....	15	colistin (as colistimethate sodium).....	15	cycloserine.....	15
clindamycin phosphate/benzoyl peroxide.....	62	COLOCORT.....	80	CYCLOSET.....	72
clindamycin phosphate/dextrose 5 % in water.....	15	COLY-MYCIN S.....	71	cyclosporine.....	22
clindamycin phosphate/tretinoin.....	62	COMBIGAN.....	98	cyclosporine, modified.....	22
CLINDESSE.....	62	COMBIPATCH.....	91	CYRAMZA.....	22
CLINIMIX.....	68,107	COMBIVENT RESPIMAT.....	102	CYRED.....	94
CLINIMIX E.....	68,107,108	COMETRIQ.....	22	CYRED EQ.....	94
CLINIMIX N14G30E.....	108	COMPLERA.....	10	CYSTADANE.....	81
CLINIMIX N9G15E.....	108	COMPRO.....	81	CYSTAGON.....	105
CLINIMIX N9G20E.....	68	CONDYLOX.....	60	CYSTARAN.....	98
clobazam.....	28,29	CONSTULOSE.....	81	cysteine hcl.....	108
clobetasol propionate.....	65	CONZIP.....	40	cytarabine.....	22
clobetasol propionate/emollient base.....	65	COPIKTRA.....	22	cytarabine/pf.....	22
		CORDRAN.....	65	CYTOGAM.....	87
		CORLANOR.....	59		
		CORTIFOAM.....	81	D	
		cortisone acetate.....	71	dacarbazine.....	22
		CORTISPORIN.....	63	dactinomycin.....	22
		COSENTYX (2 SYRINGES).....	60	dalfampridine.....	33
		COSENTYX PEN.....	60	DALIRESP.....	102
				DALVANCE.....	15
				danazol.....	77

dantrolene sodium.....	34	desogestrel-ethinyl	dextrose 70 % in water.....	68
dapsone.....	15,62	estradiol/ethinyl estradiol.....	DIASTAT.....	29
DAPTACEL DTAP.....	87	DESONATE.....	DIASTAT ACUDIAL.....	29
daptomycin.....	15	desonide.....	diazepam.....	29,44
DARAPRIM.....	15	desoximetasone.....	diclofenac epolamine.....	40
darifenacin hydrobromide...104		desvenlafaxine.....	diclofenac potassium.....	40
DARZALEX.....	22	desvenlafaxine succinate...43	diclofenac sodium.....	40,60,98
DASETTA.....	94	dexamethasone.....	diclofenac	
daunorubicin hcl.....	22	DEXAMETHASONE	sodium/misoprostol.....	40
DAURISMO.....	22	INTENSOL.....	dicloxacillin sodium.....	18
DAYSEE.....	94	dexamethasone sodium	dicyclomine hcl.....	80
DAYTRANA.....	43	phosphate.....	didanosine.....	10
DDAVP.....	77	dexamethasone sodium	DIFFERIN.....	62
DEBLITANE.....	91	phosphate/pf.....	DIFICID.....	14
DECADRON.....	71	DEXILANT.....	diflorasone diacetate.....	65
decitabine.....	22	dexmethylphenidate hcl.....43	diflunisal.....	40
deferasirox.....	68	DEXPAK.....	DIGITEK.....	55
DELSTRIGO.....	10	dexrazoxane hcl.....	DIGOX.....	55
DELTASONE.....	71	dextroamphetamine sulf-	digoxin.....	55
DELYLA.....	94	saccharate/amphetamine sulf-	dihydroergotamine mesylate.32	
DELZICOL.....	81	aspartate.....	DILANTIN.....	29
demeclocycline hcl.....	19	dextroamphetamine sulfate..44	DILATRATE-SR.....	59
DEMSEER.....	51	dextrose 10 % and 0.2 %	DILT-XR.....	51
DENAVIR.....	65	sodium chloride.....	diltiazem hcl.....	52
DENTA 5000 PLUS.....	70	dextrose 10 % and 0.45 %	DIPENTUM.....	81
DENTAGEL.....	70	sodium chloride.....	diphenhydramine hcl.....	100
DEPEN.....	90	dextrose 10 % in water.....	diphenoxylate hcl/atropine	
DEPO-ESTRADIOL.....	91	dextrose 2.5 % and 0.45 %	sulfate.....	80
DEPO-MEDROL.....	71	sodium chloride.....	dipyridamole.....	56
DEPO-PROVERA.....	91	dextrose 5 % and 0.2 % sodium	disulfiram.....	68
DEPO-SUBQ PROVERA		chloride.....	DIURIL.....	52
104.....	91	dextrose 5 % and 0.3 % sodium	divalproex sodium.....	29
DEPO-TESTOSTERONE...77		chloride.....	DIVIGEL.....	91
DESCOVY.....	10	dextrose 5 % and 0.45 %	dobutamine hcl.....	59
desipramine hcl.....	43	sodium chloride.....	dobutamine hcl in dextrose 5 %	
desloratadine.....	100	dextrose 5 % and 0.9 % sodium	in water.....	59
desmopressin acetate.....77		chloride.....	docetaxel.....	22
desmopressin acetate (non-		dextrose 5 % in lactated	dofetilide.....	49
refrigerated).....	77	ringers.....	donepezil hcl.....	33
desogestrel-ethinyl estradiol.94		dextrose 5 % in water.....	dopamine hcl.....	59
		dextrose 50 % in water.....		68

dopamine hcl in dextrose 5 % in water.....	59	DYRENIUM.....	52	enalapril maleate.....	52
DOPTELET.....	56	DYSPORT.....	87	enalapril maleate/hydrochlorothiazide.....	52
DORIBAX.....	15	E		enalaprilat dihydrate.....	52
doripenem.....	15		E.E.S. 400.....	14	ENBREL.....
dorzolamide hcl.....	98	econazole nitrate.....	64	ENBREL MINI.....	90
dorzolamide hcl/timolol maleate.....	98	EDARBI.....	52	ENBREL SURECLICK.....	90
dorzolamide hcl/timolol maleate/pf.....	99	EDARBYCLOR.....	52	ENDARI.....	68
DOTTI.....	91	edetate calcium disodium.....	108	ENDOCET.....	35
DOVATO.....	10	EDLUAR.....	44	ENERGIX-B ADULT.....	87
doxazosin mesylate.....	52	EDURANT.....	10	ENERGIX-B PEDIATRIC- ADOLESCENT.....	87
doxepin hcl.....	44,60	efavirenz.....	10	enoxaparin sodium.....	56
doxercalciferol.....	77	EFFER-K.....	106	ENPRESSE.....	94
doxorubicin hcl.....	22	EGRIFTA.....	85	ENSKYCE.....	94
doxorubicin hcl pegylated liposomal.....	22	ELAPRASE.....	77	ENSTILAR.....	60
DOXY 100.....	19	electrolyte-48 solution/dextrose 5 % in water.....	108	entacapone.....	31
doxycycline hyclate.....	19	ELELYSO.....	77	entecavir.....	10
doxycycline monohydrate.....	19	ELESTRIN.....	92	ENTEREG.....	81
dronabinol.....	81	eletriptan hydrobromide.....	32	ENTRESTO.....	59
droperidol.....	81	ELIDEL.....	60	ENTYVIO.....	81
drospirenone/ethinyl estradiol/levomefolate calcium.....	94	ELIGARD.....	22,23	ENULOSE.....	81
DROXIA.....	22	ELINEST.....	94	ENVARSUS XR.....	23
DUAVEE.....	91	ELIQUIS.....	56	EPANED.....	52
DULERA.....	102	ELITEK.....	20	EPCLUSA.....	10
duloxetine hcl.....	44	ELIXOPHYLLIN.....	102	EPIDIOLEX.....	29
DUOBRII.....	65	ELLA.....	94	EPIDUO FORTE.....	62
DUOPA.....	31	ELLENCE.....	23	EPIFOAM.....	60
DUPIXENT.....	60,102	ELMIRON.....	105	epinastine hcl.....	98
DURAMORPH.....	35	ELOCTATE.....	68	epinephrine.....	100
DUREZOL.....	99	EMBEDA.....	35	epinephrine 0.15 mg auto- inject (mylan).....	100
dutasteride.....	105	EMCYT.....	23	epinephrine 0.3 mg auto-inject (mylan).....	100
dutasteride/tamsulosin hcl.....	105	EMEND.....	81	epinephrine 0.3 mg auto-inject (teva).....	100
DUTOPROL.....	52	EMFLAZA.....	71	EPIPEN 2-PAK.....	100
DUZALLO.....	89	EMGALITY PEN.....	32	EPIPEN JR 2-PAK.....	100
DYANAVAL XR.....	44	EMGALITY SYRINGE.....	32	epirubicin hcl.....	23
DYMISTA.....	102	EMOQUETTE.....	94	EPITOL.....	29
		EMPLICITI.....	23	EPIVIR HBV.....	10
		EMSAM.....	44		
		EMTRIVA.....	10		
		EMVERM.....	15		

eplerenone.....	52	ESTRING.....	92	FARESTON.....	23
EPOGEN.....	85	eszopiclone.....	44	FARXIGA.....	72,73
eprosartan mesylate.....	52	ethacrynate sodium.....	52	FARYDAK.....	23
EQUETRO.....	29	ethacrynic acid.....	52	FASENRA.....	102
ERAXIS (WATER DILUENT).....	9	ethambutol hcl.....	15	FASLODEX.....	23
ERBITUX.....	23	ethinyl.....		FAYOSIM.....	94
ergoloid mesylates.....	44	estradiol/drospirenone.....	94	FAZACLO.....	45
ERGOMAR.....	32	ethosuximide.....	29	febuxostat.....	89
ergotamine tartrate/cafeine.....	32	ethynodiol diacetate-ethinyl.....		felbamate.....	29
ERIVEDGE.....	23	estradiol.....	94	felodipine.....	52
ERLEADA.....	23	etidronate disodium.....	68	FEMRING.....	92
erlotinib hcl.....	23	etodolac.....	40	FEMYNOR.....	94
ERRIN.....	92	ETOPOPHOS.....	23	fenofibrate.....	58
ERTACZO.....	64	etoposide.....	23	fenofibrate nanocrystallized.....	58
ertapenem sodium.....	15	EUCRISA.....	60	fenofibrate,micronized.....	58
ERWINAZE.....	23	EURAX.....	67	fenofibric acid.....	58
ERY.....	62	EVAMIST.....	92	fenofibric acid (choline).....	58
ERY-TAB.....	14	EVEKEO.....	44	fenoprofen calcium.....	40
ERYGEL.....	62	EVEKEO ODT.....	44	fentanyl.....	35
ERYPED 200.....	14	EVENITY.....	89	fentanyl citrate.....	36
ERYPED 400.....	14	EVENITY (2 SYRINGES).....	89	fentanyl citrate/pf.....	36
ERYTHROCIN.....		EVOTAZ.....	10	FENTORA.....	36
LACTOBIONATE.....	14	EVZIO.....	40	FERRIPROX.....	68
ERYTHROCIN STEARATE.....	14	EXELDERM.....	64	FETZIMA.....	45
erythromycin base.....	14,97	exemestane.....	23	FIASP.....	73
erythromycin base in ethanol.....	62	EXJADE.....	68	FIASP FLEXTOUCH.....	73
erythromycin base/benzoyl.....		EXONDYS 51.....	33	FIASP PENFILL.....	73
peroxide.....	62	EXTAVIA.....	85	FINACEA.....	62
erythromycin ethylsuccinate.....	14	ezetimibe.....	58	finasteride.....	105
ESBRIET.....	102	ezetimibe/simvastatin.....	58	FIRAZYR.....	102
escitalopram oxalate.....	44			FIRDAPSE.....	33
esmolol hcl in sodium chloride,.....		F		FIRMAGON.....	23
iso-osmotic.....	52	FABIOR.....	62	FLAC OTIC OIL.....	70
esomeprazole magnesium.....	83	FABRAZYME.....	77	FLAREX.....	99
esomeprazole sodium.....	83	FALMINA.....	94	flavoxate hcl.....	104
esomeprazole strontium.....	83	famciclovir.....	10	FLEBOGAMMA DIF.....	87
ESTARYLLA.....	94	famotidine.....	83	flecainide acetate.....	49
estradiol.....	92	famotidine in sodium chloride,.....		FLECTOR.....	40
estradiol valerate.....	92	iso-osmotic/pf.....	84	FLOVENT DISKUS.....	102
estradiol/norethindrone.....		famotidine/pf.....	84	FLOVENT HFA.....	102
acetate.....	92	FANAPT.....	45	floxuridine.....	23

fluconazole.....	9	FORTEO.....	89	GAVILYTE-C.....	81
fluconazole in dextrose, iso-osmotic.....	9	FORTESTA.....	78	GAVILYTE-G.....	81
fluconazole in sodium chloride, iso-osmotic.....	9	FOSAMAX PLUS D.....	89	GAVILYTE-H AND BISACODYL.....	81
flucytosine.....	9	fosamprenavir calcium.....	10	GAVILYTE-N.....	81
fludarabine phosphate.....	23	fosaprepitant dimeglumine.....	81	GELNIQUE.....	104
fludrocortisone acetate.....	71	fosinopril.....	52	gemcitabine hcl.....	23
flunisolide.....	102	sodium/hydrochlorothiazide.....	52	gemfibrozil.....	58
fluocinolone acetonide.....	66	fosphenytoin sodium.....	29	GENERLAC.....	81
fluocinolone acetonide oil....	70	FOSRENOL.....	68	GENGRAF.....	23
fluocinolone acetonide/shower cap.....	66	FRAGMIN.....	56	GENOTROPIN.....	85
fluocinonide.....	66	FREAMINE HBC.....	108	GENTAK.....	97
fluocinonide/emollient base..	66	frovatriptan succinate.....	32	gentamicin sulfate....	16,63,97
fluoride (sodium).....	70,108	FULPHILA.....	85	gentamicin sulfate in sodium chloride, iso-osmotic.....	16
FLUORIDEX.....	70	fulvestrant.....	23	gentamicin sulfate/pf.....	16
FLUORIDEX SENSITIVITY RELIEF.....	105	furosemide.....	52	GENVOYA.....	10
FLUORITAB.....	108	FUZEON.....	10	GEODON.....	45
fluorometholone.....	99	FYAVOLV.....	92	GIANVI.....	94
fluorouracil.....	23,60,61	FYCOMPA.....	29	GILENYA.....	33
fluoxetine hcl.....	45	G		GILOTRIF.....	23
fluphenazine decanoate.....	45	gabapentin.....	29	GLASSIA.....	68
fluphenazine hcl.....	45	GABLOFEN.....	34	glatiramer acetate.....	33
flurandrenolide.....	66	GALAFOLD.....	68	GLATOPA.....	33
flurbiprofen.....	40	galantamine hbr.....	33	GLEOSTINE.....	23
flurbiprofen sodium.....	98	GAMASTAN.....	87	glimepiride.....	73
flutamide.....	23	GAMASTAN S-D.....	87	glipizide.....	73
fluticasone propionate...66,102		GAMASTAN S-D VIAL (RXCUI 1809038).....	87	glipizide/metformin hcl.....	73
fluticasone propionate/salmeterol xinafoate.....	102	GAMMAGARD LIQUID.....	87	GLUCAGEN.....	73
fluvastatin sodium.....	58	GAMMAGARD S-D.....	87	GLUCAGON EMERGENCY KIT.....	73
fluvoxamine maleate.....	45	GAMMAKED.....	87	GLYCATÉ.....	80
FML FORTE.....	99	GAMMAPLEX.....	87,88	glycine urologic solution....	105
FML S.O.P.....	99	GAMUNEX-C.....	88	glycopyrrolate.....	80
FOLOTYN.....	23	ganciclovir sodium.....	10	GLYDO.....	63
fomepizole.....	87	GARDASIL.....	88	GLYXAMBI.....	73
fondaparinux sodium.....	56	GARDASIL 9.....	88	GOCOVRI.....	31
FORFIVO XL.....	45	gatifloxacin.....	97	GOLYTELY.....	81
		GATTEX.....	81	GONITRO.....	59
		gauze pads & dressings - pads 2x2.....	73	GRALISE.....	29
				granisetron hcl.....	81

granisetron hcl/pf.....	81	HUMALOG KWIKPEN U-100 73	hydrocortisone butyrate.....	66
GRANIX.....	85	HUMALOG KWIKPEN U-200 73	hydrocortisone	
GRASTEK.....	88	HUMALOG MIX 50-50.....	butyrate/emollient base.....	66
griseofulvin ultramicrosize.....	9	HUMALOG MIX 50-50	hydrocortisone valerate.....	66
griseofulvin, microsize.....	9	KWIKPEN.....	hydrocortisone/acetic acid...	70
guanfacine hcl.....	45	HUMALOG MIX 75-25.....	hydrocortisone/mineral	
guanidine hcl.....	45	HUMALOG MIX 75-25	oil/petrolatum,white.....	66
GYNAZOLE 1.....	93	KWIKPEN.....	hydromorphone hcl.....	36,37
		HUMATROPE.....	hydromorphone hcl/pf.....	37
		HUMIRA.....	hydroxychloroquine sulfate..	16
		HUMIRA PEDIATRIC	hydroxyprogesterone	
HAEGARDA.....	102	CROHN'S.....	caproate.....	92
HAILEY 24 FE.....	94	HUMIRA PEN.....	hydroxyprogesterone	
HALAVEN.....	23	HUMIRA PEN CROHN'S-UC-	caproate/pf.....	92
halcinonide.....	66	HS.....	hydroxyurea.....	23
halobetasol propionate.....	66	HUMIRA PEN PSOR-UVEITS-	hydroxyzine hcl.....	100
HALOG.....	66	ADOL HS.....	HYPERHEP B S-D.....	88
haloperidol.....	45	HUMIRA(CF).....	HYPERLYTE CR.....	106
haloperidol decanoate.....	45	HUMIRA(CF) PEDIATRIC	HYPERRAB.....	88
haloperidol lactate.....	45	CROHN'S.....	HYPERRHO S-D.....	88
HARVONI.....	10	HUMIRA(CF) PEN.....	HYQVIA.....	88
HAVRIX.....	88	HUMIRA(CF) PEN CROHN'S-	HYSINGLA ER.....	37
HEATHER.....	92	UC-HS.....		
heparin sodium,porcine.....	56	HUMIRA(CF) PEN PSOR-UV-		
heparin sodium,porcine in 0.45		ADOL HS.....	ibandronate sodium.....	90
% sodium chloride.....	56	HUMULIN 70-30.....	IBRANCE.....	23
heparin sodium,porcine in 0.9		HUMULIN 70/30 KWIKPEN..	IBU.....	40
% sodium chloride/pf.....	56	HUMULIN N.....	ibuprofen.....	40
heparin		HUMULIN N KWIKPEN.....	ibuprofen/oxycodone hcl....	37
sodium,porcine/dextrose 5 % in		HUMULIN R.....	ibutilide fumarate.....	49
water.....	56	HUMULIN R U-500.....	icatibant acetate.....	102
heparin sodium,porcine/pf...	57	HUMULIN R U-500	ICLUSIG.....	23
HEPATAMINE.....	108	KWIKPEN.....	idarubicin hcl.....	24
HERCEPTIN.....	23	hydralazine hcl.....	IDHIFA.....	24
HERCEPTIN HYLECTA.....	23	hydrochlorothiazide.....	ifosfamide.....	24
HETLIOZ.....	45	hydrocodone	ILEVRO.....	98
HIBERIX.....	88	bitartrate/acetaminophen....	ILUMYA.....	60
HIZENTRA.....	88	hydrocodone/ibuprofen.....	imatinib mesylate.....	24
HORIZANT.....	33	hydrocortisone.....	IMBRUVICA.....	24
HUMALOG.....	73	hydrocortisone	IMFINZI.....	24
HUMALOG JUNIOR		acetate/pramoxine hcl.....	imipenem/cilastatin sodium..	16
KWIKPEN.....	73			

imipramine hcl.....	45	INVOKAMET.....	74	JANUVIA.....	74
imipramine pamoate.....	45	INVOKAMET XR.....	74	JARDIANCE.....	74
imiquimod.....	61	INVOKANA.....	74	JASMIEL.....	94
IMOVAX RABIES VACCINE.....	88	IONOSOL MB-DEXTROSE		JENCYCLA.....	92
IMPOYZ.....	66	5%.....	108	JENTADUETO.....	74
IMVEXXY.....	92	IOPIDINE.....	100	JENTADUETO XR.....	74
INBRIJA.....	31	IPOL.....	88	JETREA.....	98
INCASSIA.....	92	ipratropium bromide.....	70,102	JEVANTIQUE LO.....	92
INCRELEX.....	68	ipratropium bromide/albuterol		JEVTANA.....	24
INCRUSE ELLIPTA.....	102	sulfate.....	102	JINTELI.....	92
indapamide.....	53	irbesartan.....	53	JOLESSA.....	94
INDOCIN.....	40	irbesartan/hydrochlorothiazide	5	JUBLIA.....	64
INFANRIX DTAP.....	88	3.....		JULEBER.....	94
INFLECTRA.....	81	IRESSA.....	24	JULUCA.....	11
INFUGEM.....	24	irinotecan hcl.....	24	JUNEL.....	94
INGREZZA.....	33	ISENTRESS.....	11	JUNEL FE.....	94
INGREZZA INITIATION		ISENTRESS HD.....	11	JUNEL FE 24.....	94
PACK.....	33	ISIBLOOM.....	94	JUXTAPID.....	58
INLYTA.....	24	ISOLYTE P WITH		JYNARQUE.....	78
INNOPRAN XL.....	53	DEXTROSE.....	108		
INREBIC.....	24	ISOLYTE S.....	108	K	
insulin admin. supplies.....	73	isoniazid.....	16	K EFFERVESCENT.....	106
insulin lispro.....	73	isopropyl alcohol 0.7 ml/ml		K-PHOS NO.2.....	105
insulin pen needle.....	73	medicated pad.....	74	K-PHOS ORIGINAL.....	105
insulin pump cartridge.....	73	isosorbide dinitrate.....	59	K-TAB ER.....	106
insulin syringe (disp) u-100 0.3		isosorbide mononitrate.....	59	KADCYLA.....	24
ml.....	73	isotretinoin.....	62	KADIAN.....	37
insulin syringe (disp) u-100 1		isradipine.....	53	KAITLIB FE.....	95
ml.....	73	ISTODAX.....	24	KALETRA.....	11
insulin syringe (disp) u-100 1/2		itraconazole.....	9	KALYDECO.....	100,102
ml.....	74	ivermectin.....	16	KANUMA.....	78
INTELENCE.....	10,11	IXEMPRA.....	24	KARIVA.....	95
INTRALIPID.....	108	IXIARO.....	88	KAZANO.....	74
INTRAROSA.....	105			KEDRAB.....	88
INTRON A.....	86	J		KELNOR 1-35.....	95
INTROVALE.....	94	JADENU.....	68	KELNOR 1-50.....	95
INVANZ.....	16	JADENU SPRINKLE.....	68	KENALOG-10.....	71
INVEGA SUSTENNA.....	45	JAKAFI.....	24	KENALOG-40.....	71
INVEGA TRINZA.....	45	JANTOVEN.....	57	KENALOG-80.....	71
INVELTYS.....	99	JANUMET.....	74	KEPIVANCE.....	20
INVIRASE.....	11	JANUMET XR.....	74	KERYDIN.....	64

ketoconazole.....	9,64	lamivudine.....	11	levocarnitine (with sugar)....	68
ketoprofen.....	41	lamivudine/zidovudine.....	11	levocetirizine	
ketorolac tromethamine.....	98	lamotrigine.....	29	dihydrochloride.....	100
KEVEYIS.....	33	LANOXIN.....	55	levofloxacin.....	19,97
KEVZARA.....	91	LANOXIN PEDIATRIC.....	55	levofloxacin/dextrose 5 % in	
KEYTRUDA.....	24	lansoprazole.....	84	water.....	19
KHAPZORY.....	21	lansoprazole/amoxicillin		levoleucovorin calcium.....	21
KHEDEZLA.....	45	trihydrate/clarithromycin.....	84	LEVONEST.....	95
KINERET.....	91	lanthanum carbonate.....	68	levonorgestrel-ethinyl	
KINRIX.....	88	LANTUS.....	74	estradiol.....	95
KIONEX.....	68	LANTUS SOLOSTAR.....	74	levonorgestrel/ethinyl estradiol	
KISQALI.....	24	LARIN.....	95	and ethinyl estradiol.....	95
KISQALI FEMARA CO-		LARIN 24 FE.....	95	LEVORA-28.....	95
PACK.....	24	LARIN FE.....	95	levorphanol tartrate.....	37
KITABIS PAK.....	16	LARISSIA.....	95	levothyroxine sodium.....	79
KLOFENSAID II.....	41	LARTRUVO.....	24	LEVOXYL.....	79
KLOR-CON.....	106	LASTACRAFT.....	98	LEXETTE.....	66
KLOR-CON 10.....	106	latanoprost.....	99	LEXIVA.....	11
KLOR-CON 8.....	106	LATUDA.....	45	LIALDA.....	81
KLOR-CON M10.....	106	LAYOLIS FE.....	95	LIBTAYO.....	24
KLOR-CON M15.....	106	LAZANDA.....	37	lidocaine.....	63
KLOR-CON M20.....	106	ledipasvir/sofosbuvir.....	11	lidocaine hcl.....	63
KLOR-CON SPRINKLE.....	106	LEENA.....	95	lidocaine hcl in dextrose 5% in	
KLOR-CON-EF.....	106	leflunomide.....	91	water/pf.....	49
KOMBIGLYZE XR.....	74	LENVIMA.....	24	lidocaine hcl/epinephrine....	63
KORLYM.....	78	LESSINA.....	95	lidocaine hcl/pf.....	49,63
KRINTAFEL.....	16	LETAIRIS.....	102	lidocaine/prilocaine.....	63
KRISTALOSE.....	81	letrozole.....	24	LILETTA.....	93
KURVELO.....	95	leucovorin calcium.....	21	LINCOCIN.....	16
KUVAN.....	78	LEUKERAN.....	24	lincomycin hcl.....	16
KYLEENA.....	93	LEUKINE.....	86	lindane.....	67
KYNAMRO.....	58	leuprolide acetate.....	24	linezolid.....	16
KYPROLIS.....	24	levalbuterol hcl.....	102,103	linezolid in 0.9 % sodium	
		levalbuterol tartrate.....	103	chloride.....	16
		LEVEMIR.....	74	linezolid in dextrose 5 % in	
		LEVEMIR FLEXTOUCH.....	74	water.....	16
labetalol hcl.....	53	levetiracetam.....	30	LINZESS.....	81
LACRISERT.....	98	levetiracetam in sodium		LIORESAL INTRATHECAL.....	34
lactulose.....	81	chloride, iso-osmotic.....	30	liothyronine sodium.....	79
LAMICTAL XR (BLUE).....	29	levobunolol hcl.....	97	LIPOFEN.....	58
LAMICTAL XR (GREEN)....	29	levocarnitine.....	68	lisinopril.....	53
LAMICTAL XR (ORANGE)...	29				

L

lisinopril/hydrochlorothiazide	53	LUPANETA PACK	93	mefloquine hcl	16
lithium carbonate	46	LUPRON DEPOT	24	megestrol acetate	25
lithium citrate	46	LUPRON DEPOT		MEKINIST	25
LITHOSTAT	68	(LUPANETA)	24	MEKTOVI	25
LIVALO	58	LUPRON DEPOT-PED	24	MELODETTA 24 FE	95
LO LOESTRIN FE	95	LUTERA	95	meloxicam	41
LOKELMA	68	LUZU	64	melphalan	25
LOMEDIA 24 FE	95	LYNPARZA	25	melphalan hcl	25
LONHALA MAGNAIR		LYRICA	30	memantine hcl	34
REFILL	103	LYRICA CR	30	MENACTRA	88
LONHALA MAGNAIR		LYSODREN	25	MENEST	92
STARTER	103	LYZA	92	MENHIBRIX	88
LONSURF	24			MENOMUNE-A-C-Y-W-135	88
loperamide hcl	80	M		MENOSTAR	92
lopinavir/ritonavir	11	M-M-R II VACCINE	88	MENTAX	64
LOPREEZA	92	M-NATAL PLUS	108	MENVEO A-C-Y-W-135-DIP	88
lorazepam	46	mafenide acetate	63	mercaptopurine	25
LORAZEPAM INTENSOL	46	magnesium chloride	106	meropenem	16
LORBRENA	24	magnesium sulfate	106	meropenem in 0.9 % sodium	
LORCET	37	magnesium sulfate in sterile		chloride	16
LORCET HD	37	water	106	mesalamine	81,82
LORCET PLUS	37	malathion	67	mesalamine with cleansing	
LORTAB	37	mannitol	53	wipes	82
LORYNA	95	mannitol/sorbitol solution	67	mesna	21
losartan potassium	53	maprotiline hcl	46	MESNEX	21
losartan		MARGESIC	37	MESTINON	34
potassium/hydrochlorothiazide	5	MARLISSA	95	METADATE ER	46
3		MARPLAN	46	metaproterenol sulfate	103
LOTEMAX	99	MARQIBO	25	metformin er 500 mg (generic	
LOTEMAX SM	99	MATULANE	25	glucophage xr 500 mg)	74
loteprednol etabonate	99	MATZIM LA	53	metformin hcl	74
lovastatin	58	MAVENCLAD	33	methadone hcl	37
LOW-OGESTREL	95	MAVYRET	11	METHADONE INTENSOL	37
loxapine succinate	46	MAXIDEX	99	METHADOSE	37
LUCEMYRA	33	MAYZENT	33	methamphetamine hcl	46
LUCENTIS	98	meclizine hcl	81	methazolamide	98
LUDENT FLUORIDE	108	meclofenamate sodium	41	methenamine hippurate	20
luliconazole	64	MEDROL	71	methenamine mandelate	20
LUMIGAN	99	medroxyprogesterone		METHERGINE	96
LUMIZYME	78	acetate	92	methimazole	72
LUMOXITI	24	mefenamic acid	41	METHITEST	78

methotrexate 250 mg/10 ml vial - 1655959.....	25	MINITRAN.....	59	MUSTARGEN.....	25
methotrexate 250 mg/10ml - 1946772.....	25	MINIVELLE.....	92	MYALEPT.....	78
methotrexate sodium.....	25	minocycline hcl.....	19	MYCAMINE.....	9
methotrexate sodium/pf.....	25	minoxidil.....	53	mycophenolate mofetil.....	25
methoxsalen.....	61	mirtazapine.....	46	mycophenolate mofetil hcl.....	25
methscopolamine bromide.....	80	MIRVASO.....	62	mycophenolate sodium.....	25
methylergonovine maleate.....	96	misoprostol.....	84	MYDAYIS.....	46
methylphenidate hcl.....	46	MITIGARE.....	89	MYLOTARG.....	25
methylprednisolone.....	71	mitomycin.....	25	MYOBLOC.....	88
methylprednisolone acetate.....	71	mitoxantrone hcl.....	25	MYORISAN.....	62
methylprednisolone sodium succinate.....	71	modafinil.....	46	MYRBETRIQ.....	104
methyltestosterone.....	78	MODERIBA.....	11	MYTESI.....	80
metoclopramide hcl.....	82	moexipril hcl.....	53	MYXREDLIN.....	74
metolazone.....	53	molindone hcl.....	46	MYZILRA.....	95
metoprolol succinate.....	53	mometasone furoate.....	66,103		
metoprolol tartrate.....	53	MONDOXYNE NL.....	19		
metoprolol tartrate/hydrochlorothiazide.....	53	MONO-LINYAH.....	95		
METRO IV.....	16	montelukast sodium.....	103		
metronidazole.....	16,62,93	MONUROL.....	20		
metronidazole in sodium chloride.....	16	MORPHABOND ER.....	38		
mexiletine hcl.....	49	morphine sulfate.....	38,105		
MIACALCIN.....	78	morphine sulfate in 0.9 % sodium chloride/pf.....	38		
MIBELAS 24 FE.....	95	morphine sulfate/pf.....	38		
miconazole nitrate.....	93	MOTEGRITY.....	82		
MICROGESTIN.....	95	MOVANTIK.....	82		
MICROGESTIN FE.....	95	MOVIPREP.....	82		
midodrine hcl.....	68	MOXEZA.....	97		
MIGERGOT.....	32	moxifloxacin hcl.....	19,97		
miglitol.....	74	moxifloxacin hcl in sodium acetate and sulfate,water,iso-osm.....	19		
miglustat.....	78	moxifloxacin hcl in sodium chloride, iso-osmotic.....	19		
MILI.....	95	moxifloxacin hcl in sodium chloride,iso-osmotic/pf.....	97		
MILLIPRED.....	71	MOZOBIL.....	86		
MILLIPRED DP.....	71	MULPLETA.....	57		
milrinone lactate.....	59	MULTAQ.....	49		
MIMVEY.....	92	mupirocin.....	63		
MIMVEY LO.....	92	mupirocin calcium.....	63		

N

NABI-HB.....	88
nabumetone.....	41
nadolol.....	53
nadolol/bendroflumethiazide.....	53
nafcillin in dextrose, iso-osmotic.....	18
nafcillin sodium.....	18
naftifine hcl.....	64
NAFTIN.....	64
NAGLAZYME.....	78
nalbuphine hcl.....	38
NALFON.....	41
naloxone hcl.....	41
naltrexone hcl.....	41
NAMENDA XR.....	34
NAMZARIC.....	34
NAPRELAN.....	41
naproxen.....	41
naproxen sodium.....	41
naratriptan hcl.....	32
NARCAN.....	41
NATACYN.....	97
NATAZIA.....	95
nateglinide.....	74
NATESTO.....	78

NATPARA.....	78	NIFEDICAL XL.....	53	NORMOSOL-M AND	
NEBUPENT.....	16	nifedipine.....	53	DEXTROSE.....	108
NECON.....	95	NIKKI.....	95	NORMOSOL-R.....	106
needles, insulin disp., safety.	74	nilutamide.....	25	NORMOSOL-R AND	
nefazodone hcl.....	46	nimodipine.....	53	DEXTROSE.....	106
NEO-POLYCIN.....	97	NINLARO.....	25	NORMOSOL-R PH 7.4.....	108
NEO-POLYCIN HC.....	99	NIPENT.....	25	NORPACE CR.....	49
NEO-SYNALAR.....	64	nisoldipine.....	53	NORTHERA.....	69
neomycin sulfate.....	16	NITRO-BID.....	59	NORTREL.....	95
neomycin sulfate/bacitracin		NITRO-DUR.....	59	nortriptyline hcl.....	46,47
zinc/polymyxin		nitrofurantoin.....	20	NORVIR.....	11
b/hydrocortisone.....	99	nitrofurantoin macrocrystal...	20	NOVAREL.....	78
neomycin		nitrofurantoin		NOVOLIN 70-30.....	75
sulfate/bacitracin/polymyxin		monohydrate/macrocrystals...	20	NOVOLIN N.....	75
b.....	97	nitroglycerin.....	59	NOVOLIN R.....	75
neomycin sulfate/polymyxin b		nitroglycerin in 5 % dextrose in		NOVOLOG.....	75
sulfate.....	67	water.....	59	NOVOLOG FLEXPEN.....	75
neomycin sulfate/polymyxin b		nitroprusside sodium.....	53	NOVOLOG MIX 70-30.....	75
sulfate/gramicidin d.....	97	NITYR.....	68	NOVOLOG MIX 70-30	
neomycin sulfate/polymyxin b		NIVESTYM.....	86	FLEXPEN.....	75
sulfate/hydrocortisone....	71,99	nizatidine.....	84	NOXAFIL.....	9
neomycin/polymyxin b		NOC DURNA.....	69	NP THYROID.....	79
sulfate/dexamethasone.....	99	NOCTIVA.....	57	NUBEQA.....	25
NEPHRAMINE.....	108	NOLIX.....	66	NUCALA.....	103
NERLYNX.....	25	NORA-BE.....	92	NUCYNTA.....	41
NESINA.....	75	NORDITROPIN FLEXPEN.....	86	NUCYNTA ER.....	41
NEUAC.....	62	norepinephrine bitartrate.....	59	NUEDEXTA.....	34
NEULASTA.....	86	norethindrone.....	92	NULOJIX.....	25
NEUPOGEN.....	86	norethindrone acetate.....	92	NUPLAZID.....	47
NEUPRO.....	31	norethindrone acetate-ethinyl		NUTROPIN AQ.....	86
NEVANAC.....	98	estradiol.....	92,95	NUTROPIN AQ NUSPIN....	86
nevirapine.....	11	norethindrone acetate-ethinyl		NUVARING.....	93
NEXAVAR.....	25	estradiol/ferrous fumarate....	95	NUVESSA.....	93
NEXIUM.....	84	norethindrone-ethinyl		NUZYRA.....	20
NEXPLANON.....	93	estradiol/ferrous fumarate....	95	NYAMYC.....	64
NEXTERONE.....	49	norgestimate-ethinyl		NYATA.....	64
niacin.....	58	estradiol.....	95	nystatin.....	9,64
NIACOR.....	58	NORITATE.....	62	nystatin/triamcinolone	
nicardipine hcl.....	53	NORLYDA.....	93	acetamide.....	64
NICOTROL.....	70	NORLYROC.....	93	NYSTOP.....	64
NICOTROL NS.....	70				

O		ONZETRA XSAIL.....	32	oxycodone hcl/aspirin.....	39
		OPANA ER.....	38	OXYCONTIN.....	39
OALIVA.....	82	OPDIVO.....	25	oxymorphone hcl.....	39
OCELLA.....	95	OPSUMIT.....	103	oxytocin.....	96
OCREVUS.....	34	ORACEA.....	20	OXYTROL.....	105
OCTAGAM.....	88	ORALAIR.....	88	OZEMPIC.....	75
octreotide acetate.....	25	ORAVIG.....	9	OZURDEX.....	99
ODEFSEY.....	11	ORBACTIV.....	16	P	
ODOMZO.....	25	ORENCIA.....	91	PACERONE.....	49
OFEV.....	103	ORENCIA CLICKJECT.....	91	paclitaxel.....	26
ofloxacin.....	19,70	ORENITRAM ER.....	54	paliperidone.....	47
OGESTREL.....	95	ORFADIN.....	69	palonosetron hcl.....	82
OKEBO.....	20	ORLISSA.....	93	PALYNZIQ.....	69
olanzapine.....	47	ORKAMBI.....	103	pamidronate disodium.....	78
olanzapine/fluoxetine hcl.....	47	orphenadrine citrate.....	34	PANCREAZE.....	82
olmesartan medoxomil.....	53	ORSYTHIA.....	95	PANDEL.....	66
olmesartan		oseltamivir phosphate.....	11	PANHEMATIN.....	69
medoxomil/amlodipine		OSENI.....	75	PANRETIN.....	61
besylate/hydrochlorothiazide.....	54	OSMITROL.....	54	pantoprazole sodium.....	84
olmesartan		OSMOLEX ER.....	32	PANZYGA.....	88
medoxomil/hydrochlorothiazide.....	54	OSMOPREP.....	82	paregoric.....	80
		OSPHENA.....	93	paricalcitol.....	78
olopatadine hcl.....	70,98	OTEZLA.....	91	PAROEX.....	70
OLUMIANT.....	91	OTOVEL.....	71	paromomycin sulfate.....	16
OMECLAMOX-PAK.....	84	OTREXUP.....	91	paroxetine hcl.....	47
omega-3 acid ethyl esters.....	58	oxacillin sodium.....	18	paroxetine mesylate.....	47
OMEGAVEN.....	108	oxacillin sodium in iso-osmotic dextrose.....	18	PARSABIV.....	69
omeprazole.....	84	oxaliplatin.....	26	PASER.....	16
omeprazole/sodium		oxandrolone.....	78	PAXIL.....	47
bicarbonate.....	84	oxaprozin.....	41	PAZEO.....	98
OMNARIS.....	103	oxazepam.....	47	PEDIARIX.....	88
OMNITROPE.....	86	oxcarbazepine.....	30	pediatric multivitamin	
ONCASPAR.....	25	OXERVATE.....	98	no.45/sodium fluoride/ferrous	
ondansetron.....	82	oxiconazole nitrate.....	64	sulfate.....	108
ondansetron hcl.....	82	OXISTAT.....	64	pediatric multivitamins no.17	
ondansetron hcl/pf.....	82	OXTELLAR XR.....	30	with sodium fluoride.....	108
ONEXTON.....	62	oxybutynin chloride.....	105	PEDVAXHIB.....	88
ONFI.....	30	oxycodone hcl.....	38,39	peg 3350/sod sulf/sod	
ONGLYZA.....	75	oxycodone		bicarb/sod chloride/potassium	
ONIVYDE.....	25	hcl/acetaminophen.....	39	chloride.....	82
ONPATTRO.....	34				

PEGANONE.....	30	pimecrolimus.....	61	potassium chloride in dextrose	
PEGASYS.....	86	pimozide.....	47	5 % and 0.9 % sodium	
PEGASYS PROCLICK.....	86	PIMTREA.....	95	chloride.....	106
PEGINTRON.....	86	pindolol.....	54	potassium chloride in dextrose	
PEGINTRON REDIPEN.....	86	pioglitazone hcl.....	75	5 %-0.2 % sodium chloride.....	107
pen needle, diabetic.....	75	pioglitazone hcl/glimepiride..	75	potassium chloride in dextrose	
pen needle, diabetic, safety..	75	pioglitazone hcl/metformin		5 %-0.45 % sodium	
penicillamine.....	91	hcl.....	75	chloride.....	107
penicillin g potassium.....	18	piperacillin sodium/tazobactam		potassium chloride in dextrose	
penicillin g potassium/dextrose-		sodium.....	18	5% and 0.3 % sodium	
water.....	18	PIQRAY.....	26	chloride.....	107
penicillin g procaine.....	18	PIRMELLA.....	95	potassium chloride in lactated	
penicillin g sodium.....	18	piroxicam.....	41	ringers and 5 % dextrose...107	
penicillin v potassium.....	18	PLASMA-LYTE 148.....	108	potassium chloride in water for	
PENTAM 300.....	16	PLASMA-LYTE A PH 7.4...108		injection, sterile.....107	
pentamidine isethionate.....	16	PLEGRIDY.....	86	potassium chloride/potassium	
PENTASA.....	82	PLEGRIDY PEN.....	86	bicarbonate/citric acid.....	107
pentobarbital sodium.....	47	PLENAMINE.....	108	potassium citrate.....	105
pentoxifylline.....	57	PLENVU.....	82	potassium	
PERFOROMIST.....	103	PLIAGLIS.....	63	phosphate,monobasic-	
perindopril erbumine.....	54	podofilox.....	61	dibasic.....	107
PERJETA.....	26	POLIVY.....	26	POTELIGEO.....	26
permethrin.....	67	POLYCIN.....	97	PRADAXA.....	57
perphenazine.....	47	polymyxin b sulfate.....	16	PRALUENT PEN.....	58
PERSERIS.....	47	polymyxin b		PRALUENT SYRINGE.....	58
PERTZYE.....	82	sulfate/trimethoprim.....	97	pramipexole di-hcl.....	32
PEXEVA.....	47	POMALYST.....	26	PRAMOSONE.....	60
PFIZERPEN.....	18	PORTIA.....	96	prasugrel hcl.....	57
phenelzine sulfate.....	47	posaconazole.....	9	pravastatin sodium.....	58
phenobarbital.....	30	potassium acetate.....	106	praziquantel.....	16
phenobarbital sodium.....	30	potassium bicarbonate/citric		prazosin hcl.....	54
phenoxybenzamine hcl.....	54	acid.....	106	PRED MILD.....	99
phenytoin.....	30	potassium chloride.....	106	PRED-G.....	99
phenytoin sodium.....	30	potassium chloride in 0.45 %		prednicarbate.....	66
phenytoin sodium extended..	30	sodium chloride.....	106	prednisolone.....	71
PHILITH.....	95	potassium chloride in 0.9 %		prednisolone acetate.....	100
PHOSLYRA.....	106	sodium chloride.....	106	prednisolone	
PHOSPHOLINE IODIDE.....	97	potassium chloride in 5 %		acetate/gatifloxacin.....	99
PICATO.....	61	dextrose in water.....	106	prednisolone sodium	
PIFELTRO.....	11			phosphate.....	71,72,100
pilocarpine hcl.....	69,98			prednisone.....	72

PREDNISONE INTENSOL...	72	prochlorperazine.....	82
PREFEST.....	93	prochlorperazine edisylate...	82
pregabalin.....	30	prochlorperazine maleate...	82
PREGNYL.....	78	PROCRIT.....	86
PREMARIN.....	93	PROCTO-MED HC.....	82
PREMASOL.....	108	PROCTO-PAK.....	82
PREMPHASE.....	93	PROCTOFOAM-HC.....	82
PREMPRO.....	93	PROCTOSOL-HC.....	82
PRENATAL VITAMIN WITH		PROCTOZONE-HC.....	82
MINERALS AND FOLIC ACID		PROCYSBI.....	105
GREATER THAN 0.8 MG		progesterone.....	93
ORAL TABLET.....	109	progesterone, micronized...	93
prenatal vitamins no.60/ferrous		PROGLYCEM.....	75
fumarate/folic acid.....	109	PROGRAF.....	26
PREPOPIK.....	82	PROLASTIN C.....	69
PREVALITE.....	58	PROLENSA.....	98
PREVIDENT.....	70	PROLEUKIN.....	86
PREVIDENT 5000.....	70	PROLIA.....	90
PREVIDENT 5000 ENAMEL		PROMACTA.....	57
PROTECT.....	70	promethazine hcl.....	100
PREVIDENT 5000		PROMETHEGAN.....	100
SENSITIVE.....	70	propafenone hcl.....	50
PREVIFEM.....	96	propantheline bromide.....	80
PREVYMIS.....	11	propranolol hcl.....	54
PREZCOBIX.....	11	propranolol	
PREZISTA.....	11	hcl/hydrochlorothiazide.....	54
PRIFTIN.....	16	propylthiouracil.....	72
PRILOSEC.....	84	PROQUAD.....	88
primaquine phosphate.....	16	PROSOL.....	108
primidone.....	30	PROSTIN VR PEDIATRIC.....	105
PRIMLEV.....	39	PROTONIX.....	84
PRIMSOL.....	20	protriptyline hcl.....	47
PRIVIGEN.....	88	PROVENTIL HFA.....	103
PROAIR DIGIHALER.....	103	PRUDOXIN.....	61
PROAIR HFA.....	103	PULMICORT FLEXHALER.....	103
PROAIR RESPICLICK.....	103	PULMOZYME.....	103
probenecid.....	89	PURIXAN.....	26
probenecid/colchicine.....	89	PYLERA.....	84
procainamide hcl.....	50	pyrazinamide.....	16
PROCALAMINE.....	108	pyridostigmine bromide.....	34
PROCENTRA.....	47		

Q

QBRELIS.....	54
QNASL.....	103
QNASL CHILDREN.....	103
QTERN.....	75
QUADRACEL DTAP-IPV.....	88
QUDEXY XR.....	30
quetiapine fumarate.....	47,48
QUILLICHEW ER.....	48
QUILLIVANT XR.....	48
quinapril hcl.....	54
quinapril	
hcl/hydrochlorothiazide.....	54
quinidine gluconate.....	50
quinidine sulfate.....	50
quinine sulfate.....	16
QVAR REDIHALER.....	103

R

RABAVERT.....	88
rabeprazole sodium.....	84
RADICAVA.....	34
RAGWITEK.....	88
RAJANI.....	96
raloxifene hcl.....	90
ramelteon.....	48
ramipril.....	54
RANEXA.....	59
ranitidine hcl.....	84
ranolazine.....	59
RAPAFLO.....	105
RAPAMUNE.....	26
rasagiline mesylate.....	32
RASUVO.....	91
RAVICTI.....	69
RAYALDEE.....	78
REBETOL.....	11
REBIF.....	86
REBIF REBIDOSE.....	86
RECLIPSEN.....	96

RECOMBIVAX HB.....	88	ringer's solution.....	67,107	SANCUSO.....	83
RECTIV.....	82	ringer's solution,lactated.	67,107	SANDIMMUNE.....	26
REGRANEX.....	61	RINVOQ ER.....	91	SANDOSTATIN LAR	
RELENZA.....	11	RIOMET.....	75	DEPOT.....	26
RELISTOR.....	83	risedronate sodium.....	69,90	SANTYL.....	67
RELPAK.....	32	RISPERDAL CONSTA.....	48	SAPHRIS.....	48
REMICADE.....	83	risperidone.....	48	SAVAYSA.....	57
REMODULIN.....	54	ritonavir.....	12	SAVELLA.....	91
RENACIDIN.....	105	RITUXAN.....	26	scopolamine.....	83
RENAGEL.....	69	RITUXAN 10 MG/ML VIAL -		SECONAL SODIUM.....	48
RENFLEXIS.....	83	1657864.....	26	SEEBRI NEOHALER.....	103
repaglinide.....	75	RITUXAN HYCELA.....	26	SEGLUROMET.....	75
repaglinide/metformin hcl....	75	rivastigmine.....	34	selegiline hcl.....	32
REPATHA PUSHTRONEX.....	58	rivastigmine tartrate.....	34	selenium sulfide.....	60
REPATHA SURECLICK.....	58	RIVELSA.....	96	SELZENTRY.....	12
REPATHA SYRINGE.....	58	rizatriptan benzoate.....	33	SEMPREX-D.....	101
REPREXAIN.....	39	ROCKLATAN.....	99	SENSIPAR.....	78
RESCRIPTOR.....	11	romidepsin.....	26	SEREVENT DISKUS.....	103
RESECTISOL.....	54	ropinirole hcl.....	32	SERNIVO.....	66
RESTASIS.....	98	ROSDAN.....	62	SEROSTIM.....	87
RESTASIS MULTIDOSE.....	98	rosuvastatin calcium.....	58	sertraline hcl.....	48
RETACRIT.....	86	ROTARIX.....	88	SETLAKIN.....	96
RETIN-A MICRO PUMP.....	62	ROTATEQ.....	88	sevelamer carbonate.....	69
RETROVIR.....	11	ROWEEPRA.....	30	sevelamer hcl.....	69
REVATIO.....	103	ROWEEPRA XR.....	30	SF.....	70
REVCIVI.....	69	ROXYBOND.....	39	SF 5000 PLUS.....	70
REVLIMID.....	26	ROZEREM.....	48	SHAROBEL.....	93
REXULTI.....	48	RUBRACA.....	26,105	SHINGRIX.....	88
REYATAZ.....	11	RUCONEST.....	103	SIGNIFOR.....	26
RHOFADE.....	62	RUZURGI.....	34	SIGNIFOR LAR.....	26
RHOPRESSA.....	99	RYDAPT.....	26	SIKLOS.....	26
RIBASPHERE.....	11	RYTARY.....	32	sildenafil citrate.....	103
RIBASPHERE RIBAPAK.....	12	RYVENT.....	100	SILENOR.....	48
RIBATAB.....	12	S			
ribavirin.....	12	SABRIL.....	30	SILIQ.....	60
RIDAURA.....	91	SAFYRAL.....	96	silodosin.....	105
rifabutin.....	16	SAIZEN.....	86	silver sulfadiazine.....	64
rifampin.....	17	SAIZEN-SAIZENPREP.....	86	SIMBRINZA.....	99
RIFATER.....	17	salsalate.....	41	SIMPONI.....	91
riluzole.....	69	SAMSCA.....	78	SIMPONI ARIA.....	91
rimantadine hcl.....	12			SIMULECT.....	26
				simvastatin.....	58

sirolimus.....	26	SPIRIVA RESPIMAT.....	103	sulfamethoxazole/trimethoprim .	
SIRTURO.....	17	spironolactone.....	54	19	
SIVEXTRO.....	17	spironolactone/hydrochlorothiaz		SULFAMILYLON.....	64
SKLICE.....	67	ide.....	54	sulfasalazine.....	83
SKYLA.....	93	SPORANOX.....	9	SULFATRIM.....	19
SKYRIZI (2 SYRINGES) KIT	60	SPRINTEC.....	96	sulindac.....	41
SLYND.....	96	SPRITAM.....	30	sumatriptan.....	33
sodium acetate.....	107	SPRYCEL.....	26	sumatriptan succinate.....	33
sodium benzoate/sodium		SPS.....	69	sumatriptan	
phenylacetate.....	69	SRONYX.....	96	succinate/naproxen sodium .	33
sodium bicarbonate.....	107	SSD.....	64	SUNOSI.....	48
sodium chloride 0.45 %.....	107	STAMARIL.....	89	SUPPRELIN LA.....	26
sodium chloride 3 %.....	107	stavudine.....	12	SUPRAX.....	14
sodium chloride 5 %.....	107	STEGLATRO.....	75	SUPREP.....	83
sodium chloride irrigating		STEGLUJAN.....	75	SUSTOL.....	83
solution.....	69	STELARA.....	60	SUTENT.....	26,27
sodium chloride/sodium		STIMATE.....	78	SYEDA.....	96
bicarbonate/potassium		STIOLTO RESPIMAT.....	103	SYLATRON.....	87
chloride/peg.....	83	STIVARGA.....	26	SYLATRON 4-PACK.....	87
sodium lactate.....	107	STRENSIQ.....	78	SYLVANT.....	27
sodium phenylbutyrate.....	69	streptomycin sulfate.....	17	SYMBICORT.....	104
sodium phosphate,monobasic-		STRIANT.....	78	SYMDEKO.....	104
dibasic.....	107	STRIBILD.....	12	SYMFI.....	12
sodium polystyrene sulfonate	69	STRIVERDI RESPIMAT.....	103	SYMFI LO.....	12
sofosbuvir/velpatasvir.....	12	sub-q insulin delivery device,		SYMJEPI.....	101
solifenacin succinate.....	105	20 unit,disposable.....	75	SYMLINPEN 120.....	76
SOLQUA 100-33.....	75	sub-q insulin delivery device,		SYMLINPEN 60.....	76
SOLIRIS.....	69	30 unit, disposable.....	75	SYMPAZAN.....	30
SOLOSEC.....	17	sub-q insulin delivery device,		SYMPROIC.....	83
SOLTAMOX.....	26	40 unit, disposable.....	76	SYMTUZA.....	12
SOLU-CORTEF.....	72	subcutaneous insulin pump..	76	SYNAGIS.....	12
SOLU-MEDROL.....	72	SUBOXONE.....	41	SYNALGOS-DC.....	39
SOMATULINE DEPOT.....	26	SUBSYS.....	39	SYNAREL.....	78
SOMAVERT.....	78	SUCRAID.....	83	SYNDROS.....	83
SOOLANTRA.....	62	sucrafate.....	84	SYNERCID.....	17
SORILUX.....	60	sulfacetamide sodium... 64,100		SYNJARDY.....	76
SORINE.....	50	sulfacetamide		SYNJARDY XR.....	76
sotalol hcl.....	50	sodium/prednisolone sodium		SYNRIBO.....	27
SOTYLIZE.....	50	phosphate.....	99	syringe with	
SOVALDI.....	12	sulfadiazine.....	19	needle,disposable,insulin 1	
SPIRIVA.....	103			ml.....	76

syringe with needle,insulin,0.3 ml.....	76	TEFLARO.....	14	THYROLAR-1/2.....	79
syringe with needle,insulin,0.5 ml.....	76	TEGSEDI.....	34	THYROLAR-1/4.....	79
syringe, insulin u-500 with needle, disposable, 0.5 ml... ..	76	TEKTURNA.....	54	THYROLAR-2.....	79
		TEKTURNA HCT.....	54	THYROLAR-3.....	79
		telmisartan.....	54	tiagabine hcl.....	31
		telmisartan/amlodipine besylate.....	54	TIBSOVO.....	27
		telmisartan/hydrochlorothiazide.....	54	ticlopidine hcl.....	57
		54		tigecycline.....	17
TABLOID.....	27	temazepam.....	48	TIGLUTIK.....	69
TACLONEX.....	60	temsirolimus.....	27	TILIA FE.....	96
tacrolimus.....	27,61	TENIVAC.....	89	timolol maleate.....	54,97
tadalafil.....	104,105	tenofovir disoproxil fumarate.....	12	TIMOPTIC OCUDOSE.....	97
TAFINLAR.....	27	terazosin hcl.....	54	tinidazole.....	17
TAGRISSO.....	27	terbinafine hcl.....	9	TIROSINT.....	79
TAKHZYRO.....	104	terbutaline sulfate.....	104	TIROSINT-SOL.....	79
TALTZ AUTOINJECTOR.....	60	terconazole.....	93	TIS-U-SOL PENTALYTE.....	67
TALTZ AUTOINJECTOR (2 PACK).....	60	TESTIM.....	78	TIVICAY.....	12
TALTZ AUTOINJECTOR (3 PACK).....	60	TESTOPEL.....	78	TIVORBEX.....	41
TALTZ SYRINGE.....	60	testosterone.....	78,79	tizanidine hcl.....	34
TALTZ SYRINGE (2 PACK).....	60	testosterone cypionate.....	79	TOBI PODHALER.....	17
TALTZ SYRINGE (3 PACK).....	60	testosterone enanthate.....	79	TOBRADEX.....	99
TALZENNA.....	27	tetanus and diphtheria toxoids, adult.....	89	TOBRADEX ST.....	99
tamoxifen citrate.....	27	tetanus,diphtheria toxoid ped/pf.....	89	tobramycin.....	97
tamsulosin hcl.....	105	tetrabenazine.....	34	tobramycin in 0.225 % sodium chloride.....	17
TAPERDEX.....	76	tetracycline hcl.....	20	tobramycin sulfate.....	17
TARCEVA.....	27	TEXACORT.....	66	tobramycin/dexamethasone.....	99
TARGRETIN.....	27	THALOMID.....	27	TOBREX.....	97
TARINA 24 FE.....	96	THEO-24.....	104	TOLAK.....	61
TARINA FE.....	96	theophylline anhydrous.....	104	tolbutamide.....	76
TARINA FE 1-20 EQ.....	96	THIOLA.....	69	tolcapone.....	32
TASIGNA.....	27	THIOLA EC.....	69	tolmetin sodium.....	41
TAVALISSE.....	57	thioridazine hcl.....	48	TOLSURA.....	9
TAYTULLA.....	96	thiotepa.....	27	tolterodine tartrate.....	105
tazarotene.....	62	thiothixene.....	48	TOPICORT.....	66
TAZICEF.....	14	THROMBIN-JMI.....	69	topiramate.....	31
TAZORAC.....	62	THYMOGLOBULIN.....	89	TOPOSAR.....	27
TAZTIA XT.....	54	thyroid,pork.....	79	topotecan hcl.....	27
TECENTRIQ.....	27	THYROLAR-1.....	79	toremifene citrate.....	27
TECFIDERA.....	34			TORISEL.....	27
				torsemide.....	54

TOTECT.....	21	TRI-VYLIBRA.....	96	TYKERB.....	27
TOUJEO MAX SOLOSTAR..	76	TRI-VYLIBRA LO.....	96	TYMLOS.....	90
TOUJEO SOLOSTAR.....	76	triamcinolone		TYPHIM VI.....	89
TOVIAZ.....	105	acetonide.....	67,70,72	TYSABRI.....	34
TRACLEER.....	104	triamterene.....	55	TYVASO.....	104
TRADJENTA.....	76	triamterene/hydrochlorothiazide		TYVASO INSTITUTIONAL	
tramadol hcl.....	41,42	55		START KIT.....	104
tramadol hcl/acetaminophen.	42	TRIANEX.....	67	TYVASO REFILL KIT.....	104
trandolapril.....	54	TRICARE PRENATAL		TYVASO STARTER KIT...	104
trandolapril/verapamil hcl....	54	COMPLEAT.....	109		
tranexamic acid.....	93	TRICARE PRENATAL DHA			
tranylcypromine sulfate.....	48	ONE.....	109		
TRAVASOL.....	108	TRIDERM.....	67		
TRAVATAN Z.....	99	trientine hcl.....	69		
trazodone hcl.....	48	trifluoperazine hcl.....	48		
TREANDA.....	27	trifluridine.....	97		
TRECTOR.....	17	TRIGLIDE.....	58		
TRELEGY ELLIPTA.....	104	TRILYTE WITH FLAVOR			
TRELSTAR.....	27	PACKETS.....	83		
TREMFYA.....	60	trimethoprim.....	20		
treprostinil sodium.....	54	trimipramine maleate.....	48		
TRESIBA.....	76	TRINESSA LO.....	96		
TRESIBA FLEXTOUCH U-		TRINTELLIX.....	48		
100.....	76	TRIPTODUR.....	27		
TRESIBA FLEXTOUCH U-		TRISENOX.....	27		
200.....	76	TRIUMEQ.....	12		
tretinoin.....	27,63	TRIVORA-28.....	96		
tretinoin microspheres.....	63	TROGARZO.....	12		
TREXALL.....	27	TROKENDI XR.....	31		
TREXIMET.....	33	TROPHAMINE.....	108		
TREZIX.....	39	tropium chloride.....	105		
TRI FEMYNOR.....	96	TRULANCE.....	83		
TRI-ESTARYLLA.....	96	TRULICITY.....	76		
TRI-LEGEST FE.....	96	TRUMENBA.....	89		
TRI-LINYAH.....	96	TRUVADA.....	12		
TRI-LO-ESTARYLLA.....	96	TUDORZA PRESSAIR.....	104		
TRI-LO-MARZIA.....	96	TURALIO.....	27		
TRI-LO-SPRINTEC.....	96	TWINRIX.....	89		
TRI-MILI.....	96	TYBOST.....	12		
TRI-PREVIFEM.....	96	TYDEMY.....	96		
TRI-SPRINTEC.....	96	TYGACIL.....	17		

U

V

UCERIS.....	83
UDENYCA.....	87
ULORIC.....	89
ULTOMIRIS.....	69
UNITHROID.....	79
UPTRAVI.....	55
ursodiol.....	83
UTIBRON NEOHALER.....	104
UVADEX.....	61
VABOMERE.....	17
valacyclovir hcl.....	12
VALCHLOR.....	61
valganciclovir hcl.....	12
valproic acid.....	31
valproic acid (as sodium salt)	
(valproate sodium).....	31
valrubicin.....	27
valsartan.....	55
valsartan/hydrochlorothiazide.	5
5	
vancomycin hcl.....	20
vancomycin in 0.9 % sodium	
chloride.....	20
vancomycin in 5 % dextrose in	
water.....	20
VANDAZOLE.....	93
VAQTA.....	89
VARIVAX VACCINE.....	89

VARIZIG.....	89	VIOKACE.....	83	XEPI.....	64
VARUBI.....	83	VIORELE.....	96	XERAVA.....	20
VASCEPA.....	59	VIRACEPT.....	12	XERESE.....	65
VECAMYL.....	59	VIRAMUNE.....	12	XERMELO.....	28
VECTIBIX.....	27	VIREAD.....	12	XGEVA.....	21
VELCADE.....	27	VITEKTA.....	12	XHANCE.....	70
VELETRI.....	55	VITRAKVI.....	28	XIFAXAN.....	17
VELIVET.....	96	VIVITROL.....	42	XIGDUO XR.....	77
VELPHORO.....	69	VIVLODEX.....	42	XIIDRA.....	98
VELTASSA.....	69	VIZIMPRO.....	28	XOFLUZA.....	12
VEMLIDY.....	12	VOGELXO.....	79	XOLAIR.....	104
VENCLEXTA.....	27	voriconazole.....	9	XOPENEX HFA.....	104
VENCLEXTA STARTING PACK.....	27	VOSEVI.....	12	XOSPATA.....	28
venlafaxine hcl.....	48	VOTRIENT.....	28	XPOVIO.....	28
VENTAVIS.....	104	VPRIV.....	79	XTAMPZA ER.....	39
VENTOLIN HFA.....	104	VRAYLAR.....	48	XTANDI.....	28
verapamil hcl.....	55	VYFEMLA.....	96	XULANE.....	93
VEREGEN.....	61	VYLIBRA.....	96	XULTOPHY 100-3.6.....	77
VERSACLOZ.....	48	VYNDAQEL.....	59	XURIDEN.....	69
VERZENIO.....	27	VYVANSE.....	49	XYLOCAINE DENTAL- EPINEPHRINE.....	63
VESICARE.....	105	VYXEOS.....	28	XYREM.....	49
VIBATIV.....	20	VYZULTA.....	99		
VIBERZI.....	83				
VIBRAMYCIN.....	20	W		Y	
VICODIN ES.....	39	warfarin sodium.....	57	YERVOY.....	28
VICODIN HP.....	39	water for irrigation,sterile.....	69	YF-VAX.....	89
VICTOZA 2-PAK.....	76	WELCHOL.....	59	YONDELIS.....	28
VICTOZA 3-PAK.....	77	WERA.....	96	YONSA.....	28
VIDEX.....	12	WIXELA INHUB.....	104	YUPELRI.....	104
VIDEX EC.....	12	WYMZYA FE.....	96	YUVAFEM.....	93
VIEKIRA PAK.....	12	X		Z	
VIENVA.....	96	XADAGO.....	32	zafirlukast.....	104
vigabatrin.....	31	XALKORI.....	28	zaleplon.....	49
VIIBRYD.....	48	XARELTO.....	57	ZALTRAP.....	28
VIMOVO.....	42	XATMEP.....	28	ZAMICET.....	39
VIMPAT.....	31	XELJANZ.....	91	ZANOSAR.....	28
vinblastine sulfate.....	27	XELJANZ XR.....	91	ZARAH.....	96
VINCASAR PFS.....	27	XELPROS.....	99	ZARXIO.....	87
vincristine sulfate.....	27	XENICAL.....	67	ZAVESCA.....	79
vinorelbine tartrate.....	28	XEOMIN.....	89	ZEJULA.....	28

ZELAPAR.....	32	ZOSTAVAX.....	89
ZELBORAF.....	28	ZOVIA 1-35E.....	96
ZELNORM.....	83	ZOVIRAX.....	65
ZEMAIRA.....	69	ZTLIDO.....	63
ZEMBRACE SYMTOUCH.....	33	ZUBSOLV.....	42
ZEMDRI.....	17	ZUPLENZ.....	83
ZENATANE.....	63	ZYCLARA.....	61
ZENCHENT FE.....	96	ZYDELIG.....	28
ZENPEP.....	83	ZYFLO.....	104
ZENZEDI.....	49	ZYKADIA.....	28
ZEPATIER.....	12	ZYLET.....	99
ZERBAXA.....	14	ZYPITAMAG.....	59
ZETONNA.....	104	ZYPREXA RELPREVV.....	49
ZIAGEN.....	13	ZYTIGA.....	28
zidovudine.....	13	ZYVOX.....	17
zileuton.....	104		
ZILRETTA.....	72		
ZINECARD.....	21		
ZINPLAVA.....	89		
ZIOPTAN.....	99		
ziprasidone hcl.....	49		
ZIPSOR.....	42		
ZIRGAN.....	97		
ZOHYDRO ER.....	39		
ZOLADEX.....	28		
zoledronic acid.....	79		
zoledronic acid in mannitol and 0.9 % sodium chloride.....	79		
zoledronic acid in mannitol and water for injection.....	70,79		
ZOLINZA.....	28		
zolmitriptan.....	33		
zolpidem tartrate.....	49		
ZOMACTON.....	87		
ZOMETA.....	79		
ZOMIG.....	33		
zonisamide.....	31		
ZONTIVITY.....	57		
ZORBTIVE.....	87		
ZORTRESS.....	28		
ZORVOLEX.....	42		

Network Health Medicare Advantage Plans include MSA, HMO and PPO plans with a Medicare contract. NetworkCares is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.

As an enrollee of our plan, you can get a long-term supply (up to 90 days) of drugs shipped to your home using our plan's network mail order delivery program. Usually you will receive your mail order prescriptions within 14 calendar days. If your order does not arrive within the estimated timeframe, call Express Scripts Customer Service at 800-316-3107 (TTY 800-899-2114), 24 hours a day/7 days a week.

This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Network Health Medicare Advantage plans customer service at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit networkhealth.com.