



Network Health Medicare Advantage Plans

Network Platinum*Plus* Pharmacy (PPO)
Network Platinum*Premier* Pharmacy (PPO)
Network Platinum*Select* (PPO)
Network Health Medicare Go (PPO)
Network Health Medicare Anywhere (PPO)
Network Health Medicare *Choice* (PPO)

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 19338, 21

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.

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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 10. 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 10. 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 134. 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 10. 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 ¹¹alternative 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.

**Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, and
Network Health Medicare *Choice***

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	\$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 drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$260.				

Network Health Medicare Go

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	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3*	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	27%	N/A	27%	N/A
*During the deductible stage, you pay the full cost of drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$275.				

Network Health Medicare Anywhere

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	\$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 drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$250.				

2019 Part D Formulary (Comprehensive)

Network PlatinumSelect 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	\$2	\$5	\$4	\$10
Tier 2	\$8	\$20	\$14	\$35
Tier 3*	\$42	\$105	\$47	\$118
Tier 4*	\$84	\$210	\$91	\$228
Tier 5*	25%	N/A	25%	N/A
*During the deductible stage, you pay the full cost of drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$395.				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES					
ANTIFUNGAL AGENTS					
ABELCET	5	B/D PA	fluconazole in sodium chloride, iso-osmotic (in 100mg/50ml piggyback, in 100mg/50ml pggybk btl)	4	
AMBISOME	5	B/D PA			
amphotericin b 50 mg vial	4	B/D PA	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)	2	
ANCOBON	5				
CANCIDAS	5	B/D PA	flucytosine (250 mg capsule, 500 mg capsule)	5	
caspofungin acetate	5	B/D PA	griseofulvin ultramicrosize	4	
clotrimazole 10 mg troche	2		griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)	2	
CRESEMBA (186 MG CAPSULE, 372 MG VIAL)	5		itraconazole 100 mg capsule	2	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4		itraconazole 10 mg/ml solution	5	PA
ERAXIS (WATER DILUENT)	5		ketoconazole 200 mg tablet	2	
fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	2		MYCAMINE	5	
fluconazole in dextrose, iso-osmotic	2		NOXAFIL 40 MG/ML SUSPENSION	5	QL (600 PER 30 DAYS)
			NOXAFIL DR 100 MG TABLET	5	QL (240 PER 30 DAYS)
			NOXAFIL 300 MG/16.7 ML VIAL	5	
			nystatin (150mm unit powder(ea), 500mm unit powder(ea), 500k unit tablet, 100000/ml oral susp)	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
ORAVIG	4		<i>adefovir dipivoxil</i>	5	
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	5		<i>amantadine hcl (50 mg/5 ml solution, 100 mg tablet, 100 mg capsule)</i>	2	
SPORANOX (10 MG/ML SOLUTION, 100 MG CAPSULE)	5	PA	APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	
<i>terbinafine hcl 250 mg tablet</i>	2		<i>atazanavir sulfate</i>	5	
TOLSURA	5	PA	ATRIPLA	5	
VFEND (40 MG/ML SUSPENSION, 50 MG TABLET, 200 MG TABLET)	5		BARACLUDE 0.05 MG/ML SOLUTION	4	
VFEND IV	4		BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon)</i>	5		BIKTARVY	5	
<i>voriconazole 200 mg vial</i>	2		<i>cidofovir 75 mg/ml vial</i>	5	B/D PA
ANTIVIRALS			CIMDUO	5	
<i>abacavir sulfate (20 mg/ml solution, 300 mg tablet)</i>	2		COMBIVIR	5	
<i>abacavir sulfate/lamivudine</i>	5		COMPLERA	5	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5		CRIXIVAN	3	
<i>acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)</i>	2		CYTOVENE	4	B/D PA
<i>acyclovir sodium (50 mg/ml vial, 500 mg vial)</i>	2	B/D PA	DELSTRIGO	5	
			DESCOVY	5	
			<i>didanosine</i>	2	
			DOVATO	5	
			EDURANT	5	
			<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg 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
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4		<i>ganciclovir sodium</i> (500mg/10ml vial, 500 mg vial)	2	B/D PA
<i>entecavir</i>	5		GENVOYA	5	
EPCLUSA	5	PA; QL (28 PER 28 DAYS)	HARVONI 90-400 MG TABLET	5	PA; QL (28 PER 28 DAYS)
EPIVIR (10 MG/ML ORAL SOLN, 150 MG TABLET, 300 MG TABLET)	4		HEPSERA	5	
EPIVIR HBV 25 MG/5 ML SOLN	3		INTELENCE (100 MG TABLET, 200 MG TABLET)	5	
EPIVIR HBV 100 MG TABLET	4		INTELENCE 25 MG TABLET	3	
EPZICOM	5		INVIRASE	5	
EVOTAZ	5		ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	
<i>famciclovir 125 mg tablet</i>	2	QL (10 PER 5 DAYS)	ISENTRESS 25 MG TABLET CHEW	3	
<i>famciclovir 250 mg tablet</i>	2	QL (60 PER 30 DAYS)	ISENTRESS HD	5	
<i>famciclovir 500 mg tablet</i>	2	QL (30 PER 10 DAYS)	JULUCA	5	
FAMVIR 125 MG TABLET	4	QL (10 PER 5 DAYS)	KALETRA (80 MG-20 MG/ML SOLN, 200-50 MG TABLET)	5	
FAMVIR 250 MG TABLET	4	QL (60 PER 30 DAYS)	KALETRA 100-25 MG TABLET	4	
FAMVIR 500 MG TABLET	4	QL (30 PER 10 DAYS)	<i>lamivudine</i> (10 mg/ml solution, 100 mg tablet, 150 mg tablet, 300 mg tablet)	2	
FLUMADINE	4		<i>lamivudine/zidovudine</i>	2	
<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)	<i>ledipasvir/sofosbuvir</i>	5	PA; QL (28 PER 28 DAYS)
FUZEON 90 MG VIAL	5		LEXIVA 50 MG/ML SUSPENSION	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
LEXIVA 700 MG TABLET	5	QL (180 PER 30 DAYS)	REBETOL 40 MG/ML SOLUTION	4	
<i>lopinavir/ritonavir</i>	5		RELENZA	4	
MAVYRET	5	PA; QL (84 PER 28 DAYS)	RESCRIPTOR	4	
MODERIBA	4		RETROVIR (10 MG/ML SYRUP, 100 MG CAPSULE)	4	
<i>nevirapine (50 mg/5 ml oral susp, 100 mg tablet 24h, 200 mg tablet)</i>	2		RETROVIR 200 MG/20 ML VIAL	3	
<i>nevirapine 400 mg tablet 24h</i>	4		REYATAZ (50 MG POWDER PACKET, 150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	5	
NORVIR (80 MG/ML SOLUTION, 100 MG TABLET, 100 MG POWDER PACKET)	4		RIBASPHERE 200 MG CAPSULE	2	
ODEFSEY	5		RIBASPHERE 600 MG TABLET	5	
<i>oseltamivir phosphate (6 mg/ml susp recon, 30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	2		RIBASPHERE RIBAPAK	5	
PIFELTRO	5		RIBATAB 600-600 MG DOSEPACK	5	
PREVYMIS (240 MG/12 ML VIAL, 240 MG TABLET, 480 MG TABLET, 480 MG/24 ML VIAL)	5		<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
PREZCOBIX	5		<i>ribavirin 6 g vial-neb</i>	5	
PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	5		<i>rimantadine hcl</i>	2	
PREZISTA (75 MG TABLET, 150 MG TABLET)	4		<i>ritonavir</i>	3	
REBETOL 200 MG CAPSULE	5		SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	
			SELZENTRY 25 MG TABLET	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>sofosbuvir/velpatasvir</i>	5	PA; QL (28 PER 28 DAYS)	TYZEKA	5	
SOVALDI 400 MG TABLET	5	PA; QL (28 PER 28 DAYS)	<i>valacyclovir hcl 1000 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>stavudine (1 mg/ml soln recon, 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2		<i>valacyclovir hcl 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
STRIBILD	5		VALCYTE 50 MG/ML SOLUTION	5	QL (1080 PER 30 DAYS)
SUSTIVA (50 MG CAPSULE, 200 MG CAPSULE, 600 MG TABLET)	4		VALCYTE 450 MG TABLET	5	QL (120 PER 30 DAYS)
SYMFI	5		<i>valganciclovir hcl 50 mg/ml soln recon</i>	5	QL (1080 PER 30 DAYS)
SYMFI LO	5		<i>valganciclovir hcl 450 mg tablet</i>	5	QL (120 PER 30 DAYS)
SYMTUZA	5		VALTREX 1 GM CAPLET	4	QL (120 PER 30 DAYS)
SYNAGIS	5	LA	VALTREX 500 MG CAPLET	4	QL (60 PER 30 DAYS)
TAMIFLU (6 MG/ML SUSPENSION, 30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	4		VEMLIDY	5	QL (30 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	5		VIDEX	4	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5		VIDEX EC	4	
TIVICAY 10 MG TABLET	4		VIEKIRA PAK	5	PA
TRIUMEQ	5		VIRACEPT	5	
TRIZIVIR	5		VIRAMUNE (50 MG/5 ML SUSP, 200 MG TABLET)	4	
TROGARZO	5		VIRAMUNE XR	4	
TRUVADA	5		VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET, POWDER)	5	
TYBOST	3		VOSEVI	5	PA; QL (28 PER 28 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
XOFLUZA	3		<i>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)</i>	3	
ZEPATIER	5	PA	<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	2	
ZIAGEN (20 MG/ML SOLUTION, 300 MG TABLET)	4		<i>cefepime hcl (1 g vial, 2 g vial)</i>	2	
<i>zidovudine (10 mg/ml syrup, 100 mg capsule, 300 mg tablet)</i>	2		<i>cefepime hcl in dextrose 5 % in water</i>	2	
ZOVIRAX (200 MG/5 ML SUSP, 200 MG CAPSULE, 400 MG TABLET, 800 MG TABLET)	4		<i>cefepime hcl in iso-osmotic dextrose</i>	2	
CEPHALOSPORINS			<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	2	
AVYCAZ	5		CEFOTAN	4	
<i>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)</i>	2		<i>cefotaxime sodium</i>	3	
<i>cefadroxil (1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	2		<i>cefotetan disodium</i>	2	
<i>cefazolin sodium (1 g vial, 1 g vial port, 10 g vial, 20 g vial, 100 g bulkbaging, 300g bulkbaging, 500 mg vial)</i>	3		<i>cefotetan disodium in iso-osmotic dextrose</i>	2	
<i>cefazolin sodium/dextrose, iso 2 g/100 ml froz.piggy</i>	4		<i>cefoxitin sodium</i>	3	
			<i>cefoxitin sodium/dextrose, iso-osmotic</i>	3	
			<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg 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
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	2		SUPRAX (100 MG/5 ML SUSPENSION, 100 MG TABLET CHEWABLE, 200 MG/5 ML SUSPENSION, 200 MG TABLET CHEWABLE, 400 MG CAPSULE, 500 MG/5 ML SUSPENSION)	4	
<i>ceftazidime (1 g vial, 2 g vial, 6 g vial)</i>	3				
<i>ceftazidime in dextrose 5% and water</i>	3				
CEFTIN 500 MG TABLET	4		TAZICEF (1 GRAM VIAL, 1 GM ADD-VANTAGE VIAL, 2 GM ADD-VANTAGE VIAL, 2 GRAM VIAL, 6 GRAM VIAL)	4	
<i>ceftriaxone sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial)</i>	3		TEFLARO	5	
<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		ZERBAXA	5	
<i>cefuroxime axetil</i>	2		ERYTHROMYCINS / OTHER MACROLIDES		
<i>cefuroxime sodium</i>	3		<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>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		<i>azithromycin (500 mg vial port, 500 mg vial)</i>	3	
CLAFORAN 10 GM VIAL	4		BIAXIN (250 MG TABLET, 500 MG TABLET)	4	
DAXBIA	4		<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	
MAXIPIPE (1 GRAM VIAL, 1 GM ADD-VANTAGE VL, 2 GRAM VIAL, 2 GM ADD-VANTAGE VL)	4		DIFICID	5	PA; QL (20 PER 10 DAYS)
			E.E.S. 200	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
E.E.S. 400	2		MISCELLANEOUS ANTIINFECTIVES		
ERY-TAB DR 250 MG TABLET	4		<i>albendazole 200 mg tablet</i>	5	QL (120 PER 30 DAYS)
ERY-TAB DR 333 MG TABLET	2		ALBENZA	5	QL (120 PER 30 DAYS)
ERY-TAB DR 500 MG TABLET	3		ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	3	
ERYPED 200	4		<i>amikacin sulfate (500 mg/2ml vial, 1000mg/4ml vial)</i>	3	
ERYPED 400	4		<i>atovaquone</i>	5	
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4		<i>atovaquone/proguanil hcl</i>	2	
ERYTHROCIN STEARATE	2		AZACTAM	4	
<i>erythromycin base 250 mg tablet</i>	4		AZACTAM-ISO- OSMOTIC DEXTROSE	4	
<i>erythromycin base (250 mg capsule dr, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	2		<i>aztreonam</i>	3	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg tablet, 400 mg/5ml susp recon)</i>	2		BACIIM	2	
ZITHROMAX (1 GM POWDER PACKET, 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG Z-PAK TABLET, 250 MG TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	4		<i>bacitracin 50000 unit vial</i>	2	
ZITHROMAX TRI- PAK	4		<i>benznidazole</i>	3	
			BETHKIS	5	B/D PA; QL (224 PER 28 DAYS)
			BILTRICIDE	4	
			CAPASTAT SULFATE	4	
			CAYSTON	5	LA
			<i>chloramphenicol sod succinate</i>	2	
			<i>chloroquine phosphate (250 mg tablet, 500 mg 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
CLEOCIN HCL	4		CUBICIN RF	5	
CLEOCIN PALMITATE	4		<i>cycloserine 250 mg capsule</i>	4	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 300 MG/2ML ADDVAN, 600 MG/4ML ADDVAN, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)	4		DALVANCE	5	
			<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
			<i>daptomycin</i>	5	
			DARAPRIM	3	
			DORIBAX	4	
			<i>doripenem</i>	4	
CLEOCIN PHOSPHATE IN D5W	4		EMVERM	5	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	2		<i>ertapenem sodium</i>	3	
<i>clindamycin palmitate hcl</i>	2		<i>ethambutol hcl</i>	2	
<i>clindamycin phosphate (150 mg/ml vial, 300 mg/2ml vial port, 600 mg/4ml vial port, 900mg/6ml vial port)</i>	3		FLAGYL (250 MG TABLET, 375 CAPSULE, 500 MG TABLET)	4	
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	3		<i>gentamicin sulfate (20 mg/2 ml vial, 40 mg/ml vial)</i>	3	
<i>clindamycin phosphate/dextrose 5 % in water</i>	3		<i>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)</i>	3	
COARTEM	3		<i>gentamicin sulfate/pf 20 mg/2 ml vial</i>	3	
<i>colistin (colistimethate na) 150 mg vial</i>	2		<i>hydroxychloroquine sulfate 200 mg tablet</i>	2	
COLY-MYCIN M PARENTERAL	4				
CUBICIN	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>imipenem/cilastatin sodium</i>	3		<i>metronidazole in sodium chloride</i>	4	
INVANZ (1 GM VIAL, 1 GM ADD-VANTAGE VIAL)	4		MYAMBUTOL 400 MG TABLET	4	
<i>isoniazid (50 mg/5 ml solution, 100 mg/ml vial, 100 mg tablet, 300 mg tablet)</i>	2		MYCOBUTIN	3	
<i>ivermectin 3 mg tablet</i>	2		NEBUPENT	4	B/D PA
KITABIS PAK	5		<i>neomycin sulfate 500 mg tablet</i>	2	
KRINTAFEL	4		ORBACTIV	5	
LINCOCIN	4		<i>paromomycin sulfate 250 mg capsule</i>	4	
<i>lincomycin hcl 300 mg/ml vial</i>	2		PASER	4	
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	5		PENTAM 300	4	
<i>linezolid in 0.9 % sodium chloride</i>	5		<i>pentamidine isethionate 300 mg vial</i>	3	
<i>linezolid in dextrose 5 % in water</i>	5		PLAQUENIL	4	
MALARONE	4		<i>polymyxin b sulfate</i>	2	
<i>mefloquine hcl</i>	2		<i>praziquantel 600 mg tablet</i>	3	
MEPRON	5		PRIFTIN	3	
<i>meropenem</i>	4		<i>primaquine phosphate</i>	4	
<i>meropenem in 0.9 % sodium chloride</i>	4		PRIMAXIN 500 MG VIAL	4	
MERREM	4		<i>pyrazinamide 500 mg tablet</i>	2	
METRO IV	4		QUALAQUIN	4	
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	2		<i>quinine sulfate 324 mg capsule</i>	2	
			<i>rifabutin</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
RIFADIN (150 MG CAPSULE, 300 MG CAPSULE, IV 600 MG VIAL)	4		TYGACIL	5	
RIFAMATE	4		VABOMERE	4	
<i>rifampin (150 mg capsule, 300 mg capsule, 600 mg vial)</i>	2		XIFAXAN 200 MG TABLET	3	QL (9 PER 3 DAYS)
RIFATER	4		XIFAXAN 550 MG TABLET	5	QL (60 PER 30 DAYS)
RIMSO-50	4		ZEMDRI	5	
SIRTURO	5	LA	ZYVOX (100 MG/5 ML SUSPENSION, 200 MG/100 ML-D5W, 600 MG/300 ML-D5W)	5	
SIVEXTRO (200 MG VIAL, 200 MG TABLET)	5		ZYVOX 600 MG TABLET	5	QL (60 PER 30 DAYS)
SOLOSEC	4		PENICILLINS		
<i>streptomycin sulfate 1 g vial</i>	4		<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	
STROMEKTOL	4				
SYNERCID	5				
<i>tigecycline</i>	5				
TINDAMAX	4				
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	2				
TOBI	5	B/D PA; QL (280 PER 28 DAYS)			
TOBI PODHALER	5	QL (224 PER 28 DAYS)			
<i>tobramycin in 0.225 % sodium chloride</i>	5	B/D PA; QL (280 PER 28 DAYS)			
<i>tobramycin sulfate (1.2 g vial, 10 mg/ml vial, 40 mg/ml vial)</i>	4				
TRECATOR	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
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)	2		AUGMENTIN (125-31.25 MG/5 ML, 250-62.5 MG/5 ML, 500-125 TABLET, 875-125 TABLET)	4	
			AUGMENTIN ES-600	4	
			AUGMENTIN XR	4	
			BICILLIN C-R	4	
			BICILLIN L-A	4	
			dicloxacillin sodium	2	
			nafcillin in dextrose, iso-osmotic	4	
			nafcillin sodium 10 g vial	5	
			nafcillin sodium (1 g vial port, 1 g vial, 2 g vial, 2 g vial port)	4	
			oxacillin sodium (1 g vial, 1 g vial port, 2 g vial port, 2 g vial)	4	
ampicillin sodium (1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial, 125 mg vial, 250 mg vial, 500 mg vial)	3		oxacillin sodium 10 g vial	5	
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)	3		oxacillin sodium in iso-osmotic dextrose	4	
			penicillin g potassium	3	
			penicillin g potassium/dextrose-water	3	
			penicillin g procaine	3	
			penicillin g sodium	3	
ampicillin trihydrate (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)	2		penicillin v potassium (125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 500 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
PFIZERPEN	3		<i>ciprofloxacin hcl (100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<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		<i>ciprofloxacin lactate</i>	3	
			<i>ciprofloxacin lactate/dextrose 5 % in water</i>	3	
			LEVAQUIN (500 MG TABLET, 750 MG TABLET)	4	
			<i>levofloxacin (250mg/10ml solution, 250 mg tablet, 500 mg tablet, 500mg/20ml solution, 750 mg tablet)</i>	2	
UNASYN	4		<i>levofloxacin 25 mg/ml vial</i>	3	
ZOSYN (2.25 GM/50 ML GALAXY BAG, 2.25 GRAM VIAL, 3.375 GRAM VIAL, 3.375 GM/50 ML GALAXY, 4.5 GRAM VIAL, 4.5 GM/100 ML GALAXY BAG, 40.5 GRAM BULK VIAL)	4		<i>levofloxacin/dextrose 5 % in water</i>	3	
QUINOLONES			<i>moxifloxacin hcl 400 mg tablet</i>	2	
AVELOX ABC PACK	4		<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	4	
BAXDELA (300 MG VIAL, 450 MG TABLET)	5		<i>moxifloxacin hcl in sodium chloride, iso-osmotic</i>	4	
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	4		<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	2	
CIPRO I.V.	4		SULFA'S / RELATED AGENTS		
<i>ciprofloxacin</i>	2		BACTRIM	4	
			BACTRIM DS	4	
			<i>sulfadiazine 500 mg tablet</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>sulfamethoxazole/trime thoprim (sulfamethoxazole/trim ethoprim 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>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	
SULFATRIM	2		MINOCIN (50 MG PELLETIZED CAP, 100 MG VIAL)	4	
TETRACYCLINES			<i>minocycline hcl (45 mg tab er 24h, 135 mg tab er 24h)</i>	4	
<i>demeclocycline hcl</i>	4		<i>minocycline hcl (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115mg tab er 24h)</i>	5	
DORYX	4		<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	
DORYX MPC	4		MONDOXYNE NL	2	
DOXY 100	2		MORGIDOX (50 MG CAPSULE, 100 MG CAPSULE)	4	
<i>doxycycline hyclate (20 mg tablet, 50 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg vial)</i>	2		NUZYRA (100 MG VIAL, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD, 150 MG TABLET)	5	
<i>doxycycline hyclate (75 mg tablet, 75 mg tablet dr, 100 mg tablet dr, 150 mg tablet, 150 mg tablet dr)</i>	4		OKEBO	4	
<i>doxycycline hyclate (50 mg tablet dr, 200 mg tablet dr)</i>	3		ORACEA	4	
<i>doxycycline monohydrate (40 mg cap ir dr, 75 mg capsule)</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
SOLODYN (ER 55 MG TABLET, ER 65 MG TABLET, ER 80 MG TABLET, ER 105 MG TABLET, ER 115 MG TABLET)	5		nitrofurantoin monohydrate/macrocrystals	2	
TARGADOX	4		PRIMSOL	3	
tetracycline hcl 250 mg capsule	2		trimethoprim 100 mg tablet	2	
tetracycline hcl 500 mg capsule	4		VANCOMYCIN		
VIBRAMYCIN (25 MG/5 ML SUSP, 50 MG/5 ML SYRUP, 100 MG CAPSULE)	4		VANCOCIN HCL (125 MG CAPSULE, 250 MG CAPSULE)	5	
XERAVA	5		vancomycin hcl 250 mg capsule	5	
XIMINO	5		vancomycin hcl (1 g vial, 1 g vial port, 1.5 g vial, 5 g vial, 10 g vial, 100 g bulkbaginj, 500 mg vial, 500 mg vial port, 750 mg vial port, 750 mg vial)	3	
URINARY TRACT AGENTS			vancomycin hcl (1.25 g vial, 125 mg capsule, 250 mg vial)	4	
FURADANTIN	4		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	
HIPREX	4		vancomycin/0.9 % sod chloride 750 mg/250 plast. bag	4	
MACROBID	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	
MACRODANTIN	4				
methenamine hippurate	2				
methenamine mandelate (1 g tablet, 500 mg tablet)	2				
MONUROL	4				
nitrofurantoin 25 mg/5 ml oral susp	2				
nitrofurantoin macrocrystal (25 mg capsule, 50 mg capsule, 100 mg capsule)	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>vancomycin hcl in 5 % dextrose 1.25 g/250 plast. bag</i>	4		ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
VIBATIV	4		<i>abiraterone acetate</i>	5	QL (120 PER 30 DAYS)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			ABRAXANE	5	B/D PA
ADJUNCTIVE AGENTS			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>dexrazoxane hcl</i>	5	B/D PA	ADRIAMYCIN 50 MG VIAL	4	B/D PA
ELITEK	5		ADRUCIL	2	B/D PA
FUSILEV	5	B/D PA	AFINITOR	5	PA
KEPIVANCE	5		AFINITOR DISPERZ	5	PA
KHAPZORY	5	B/D PA	ALECENSA	5	PA; QL (240 PER 30 DAYS)
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	2		ALIMTA	5	B/D PA
<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	ALIQOPA	5	B/D PA; LA
<i>levoleucovorin calcium (10 mg/ml vial, 50 mg vial, 175 mg vial)</i>	5		ALKERAN 2 MG TABLET	4	B/D PA
<i>mesna</i>	2	B/D PA	ALKERAN 50 MG VIAL	5	B/D PA
MESNEX 400 MG TABLET	5		ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA; QL (30 PER 30 DAYS)
MESNEX 1 GRAM/10 ML VIAL	4		ALUNBRIG 30 MG TABLET	5	PA; LA; QL (180 PER 30 DAYS)
TOTECT	5	B/D PA	<i>anastrozole 1 mg tablet</i>	2	
VISTOGARD	5		ARIKAYCE	5	LA
XGEVA	5	B/D PA	ARIMIDEX	4	
ZINECARD	5	B/D PA	AROMASIN	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
ARRANON	5	B/D PA	CABOMETYX (20 MG TABLET, 60 MG TABLET)	5	PA; LA; QL (30 PER 30 DAYS)
ARZERRA	5	B/D PA	CABOMETYX 40 MG TABLET	5	PA; LA; QL (60 PER 30 DAYS)
ASTAGRAF XL	4	B/D PA	CALQUENCE	5	PA; LA; QL (60 PER 30 DAYS)
AVASTIN	5	B/D PA	CAMPATH	4	
<i>azacitidine</i>	5	B/D PA	CAMPTOSAR	4	B/D PA
AZASAN	3	B/D PA	CAPRELSA	5	LA
<i>azathioprine 50 mg tablet</i>	2	B/D PA	<i>carboplatin (10 mg/ml vial, 150 mg vial)</i>	2	B/D PA
<i>azathioprine sodium</i>	2	B/D PA	<i>carmustine</i>	5	B/D PA
BALVERSA	5	PA; LA	CASODEX	4	
BAVENCIO	5		CELLCEPT (250 MG CAPSULE, 500 MG VIAL)	4	B/D PA
BELEODAQ	5	B/D PA	CELLCEPT (200 MG/ML ORAL SUSP, 500 MG TABLET)	5	B/D PA
BENDEKA	5	B/D PA	<i>cisplatin</i>	2	B/D PA
BESPONSA	5	B/D PA	<i>cladribine</i>	5	B/D PA
<i>bexarotene</i>	5		<i>clofarabine</i>	5	
<i>bicalutamide</i>	2		CLOLAR	5	B/D PA
BICNU	5	B/D PA	COMETRIQ	5	
<i>bleomycin sulfate</i>	2	B/D PA	COPIKTRA	5	PA; LA
BLINCYTO 35MCG VIAL+STABILIZER	5	B/D PA	COSMEGEN	5	B/D PA
<i>bortezomib</i>	5	B/D PA	COTELLIC	5	PA; LA; QL (63 PER 21 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA; QL (30 PER 30 DAYS)	<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	4	B/D PA
BOSULIF 100 MG TABLET	5	PA; QL (180 PER 30 DAYS)			
BRAFTOVI	5	PA			
<i>busulfan</i>	5				
BUSULFEX	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>cyclophosphamide (1 g vial, 2 g vial, 500 mg vial)</i>	2	B/D PA	<i>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)</i>	2	B/D PA
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5ml ampul)</i>	2	B/D PA	<i>doxorubicin hcl pegylated liposomal</i>	5	B/D PA
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule)</i>	2	B/D PA	DROXIA	3	
CYRAMZA	5	B/D PA	ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	
<i>cytarabine</i>	2	B/D PA	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>cytarabine/pf</i>	2	B/D PA	ELLENCE	5	B/D PA
<i>dacarbazine</i>	2	B/D PA	ELOXATIN	5	B/D PA
DACOGEN	5	B/D PA	EMCYT	3	
<i>dactinomycin</i>	5	B/D PA	EMPLICITI	5	B/D PA
DARZALEX	5	B/D PA; LA	ENVARUSUS XR	4	B/D PA
<i>daunorubicin hcl (5 mg/ml vial, 20 mg vial)</i>	2	B/D PA	<i>epirubicin hcl (50 mg/25ml vial, 200mg/0.1l vial)</i>	2	B/D PA
DAURISMO	5	PA	ERBITUX 100 MG/50 ML VIAL	5	B/D PA
<i>decitabine</i>	5	B/D PA	ERBITUX 200 MG/100 ML VIAL	5	
DEPOCYT	3	B/D PA	ERIVEDGE	5	QL (28 PER 28 DAYS)
<i>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)</i>	5	B/D PA	ERLEADA	5	PA
DOXIL	5	B/D PA	<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	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
<i>erlotinib hcl 25 mg tablet</i>	5	PA; QL (90 PER 30 DAYS)	GEMZAR 200 MG VIAL	4	B/D PA
ERWINAZE	5	B/D PA	GENGRAF (100 MG/ML SOLUTION, 100 MG CAPSULE)	4	B/D PA
ETOPOPHOS	3	B/D PA	GENGRAF 25 MG CAPSULE	2	B/D PA
<i>etoposide 20 mg/ml vial</i>	2	B/D PA	GILOTRIF	5	PA
EVOMELA	5	B/D PA	GLEEVEC	5	PA; QL (90 PER 30 DAYS)
<i>exemestane</i>	2		GLEOSTINE	4	
FARESTON	5		HALAVEN	5	B/D PA
FARYDAK	5		HERCEPTIN 150 MG VIAL	5	
FASLODEX	5	B/D PA	HERCEPTIN 440 MG VIAL	5	B/D PA
FEMARA	4		HERCEPTIN HYLECTA	5	
FIRMAGON	4	B/D PA	HYCAMTIN 4 MG VIAL	5	B/D PA
<i>floxuridine 500 mg vial</i>	2	B/D PA	HYDREA	4	
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	2	B/D PA	<i>hydroxyurea 500 mg capsule</i>	2	
<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	IBRANCE	5	QL (30 PER 30 DAYS)
<i>flutamide</i>	2		ICLUSIG	5	PA; QL (60 PER 30 DAYS)
FOLOTYN	5	B/D PA	IDAMYCIN PFS	5	B/D PA
<i>fulvestrant</i>	5	B/D PA	<i>idarubicin hcl</i>	2	B/D PA
GAZYVA	5	B/D PA	IDHIFA	5	PA; LA; QL (30 PER 30 DAYS)
<i>gemcitabine hcl (1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 100 mg/ml vial, 200 mg vial, 200mg/5.26 vial)</i>	5	B/D PA	IFEX	4	B/D PA
GEMZAR 1 GRAM VIAL	3	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>ifosfamide (1 g/20 ml vial, 1 g vial, 3 g/60 ml vial, 3 g vial)</i>	2	B/D PA	KISQALI	5	QL (90 PER 30 DAYS)
<i>imatinib mesylate</i>	5	PA; QL (90 PER 30 DAYS)	KISQALI FEMARA CO-PACK	5	QL (91 PER 28 DAYS)
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	5	QL (120 PER 30 DAYS)	KYPROLIS	5	B/D PA
IMBRUVICA 70 MG CAPSULE	5	QL (240 PER 30 DAYS)	LARTRUVO 190 MG/19 ML VIAL	5	LA
IMBRUVICA (420 MG TABLET, 560 MG TABLET)	5	QL (30 PER 30 DAYS)	LARTRUVO 500 MG/50 ML VIAL	5	B/D PA; LA
IMBRUVICA 280 MG TABLET	5	QL (60 PER 30 DAYS)	LENVIMA	5	
IMFINZI	5	LA	<i>letrozole 2.5 mg tablet</i>	2	
IMURAN	4	B/D PA	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		LIPODOX	5	B/D PA
IRESSA	5	PA; QL (60 PER 30 DAYS)	LIPODOX 50	5	B/D PA
<i>irinotecan hcl</i>	2	B/D PA	LONSURF 15 MG-6.14 MG TABLET	5	PA; QL (300 PER 30 DAYS)
ISTODAX	5	B/D PA	LONSURF 20 MG-8.19 MG TABLET	5	PA; QL (240 PER 30 DAYS)
IXEMPRA	5	B/D PA	LORBRENA	5	PA
JAKAFI	5	QL (60 PER 30 DAYS)	LUMOXITI	5	PA
JEVTANA	5	B/D PA	LUPRON DEPOT	5	
KADCYLA	5	B/D PA	LUPRON DEPOT (LUPANETA)	5	
KEYTRUDA (50 MG VIAL, 100 MG/4 ML VIAL)	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	

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 200 mg/ml susp recon</i>	5	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		MYFORTIC	4	B/D PA
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp, 625mg/5ml oral susp)</i>	2		MYLOTARG	5	B/D PA
MEKINIST	5	PA	NAVELBINE	4	B/D PA
MEKTOVI	5	PA; LA	NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE)	4	B/D PA
<i>melphalan</i>	3	B/D PA	NERLYNX	5	PA; LA; QL (240 PER 30 DAYS)
<i>melphalan hcl</i>	5	B/D PA	NEXAVAR	5	PA; LA
<i>mercaptopurine 50 mg tablet</i>	2		NILANDRON	5	
<i>methotrexate 250 mg/10 ml vial - 1655959</i>	2	B/D PA	<i>nilutamide</i>	5	
<i>methotrexate 250 mg/10ml - 1946772</i>	2	B/D PA	NINLARO	5	QL (3 PER 28 DAYS)
<i>methotrexate sodium 2.5 mg tablet</i>	2	B/D PA	NIPENT	5	B/D PA
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	2	B/D PA	NUBEQA	5	PA
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	2	B/D PA	NULOJIX	5	B/D PA
<i>mitoxantrone hcl</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	
MUSTARGEN	3	B/D PA	<i>octreotide acetate (500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	5	
MUTAMYCIN	4				
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</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
ODOMZO	5	LA; QL (30 PER 30 DAYS)	RITUXAN 100 MG/10 ML VIAL	5	
ONCASPAR	5	B/D PA	RITUXAN 500 MG/50 ML VIAL	5	B/D PA
ONIVYDE	4	B/D PA	RITUXAN 10 MG/ML VIAL - 1657864	5	B/D PA
OPDIVO	5	B/D PA	RITUXAN HYCELA	5	B/D PA
<i>oxaliplatin (50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial)</i>	3	B/D PA	<i>romidepsin</i>	5	B/D PA
			RUBRACA	5	PA; QL (120 PER 30 DAYS)
			RYDAPT	5	PA; QL (240 PER 30 DAYS)
<i>paclitaxel</i>	2	B/D PA	SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG/ML SOLN, 100 MG CAPSULE)	4	B/D PA
PERJETA	5	B/D PA	SANDOSTATIN (0.05 MG/ML AMPUL, 0.5 MG/ML AMPUL)	4	
PIQRAY	5	PA	SANDOSTATIN (0.1 MG/ML AMPUL, 0.2 MG/ML VIAL, 1 MG/ML VIAL)	5	
POLIVY	5	PA	SANDOSTATIN LAR DEPOT	5	
POMALYST	5	QL (90 PER 30 DAYS)	SIGNIFOR	5	
PORTRAZZA	5		SIGNIFOR LAR	5	
POTELIGEO	5	PA	SIKLOS	5	
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE, 5 MG CAPSULE)	4	B/D PA	SIMULECT	3	B/D PA
			<i>sirolimus 1 mg/ml solution</i>	4	B/D PA
PURIXAN	5		<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	B/D PA
RAPAMUNE 1 MG/ML ORAL SOLN	4	B/D PA			
RAPAMUNE (1 MG TABLET, 2 MG TABLET)	5	B/D PA			
RAPAMUNE 0.5 MG TABLET	3	B/D PA			
REVLIMID	5	LA; QL (28 PER 28 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
SOLTAMOX	3		TARCEVA (100 MG TABLET, 150 MG TABLET)	5	PA; QL (30 PER 30 DAYS)
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	5		TARCEVA 25 MG TABLET	5	PA; QL (90 PER 30 DAYS)
SPRYCEL (20 MG TABLET, 50 MG TABLET)	5	PA; QL (90 PER 30 DAYS)	TARGRETIN (1% GEL, 75 MG CAPSULE)	5	
SPRYCEL (70 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA; QL (30 PER 30 DAYS)	TASIGNA	5	PA; QL (120 PER 30 DAYS)
SPRYCEL 80 MG TABLET	5	PA; QL (60 PER 30 DAYS)	TAXOTERE (20 MG/ML VIAL, 80 MG/4 ML VIAL)	5	B/D PA
STIVARGA	5	PA; QL (112 PER 28 DAYS)	TECENTRIQ	5	B/D PA; LA
SUPPRELIN LA	4		TEMODAR 100 MG VIAL	5	B/D PA
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE)	5	QL (28 PER 28 DAYS)	THALOMID	5	
SUTENT 37.5 MG CAPSULE	5	QL (56 PER 28 DAYS)	<i>thiotepa 15 mg vial</i>	5	B/D PA
SYLVANT	5	B/D PA	TIBSOVO	5	PA
SYNRIBO	5	B/D PA	TOPOSAR	2	B/D PA
TABLOID	3		<i>topotecan hcl (4 mg/4 ml vial, 4 mg vial)</i>	5	B/D PA
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	2	B/D PA	<i>toremifene citrate</i>	5	
TAFINLAR	5	PA	TORISEL	5	B/D PA
TAGRISO	5	PA; LA; QL (30 PER 30 DAYS)	TREANDA (25 MG VIAL, 100 MG VIAL)	5	B/D PA
TALZENNA	5	PA	TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	B/D PA
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2		<i>tretinoin 10 mg capsule</i>	5	
			TREXALL	3	B/D PA
			TRIPTODUR	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
TRISENOX (10 MG/10 ML AMPULE, 12 MG/6 ML VIAL)	5	B/D PA	VOTRIENT	5	QL (120 PER 30 DAYS)
TURALIO	5	PA	VYXEOS	5	B/D PA
TYKERB	5	PA; LA	XALKORI	5	PA
UNITUXIN	5	B/D PA	XATMEP	5	B/D PA
<i>valrubicin</i>	3	B/D PA	XERMELO	5	
VALSTAR	4	B/D PA	XOSPATA	5	PA; LA
VANTAS	5	B/D PA	XPOVIO	5	LA
VECTIBIX	5	B/D PA	XTANDI	5	QL (120 PER 30 DAYS)
VELCADE	5	B/D PA	YERVOY	5	B/D PA
VENCLEXTA 10 MG TABLET	4	PA; LA; QL (60 PER 30 DAYS)	YONDELIS	5	B/D PA
VENCLEXTA 100 MG TABLET	5	PA; LA; QL (120 PER 30 DAYS)	YONSA	5	
VENCLEXTA 50 MG TABLET	4	PA; LA; QL (30 PER 30 DAYS)	ZALTRAP	5	B/D PA
VENCLEXTA STARTING PACK	5	PA; LA	ZANOSAR	3	B/D PA
VERZENIO	5	LA; QL (60 PER 30 DAYS)	ZEJULA	5	PA; LA; QL (90 PER 30 DAYS)
VIDAZA	5	B/D PA	ZELBORAF	5	PA; QL (240 PER 30 DAYS)
<i>vinblastine sulfate</i>	2	B/D PA	ZOLADEX	4	B/D PA
VINCASAR PFS	2	B/D PA	ZOLINZA	5	
<i>vincristine sulfate</i>	2	B/D PA	ZORTRESS	5	B/D PA
<i>vinorelbine tartrate</i>	2	B/D PA	ZYDELIG	5	QL (60 PER 30 DAYS)
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA; LA	ZYKADIA (150 MG TABLET, 150 MG CAPSULE)	5	PA; QL (150 PER 30 DAYS)
VIZIMPRO	5	PA; QL (30 PER 30 DAYS)	ZYTIGA	5	QL (120 PER 30 DAYS)
			AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		

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
ANTICONVULSANTS			<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	
APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30 DAYS); STEP	DEPAKOTE	4	STEP
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30 DAYS); STEP	DEPAKOTE ER	4	STEP
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	STEP	DEPAKOTE SPRINKLE	4	STEP
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS); STEP	DIASTAT	4	
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS); STEP	DIASTAT ACUDIAL	4	
BRIVIACT 50 MG/5 ML VIAL	4	STEP	<i>diazepam (2.5 mg kit, 5-7.5-10mg kit, 12.5-15-20 kit)</i>	3	
<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		DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	3	STEP
CARBATROL	4	STEP	DILANTIN-125	3	STEP
CELONTIN	3	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	
CEREBYX	4	STEP	EPIDIOLEX	5	PA; LA
<i>clobazam 2.5 mg/ml oral susp</i>	3	QL (480 PER 30 DAYS)	EPITOL	2	
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	3	QL (60 PER 30 DAYS)	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	

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
FELBATOL (400 MG TABLET, 600 MG TABLET, 600 MG/5 ML SUSP)	5	STEP	LAMICTAL (GREEN)	4	STEP
			LAMICTAL (ORANGE)	4	STEP
<i>fosphenytoin sodium</i>	2		LAMICTAL ODT	4	STEP
FYCOMPA 0.5 MG/ML ORAL SUSP	5	STEP	LAMICTAL ODT (BLUE)	4	STEP
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	STEP	LAMICTAL ODT (GREEN)	4	STEP
			LAMICTAL ODT (ORANGE)	4	STEP
			LAMICTAL XR	4	STEP
<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		LAMICTAL XR (BLUE)	4	STEP
			LAMICTAL XR (GREEN)	4	STEP
			LAMICTAL XR (ORANGE)	4	STEP
GABITRIL	4	STEP			
GRALISE	4		<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	
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG/5 ML VIAL, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	4	STEP			
KEPPRA XR	4	STEP	<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	
KLONOPIN	4				
LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	STEP			
LAMICTAL (BLUE)	4	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 tab er 24h, 500 mg/5ml solution, 500 mg tablet, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	2		OXTELLAR XR	4	STEP
<i>levetiracetam in sodium chloride, iso-osmotic</i>	4		PEGANONE	3	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)	<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	
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>phenobarbital sodium</i>	3	
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)	PHENYTEK	4	STEP
LYRICA CR	4	PA; QL (30 PER 30 DAYS)	<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	2	
MYSOLINE	4	STEP	<i>phenytoin sodium 50 mg/ml vial</i>	2	
NEURONTIN (100 MG CAPSULE, 250 MG/5 ML SOLN, 300 MG CAPSULE, 400 MG CAPSULE, 600 MG TABLET, 800 MG TABLET)	4	STEP	<i>phenytoin sodium extended</i>	2	
ONFI 2.5 MG/ML SUSPENSION	5		<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	QL (60 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	5	QL (60 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)
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	2		<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
			<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
			QUDEXY XR	4	PA
			ROWEEPRA	2	
			ROWEEPRA XR	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
SABRIL (500 MG TABLET, 500 MG POWDER PACKET)	5	LA; QL (180 PER 30 DAYS)	valproic acid (as sodium salt) (valproate sodium) (salt) 250 mg/5ml solution, salt) 500 mg/5ml vial, salt) 500mg/10ml solution)	2	
SPRITAM	4	STEP			
SYMPAZAN	5	QL (30 PER 30 DAYS)	vigabatrin 500 mg powd pack	5	LA; QL (180 PER 30 DAYS)
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	STEP	vigabatrin 500 mg tablet	5	LA
TEGRETOL XR	4	STEP	VIGADRONE	5	QL (180 PER 30 DAYS)
tiagabine hcl	3		VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 200 MG/20 ML VIAL, 200 MG TABLET)	4	STEP
TOPAMAX (15 MG SPRINKLE CAP, 25 MG TABLET, 25 MG SPRINKLE CAP, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA	VIMPAT 150 MG TABLET	3	STEP
topiramate (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	ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	4	STEP
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	2	PA	ZONEGRAN	4	PA
TRILEPTAL (150 MG TABLET, 300 MG/5 ML SUSP, 300 MG TABLET, 600 MG TABLET)	4	STEP	zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	PA
TROKENDI XR	4	PA	ANTIPARKINSONISM AGENTS		
valproic acid 250 mg capsule	2		APOKYN	5	LA
			AZILECT	4	
			benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg/2 ml vial, 2 mg/2 ml ampul, 2 mg tablet)	2	
			bromocriptine mesylate 5 mg capsule	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>bromocriptine mesylate</i> 2.5 mg tablet	2		OSMOLEX ER	4	
<i>carbidopa</i> 25 mg tablet	4		PARLODEL (2.5 MG TABLET, 5 MG CAPSULE)	4	
<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>pramipexole di-hcl</i> 1.5 mg tab er 24h	4	
			<i>pramipexole di-hcl</i> (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)	2	
			<i>rasagiline mesylate</i> (0.5 mg tablet, 1 mg tablet)	3	
<i>carbidopa/levodopa/ent</i> <i>acapone</i>	4		REQUIP XL (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 12 MG TABLET)	4	
COGENTIN	4		<i>ropinirole hcl</i> 12 mg tab er 24h	4	
COMTAN	4		<i>ropinirole hcl</i> (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)	2	
DUOPA	4	B/D PA	RYTARY	4	
<i>entacapone</i>	2		<i>selegiline hcl</i> (5 mg tablet, 5 mg capsule)	2	
GOCOVRI ER 137 MG CAPSULE	5	QL (60 PER 30 DAYS)	SINEMET 10-100	4	
GOCOVRI ER 68.5 MG CAPSULE	5	QL (30 PER 30 DAYS)	SINEMET 25-100	4	
INBRIJA	5				
LODOSYN	5				
MIRAPEX	4				
MIRAPEX ER	4				
NEUPRO	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
SINEMET 25-250	4		D.H.E.45	4	
SINEMET CR	4		<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	2	
STALEVO 100	4		<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	5	QL (8 PER 28 DAYS)
STALEVO 125	4		<i>eletriptan hydrobromide</i>	2	QL (9 PER 30 DAYS)
STALEVO 150	4		EMGALITY PEN	4	PA; QL (2 PER 30 DAYS)
STALEVO 200	4		EMGALITY 120 MG/ML SYRINGE	4	PA; QL (2 PER 30 DAYS)
STALEVO 50	4		EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	4	PA; QL (3 PER 30 DAYS)
STALEVO 75	4		ERGOMAR	4	
TASMAR	5		<i>ergotamine tartrate/caffeine</i>	2	
<i>tolcapone</i>	5		FROVA	4	QL (27 PER 28 DAYS); STEP
<i>trihexyphenidyl hcl (2 mg/5 ml elixir, 2 mg tablet, 5 mg tablet)</i>	3		<i>frovatriptan succinate</i>	2	QL (27 PER 28 DAYS)
XADAGO	5		IMITREX (4 MG/0.5 ML PEN INJECT, 4 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML VIAL, 6 MG/0.5 ML CARTRIDGES)	4	QL (8 PER 28 DAYS); STEP
ZELAPAR	5		IMITREX 20 MG NASAL SPRAY	4	QL (12 PER 30 DAYS); STEP
MIGRAINE / CLUSTER HEADACHE THERAPY			IMITREX 5 MG NASAL SPRAY	4	QL (36 PER 30 DAYS); STEP
AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA; QL (1 PER 30 DAYS)			
AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA; QL (2 PER 30 DAYS)			
AIMOVIG AUTOINJECTOR (2 PACK)	4	PA; QL (2 PER 30 DAYS)			
AJOVY	4	PA; QL (1 PER 30 DAYS)			
<i>almotriptan malate</i>	2	QL (9 PER 30 DAYS)			
AMERGE	4	QL (9 PER 30 DAYS); STEP			
CAFERGOT	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
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	QL (9 PER 30 DAYS); STEP	SUMAVEL DOSEPRO 4 MG/0.5 ML	4	QL (8 PER 28 DAYS); STEP
MAXALT	4	QL (36 PER 28 DAYS); STEP	TREXIMET	4	QL (18 PER 28 DAYS); STEP
MAXALT MLT	4	QL (36 PER 28 DAYS); STEP	ZEMBRACE SYMTOUCH	5	STEP
MIGERGOT	2		<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	2	QL (9 PER 30 DAYS)
MIGRANAL	5	QL (8 PER 28 DAYS)	ZOMIG (2.5 MG SPRAY, 5 MG SPRAY)	4	QL (18 PER 28 DAYS); STEP
<i>naratriptan hcl</i>	2	QL (9 PER 30 DAYS)	ZOMIG (2.5 MG TABLET, 5 MG TABLET)	4	QL (9 PER 30 DAYS); STEP
ONZETRA XSAIL	4	QL (32 PER 28 DAYS); STEP	ZOMIG ZMT	4	QL (9 PER 30 DAYS); STEP
RELPAK	4	QL (9 PER 30 DAYS); STEP	MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>rizatriptan benzoate (5 mg tablet, 5 mg tab rapdis, 10 mg tablet, 10 mg tab rapdis)</i>	2	QL (36 PER 28 DAYS)	AMPYRA	5	PA; LA; QL (60 PER 30 DAYS)
<i>sumatriptan 20 mg spray</i>	4	QL (12 PER 30 DAYS)	ARICEPT (5 MG TABLET, 10 MG TABLET, 23 MG TABLET)	4	STEP
<i>sumatriptan 5 mg spray</i>	4	QL (36 PER 30 DAYS)	AUBAGIO	5	PA; QL (30 PER 30 DAYS)
<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 DAYS)	AUSTEDO	5	PA; LA
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (9 PER 30 DAYS)	COPAXONE	5	PA
<i>sumatriptan succinate/naproxen sodium</i>	2	QL (18 PER 30 DAYS)	<i>dalfampridine 10 mg tab er 12h</i>	5	PA; QL (60 PER 30 DAYS)
			<i>donepezil hcl 23 mg tablet</i>	4	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>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis)</i>	2		<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
EXELON (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 4.6 MG/24HR PATCH, 6 MG CAPSULE, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH)	4	STEP	<i>memantine hcl 5 mg-10 mg tab ds pk</i>	4	PA
EXONDYS 51	5	PA	NAMENDA (5-10 MG TITRATION PK, 5 MG TABLET, 10 MG TABLET)	4	PA
FIRDAPSE	5	PA	NAMENDA XR (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE, TITRATION PACK)	4	PA
<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		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
GILENYA 0.5 MG CAPSULE	5	QL (30 PER 30 DAYS)	NUEDEXTA	3	PA
<i>glatiramer acetate</i>	5		OCREVUS	5	PA; LA
GLATOPA	5		ONPATTRO	5	PA; LA
HORIZANT	4	STEP	RADICAVA	5	
INGREZZA	5	LA; QL (30 PER 30 DAYS)	RAZADYNE	4	STEP
INGREZZA INITIATION PACK	5	LA; QL (28 PER 28 DAYS)	RAZADYNE ER	4	STEP
KEVEYIS	5		<i>rivastigmine</i>	2	
LEMTRADA	5		<i>rivastigmine tartrate</i>	2	
LUCEMYRA	5	PA	RUZURGI	5	PA
MAVENCLAD	5	PA; LA	TECFIDERA	5	
MAYZENT (0.25 MG TABLET, 2 MG TABLET)	5	PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TEGSEDI	5	PA; LA	<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	5	PA; QL (90 PER 30 DAYS)	ENLON	2	
<i>tetrabenazine 25 mg tablet</i>	5	PA; QL (120 PER 30 DAYS)	ENLON-PLUS	4	
TYSABRI	5	PA; LA	FEXMID	4	PA
XENAZINE 12.5 MG TABLET	5	PA; LA; QL (90 PER 30 DAYS)	GABLOFEN (MCG/20 ML VIAL, MCG/20 ML SYRG)	4	B/D PA
XENAZINE 25 MG TABLET	5	PA; LA; QL (120 PER 30 DAYS)	LIORESAL INTRATHECAL	4	B/D PA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			LORZONE	4	PA
AMRIX	5	PA	MESTINON (60 MG TABLET, 60 MG/5 ML SYRUP, 180 MG TIMESPAN)	5	
<i>baclofen (10 mg tablet, 20 mg tablet)</i>	2		<i>metaxalone</i>	3	PA
<i>baclofen 5 mg tablet</i>	4		<i>methocarbamol (100 mg/ml vial, 500 mg tablet, 750 mg tablet)</i>	3	PA
<i>baclofen (20k mcg/20 vial, 10000/20ml vial, 40000/20ml vial)</i>	4	B/D PA	<i>neostigmine methylsulfate 0.5 mg/ml vial</i>	2	
BLOXIVERZ	4		<i>neostigmine methylsulfate 1 mg/ml vial</i>	4	
<i>carisoprodol (250 mg tablet, 350 mg tablet)</i>	3	PA	<i>orphenadrine citrate 100 mg tablet er</i>	3	PA
<i>carisoprodol/aspirin</i>	3	PA	<i>orphenadrine citrate (30 mg/ml ampul, 30 mg/ml vial)</i>	3	
<i>carisoprodol/aspirin/co deine phosphate</i>	3	PA; QL (240 PER 30 DAYS)	<i>pyridostigmine bromide 60 mg/5 ml syrup</i>	5	
<i>chlorzoxazone</i>	3	PA			
<i>cyclobenzaprine hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	3	PA			
DANTRIUM (20 MG VIAL, 25 MG CAPSULE, 50 MG CAPSULE)	4				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>	2		<i>acetaminophen/caff/dihydrocod 325-30-16 tablet</i>	4	QL (300 PER 30 OVER TIME)
<i>pyridostigmine bromide 30 mg tablet</i>	4		ACTIQ	5	PA; QL (120 PER 30 OVER TIME)
REGONOL	2		ALLZITAL	4	QL (360 PER 30 DAYS)
REVONTO	2		ARYMO ER 15 MG TABLET	4	QL (400 PER 30 OVER TIME)
ROBAXIN (500 MG TABLET, 1,000 MG/10 ML VIAL)	4	PA	ARYMO ER 30 MG TABLET	4	QL (200 PER 30 OVER TIME)
ROBAXIN-750	4	PA	ARYMO ER 60 MG TABLET	4	QL (100 PER 30 OVER TIME)
SKELAXIN	4	PA	ASCOMP WITH CODEINE	3	QL (360 PER 30 DAYS)
SOMA	4	PA	<i>aspirin/caffeine/dihydrocodeine bitartrate</i>	2	QL (300 PER 30)
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2		BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM)	4	QL (60 PER 30 OVER TIME)
ZANAFLEX 4 MG TABLET	4		BELBUCA (750 MCG FILM, 900 MCG FILM)	3	QL (60 PER 30 OVER TIME)
NARCOTIC ANALGESICS			BUPAP	4	QL (360 PER 30 DAYS)
ABSTRAL	5	PA; QL (120 PER 30 OVER TIME)	BUPRENEX	4	QL (266 PER 30 OVER TIME)
<i>acetaminophen with codeine 120-12mg/5 solution</i>	2	QL (4500 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>acetaminophen with codeine 300mg/12.5 solution</i>	2	QL (4500 PER 30 DAYS)	<i>buprenorphine 7.5 mcg/hr patch tdwk</i>	3	QL (4 PER 28 DAYS)
<i>acetaminophen with codeine 300mg-60mg tablet</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)			
<i>acetaminophen/caff/dihydrocod 320.5-30mg capsule</i>	2	QL (300 PER 30)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl (0.3 mg/ml cartridge, 0.3 mg/ml vial)</i>	2	QL (266 PER 30 OVER TIME)	DILAUDID 5 MG/5 ML ORAL LIQUID	4	QL (1500 PER 30 DAYS)
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	2		DILAUDID (2 MG TABLET, 4 MG TABLET, 8 MG TABLET)	4	QL (180 PER 30 OVER TIME)
<i>butalbital/acetaminophen (butalbital/acetaminophen 50mg-300mg tablet, butalbital/acetaminophen 50mg-300mg capsule, butalbital/acetaminophen 50mg-325mg tablet)</i>	3	QL (360 PER 30 DAYS)	DOLOPHINE HCL 10 MG TABLET	4	QL (120 PER 30 OVER TIME)
			DOLOPHINE HCL 5 MG TABLET	4	QL (240 PER 30 OVER TIME)
			DURAGESIC (12 MCG/HR PATCH, 25 MCG/HR PATCH, 50 MCG/HR PATCH)	4	QL (10 PER 30 OVER TIME)
<i>butalbital/acetaminophen/caffeine (butalbital/acetaminophen/caffeine 50-300-40 capsule, butalbital/acetaminophen/caffeine 50-325-40 tablet, butalbital/acetaminophen/caffeine 50-325-40 capsule)</i>	3	QL (360 PER 30 DAYS)	DURAGESIC (75 MCG/HR PATCH, 100 MCG/HR PATCH)	5	QL (10 PER 30 OVER TIME)
			DURAMORPH 10 MG/10 ML AMPUL	2	QL (2000 PER 30 OVER TIME)
			DURAMORPH 5 MG/10 ML AMPUL	2	QL (4000 PER 30 OVER TIME)
<i>butalbital/acetaminophen/caffeine/codeine phosphate</i>	3	QL (360 PER 30 DAYS)	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>butalbital/aspirin/caffeine (butalbital/aspirin/caffeine 50-325-40 capsule, butalbital/aspirin/caffeine 50-325-40 tablet)</i>	3	QL (360 PER 30 DAYS)	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)
BUTRANS	4	QL (4 PER 28 OVER TIME)	ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	2	QL (360 PER 30 OVER TIME)
<i>codeine phosphate/butalbital/aspirin/caffeine</i>	3	QL (360 PER 30 DAYS)	ENDOCET 2.5-325 MG TABLET	2	QL (360 PER 30)
<i>codeine sulfate</i>	2	QL (180 PER 30 OVER TIME)	ESGIC CAPSULE	4	QL (360 PER 30)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESGIC 50-325-40 MG TABLET	4	QL (360 PER 30 DAYS)	FIORINAL WITH CODEINE #3	4	QL (360 PER 30 DAYS)
<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)	<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)</i>	2	QL (5550 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>fentanyl 25 mcg/hr patch td72</i>	2	QL (10 PER 30 DAYS)			
<i>fentanyl 87.5mcg/hr patch td72</i>	5	QL (10 PER 30 OVER TIME)			
<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 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/acetaminophen 10-325/15 solution</i>	2	QL (5550 PER 30)
			<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 DAYS)	<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)			
FIORICET	4	QL (360 PER 30 DAYS)			
FIORICET WITH CODEINE	4	QL (360 PER 30 DAYS)			
FIORINAL	4	QL (360 PER 30 DAYS)	<i>hydrocodone/ibuprofen</i>	2	QL (50 PER 30 OVER TIME)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hydromorphone hcl (1 mg/ml syringe, 1 mg/ml cartridge, 1 mg/ml ampul)</i>	2	QL (300 PER 30 DAYS)	HYSINGLA ER (ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET)	4	QL (60 PER 30 OVER TIME)
<i>hydromorphone hcl (4 mg/ml cartridge, 4 mg/ml ampul)</i>	2	QL (75 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>hydromorphone hcl 1 mg/ml liquid</i>	2	QL (2400 PER 30 OVER TIME)	HYSINGLA ER 20 MG TABLET	4	QL (150 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg/ml syringe, 2 mg/ml cartridge)</i>	2	QL (1200 PER 30 OVER TIME)	IBUDONE 5-200 MG TABLET	4	QL (50 PER 30)
<i>hydromorphone hcl 0.5mg/.5ml syringe</i>	4	QL (300 PER 30 DAYS)	<i>ibuprofen/oxycodone hcl</i>	2	QL (28 PER 30 OVER TIME)
<i>hydromorphone hcl (16 mg tab er 24h, 32 mg tab er 24h)</i>	5	QL (60 PER 30 OVER TIME)	INFUMORPH 200 MG/20 ML AMPUL	4	QL (200 PER 30 OVER TIME)
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h)</i>	2	QL (60 PER 30 OVER TIME)	INFUMORPH 500 MG/20 ML AMPUL	4	QL (80 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)	KADIAN	4	QL (90 PER 30 OVER TIME)
<i>hydromorphone hcl (2 mg/ml ampul, 2 mg/ml vial)</i>	2	QL (150 PER 30 DAYS)	LAZANDA 100 MCG NASAL SPRAY	5	PA; QL (45 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)	LAZANDA 300 MCG NASAL SPRAY	5	PA; QL (23 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)	LAZANDA 400 MCG NASAL SPRAY	5	PA; QL (30 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 1 mg/ml vial</i>	4	QL (2400 PER 30 OVER TIME)	<i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i>	5	QL (120 PER 30 OVER TIME)
<i>hydromorphone hcl/pf 4 mg/ml vial</i>	2	QL (75 PER 30 OVER TIME)	LORCET	2	QL (360 PER 30 OVER TIME)
			LORCET HD	2	QL (360 PER 30 OVER TIME)
			LORCET PLUS	2	QL (360 PER 30 OVER TIME)
			LORTAB 10 MG-300 MG/15 ML ELXR	4	QL (6000 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
LORTAB (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	2	QL (360 PER 30 OVER TIME)	<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)
MARGESIC	2	QL (360 PER 30)	<i>morphine sulfate 40 mg cap er pel</i>	3	QL (90 PER 30 OVER TIME)
<i>methadone hcl 10 mg/5 ml solution</i>	2	QL (600 PER 30 OVER TIME)	<i>morphine sulfate 10 mg/ml cartridge</i>	4	QL (200 PER 30 DAYS)
<i>methadone hcl 5 mg/5 ml solution</i>	2	QL (1200 PER 30 OVER TIME)	<i>morphine sulfate 2 mg/ml cartridge</i>	2	QL (1000 PER 30 DAYS)
<i>methadone hcl 10 mg/ml syringe</i>	2	QL (160 PER 30 DAYS)	<i>morphine sulfate 4 mg/ml cartridge</i>	2	QL (500 PER 30 DAYS)
<i>methadone hcl (10 mg/ml oral conc, 10 mg tablet)</i>	2	QL (120 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>methadone hcl 5 mg tablet</i>	2	QL (240 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>methadone hcl 10 mg/ml vial</i>	2	QL (150 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)
METHADONE INTENSOL	2	QL (120 PER 30 OVER TIME)	<i>morphine sulfate 8 mg/ml syringe</i>	4	QL (250 PER 30 OVER TIME)
METHADOSE 10 MG/ML ORAL CONC	2	QL (200 PER 30 DAYS)	<i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>	2	QL (180 PER 30 OVER TIME)
MITIGO 200 MG/20 ML VIAL	4	QL (200 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)
MITIGO 500 MG/20 ML VIAL	4	QL (80 PER 30 OVER TIME)	<i>morphine sulfate (10 mg/ml syringe, 10 mg/ml vial)</i>	4	QL (200 PER 30 OVER TIME)
MORPHABOND ER (ER 15 MG TABLET, ER 30 MG TABLET)	4	QL (120 PER 30 OVER TIME)			
MORPHABOND ER 100 MG TABLET	5	QL (60 PER 30 OVER TIME)			
MORPHABOND ER 60 MG TABLET	4	QL (100 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>morphine sulfate (8 mg/ml vial, 8 mg/ml cartridge)</i>	4	QL (250 PER 30 DAYS)	OPANA ER (ER 5 MG TABLET, ER 10 MG TABLET, ER 15 MG TABLET)	4	QL (90 PER 30 OVER TIME)
<i>morphine sulfate 2 mg/ml vial</i>	4	QL (1000 PER 30 OVER TIME)	OXAYDO	4	QL (360 PER 30 OVER TIME)
<i>morphine sulfate 4 mg/ml vial</i>	4	QL (500 PER 30 DAYS)	OXECTA	4	QL (360 PER 30 OVER TIME)
<i>morphine sulfate 5 mg/ml vial</i>	4	QL (400 PER 30 OVER TIME)	<i>oxycodone hcl (5 mg capsule, 5 mg tablet)</i>	2	QL (360 PER 30 OVER TIME)
<i>morphine sulfate/0.9% nacl/pf 5 mg/ml plast. bag</i>	4		<i>oxycodone hcl 5 mg/5 ml solution</i>	4	QL (1200 PER 30 OVER TIME)
<i>morphine sulfate/pf 150mg/30ml pca vial</i>	2	QL (400 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)
<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>oxycodone hcl 80 mg tab er 12h</i>	4	QL (60 PER 30 OVER TIME)
<i>morphine sulfate/pf 0.5 mg/ml vial</i>	2	QL (4000 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)
MS CONTIN	4	QL (120 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)
<i>nalbuphine hcl (10 mg/ml vial, 10 mg/ml ampul)</i>	2	QL (200 PER 30 OVER TIME)	<i>oxycodone hcl/aspirin</i>	2	QL (360 PER 30 OVER TIME)
<i>nalbuphine hcl (20 mg/ml vial, 20 mg/ml ampul)</i>	2	QL (100 PER 30 OVER TIME)			
NORCO	4	QL (360 PER 30 OVER TIME)			
OPANA 1 MG/ML INJ AMPULE	4	QL (200 PER 30 DAYS)			
OPANA 10 MG TABLET	4	QL (360 PER 30 OVER TIME)			
OPANA 5 MG TABLET	4	QL (180 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
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)	SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY)	5	PA; QL (120 PER 30 OVER TIME)
OXYCONTIN ER 80 MG TABLET	3	QL (60 PER 30 OVER TIME)	SUBSYS 1,200 MCG SPRAY	5	PA; QL (56 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)	SUBSYS 1,600 MCG SPRAY	5	PA; QL (42 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)	SYNALGOS-DC	4	QL (300 PER 30 OVER TIME)
<i>oxymorphone hcl 10 mg tablet</i>	4	QL (360 PER 30 OVER TIME)	TENCON	2	QL (360 PER 30 DAYS)
<i>oxymorphone hcl 5 mg tablet</i>	2	QL (180 PER 30 OVER TIME)	TREZIX	4	QL (300 PER 30 OVER TIME)
PERCOCET	4	QL (360 PER 30 OVER TIME)	TYLENOL-CODEINE NO.3	4	QL (360 PER 30 OVER TIME)
PRIMLEV	4	QL (360 PER 30 OVER TIME)	TYLENOL-CODEINE NO.4	4	QL (180 PER 30 OVER TIME)
REPREXAIN 2.5-200 MG TABLET	2	QL (50 PER 30 DAYS)	VANATOL LQ	4	QL (5550 PER 30 DAYS)
ROXICODONE (15 MG TABLET, 30 MG TABLET)	4	QL (180 PER 30 OVER TIME)	VANATOL S	4	QL (5550 PER 30 DAYS)
ROXICODONE 5 MG TABLET	4	QL (360 PER 30 OVER TIME)	VICODIN ES	2	QL (390 PER 30 OVER TIME)
ROXYBOND (15 MG TABLET, 30 MG TABLET)	4	QL (180 PER 30 OVER TIME)	VICODIN HP	4	QL (390 PER 30 OVER TIME)
ROXYBOND 5 MG TABLET	4	QL (360 PER 30 OVER TIME)	XODOL 10-300	4	QL (390 PER 30 OVER TIME)
			XODOL 5-300	4	QL (390 PER 30 OVER TIME)
			XODOL 7.5-300	4	QL (390 PER 30 OVER TIME)
			XTAMPZA ER	4	QL (90 PER 30 OVER TIME)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZAMICET	2	QL (5550 PER 30 OVER TIME)	<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2	
ZEBUTAL	3	QL (360 PER 30 DAYS)			
ZOHYDRO ER	4	QL (90 PER 30 OVER TIME)	<i>clonidine hcl/pf 5000mcg/10 vial</i>	2	
NON-NARCOTIC ANALGESICS			CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	4	QL (30 PER 30 OVER TIME)
ARTHROTEC 50	4				
ARTHROTEC 75	4		DAYPRO	4	
BUNAVAIL (4.2-0.7 MG FILM, 6.3-1 MG FILM)	4	QL (60 PER 30 DAYS)	<i>diclofenac epolamine</i>	4	PA
BUNAVAIL 2.1-0.3 MG FILM	4	QL (30 PER 30 DAYS)	<i>diclofenac potassium</i>	2	
<i>buprenorphine hcl/naloxone hcl (/naloxone 4mg-1mg film, /naloxone 8 mg-2 mg tab subl, /naloxone 8 mg-2 mg film)</i>	2	QL (90 PER 30 DAYS)	<i>diclofenac sodium 1.5 % drops</i>	4	QL (300 PER 28 DAYS)
<i>buprenorphine hcl/naloxone hcl 12 mg-3 mg film</i>	2	QL (60 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 (/naloxone 2 film, /naloxone 2 tab subl)</i>	2	QL (360 PER 30 DAYS)	<i>diclofenac sodium/misoprostol</i>	2	
<i>butorphanol tartrate 10 mg/ml spray</i>	2	QL (5 PER 28 OVER TIME)	<i>diflunisal</i>	2	
<i>butorphanol tartrate 1 mg/ml vial</i>	2	QL (857 PER 30 OVER TIME)	<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>butorphanol tartrate 2 mg/ml vial</i>	2	QL (428 PER 30 OVER TIME)	EVZIO 2 MG AUTO-INJECTOR	4	
CAMBIA	4	QL (9 PER 30 DAYS)	FELDENE	4	
CELEBREX	4		<i>fenoprofen calcium 400 mg capsule</i>	4	
			<i>fenoprofen calcium 600 mg tablet</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLECTOR	4	PA	NALFON (400 MG CAPSULE, 600 MG TABLET)	4	
<i>flurbiprofen (50 mg tablet, 100 mg tablet)</i>	2		<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml cartridge, 1 mg/ml syringe)</i>	2	
IBU	2		<i>naltrexone hcl 50 mg tablet</i>	2	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	2		NAPRELAN	4	
<i>ibuprofen lysine/pf</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	
INDOCIN 25 MG/5 ML SUSPENSION	4	PA	<i>naproxen sodium (275 mg tablet, 375 mg tbmp 24hr, 500 mg tbmp 24hr, 550 mg tablet)</i>	2	
INDOCIN 50 MG SUPPOSITORY	4		NARCAN 4 MG NASAL SPRAY	3	
<i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i>	3	PA	NEOPROFEN	4	
<i>indomethacin sodium</i>	2		NUCYNTA 100 MG TABLET	4	QL (181 PER 30 OVER TIME)
<i>ketoprofen (25 mg capsule, 200 mg cap24h pel)</i>	2		NUCYNTA 50 MG TABLET	4	QL (362 PER 30 OVER TIME)
KLOFENSAID II	4	QL (300 PER 28 DAYS)	NUCYNTA 75 MG TABLET	4	QL (242 PER 30 OVER TIME)
LODINE	4		NUCYNTA ER	4	QL (60 PER 30 OVER TIME)
<i>meclofenamate sodium 100 mg capsule</i>	4		<i>oxaprozin</i>	2	
<i>meclofenamate sodium 50 mg capsule</i>	2		<i>pentazocine hcl/naloxone hcl</i>	3	QL (325 PER 30 DAYS)
<i>mefenamic acid 250 mg capsule</i>	2		<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	2	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	2				
MOBIC	4				
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PONSTEL	4		ULTRAM ER	4	QL (30 PER 30 DAYS)
PRIALT	3		VIMOVO	4	
salsalate (500 mg tablet, 750 mg tablet)	2		VIVITROL	5	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM)	4	QL (90 PER 30 DAYS)	VIVLODEX	4	
SUBOXONE 12 MG-3 MG SL FILM	4	QL (60 PER 30 DAYS)	VOLTAREN	4	
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (360 PER 30 DAYS)	VOLTAREN-XR	4	
sulindac (150 mg tablet, 200 mg tablet)	2		ZIPSOR	4	
TIVORBEX	4	PA	ZORVOLEX	4	
tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)	2		ZUBSOLV (0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET)	4	QL (30 PER 30 DAYS)
tramadol hcl (100 mg cpbp 25-75, 200 mg cpbp 25-75, 300 mg cpbp 17-83)	4	QL (30 PER 30 OVER TIME)	ZUBSOLV (1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET)	4	QL (90 PER 30 DAYS)
tramadol hcl (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tbmp 24hr)	2	QL (30 PER 30 OVER TIME)	ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30 DAYS)
tramadol hcl 50 mg tablet	2	QL (240 PER 30 OVER TIME)	PSYCHOTHERAPEUTIC DRUGS		
tramadol hcl (100 mg tbmp 24hr, 200 mg tbmp 24hr, 300 mg tab er 24h)	2	QL (30 PER 30 DAYS)	ABILIFY	5	QL (30 PER 30 DAYS)
tramadol hcl/acetaminophen	2	QL (240 PER 30 OVER TIME)	ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG VL, ER 400 MG SYR)	5	
ULTRACET	4	QL (240 PER 30 OVER TIME)	ABILIFY MYCITE	5	QL (30 PER 30 DAYS)
ULTRAM	4	QL (240 PER 30 OVER TIME)	ADASUVE	4	
			ADDERALL	4	
			ADDERALL XR	4	
			ADZENYS ER	4	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADZENYS XR-ODT	4		<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	2	QL (60 PER 30 DAYS)
<i>alprazolam (0.25 mg tab rapdis, 0.25 mg tablet, 0.5 mg tab er 24h, 0.5 mg tab rapdis, 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		ARISTADA	5	
ALPRAZOLAM INTENSOL	3		ARISTADA INITIO	5	
AMBIEN	4	STEP	<i>armodafinil</i>	3	PA
AMBIEN CR	4	STEP	ATIVAN (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 2 MG/ML VIAL, 4 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL)	4	
<i>amitriptyline hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	PA	<i>atomoxetine hcl</i>	2	
<i>amitriptyline hcl/chlordiazepoxide</i>	3		BELSOMRA	4	STEP
<i>amoxapine</i>	2		BRISDELLE	4	
<i>amphetamine sulfate</i>	3	PA	<i>bupropion hcl 450 mg tab er 24h</i>	4	
AMYTAL SODIUM	4		<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	
ANAFRANIL	4	PA	<i>bupropion hcl (100 mg tab sr 12h, 150 mg tab sr 12h, 200 mg tab sr 12h)</i>	1	
ALENZIN	4		<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
APTENSIO XR	4		BUTISOL SODIUM	4	
<i>aripiprazole 1 mg/ml solution</i>	2	QL (750 PER 30 DAYS)	CELEXA	4	
<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)	<i>chlordiazepoxide hcl</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 200 mg tablet)</i>	2		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>citalopram hydrobromide (10 mg/5 ml solution, 20 mg/10ml solution)</i>	2		DESOXYN	4	PA
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1		<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>clomipramine hcl (25 mg capsule, 50 mg capsule)</i>	3	PA	<i>desvenlafaxine succinate</i>	2	
<i>clomipramine hcl 75 mg capsule</i>	4	PA	DEXEDRINE	4	
<i>clonidine hcl 0.1 mg tab er 12h</i>	2		<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>clorazepate dipotassium</i>	3		<i>dexmethylphenidate hcl (5 mg cpbp 50-50, 10 mg cpbp 50-50, 20 mg cpbp 50-50)</i>	4	
<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>clozapine (150 mg tab rapdis, 200 mg tab rapdis)</i>	4				
CLOZARIL	4				
CONCERTA	4	QL (30 PER 30 DAYS)			
COTEMPLA XR-ODT	4				
CYMBALTA	4				

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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 tablet, dextroamphetamine/am phetamine 10 mg cap er 24h, dextroamphetamine/am phetamine 12.5 mg tablet, dextroamphetamine/am phetamine 15 mg tablet, dextroamphetamine/am phetamine 15 mg cap er 24h, 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 syringe, 5 mg/ml cartridge, 5 mg tablet, 5 mg/ml oral conc, 5 mg/ml vial, 10 mg tablet)	3	
			DOPRAM	4	
			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
			EFFEXOR XR	4	
			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	
dextroamphetamine sulfate (10 mg capsule er, 15 mg capsule er)	4		estazolam	3	
dextroamphetamine sulfate (5 mg/5 ml solution, 5 mg tablet, 5 mg capsule er, 10 mg tablet)	2		eszopiclone	3	STEP
			EVEKEO	4	PA
			EVEKEO ODT	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
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	<i>fluvoxamine maleate</i> (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	
			FOCALIN	4	
			FOCALIN XR	4	
			FORFIVO XL	4	
FAZACLO	4		GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	5	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4		GEODON 20 MG/ML VIAL	4	
<i>flumazenil</i> 0.1 mg/ml vial	2		<i>guanfacine hcl</i> (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	3	
<i>fluoxetine hcl</i> (10 mg capsule, 20 mg capsule, 40 mg capsule)	1		<i>guanidine hcl</i>	2	
<i>fluoxetine hcl</i> (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 90 mg capsule dr)	2		HALCION	4	
<i>fluoxetine hcl</i> 60 mg tablet	4		HALDOL	4	
<i>fluphenazine decanoate</i> 25 mg/ml vial	2		HALDOL DECANOATE 100	4	
<i>fluphenazine hcl</i> (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)	2		HALDOL DECANOATE 50	4	
<i>flurazepam hcl</i>	3		<i>haloperidol</i> (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
<i>fluvoxamine maleate</i> (100 mg cap er 24h, 150 mg cap er 24h)	4		<i>haloperidol decanoate</i> (50 mg/ml vial, 50 mg/ml ampul, 100 mg/ml ampul, 100 mg/ml vial)	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml vial, 5 mg/ml syringe, 5 mg/ml ampul)</i>	2		LEXAPRO (5 MG TABLET, 5 MG/5 ML SOLUTION, 10 MG TABLET, 20 MG TABLET)	4	
HETLIOZ	5	PA; QL (30 PER 30 DAYS)	<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>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	PA	<i>lithium citrate</i>	2	
<i>imipramine pamoate</i>	4	PA	LITHOBID	4	
INTERMEZZO	4	PA; QL (20 PER 30 DAYS)	<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	
INTUNIV	4		LORAZEPAM INTENSOL	3	
INVEGA (ER 1.5 MG TABLET, ER 3 MG TABLET, ER 9 MG TABLET)	5	QL (30 PER 30 DAYS); STEP	<i>loxapine succinate</i>	2	
INVEGA ER 6 MG TABLET	5	QL (60 PER 30 DAYS); STEP	LUNESTA	4	STEP
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5		<i>maprotiline hcl</i>	2	
INVEGA SUSTENNA 39 MG/0.25 ML	4		MARPLAN	3	
INVEGA TRINZA	5		METADATE CD	4	
IRENKA	4		METADATE ER	2	
KAPVAY	4		<i>methamphetamine hcl</i>	2	PA
KHEDEZLA	4		METHYLIN (5 MG/5 ML SOLUTION, 10 MG/5 ML SOLUTION)	4	
LATUDA	5	QL (30 PER 30 DAYS); STEP	<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24)</i>	2	QL (30 PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl 36 mg tab er 24</i>	2	QL (60 PER 30 DAYS)	<i>mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)</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>modafinil</i>	3	PA
			<i>molindone hcl</i>	2	
			MYDAYIS	4	
			NARDIL	4	
			<i>nefazodone hcl</i>	2	
			NEMBUTAL SODIUM	4	
			NORPRAMIN	4	
<i>methylphenidate hcl (10 mg tablet er, 10 mg/5 ml solution, 20 mg tablet er, 72 mg tab er 24)</i>	4		<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>midazolam hcl (2 mg/ml syrup, 2 mg/2 ml vial, 5 mg/ml(1) vial, 5 mg/ml vial, 5 mg/5 ml vial, 10 mg/10ml vial, 10 mg/2 ml vial)</i>	3		<i>nortriptyline hcl 10 mg/5 ml solution</i>	2	
			<i>nortriptyline hcl 20 mg/10ml solution</i>	4	
<i>midazolam hcl/pf (hcl/pf 5 mg/ml syringe, hcl/pf 10 mg/2 ml syringe)</i>	4		NUPLAZID 34 MG CAPSULE	5	PA; QL (30 PER 30 DAYS)
			NUPLAZID 10 MG TABLET	5	PA; QL (60 PER 30 DAYS)
<i>midazolam hcl/pf (hcl/pf 2 mg/2 ml cartridge, hcl/pf 2 mg/2 ml vial, hcl/pf 2 mg/2 ml syringe, hcl/pf 5 mg/ml cartridge, hcl/pf 5 mg/5 ml vial, hcl/pf 5 mg/ml(1) vial, hcl/pf 10 mg/2 ml vial)</i>	3		NUVIGIL	4	PA
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	1		<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)
			<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)

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
olanzapine 10 mg vial	2		PAXIL CR	4	
olanzapine/fluoxetine hcl (olanzapine/fluoxetine 3 mg-25 mg capsule, olanzapine/fluoxetine 12mg-25mg capsule)	2	STEP	pentobarbital sodium 50 mg/ml vial	2	
olanzapine/fluoxetine hcl (olanzapine/fluoxetine 6mg-50mg capsule, olanzapine/fluoxetine 6mg-25mg capsule, olanzapine/fluoxetine 12mg-50mg capsule)	4	STEP	perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	2	
ORAP	4		perphenazine/amitripty line hcl	3	PA
oxazepam	3		PERSERIS	5	STEP
paliperidone (3 mg tab er 24, 9 mg tab er 24)	4	QL (30 PER 30 DAYS); STEP	PEXEVA	4	
paliperidone 1.5 mg tab er 24	2	STEP	phenelzine sulfate 15 mg tablet	2	
paliperidone 6 mg tab er 24	4	QL (60 PER 30 DAYS); STEP	pimozide	2	
PAMELOR	4		PRISTIQ	4	
PARNATE	4		PROCENTRA	2	
paroxetine hcl (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	2		protriptyline hcl	2	
paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1		PROVIGIL	5	PA
paroxetine mesylate	2		PROZAC	4	
PAXIL (10 MG TABLET, 10 MG/5 ML SUSPENSION, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	4		quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)	2	QL (30 PER 30 DAYS); STEP
			quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	2	QL (60 PER 30 DAYS); STEP
			quetiapine fumarate (300 mg tablet, 400 mg tablet)	2	QL (60 PER 30 DAYS)
			quetiapine fumarate (50 mg tablet, 100 mg tablet, 200 mg tablet)	2	QL (90 PER 30 DAYS)
			quetiapine fumarate 25 mg tablet	2	QL (120 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
QUILLICHEW ER	4		RITALIN LA	4	
QUILLIVANT XR	4		ROZEREM	4	
<i>ramelteon</i>	3		SAPHRIS	4	STEP
RELEXXII	4		SARAFEM	4	
REMERON (15 MG SOLTAB, 15 MG TABLET, 30 MG TABLET, 30 MG SOLTAB, 45 MG SOLTAB)	4		SECONAL SODIUM	3	
RESTORIL	4		SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	QL (60 PER 30 DAYS)
REXULTI	5	QL (30 PER 30 DAYS); STEP	SEROQUEL (50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	QL (90 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML SOLUTION, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	4		SEROQUEL 25 MG TABLET	4	QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR)	3		SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	4	QL (30 PER 30 DAYS); STEP
RISPERDAL CONSTA (37.5 MG SYR, 50 MG SYR)	5		SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	4	QL (60 PER 30 DAYS); STEP
<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		<i>sertraline hcl 20 mg/ml oral conc</i>	2	
<i>risperidone (3 mg tab rapdis, 4 mg tab rapdis)</i>	4		<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
RITALIN	4		SILENOR	4	
			STRATTERA	4	
			SUNOSI	4	PA; QL (30 PER 30 DAYS)
			SURMONTIL	4	PA
			SYMBYAX	4	STEP
			<i>temazepam</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>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2		VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS); STEP
<i>thiothixene</i>	2				
TOFRANIL	4	PA	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	
TRANXENE T-TAB 7.5 MG	4				
<i>tranylcypromine sulfate</i>	4				
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	1				
<i>triazolam</i>	3				
<i>trifluoperazine hcl</i>	2				
<i>trimipramine maleate</i>	3	PA			
TRINTELLIX	4				
VALIUM	4		WELLBUTRIN SR	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		WELLBUTRIN XL	4	
			XANAX	4	
			XANAX XR	4	
<i>venlafaxine hcl (37.5 mg tab er 24, 75 mg tab er 24, 150 mg tab er 24, 225 mg tab er 24)</i>	4		XYREM	5	PA; LA; QL (540 PER 30 DAYS)
VERSACLOZ	5	STEP	<i>zaleplon</i>	3	STEP
VIIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	3		ZENZEDI (2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	
VRAYLAR 1.5 MG-3 MG PACK	4	STEP	ZENZEDI (5 MG TABLET, 10 MG TABLET)	2	
			<i>ziprasidone 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
ZOLOFT (20 MG/ML ORAL CONC, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4		adenosine (3 mg/ml syringe, 3 mg/ml vial)	2	
zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)	3	STEP	amiodarone hcl (100 mg tablet, 150 mg/3ml syringe, 200 mg tablet, 400 mg tablet)	2	
zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)	3	PA; QL (20 PER 30 DAYS)	amiodarone hcl 50 mg/ml vial	2	B/D PA
ZYPREXA (15 MG TABLET, 20 MG TABLET)	5	QL (30 PER 30 DAYS); STEP	BETAPACE (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	4	
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	QL (30 PER 30 DAYS); STEP	BETAPACE AF	4	
ZYPREXA 10 MG VIAL	4		CORVERT	3	
ZYPREXA RELPREVV (300 MG VL KIT, 405 MG VL KIT)	5		disopyramide phosphate	3	
ZYPREXA RELPREVV 210 MG VL KIT	3		dofetilide	2	
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	5	QL (30 PER 30 DAYS); STEP	flecainide acetate	2	
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	4	QL (30 PER 30 DAYS); STEP	ibutilide fumarate	2	
CARDIOVASCULAR, HYPERTENSION / LIPIDS ANTIARRHYTHMIC AGENTS			lidocaine hcl in dextrose 5% in water/pf	2	
			lidocaine hcl in dextrose 7.5 % in water/pf	2	
			lidocaine hcl/pf (hcl/pf 20 mg/ml vial, hcl/pf 50 mg/5 ml syringe, hcl/pf 100 mg/5ml syringe)	2	
			mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	2	
ADENOCARD	4		MULTAQ	3	
			NEXTERONE	4	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
NORPACE	4		ALDACTONE	4	STEP
NORPACE CR	4		<i>aliskiren hemifumarate</i>	4	
PACERONE	2		ALTACE	4	
<i>procainamide hcl (100 mg/ml vial, 500 mg/ml vial)</i>	2		<i>amiloride hcl 5 mg tablet</i>	2	
<i>propafenone hcl 225 mg cap er 12h</i>	4		<i>amiloride hcl/hydrochlorothiazide</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 (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	
<i>quinidine gluconate (80 mg/ml vial, 324 mg tablet er)</i>	2		<i>amlodipine besylate/benazepril hcl</i>	2	
<i>quinidine sulfate (200 mg tablet, 300 mg tablet)</i>	2		<i>amlodipine besylate/olmesartan medoxomil</i>	2	
RYTHMOL SR	4		<i>amlodipine besylate/valsartan</i>	2	
SORINE	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>sotalol hcl</i>	2		<i>amlodipine besylate/valsartan/hydrochlorothiazide (amlodipine/valsartan/hydrochlorothiazide 5-160-25mg tablet, amlodipine/valsartan/hydrochlorothiazide 5-160-12.5 tablet)</i>	2	
SOTYLIZE	4		ATACAND	4	
TIKOSYN	4				
XYLOCAINE IV	4				
ANTIHYPERTENSIVE THERAPY					
ACCUPRIL	4				
ACCURETIC	4				
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	2				
ADALAT CC	4				
ALDACTAZIDE	4	STEP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT	4		BREVIBLOC (100 MG/10 ML VIAL, 2,000 MG/100 ML BAG, 2,500 MG/250 ML BAG)	4	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1		<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>atenolol/chlorthalidone</i>	2		BYSTOLIC	4	
AVALIDE	4		CALAN	4	
AVAPRO	4		CALAN SR	4	
AZOR	4		<i>candesartan cilexetil</i>	1	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1		<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<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		<i>captopril (12.5 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
BENICAR	4		<i>captopril 25 mg tablet</i>	1	
BENICAR HCT	4		<i>captopril/hydrochlorothiazide</i>	2	
<i>betaxolol hcl (10 mg tablet, 20 mg 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	
BIDIL	3		CARDIZEM	4	
<i>bisoprolol fumarate</i>	2		CARDIZEM CD	4	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2		CARDIZEM LA	4	
			CARDURA	4	
			CARDURA XL	4	
			CAROSPIR	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
CARTIA XT	2		DILT-XR	2	
<i>carvedilol</i>	2		<i>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 sa 24h, 180 mg tab er 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)</i>	2	
<i>carvedilol phosphate</i>	3				
CATAPRES	4				
CATAPRES-TTS 1	4				
CATAPRES-TTS 2	4				
CATAPRES-TTS 3	4				
<i>chlorothiazide</i>	2				
<i>chlorothiazide sodium</i>	2				
<i>chlorthalidone</i>	2				
CLEVIPREX	4				
<i>clonidine (0.1mg/24hr patch tdwk, 0.2mg/24hr patch tdwk)</i>	2				
<i>clonidine 0.3mg/24hr patch tdwk</i>	4				
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	2		DIOVAN	4	
<i>clonidine hcl/pf 1000mcg/10 vial</i>	2		DIOVAN HCT	4	
COREG	4		DIURIL	4	
COREG CR	4		<i>doxazosin mesylate (1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	
CORGARD	4		DUTOPROL	4	
CORLOPAM	4		DYAZIDE	4	
COZAAR	4		DYRENIUM 100 MG CAPSULE	3	
DEMADEX 5 MG TABLET	4		DYRENIUM 50 MG CAPSULE	4	
DEMSER	5		EDARBI	4	
DIBENZYLINE	5				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EDARBYCLOR	4		<i>fosinopril sodium/hydrochlorothiazide</i>	2	
EDECIN	5				
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1		<i>furosemide (10 mg/ml syringe, 10 mg/ml solution, 10 mg/ml vial, 40mg/5ml solution)</i>	2	
<i>enalapril maleate/hydrochlorothiazide (enalapril/hydrochlorothiazide 5mg-12.5mg tablet, enalapril/hydrochlorothiazide 10 mg-25mg tablet)</i>	2		<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>enalaprilat dihydrate</i>	2		<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	3	
EPANED (1 MG/ML ORAL SOLUTION, 1 MG/ML SOLUTION)	3		<i>hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>eplerenone</i>	2	STEP	<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	1	
<i>epoprostenol sodium (glycine)</i>	2		HYZAAR	4	
<i>eprosartan mesylate</i>	2		<i>indapamide</i>	2	
<i>esmolol hcl 100mg/10ml vial</i>	2		INDERAL LA	4	
<i>esmolol hcl in sodium chloride, iso-osmotic</i>	2		INDERAL XL	4	
<i>ethacrynate sodium</i>	5		INNOPRAN XL	3	
EXFORGE	4		INSPIRA	4	STEP
EXFORGE HCT	4		<i>irbesartan</i>	1	
<i>felodipine</i>	2		<i>irbesartan/hydrochlorothiazide</i>	1	
FLOLAN	4		<i>isradipine</i>	2	
<i>fosinopril sodium</i>	1		KAPSPARGO SPRINKLE	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>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)</i>	2		<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
LASIX	4		<i>metoprolol tartrate (5 mg/5 ml ampul, 5 mg/5 ml cartridge, 5 mg/5 ml vial, 37.5 mg tablet, 75 mg tablet)</i>	2	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1		<i>metoprolol tartrate/hydrochlorothiazide</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	1		MICARDIS	4	
LOPRESSOR (5 MG/5 ML AMPUL, 50 MG TABLET, 100 MG TABLET)	4		MICARDIS HCT	4	
LOPRESSOR HCT 50-25 TABLET	4		MINIPRESS	4	
<i>losartan potassium</i>	1		<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	
<i>losartan potassium/hydrochlorothiazide</i>	1		<i>moexipril hcl</i>	1	
LOTENSIN	4		<i>nadolol (20 mg tablet, 40 mg tablet)</i>	2	
LOTENSIN HCT	4		<i>nadolol 80 mg tablet</i>	4	
LOTREL	4		<i>nadolol/bendroflumethiazide</i>	2	
<i>mannitol (20 % iv soln, 25 % vial)</i>	2		<i>nicardipine hcl (20 mg capsule, 25 mg/10ml vial, 25 mg/10ml ampul, 30 mg capsule)</i>	2	
MATZIM LA	2		NIFEDICAL XL	2	
MAXZIDE	4		<i>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)</i>	2	
MAXZIDE-25 MG	4		<i>nimodipine</i>	5	
<i>metolazone</i>	2				
<i>metoprolol succinate</i>	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>nisoldipine (8.5mg tab er 24h, 17 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 34 mg tab er 24h, 40 mg tab er 24h)</i>	2		<i>pindolol</i>	2	
<i>nisoldipine 20 mg tab er 24h</i>	4		<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	2	
NORVASC	4		PRINIVIL	4	
NYMALIZE 60 MG/20 ML SOLUTION	5		PROCARDIA XL	4	
<i>olmesartan medoxomil</i>	1		<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>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	2		<i>propranolol hcl/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2		QBRELIS	4	
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5		<i>quinapril hcl</i>	1	
ORENITRAM ER 0.125 MG TABLET	4		<i>quinapril hcl/hydrochlorothiazide</i>	1	
OSMITROL (15% IV SOLUTION, 20% IV SOLUTION)	2		<i>ramipril</i>	1	
OSMITROL (5% IV SOLUTION, 10% IV SOLUTION)	3		REMODULIN	5	B/D PA; LA
<i>perindopril erbumine</i>	1		RESECTISOL	4	
<i>phenoxybenzamine hcl 10 mg capsule</i>	5		SECTRAL	4	
<i>phentolamine mesylate 5 mg vial</i>	2		SODIUM DIURIL	5	
			SODIUM EDECRIN	5	
			<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
			<i>spironolactone/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
SULAR	4		<i>treprostinil sodium</i>	5	B/D PA; LA
TARKA (ER 2-180 MG TABLET, ER 2-240 MG TABLET, ER 4-240 MG TABLET)	4		<i>triamterene (50 mg capsule, 100 mg capsule)</i>	3	
TAZTIA XT	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	
TEKTURNA	4		TRIBENZOR	4	
TEKTURNA HCT	4		TWYNSTA	4	
<i>telmisartan (40 mg tablet, 80 mg tablet)</i>	1		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
<i>telmisartan 20 mg tablet</i>	2		<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	
<i>telmisartan/amlodipine besylate</i>	2		<i>valsartan 320 mg tablet</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2		<i>valsartan/hydrochlorothiazide</i>	2	
TENEX	4		VASERETIC	4	
TENORETIC 100	4		VASOTEC	4	
TENORETIC 50	4		VELETRI	2	
TENORMIN	4				
<i>terazosin hcl</i>	2				
TIAZAC	4				
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2				
TOPROL XL	4				
<i>torseamide</i>	2				
TRANDATE	4				
<i>trandolapril</i>	1				
<i>trandolapril/verapamil 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>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		AMICAR (0.25 GRAM/ML ORAL SOLN, 500 MG TABLET)	3	
VERELAN	4		AMICAR 1,000 MG TABLET	4	
VERELAN PM	4		<i>aminocaproic acid (250 mg/ml vial, 250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	2	
ZESTORETIC	4		ANDEXXA	5	
ZESTRIL	4		<i>argatroban</i>	5	
ZIAC	4		<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	
CARDIAC GLYCOSIDES			<i>argatroban in sodium chloride, iso-osmotic</i>	5	
DIGITEK	2		ARIXTRA (5 MG/0.4 ML SYRINGE, 7.5 MG/0.6 ML SYRINGE, 10 MG/0.8 ML SYRINGE)	5	
DIGOX	2		ARIXTRA 2.5 MG/0.5 ML SYRINGE	4	QL (15 PER 30 DAYS)
<i>digoxin (50 mcg/ml solution, 125 mcg tablet, 250 mcg/ml ampul, 250 mcg tablet, 250 mcg/ml syringe)</i>	2		<i>aspirin/dipyridamole</i>	2	
LANOXIN (125 MCG TABLET, 250 MCG TABLET, 500 MCG/2 ML AMPULE)	4		BEVYXXA	4	
LANOXIN 62.5 MCG TABLET	3		BRILINTA	3	
LANOXIN PEDIATRIC	3		CABLIVI 11 MG KIT	5	PA
COAGULATION THERAPY			CABLIVI 11 MG VIAL	5	
AGGRENOX	4		CEPROTIN	4	
			<i>cilostazol</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>clopidogrel bisulfate 75 mg tablet</i>	2		<i>heparin sodium,porcine (1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>	2	
COUMADIN	4		<i>heparin sodium,porcine in 0.45 % sodium chloride (in 12500/250 iv soln, in 25000/500 iv soln, in 25000/250 iv soln)</i>	2	
<i>dipyridamole (5 mg/ml vial, 25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	2		<i>heparin sodium,porcine in 0.9 % sodium chloride/pf</i>	2	
DOPTELET	5	LA	<i>heparin sodium,porcine/dextrose 5 % in water</i>	2	
EFFIENT	4		<i>heparin sodium,porcine/pf (sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml vial, sodium,porcine/pf 5000/0.5ml cartridge)</i>	2	
ELIQUIS (2.5 MG TABLET, 5 MG STARTER PACK, 5 MG TABLET)	3		IPRIVASK	4	
<i>enoxaparin sodium (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)</i>	4		JANTOVEN	1	
<i>fondaparinux sodium (5mg/0.4ml syringe, 7.5mg/0.6 syringe, 10mg/0.8ml syringe)</i>	5		LOVENOX (30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE)	4	
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	2	QL (15 PER 30 DAYS)	LOVENOX (80 MG/0.8 ML SYRINGE, 100 MG/ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	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				
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)	4	QL (6 PER 30 DAYS)			
FRAGMIN 7,500 UNITS/0.3 ML SYR	5	QL (9 PER 30 DAYS)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULPLETA	5		YOSPRALA	4	
NOCTIVA	4		ZONTIVITY	4	
NPLATE	5		LIPID/CHOLESTEROL LOWERING AGENTS		
<i>pentoxifylline 400 mg tablet er</i>	2		ALTOPREV	4	
PLAVIX	4		<i>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-40 mg tablet, amlodipine/atorvastatin 5 mg-10 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)</i>	4	
PRADAXA	4				
<i>prasugrel hcl</i>	2				
PRAXBIND	5				
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	5	PA; LA			
<i>protamine sulfate 10 mg/ml vial</i>	2				
REOPRO	4				
SAVAYSA	4				
TAVALISSE	5	PA; LA; QL (60 PER 30 DAYS)	<i>amlodipine besylate/atorvastatin calcium (amlodipine/atorvastatin 2.5mg-40mg tablet, amlodipine/atorvastatin 2.5mg-10mg tablet)</i>	2	
THROMBATE III	4				
<i>ticlopidine hcl</i>	2				
<i>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)</i>	1		ANTARA	4	
			<i>atorvastatin calcium</i>	1	
			CADUET	4	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK)	3		<i>cholestyramine (with sugar) (sugar) 4 g powder, sugar) 4 g powd pack)</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>cholestyramine/aspartame</i> (<i>cholestyramine/aspartame 4 g powd pack, cholestyramine/aspartame 4 g powder</i>)	2		<i>fenofibric acid</i> (<i>choline</i>)	2	
			FENOGLIDE	4	
			FIBRICOR	4	
<i>colesevelam hcl</i> (3.75 g powd pack, 625 mg tablet)	3		FLOLIPID	4	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	4		<i>fluvastatin sodium</i> (20 mg capsule, 40 mg capsule, 80 mg tab er 24h)	2	
			<i>gemfibrozil</i> 600 mg tablet	2	
			JUXTAPID	5	PA; LA
<i>colestipol hcl</i> (1 g tablet, 5 g packet, 5 g granules)	2		KYNAMRO	5	PA; LA
			LESCOL XL	4	
CRESTOR	4		LIPITOR	4	
EZALLOR SPRINKLE	4		LIPOFEN	4	
<i>ezetimibe</i>	2		LIVALO	4	
<i>ezetimibe/simvastatin</i>	2		LOPID	4	
<i>fenofibrate</i> (40 mg tablet, 50 mg capsule, 120 mg tablet, 150 mg capsule)	4		<i>lovastatin</i>	1	
			LOVAZA	4	
<i>fenofibrate</i> (54 mg tablet, 160 mg tablet)	2		<i>niacin</i> (500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)	2	
<i>fenofibrate</i> nanocrystallized (48 mg tablet, 145mg tablet)	2		NIACOR	4	
			NIASPAN	4	
<i>fenofibrate</i> nanocrystallized 160 mg tablet	4		<i>omega-3 acid ethyl</i> <i>esters</i>	4	
<i>fenofibrate, micronized</i>	2		PRALUENT 150 MG/ML PEN	5	PA; QL (2 PER 28 DAYS)
<i>fenofibric acid</i>	2		PRALUENT 75 MG/ML PEN	5	PA; QL (4 PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRALUENT 150 MG/ML SYRINGE	5	PA; QL (2 PER 28 DAYS)	ZYPITAMAG	4	QL (30 PER 30 DAYS)
PRALUENT 75 MG/ML SYRINGE	5	PA; QL (4 PER 28 DAYS)	MISCELLANEOUS CARDIOVASCULAR AGENTS		
PRAVACHOL	4		<i>cardioplegic solution no.1</i>	2	
<i>pravastatin sodium</i>	1		CORLANOR 5 MG/5 ML ORAL SOLN	4	
PREVALITE (PACKET, POWDER)	2		CORLANOR (5 MG TABLET, 7.5 MG TABLET)	4	QL (60 PER 30 DAYS)
QUESTRAN (PACKET, POWDER)	4		<i>dobutamine hcl</i>	2	
QUESTRAN LIGHT	4		<i>dobutamine hcl in dextrose 5 % in water</i>	2	
REPATHA PUSHTRONEX	5	PA; QL (3.5 PER 28 DAYS)	<i>dopamine hcl (200 mg/5ml vial, 400 mg/5ml vial, 400mg/10ml vial, 800mg/5ml vial)</i>	2	
REPATHA SURECLICK	5	PA; QL (3 PER 30 DAYS)	<i>dopamine hcl in dextrose 5 % in water</i>	2	
REPATHA SYRINGE	5	PA; QL (3 PER 30 DAYS)	ENTRESTO	3	
<i>rosuvastatin calcium</i>	1		<i>ethacrynic acid</i>	3	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1		ISUPREL	3	
TRICOR	4		LEVOPHED BITARTRATE (4 MG/4 ML VIAL, 4 MG/4 ML AMPUL)	4	
TRIGLIDE	4		<i>milrinone lactate</i>	2	
TRILIPIX	4		<i>milrinone lactate/dextrose 5 % in water</i>	2	
VASCEPA	3		NATRECOR	3	
VYTORIN	4		NITROPRESS	4	
WELCHOL (3.75G PACKET, 625 MG TABLET)	4		<i>nitroprusside sodium</i>	2	
ZETIA	4				
ZOCOR	4				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norepinephrine bitartrate (1 mg/ml ampul, 1 mg/ml vial)</i>	2		<i>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)</i>	2	
NYMALIZE 30 MG/10 ML SOLUTION	5				
PLEGISOL	4				
RANEXA	4				
<i>ranolazine</i>	3		<i>nitroglycerin 50 mg/10ml vial</i>	2	B/D PA
VECAMYL	5				
VYNDAQEL	5	PA	<i>nitroglycerin in 5 % dextrose in water (in 5 % 50mg/250ml infus. btl, in 5 % 100mg/250 infus. btl, in 5 % 25mg/250ml infus. btl)</i>	2	
NITRATES					
DILATRATE-SR	4		NITROLINGUAL	4	
GONITRO	4		NITROSTAT	4	
ISORDIL	4		DERMATOLOGICALS/TOPICAL THERAPY		
ISORDIL TITRADOSE	4		ANTIPSORIATIC / ANTISEBORRHEIC		
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er)</i>	2		<i>acitretin</i>	5	
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	2		ANALPRAM HC 2.5%-1% LOTION	4	
MINITRAN	4		<i>calcipotriene 0.005 % cream (g)</i>	4	
NITRO-BID	2		<i>calcipotriene (0.005 % oint. (g), 0.005 % solution)</i>	2	
NITRO-DUR	4		<i>calcipotriene/betamethasone dipropionate</i>	2	
			CALCITRENE	2	
			<i>calcitriol 3 mcg/g oint. (g)</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COSENTYX (2 SYRINGES)	5	PA	TALTZ AUTOINJECTOR	5	PA
COSENTYX PEN	5	PA	TALTZ AUTOINJECTOR (2 PACK)	5	PA
COSENTYX PEN (2 PENS)	5	PA	TALTZ AUTOINJECTOR (3 PACK)	5	PA
COSENTYX SYRINGE	5	PA	TALTZ SYRINGE	5	PA
DOVONEX 0.005% CREAM	4		TALTZ SYRINGE (2 PACK)	5	PA
DUPIXENT 300 MG/2 ML SYRINGE	5	PA	TALTZ SYRINGE (3 PACK)	5	PA
ENSTILAR	5		TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	5	PA
EPIFOAM	4		VECTICAL	4	
ILUMYA	5	PA	MISCELLANEOUS DERMATOLOGICALS		
PRAMOSONE (1%-1% CREAM, 1% LOTION, 2.5%-1% LOTION)	4		ALDARA	4	
<i>selenium sulfide 2.5 % lotion</i>	2		<i>ammonium lactate (12 % lotion, 12 % cream (g))</i>	2	
SILIQ	5	PA	ARTISS	4	
SKYRIZI (2 SYRINGES) KIT	5	PA; QL (1 PER 84 DAYS)	CARAC	5	
SORIATANE (10 MG CAPSULE, 25 MG CAPSULE)	5		CONDYLOX (GEL, TOPICAL SOLN)	4	
SORILUX	4		<i>diclofenac sodium 3 % gel (gram)</i>	4	PA; QL (100 PER 30 DAYS)
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	5	PA	<i>doxepin hcl 5 % cream (g)</i>	5	PA
TACLONEX (0.005%-0.064% SUSPENS, OINTMENT)	4		EFUDEX 5% CREAM	4	
			ELIDEL	3	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZELEX	4		CLINDESSE	4	
BENZACLIN (GEL, GEL 35G PUMP, GEL 50G PUMP)	4		<i>dapsone 5 % gel (gram)</i>	4	
BENZAMYCIN	4		DIFFERIN (0.1% LOTION, 0.1% GEL, 0.1% CREAM, 0.3% GEL, 0.3% GEL PUMP)	4	PA
CLARAVIS (10 MG CAPSULE, 30 MG CAPSULE)	2		DUAC	4	
CLARAVIS (20 MG CAPSULE, 40 MG CAPSULE)	4		EPIDUO	4	PA
CLEOCIN T (GEL, LOION, PLEDGES)	4		EPIDUO FORTE	4	PA
CLINDACIN ETZ 1% PLEDGET	4		ERY	2	
CLINDACIN P	4		ERYGEL	2	
CLINDAGEL	4		<i>erythromycin base in ethanol (in 2 % solution, in 2 % med. swab, in 2 % gel (gram))</i>	2	
<i>clindamycin phosphate (1 % foam, 1 % gel daily)</i>	4		<i>erythromycin base/benzoyl peroxide</i>	2	
<i>clindamycin phosphate (1 % lotion, 1 % med. swab, 1 % gel (gram), 1 % solution)</i>	2		EVOCLIN	4	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 % gel (gram), phos/benzoyl 1 % gel w/pump)</i>	4		FABIOR	4	PA
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1.2(1)%-5% gel (gram), phos/benzoyl 1.2%-2.5% gel w/pump)</i>	2		FINACEA (FOAM, GEL)	3	
<i>clindamycin phosphate/tretinoin</i>	2	PA	<i>isotretinoin (20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	2	
			<i>isotretinoin 10 mg capsule</i>	4	
			METROCREAM	4	
			METROGEL (GEL, PUMP)	4	
			METROLOTION	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>metronidazole (0.75 % gel (gram), 0.75 % cream (g), 0.75 % lotion, 1 % gel w/pump, 1 % gel (gram))</i>	2		<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
MIRVASO (GEL, GEL PUMP)	4	PA	<i>tretinoin microspheres (0.04 % gel w/pump, 0.04 % gel (gram), 0.1 % gel (gram), 0.1 % gel w/pump)</i>	4	PA
MYORISAN	2		ZENATANE (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	2	
NEUAC GEL	2		ZENATANE 10 MG CAPSULE	4	
NORITATE	4		ZIANA	4	PA
ONEXTON (1.2%-3.75% GEL, GEL PUMP)	4		TOPICAL ANESTHETICS		
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	4	PA	CARBOCAINE (1% VIAL, 2% VIAL)	4	
RETIN-A MICRO	4	PA	CARBOCAINE 1.5% VIAL	2	
RETIN-A MICRO PUMP	4	PA	<i>chloroprocaine hcl/pf</i>	2	
RHOFADE	4	PA	CITANEST PLAIN DENTAL	4	
ROSADAN (CREAM, GEL)	2		GLYDO	2	
SOOLANTRA	4		<i>lidocaine 5 % adh. patch</i>	2	PA
<i>tazarotene 0.1 % cream (g)</i>	2	PA	<i>lidocaine 5 % oint. (g)</i>	4	QL (110 PER 30 DAYS)
TAZORAC 0.1% CREAM	4	PA	<i>lidocaine hcl (2 % jelly(ml), 2 % jel/pf app, 2 % solution, 4 % solution, 5 mg/ml vial, 10 mg/ml vial, 20 mg/ml vial, 40 mg/ml solution)</i>	2	
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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		XYLOCAINE-MPF (0.5% VIAL, 1% AMPUL, 1% VIAL, 1.5% AMPUL, 2% VIAL, 2% AMPUL)	4	
			XYLOCAINE-MPF WITH EPINEPHRINE	4	
			ZTLIDO	4	PA
			TOPICAL ANTIBACTERIALS		
			BACTROBAN	4	
<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 20 mg/ml ampul, hcl/pf 40 mg/ml ampul)</i>	2		CENTANY	4	
			CORTISPORIN (CREAM, OINTMENT)	4	
<i>lidocaine/prilocaine (lidocaine/prilocaine 2.5 cream (g), lidocaine/prilocaine 2.5 kit)</i>	2		<i>gentamicin sulfate (0.1 % oint. (g), 0.1 % cream (g))</i>	2	
LIDODERM	4	PA	KLARON	4	
NESACAINE	4		<i>mafenide acetate 50 g packet</i>	4	
NESACAINE-MPF	4		<i>mupirocin 2 % oint. (g)</i>	2	
PLIAGLIS	4		<i>mupirocin calcium</i>	2	
POLOCAINE (1% VIAL, 2% VIAL)	4		NEO-SYNALAR 0.5%-0.025% CREAM	4	
POLOCAINE-MPF	2		SILVADENE	4	
SYNERA	4		<i>silver sulfadiazine 1 % cream (g)</i>	2	
XYLOCAINE	4		SSD	2	
XYLOCAINE DENTAL- EPINEPHRINE	2		<i>sulfacetamide sodium 10 % suspension</i>	2	
XYLOCAINE WITH EPINEPHRINE	4		SULFAMYLON (8.5% CREAM, POWDER PACKET)	4	
			XEPI	4	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPICAL ANTIFUNGALS			MENTAX	4	
CICLODAN 8% SOLUTION	2		<i>naftifine hcl 1 % cream (g)</i>	4	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	2		<i>naftifine hcl 2 % cream (g)</i>	2	
<i>ciclopirox olamine (0.77 % cream (g), 0.77 % suspension)</i>	2		NAFTIN (1% GEL, PUMP 1% CREAM, 2% CREAM, 2% GEL)	4	
<i>clotrimazole (1 % cream (g), 1 % solution)</i>	2		NIZORAL	4	
<i>clotrimazole/betamethasone dipropionate (clotrimazole/betamethasone 1 % lotion, clotrimazole/betamethasone 1 % cream (g))</i>	2		NYAMYC	2	
<i>econazole nitrate 1 % cream (g)</i>	4		NYATA 100,000 UNIT/GM POWDER	2	
ERTACZO	4		<i>nystatin (100000/g powder, 100000/g cream (g), 100000/g oint. (g))</i>	2	
EXELDERM (CREAM, SOLUTION)	4		<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g))</i>	2	
EXTINA	4		NYSTOP	2	
JUBLIA	4		<i>oxiconazole nitrate</i>	2	
KERYDIN	4		OXISTAT (CREAM, LOTION)	4	
<i>ketoconazole (2 % cream (g), 2 % foam, 2 % shampoo)</i>	2		PENLAC	4	
LOPROX (0.77% TOPICAL SUSP, 1% SHAMPOO)	4		VUSION	4	
LOTRISONE	4		TOPICAL ANTIVIRALS		
<i>luliconazole</i>	4		<i>acyclovir 5 % cream (g)</i>	4	QL (5 PER 30 DAYS)
LUZU	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>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	2	
XERESE	4				
ZOVIRAX 5% CREAM	5	QL (5 PER 30 DAYS)	BRYHALI	4	
ZOVIRAX 5% OINTMENT	5	QL (30 PER 30 DAYS)	CAPEX SHAMPOO	4	
TOPICAL CORTICOSTEROIDS			<i>clobetasol propionate (0.05 % solution, 0.05 % spray, 0.05 % cream (g), 0.05 % gel (gram))</i>	2	
ALA-CORT	2		<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo, 0.05 % foam, 0.05 % oint. (g))</i>	4	
ALA-SCALP	4		<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		CLOBEX (SHAMPOO, SPRAY, TOPICAL LOTION)	4	
APEXICON E	2		<i>clocortolone pivalate</i>	4	
BESER	4		CLODAN 0.05% SHAMPOO	4	
<i>betamethasone dipropionate (0.05 % lotion, 0.05 % gel (gram), 0.05 % cream (g), 0.05 % oint. (g))</i>	2		CORDRAN	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		CUTIVATE (CREAM, LOTION)	4	
<i>betamethasone valerate 0.12 % foam</i>	4		DERMA-SMOOTH-FS	4	
			DESONATE	4	
			<i>desonide (0.05 % lotion, 0.05 % cream (g))</i>	4	
			<i>desonide 0.05 % oint. (g)</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
DESOWEN (CREAM, LOTION)	4		<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	2	
<i>desoximetasone (0.05 % gel (gram), 0.25 % spray, 0.25 % cream (g))</i>	2		<i>fluticasone propionate 0.05 % lotion</i>	4	
<i>desoximetasone (0.05 % cream (g), 0.05 % oint. (g), 0.25 % oint. (g))</i>	4		<i>halcinonide</i>	3	
<i>diflorasone diacetate (0.05 % oint. (g), 0.05 % cream (g))</i>	4		<i>halobetasol propionate (0.05 % foam, 0.05 % oint. (g), 0.05 % cream (g))</i>	3	
DIPROLENE (LOTION, OINTMENT)	4		HALOG (CREAM, OINTMENT)	4	
DUOBRII	4	PA	<i>hydrocortisone (1 % oint. (g), 1 % cream (g), 2.5 % lotion, 2.5 % cream (g), 2.5 % oint. (g))</i>	2	
ELOCON (CREAM, OINTMENT)	4		<i>hydrocortisone butyrate 0.1 % cream (g)</i>	4	
<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	
			KENALOG	4	
			LEXETTE	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
LOCOID (CREAM, LOTION, SOLUTION)	4		<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	
LOCOID LIPOCREAM	4		TRIANEX	2	
LUXIQ	4		TRIDERM	2	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	2		TRIDESILON	4	
NOLIX 0.05% CREAM	5		ULTRAVATE (LOTION, OINTMENT)	4	
NOLIX 0.05% LOTION	2		VANOS	5	
OLUX	4		TOPICAL ENZYMES		
OLUX-E	4		SANTYL	4	
PANDEL	4		TOPICAL SCABICIDES / PEDICULICIDES		
<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	2		CROTAN	5	
PSORCON	4		ELIMITE	4	
SERNIVO	5		EURAX (CREAM, LOTION)	3	
TEMOVATE (CREAM, OINTMENT)	4		<i>lindane 1 % shampoo</i>	2	
TEXACORT	4		<i>malathion</i>	2	
TOPICORT (0.05% GEL, 0.05% OINTMENT, 0.05% CREAM, 0.25% CREAM, 0.25% SPRAY, 0.25% OINTMENT)	4		NATROBA	4	
			OVIDE	4	
			<i>permethrin 5 % cream (g)</i>	2	
			SKLICE	3	
			DIAGNOSTICS / MISCELLANEOUS AGENTS		

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
ANOREXIANTS			0.9 % sodium chloride (0.9 % 0.9 % iv soln, 0.9 % pggybk prt, 0.9 % 0.9 % vial, 0.9 % pgy vl prt)	2	
XENICAL	4	PA	acamprosate calcium	2	
ANTIDOTES			acetic acid 0.25 % irrig soln	2	
acetylcysteine 200 mg/ml vial	2	B/D PA	ADAGEN	5	
PROTOPAM CHLORIDE	3		AGRYLIN	4	
IRRIGATING SOLUTIONS			alendronate sodium 40 mg tablet	2	QL (30 PER 30 DAYS)
mannitol/sorbitol solution	4		AMMONUL	4	
neomycin sulfate/polymyxin b sulfate (/polymyxin 40-200k/ml ampul, /polymyxin 40-200k/ml vial)	2		anagrelide hcl	2	
NEOSPORIN G.U. IRRIGANT (40 MG/ML VIAL, 40 MG/ML AMP)	4		ANTABUSE	4	
PHYSIOLYTE	4		ARALAST NP	5	LA
PHYSIOSOL	4		AURYXIA	5	
ringer's solution irrig soln	2		BUPHENYL (500 MG TABLET, POWDER)	5	
ringer's solution, lactated irrig soln	2		bupivacaine hcl in dextrose/pf	2	
sorbitol solution (solution 3 % irrig soln, solution 3.3 % irrig soln)	4		CAFCIT	3	
TIS-U-SOL PENTALYTE	2		caffeine citrate (60 mg/3 ml vial, 60 mg/3 ml solution)	2	
MISCELLANEOUS AGENTS			CARBAGLU	5	LA
			CARNITOR (1 GM/5 ML VIAL, 100 MG/ML ORAL SOLN, 330 MG TABLET)	4	
			CARNITOR SF	4	
			CETYLEV 2.5 GM EFF TABLET	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
CETYLEV 500 MG EFF TABLET	4		dextrose 5 % and 0.9 % sodium chloride	2	
cevimeline hcl	2		dextrose 5 % in lactated ringers	2	
CHEMET	3		dextrose 5 % in water (5 % in 5 % iv soln, 5 % in pgy vl prt, 5 % in pggybk prt, 5 % in 5 % vial)	2	
CLINIMIX 4.25%-5% SOLUTION	3	B/D PA	dextrose 50 % in water (50 % in 50 % iv soln, 50 % in 50 % vial, 50 % in 50 % syringe)	2	
CLINIMIX E 2.75%-5% SOLUTION	3	B/D PA	dextrose 70 % in water	2	
deferasirox	5		disulfiram (250 mg tablet, 500 mg tablet)	2	
deferoxamine mesylate	2		ELOCTATE (4,000, 5,000, 6,000)	4	
DESFERAL	4		ENDARI	5	PA
DESFERAL MESYLATE	4		etidronate disodium 400 mg tablet	2	
dextrose 10 % and 0.2 % sodium chloride	2		EVOXAC	4	
dextrose 10 % and 0.45 % sodium chloride	2		EXJADE	5	LA
dextrose 10 % in water (10 % in 10 % dehp fr bg, 10 % in 10 % iv soln)	2		FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	5	
dextrose 2.5 % and 0.45 % sodium chloride	2		FLUORIDEX SENSITIV RLF PASTE	4	
dextrose 20 % in water	2		FOSRENOL (500 MG TABLET CHEW, 750 MG TABLET CHEW, 750 MG POWDER PACKET, 1,000 MG POWDER PACK, 1,000 MG TABLET CHEW)	5	
dextrose 25 % in water	2				
dextrose 30 % in water	2				
dextrose 40 % in water	2				
dextrose 5 % and 0.2 % sodium chloride	2				
dextrose 5 % and 0.3 % sodium chloride	2				
dextrose 5 % and 0.45 % sodium chloride	2		GALAFOLD	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
GLASSIA	5	LA	<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2	
INCRELEX	5	LA	PROLASTIN C	5	LA
JADENU	5		RAVICTI	5	QL (525 PER 30 DAYS)
JADENU SPRINKLE	5		RECLAST	4	
KIONEX 15 GM/60 ML SUSPENSION	2		RENAGEL	4	
<i>lanthanum carbonate</i>	3		RENVELA (0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET, 800 MG TABLET)	5	
<i>levocarnitine 330 mg tablet</i>	2		REVCIVI	5	PA
<i>levocarnitine (with sugar)</i>	2		RILUTEK	5	PA
LITHOSTAT	4		<i>riluzole</i>	2	PA
LOKELMA	3		<i>risedronate sodium 30 mg tablet</i>	2	QL (30 PER 30 DAYS)
MARCAINE SPINAL 15 MG/2 ML AMP	4		SALAGEN	4	
<i>midodrine hcl</i>	2		<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack)</i>	5	
NITYR	5		<i>sevelamer carbonate 800 mg tablet</i>	4	
NOCDURNA	4	QL (30 PER 30 DAYS)	<i>sevelamer hcl</i>	3	
NORTHERA (200 MG CAPSULE, 300 MG CAPSULE)	5	QL (180 PER 30 DAYS)	<i>sodium benzoate/sodium phenylacetate</i>	3	
NORTHERA 100 MG CAPSULE	5	QL (90 PER 30 DAYS)	<i>sodium chloride irrigating solution</i>	2	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	LA	<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	5	
PALYNZIQ	5	PA; LA			
PANHEMATIN	5				
PARSABIV	5				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate (15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder)</i>	2		SMOKING DETERRENTS		
SOLIRIS	5		CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET, STARTING MONTH BOX)	3	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	2		NICOTROL	3	
SURVANTA	4		NICOTROL NS	3	
SYPRINE	5	QL (240 PER 30 DAYS)	EAR, NOSE / THROAT MEDICATIONS		
THIOLA	5		MISCELLANEOUS AGENTS		
THIOLA EC	5		ARESTIN	4	
THROMBIN-JMI 5,000 UNIT EPIST	4		ASTEPRO	4	QL (60 PER 30 DAYS)
TIGLUTIK	5	PA	<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	2	QL (60 PER 30 DAYS)
<i>trientine hcl</i>	5	QL (240 PER 30 DAYS)	BACTROBAN NASAL	4	
ULTOMIRIS	5		<i>chlorhexidine gluconate 0.12 % mouthwash</i>	2	
VELPHORO	5		CLINPRO 5000	4	
VELTASSA	3		DENTA 5000 PLUS	2	
<i>water for irrigation,sterile</i>	2		DENTAGEL	2	
XIAFLEX	4		<i>fluoride (sodium) 1.1 % gel (gram)</i>	2	
XURIDEN	5		FLUORIDEX	4	
ZEMAIRA	5	LA	<i>ipratropium bromide 21 mcg spray</i>	2	QL (60 PER 30 DAYS)
<i>zoledronic acid in mannitol and water for injection (acid/mannitol-water 5 mg/100ml pgglybk btl, acid/mannitol-water 5 mg/100ml piggyback)</i>	2		<i>ipratropium bromide 42 mcg spray</i>	2	QL (45 PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olopatadine hcl 0.6 % spray/pump</i>	2	QL (30.5 PER 30 DAYS)	FLAC OTIC OIL	2	
ORALONE	2		<i>fluocinolone acetonide oil</i>	2	
PAROEX	2		<i>hydrocortisone/acetic acid</i>	2	
PATANASE	4	QL (30.5 PER 30 DAYS)	<i>ofloxacin 0.3 % drops</i>	2	
PREVIDENT (0.2% RINSE, 1.1% GEL, 5000 BOOSTER PLUS, DENTAL RINSE)	4		OTIC STEROID / ANTIBIOTIC		
PREVIDENT 5000	4		CIPRO HC	3	
PREVIDENT 5000 ENAMEL PROTECT	4		CIPRODEX	3	
PREVIDENT 5000 PLUS	4		COLY-MYCIN S	4	
PREVIDENT 5000 SENSITIVE	4		<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	
SF	2		OTOVEL	3	
SF 5000 PLUS	2		ENDOCRINE/DIABETES		
<i>triamcinolone acetonide 0.1 % paste (g)</i>	2		ADRENAL HORMONES		
XHANCE	4		ACTHAR	5	PA
MISCELLANEOUS OTIC PREPARATIONS			ARISTOSPAN	3	
ACETASOL HC	2		<i>betamethasone acetate/betamethasone sodium phosphate</i>	2	
<i>acetic acid 2 % solution</i>	2		CELESTONE	4	
CETRAXAL	4		CORTEF	4	
<i>ciprofloxacin hcl 0.2 % dropperette</i>	2		<i>cortisone acetate 25 mg tablet</i>	2	
DERMOTIC	4		DECADRON 0.5 MG/5 ML ELIXIR	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DELTASONE	2		MEDROL (2 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	4	
DEPO-MEDROL	4				
<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		<i>methylprednisolone (4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	2	
DEXAMETHASONE INTENSOL	2		<i>methylprednisolone acetate</i>	2	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml vial)</i>	2		<i>methylprednisolone sodium succinate (40 mg vial, 125 mg vial, 1000 mg vial)</i>	2	
<i>dexamethasone sodium phosphate/pf</i>	2		MILLIPRED	4	
DEXPAK	4		MILLIPRED DP (5 MG 6-DAY PACK, 5 MG 12-DAY PACK)	2	
DXEVO	4		ORAPRED ODT	4	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	5	PA	<i>prednisolone 15 mg/5 ml solution</i>	2	
<i>fludrocortisone acetate 0.1 mg tablet</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	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2				
KENALOG-10	4		<i>prednisolone sodium phosphate 10 mg tab rapdis</i>	4	
KENALOG-40	4				
KENALOG-80	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>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		<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
PREDNISONE INTENSOL	2		<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL, 1,000 MG ACT-O-VL)	4		ACTOPLUS MET	4	QL (90 PER 30 DAYS)
SOLU-MEDROL	4		ACTOS	4	QL (30 PER 30 DAYS)
TAPERDEX 7 DAY 1.5 MG TAB PACK	4		ADLYXIN	4	QL (6 PER 28 DAYS); STEP
<i>triamcinolone acetonide (10 mg/ml vial, 40 mg/ml vial)</i>	2		ADMELOG	4	PA
TRIESENCE	4		ADMELOG SOLOSTAR	4	PA
XYOSTED	4	PA	AFREZZA (4 /8 /12, 4 CARTRIDGE, 8 CARTRIDGE, 12 CARTRIDGE, 90-4 / 90-8, 90-8 / 90-12)	4	
ZILRETTA	4		<i>alcohol antiseptic pads</i>	3	
ZODEX	4		<i>alogliptin benzoate</i>	4	QL (30 PER 30 DAYS); STEP
ANTITHYROID AGENTS			<i>alogliptin benzoate/metformin hcl</i>	4	QL (60 PER 30 DAYS); STEP
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	2		<i>alogliptin benzoate/pioglitazone hcl</i>	4	QL (30 PER 30 DAYS); STEP
<i>propylthiouracil 50 mg tablet</i>	2		AMARYL 1 MG TABLET	4	QL (240 PER 30 DAYS)
TAPAZOLE	4		AMARYL 2 MG TABLET	4	QL (120 PER 30 DAYS)
DIABETES THERAPY			AMARYL 4 MG TABLET	4	QL (60 PER 30 DAYS)
<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)	APIDRA 100 UNITS/ML VIAL	4	PA
			APIDRA SOLOSTAR	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
AVANDIA (2 MG TABLET, 4 MG TABLET)	4	QL (60 PER 30 DAYS)	<i>glipizide 10 mg tab er 24</i>	1	QL (60 PER 30 DAYS)
BAQSIMI	4		<i>glipizide (2.5 mg tab er 24, 5 mg tablet)</i>	1	QL (240 PER 30 DAYS)
BASAGLAR KWIKPEN U-100	3		<i>glipizide (5 mg tab er 24, 10 mg tablet)</i>	1	QL (120 PER 30 DAYS)
BYDUREON BCISE	3	QL (4 PER 28 DAYS); STEP	<i>glipizide/metformin hcl (glipizide/metformin 2.5-500 mg tablet, glipizide/metformin 5 mg-500mg tablet)</i>	1	QL (120 PER 30 DAYS)
BYDUREON PEN	3	QL (4 PER 28 DAYS); STEP			
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 PER 30 DAYS); STEP	<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL (240 PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 PER 30 DAYS); STEP	GLUCAGEN	3	
CYCLOSET	4	QL (180 PER 30 DAYS)	GLUCAGON EMERGENCY KIT	3	
DUETACT	4	QL (30 PER 30 DAYS)	GLUCOPHAGE 1,000 MG TABLET	4	QL (75 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)	GLUCOPHAGE 500 MG TABLET	4	QL (150 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)	GLUCOPHAGE 850 MG TABLET	4	QL (90 PER 30 DAYS)
FIASP	3		GLUCOPHAGE XR 500 MG TAB	4	QL (120 PER 30 DAYS)
FIASP FLEXTOUCH	3		GLUCOPHAGE XR 750 MG TAB	4	QL (75 PER 30 DAYS)
FIASP PENFILL	3		GLUCOTROL 10 MG TABLET	4	QL (120 PER 30 DAYS)
<i>gauze pads & dressings - pads 2x2</i>	3		GLUCOTROL 5 MG TABLET	4	QL (240 PER 30 DAYS)
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)	GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)	GLUCOTROL XL 2.5 MG TABLET	4	QL (240 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)	GLUCOTROL XL 5 MG TABLET	4	QL (120 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
GLYSET 100 MG TABLET	4	QL (90 PER 30 DAYS)	HUMULIN R U-500 KWIKPEN	3	PA
GLYSET 25 MG TABLET	4	QL (360 PER 30 DAYS)	<i>insulin admin. supplies</i>	4	
GLYSET 50 MG TABLET	4	QL (180 PER 30 DAYS)	<i>insulin lispro (100/ml insuln pen, 100/ml vial)</i>	4	
GLYXAMBI	4	QL (30 PER 30 DAYS); 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	
HUMALOG KWIKPEN U-100	4	PA	<i>insulin syringe (disp) u-100 1 ml</i>	3	
HUMALOG KWIKPEN U-200	4	PA	<i>insulin syringe (disp) u-100 1/2 ml</i>	3	
HUMALOG MIX 50-50	4	PA	INVOKAMET (50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	4	PA	INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
HUMALOG MIX 75-25	4	PA	INVOKAMET XR (50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET)	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	4	PA	INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
HUMULIN 70-30	4	PA	INVOKANA 100 MG TABLET	3	QL (90 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	4	PA	INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
HUMULIN N	4	PA	<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
HUMULIN N KWIKPEN	4	PA	JANUMET	3	QL (60 PER 30 DAYS)
HUMULIN R	4	PA			
HUMULIN R U-500	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
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)	<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)	<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)	<i>miglitol 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)	<i>miglitol 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
JENTADUETO	4	QL (60 PER 30 DAYS); STEP	<i>miglitol 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	4	QL (60 PER 30 DAYS); STEP	MYXREDLIN	4	
JENTADUETO XR 5 MG-1,000 MG TB	4	QL (30 PER 30 DAYS); STEP	<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
KAZANO	4	QL (60 PER 30 DAYS); STEP	<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30 DAYS)	<i>needles, insulin disp., safety</i>	3	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30 DAYS)	NESINA	4	QL (30 PER 30 DAYS); STEP
LANTUS	3		NOVOLIN 70-30	3	
LANTUS SOLOSTAR	3		NOVOLIN N	3	
LEVEMIR	4	STEP	NOVOLIN R	3	
LEVEMIR FLEXTouch	4	STEP	NOVOLOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	3	
<i>metformin er 500 mg (generic glucophage xr 500 mg)</i>	1	QL (120 PER 30 DAYS)	NOVOLOG FLEXPEN	3	
<i>metformin hcl (750 mg tab er 24h, 1000 mg tablet)</i>	1	QL (75 PER 30 DAYS)	NOVOLOG MIX 70-30	3	
<i>metformin hcl 500 mg tab er 24h</i>	1	QL (120 PER 30 DAYS)	NOVOLOG MIX 70-30 FLEXPEN	3	
			ONGLYZA	3	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
OSENI	4	QL (30 PER 30 DAYS); STEP	PROGLYCEM	3	
OZEMPIC 0.25-0.5 MG DOSE PEN	4	QL (1.5 PER 30 DAYS); STEP	QTERN	3	QL (30 PER 30 DAYS)
OZEMPIC 1 MG DOSE PEN	4	QL (3 PER 30 DAYS); STEP	<i>repaglinide 0.5 mg tablet</i>	2	QL (960 PER 30 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		<i>repaglinide 1 mg tablet</i>	2	QL (480 PER 30 DAYS)
			<i>repaglinide 2 mg tablet</i>	2	QL (240 PER 30 DAYS)
			<i>repaglinide/metformin hcl</i>	2	QL (150 PER 30 DAYS)
<i>pen needle, diabetic, safety</i>	3		RIOMET	4	QL (765 PER 30 DAYS)
<i>pioglitazone hcl</i>	2	QL (30 PER 30 DAYS)	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)
<i>pioglitazone hcl/glimepiride</i>	4	QL (30 PER 30 DAYS)	SEGLUROMET 2.5-500 MG TABLET	4	PA; QL (120 PER 30 DAYS)
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 PER 30 DAYS)	SOLIQUA 100-33	4	QL (15 PER 25 DAYS)
PRANDIN 0.5 MG TABLET	4	QL (960 PER 30 DAYS)	STARLIX 120 MG TABLET	4	QL (90 PER 30 DAYS)
PRANDIN 1 MG TABLET	4	QL (480 PER 30 DAYS)	STARLIX 60 MG TABLET	4	QL (180 PER 30 DAYS)
PRANDIN 2 MG TABLET	4	QL (240 PER 30 DAYS)	STEGLATRO 15 MG TABLET	4	PA; QL (30 PER 30 DAYS)
PRECOSE 100 MG TABLET	4	QL (90 PER 30 DAYS)	STEGLATRO 5 MG TABLET	4	PA; QL (60 PER 30 DAYS)
PRECOSE 25 MG TABLET	4	QL (360 PER 30 DAYS)	STEGLUJAN	4	PA; QL (30 PER 30 DAYS)
PRECOSE 50 MG TABLET	4	QL (180 PER 30 DAYS)	<i>sub-q insulin delivery device, 20 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, 30 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>sub-q insulin delivery device, 40 unit, disposable</i>	4				
<i>subcutaneous insulin pump</i>	4		<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	
SYMLINPEN 120	5	QL (18.9 PER 30 DAYS)			
SYMLINPEN 60	5	QL (10.5 PER 30 DAYS)			
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	4	QL (60 PER 30 DAYS)			
SYNJARDY 5-500 MG TABLET	4	QL (120 PER 30 DAYS)	<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	3	
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	4	QL (60 PER 30 DAYS)	TAPERDEX (6 1.5 MG TABLET, 12 1.5 MG TABLET)	4	
SYNJARDY XR 25-1,000 MG TABLET	4	QL (30 PER 30 DAYS)	<i>tolbutamide</i>	2	QL (180 PER 30 DAYS)
<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		TOUJEO MAX SOLOSTAR	3	
			TOUJEO SOLOSTAR	3	
			TRADJENTA	4	QL (30 PER 30 DAYS); STEP
			TRESIBA	4	STEP
			TRESIBA FLEXTOUCH U-100	4	STEP
			TRESIBA FLEXTOUCH U-200	4	STEP
			TRULICITY	4	QL (2 PER 28 DAYS); STEP
			VICTOZA 2-PAK	3	QL (9 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
VICTOZA 3-PAK	3	QL (9 PER 30 DAYS); STEP	CEREZYME 400 UNITS VIAL	5	
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30 DAYS)	<i>chorionic gonadotropin, human 10000 unit vial</i>	4	PA
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30 DAYS)	<i>cinacalcet hcl 30 mg tablet</i>	3	B/D PA; QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	5	QL (15 PER 30 DAYS)	<i>cinacalcet hcl 60 mg tablet</i>	5	B/D PA; QL (60 PER 30 DAYS)
MISCELLANEOUS HORMONES			<i>cinacalcet hcl 90 mg tablet</i>	5	B/D PA; QL (120 PER 30 DAYS)
ALDURAZYME	5		<i>danazol (50 mg capsule, 100 mg capsule)</i>	2	
ANADROL-50	5	PA	<i>danazol 200 mg capsule</i>	4	
ANDRODERM	4	PA	DDAVP (0.01% NASAL SPRAY, 0.1 MG TABLET, 0.2 MG TABLET, 4 MCG/ML AMPUL, 4 MCG/ML VIAL, 10 MCG/0.1 ML SOLUTION)	4	
ANDROGEL (1%(5G) GEL PACKET, 1%(2.5G) GEL PACKET, 1.62%(1.25G) GEL PCKT, 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	3	PA	DEPO-TESTOSTERONE	4	
ANDROXY	2		<i>desmopressin acetate 10/spray spray/pump</i>	4	
AVEED	4		<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml vial, 4 mcg/ml ampul)</i>	2	
AXIRON	4	PA	<i>desmopressin acetate (non-refrigerated)</i>	4	
<i>cabergoline</i>	2		<i>doxercalciferol (1 mcg capsule, 2.5 mcg capsule, 4mcg/2ml ampul, 4mcg/2ml vial)</i>	2	
<i>calcitonin,salmon,synthetic</i>	2		<i>doxercalciferol 0.5 mcg capsule</i>	4	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution, 1 mcg/ml ampul)</i>	2				
CERDELGA	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
ELAPRASE	5		oxandrolone 2.5 mg tablet	2	PA
ELELYSO	5				
FABRAZYME	5		pamidronate disodium (30 mg vial, 30mg/10ml vial, 60 mg/10ml vial, 90 mg vial, 90 mg/10ml vial)	2	
FORTESTA	4	PA			
HECTOROL	4		paricalcitol (1 mcg capsule, 4 mcg capsule)	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	paricalcitol (2 mcg/ml vial, 2 mcg capsule, 5 mcg/ml vial)	4	
KANUMA	5		PREGNYL	4	PA
KORLYM	5	PA; QL (120 PER 30 DAYS)	RAYALDEE	5	QL (60 PER 30 DAYS)
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA	ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	4	
LUMIZYME	5		SAMSCA	5	PA; QL (60 PER 30 DAYS)
METHITEST	4		SENSIPAR 30 MG TABLET	3	B/D PA; QL (60 PER 30 DAYS)
methyltestosterone 10 mg capsule	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)
miglustat	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
oxandrolone 10 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
TESTOPEL	3	PA	zoledronic acid/mannitol-water 4 mg/100ml pggybk btl	2	B/D PA
testosterone (10 mg (2%) gel md pmp, 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)	4	PA	ZOMETA (4 MG/100 ML INJECTION, 4 MG/5 ML VIAL)	5	B/D PA
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	THYROID HORMONES		
testosterone 25mg(1%) gel packet	2	PA	ARMOUR THYROID	3	
testosterone cypionate (100 mg/ml vial, 200 mg/ml vial)	2		CYTOMEL	4	
testosterone enanthate 200 mg/ml vial	2		LEVO-T	3	
VASOSTRICT	4		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	
VIMIZIM	5		levothyroxine sodium (200 mcg vial, 500 mcg vial)	2	
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKET)	4	PA	levothyroxine sodium 100 mcg vial	4	
VPRIV	5		LEVOXYL	2	
ZAVESCA	5	LA	liothyronine sodium (5 mcg tablet, 10 mcg/ml vial, 25 mcg tablet, 50 mcg tablet)	2	
ZEMPLAR (1 MCG CAPSULE, 2 MCG CAPSULE, 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4		NP THYROID	2	
zoledronic acid 4 mg/5 ml vial	2	B/D PA	SYNTHROID	3	
zoledronic acid in mannitol and 0.9 % sodium chloride	4		THYROID	4	
			thyroid,pork (15 mg tablet, 120 mg tablet)	4	
			THYROLAR-1	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
THYROLAR-1/2	3		<i>loperamide hcl 2 mg capsule</i>	2	
THYROLAR-1/4	3		<i>methscopolamine bromide (2.5 mg tablet, 5 mg tablet)</i>	2	
THYROLAR-2	3		MYTESI	4	
THYROLAR-3	3		<i>opium tincture</i>	2	
TIROSINT	4		<i>paregoric</i>	2	
TIROSINT-SOL	4		<i>propantheline bromide 15 mg tablet</i>	3	
TRIOSTAT	4		ROBINUL	5	
UNITHROID	2		MISCELLANEOUS GASTROINTESTINAL AGENTS		
GASTROENTEROLOGY			ACTIGALL	4	
ANTIDIARRHEALS / ANTISPASMODICS			AKYNZEO 235-0.25 MG VIAL	5	
<i>atropine sulfate (0.05 mg/ml syringe, 0.1 mg/ml syringe)</i>	2		<i>alosetron hcl</i>	5	
BENTYL (10 MG/ML AMPUL, 20 MG TABLET)	4		ALOXI 0.25 MG/5 ML VIAL	5	
CUVPOSA	4		AMITIZA	3	
<i>dicyclomine hcl (10 mg/ml vial, 10 mg/ml ampul, 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	3		ANALPRAM HC 1% CREAM	4	
<i>diphenoxylate hcl/atropine sulfate (hcl/atropine 2.5-.025mg tablet, hcl/atropine 2.5-.025/5 liquid)</i>	2		ANUSOL-HC 2.5% CREAM	4	
GLYCATE	4		ANZEMET 100 MG TABLET	4	B/D PA; QL (4 PER 28 DAYS)
<i>glycopyrrolate (0.2 mg/ml vial, 1 mg tablet, 2 mg tablet)</i>	2		ANZEMET 50 MG TABLET	4	B/D PA; QL (8 PER 28 DAYS)
LOMOTIL	4		<i>aprepitant 125mg-80mg cap ds pk</i>	3	B/D PA; QL (12 PER 28 DAYS)
			<i>aprepitant 125 mg capsule</i>	3	B/D PA; QL (4 PER 28 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>aprepitant 40 mg capsule</i>	3	B/D PA	CONSTULOSE	2	
<i>aprepitant 80 mg capsule</i>	3	B/D PA; QL (8 PER 28 DAYS)	CORTENEMA	4	
APRISO	3		CORTIFOAM	3	
ASACOL HD	4		CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE)	3	
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	4		CREON DR 36,000 UNITS CAPSULE	5	
<i>balsalazide disodium</i>	2		<i>cromolyn sodium 20 mg/ml oral conc</i>	2	
BONJESTA	4		CYSTADANE	5	
<i>budesonide (3 mg capdr - er, 9 mg tabdr - er)</i>	5		DELZICOL	3	
CANASA	3		<i>dimenhydrinate 50 mg/ml vial</i>	2	
CESAMET	5	B/D PA	DIPENTUM	5	
CHENODAL	5	LA	<i>dronabinol (2.5 mg capsule, 5 mg capsule)</i>	4	B/D PA
CHOLBAM	5		<i>dronabinol 10 mg capsule</i>	5	B/D PA
CIMZIA (200 MG VIAL KIT, 200 MG/ML STARTER KIT, 200 MG/ML SYRINGE KIT)	5	PA	<i>droperidol (2.5 mg/ml ampul, 2.5 mg/ml vial)</i>	2	
CINVANTI	4		EMEND TRIPACK	4	B/D PA; QL (12 PER 28 DAYS)
CLENPIQ	4		EMEND (125 MG POWDER PACKET, 125 MG CAPSULE)	4	B/D PA; QL (4 PER 28 DAYS)
COLAZAL	4	STEP	EMEND 40 MG CAPSULE	4	B/D PA
COLOCORT	2		EMEND 80 MG CAPSULE	4	B/D PA; QL (8 PER 28 DAYS)
COLYTE WITH FLAVOR PACKETS	4		EMEND 150 MG VIAL	4	
COMPAZINE 25 MG SUPPOSITORY	4				
COMPRO	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
ENTEREG	4		<i>lactulose (10 g/15 ml solution, 10 g packet, 20 g/30 ml solution)</i>	2	
ENTOCORT EC	5				
ENTYVIO	5	PA	LIALDA	3	
ENULOSE	2		LINZESS	3	
<i>fosaprepitant dimeglumine</i>	3		LOTRONEX	5	
GASTROCROM	4		MARINOL (5 MG CAPSULE, 10 MG CAPSULE)	5	B/D PA
GATTEX	5	PA	MARINOL 2.5 MG CAPSULE	4	B/D PA
GAVILYTE-C	2		<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
GAVILYTE-G	2		<i>mesalamine (1.2 g tablet dr, 4 g/60 ml enema, 400 mg cap(drtab), 1000 mg supp.rect)</i>	2	
GAVILYTE-H AND BISACODYL	2				
GAVILYTE-N	2		<i>mesalamine 800 mg tablet dr</i>	4	
GENERLAC	2		<i>mesalamine with cleansing wipes</i>	2	
GOLYTELY (PACKET, SOLUTION)	4		<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>granisetron hcl 1 mg tablet</i>	2	B/D PA; QL (56 PER 28 DAYS)			
<i>granisetron hcl (1 mg/ml(1) vial, 1 mg/ml vial)</i>	2				
<i>granisetron hcl/pf</i>	2				
<i>hydrocortisone (1 % crm/pe app, 2.5 % crm/pe app, 100mg/60ml enema)</i>	2		MICORT-HC	4	
<i>hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	2		MOTEGRITY	4	QL (30 PER 30 DAYS)
INFLECTRA	5		MOVANTIK	4	
KRISTALOSE	4		MOVIPREP	4	
			NULYTELY WITH FLAVOR PACKS	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
OICALIVA	5	PA	<i>prochlorperazine</i>	2	
<i>ondansetron</i>	2	B/D PA	<i>prochlorperazine edisylate (5 mg/ml vial, 10 mg/2 ml vial)</i>	2	
<i>ondansetron hcl (4 mg/5 ml solution, 4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	2	B/D PA	<i>prochlorperazine maleate (5 mg tablet, 10 mg tablet)</i>	2	
<i>ondansetron hcl 2 mg/ml vial</i>	2		PROCTO-MED HC	2	
<i>ondansetron hcl/pf (hcl/pf 4 mg/2 ml vial, hcl/pf 4 mg/2 ml syringe)</i>	2		PROCTO-PAK	2	
OSMOPREP	4		PROCTOCORT 1% CREAM	4	
<i>palonosetron hcl (0.25mg/5ml syringe, 0.25mg/5ml vial)</i>	4		PROCTOFOAM-HC	4	
<i>palonosetron hcl 0.25mg/2ml vial</i>	5		PROCTOSOL-HC	2	
PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP)	4		PROCTOZONE-HC	2	
PANCREAZE DR 21,000 UNIT CAP	3		RECTIV	3	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2		REGLAN	4	
PENTASA	3		RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	5	
PERTZYE (DR 16,000 CAPSULE, DR 24,000 CAPSULE)	5		REMICADE	5	
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE)	4		RENFLEXIS	5	
PLENVU	4		ROWASA 4 GM/60 ML ENEMA KIT	4	
PREPOPIK	4		SANCUSO	5	QL (4 PER 28 DAYS)
			<i>scopolamine</i>	2	
			SFROWASA	4	
			<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</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
SUCRAID	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	
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	2				
SUPREP	4				
SUSTOL	5		ZENPEP DR 40,000 UNIT CAPSULE	5	
SYMPROIC	4		ZOFRAN (4 MG TABLET, 8 MG TABLET)	4	B/D PA
SYNDROS	5	B/D PA	ZOFRAN 2 MG/ML VIAL	4	
TRANSDERM-SCOP	4		ZUPLENZ	4	B/D PA
TRILYTE WITH FLAVOR PACKETS	2		ULCER THERAPY		
TRULANCE	4		ACIPHEX	4	
UCERIS 2 MG RECTAL FOAM	4		CARAFATE (1 GM/10 ML SUSP, 1 GM TABLET)	4	
UCERIS 9 MG ER TABLET	5		<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	2	
URSO	4		<i>cimetidine hcl</i>	2	
URSO FORTE	4		CYTOTEC	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2		DEXILANT	4	QL (30 PER 30 DAYS)
VARUBI 90 MG TABLET	3	B/D PA; QL (4 PER 28 DAYS)	<i>esomeprazole magnesium</i>	2	
VARUBI 166.5 MG/92.5 ML VIAL	3		<i>esomeprazole sodium</i>	2	
VIBERZI	5		<i>esomeprazole strontium 49.3 mg capsule dr</i>	4	
VIOKACE	4				
ZELNORM	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>famotidine (10 mg/ml vial, 20 mg tablet, 40mg/5ml oral susp, 40 mg tablet)</i>	2		<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	
<i>famotidine in sodium chloride, iso-osmotic/pf</i>	2				
<i>famotidine/pf</i>	2				
<i>lansoprazole (15 mg capsule dr, 15 mg tab rap dr, 30 mg tab rap dr, 30 mg capsule dr)</i>	2		<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	2		<i>pantoprazole sodium 40 mg vial</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	2		PEPCID	4	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 20 MG PACKET, DR 20 MG CAPSULE, DR 40 MG CAPSULE, DR 40 MG PACKET)	4		PREVACID (DR 15 MG CAPSULE, 15 MG SOLUTAB, 30 MG SOLUTAB, DR 30 MG CAPSULE)	4	
NEXIUM I.V.	4		PRILOSEC (DR 2.5 MG SUSPENSION, DR 10 MG SUSPENSION)	4	PA
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2		PROTONIX 40 MG SUSPENSION	4	PA
<i>nizatidine 150mg/10ml solution</i>	4		PROTONIX (DR 20 MG TABLET, DR 40 MG TABLET)	4	
OMECLAMOX-PAK	4		PROTONIX IV	4	
<i>omeprazole (20 mg capsule dr, 40 mg capsule dr)</i>	1		PYLERA	4	
<i>omeprazole 10 mg capsule dr</i>	1	QL (30 PER 30 DAYS)	<i>rabeprazole sodium 10 mg cap dr spr</i>	4	
			<i>rabeprazole sodium 20 mg tablet dr</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
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)	2		ARANESP 25 MCG/0.42 ML SYRINGE	3	PA; QL (1.68 PER 28 DAYS)
sucralfate 1 g tablet	2		ARANESP 60 MCG/0.3 ML SYRINGE	5	PA; QL (1.2 PER 28 DAYS)
ZANTAC (50 MG/2 ML VIAL, 150 MG/6 ML VIAL, 1,000 MG/40 ML VIAL)	4		ARANESP (25 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA; QL (4 PER 28 DAYS)
ZEGERID (20 MG CAPSULE, 40 MG CAPSULE)	5		ARANESP (60 MCG/ML VIAL, 100 MCG/ML VIAL)	5	PA; QL (4 PER 28 DAYS)
ZEGERID (20 MG PACKET, 40 MG PACKET)	4		ARCALYST	5	PA
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY			AVONEX PREFILLED SYR 30 MCG KT	5	
BIOTECHNOLOGY DRUGS			AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	5	
ACTIMMUNE	5	B/D PA	BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5	
ARANESP (10 MCG/0.4 ML SYRINGE, 40 MCG/0.4 ML SYRINGE)	3	PA; QL (1.6 PER 28 DAYS)	EGRIFTA	5	PA
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 DAYS)
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA; QL (2 PER 28 DAYS)	EPOGEN 10,000 UNITS/ML VIAL	4	PA; QL (24 PER 28)
			EPOGEN 20,000 UNITS/2 ML VIAL	4	PA; QL (24 PER 28 DAYS)
			EPOGEN 20,000 UNITS/ML VIAL	5	PA; QL (12 PER 28 DAYS)
			EXTAVIA (0.3 MG VIAL, 0.3 MG KIT)	5	
			FULPHILA	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
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	NEUPOGEN (300 MCG/ML VIAL, 300 MCG/0.5 ML SYR, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	
GENOTROPIN MINIQUICK 0.2 MG	4	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	
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		NORDITROPIN FLEXPOR	5	PA
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	5	PA	NUTROPIN AQ	5	PA
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	NUTROPIN AQ NUSPIN	5	PA
LEUKINE 250 MCG VIAL	5		OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA
MOZOBIL	5	B/D PA	PEGASYS (180 MCG/ML VIAL, 180 MCG/0.5 ML SYRINGE)	5	
NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT)	5		PEGASYS PROCLICK 180 MCG/0.5	5	
			PEGINTRON	5	
			PEGINTRON REDIPEN	5	
			PLEGRIDY	5	
			PLEGRIDY PEN	5	
			PROCRT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL)	3	PA; QL (12 PER 28 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
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA	VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
			ACTHIB	3	
PROCRIT 10,000 UNITS/ML VIAL	4	PA; QL (12 PER 28 DAYS)	ADACEL TDAP (SYRINGE, VIAL)	3	
PROLEUKIN	5	PA; B/D PA	ATGAM	5	B/D PA
REBIF	5		<i>bcg live</i>	3	
REBIF REBIDOSE	5		<i>bcg vaccine, live/pf</i>	3	
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL)	3	PA; QL (12 PER 28 DAYS)	BEXSERO	4	
RETACRIT 10,000 UNIT/ML VIAL	4	PA; QL (12 PER 28 DAYS)	BOOSTRIX TDAP (SYRINGE, VIAL)	3	
RETACRIT 40,000 UNIT/ML VIAL	5	PA	BOTOX	4	PA
SAIZEN (5 MG VIAL, 8.8 MG VIAL, 8.8 MG CLICK.EASY CARTG)	5	PA	CARIMUNE NF NANOFILTERED	5	PA
SAIZEN-SAIZENPREP	5	PA	CUTAQUIG	5	PA
SEROSTIM	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
SYLATRON	5		CYTOGAM	4	
SYLATRON 4-PACK (200 MCG, 300 MCG)	5		DAPTACEL DTAP	3	
UDENYCA	5		DYSPORT	4	PA
ZARXIO	5		ENGRIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	B/D PA
ZOMACTON 10 MG VIAL	5	PA	ENGRIX-B PEDIATRIC-ADOLESCENT (10 MCG/0.5 ML PED VL, PEDI 10 MCG/0.5 SYRN)	3	B/D PA
ZOMACTON 5 MG VIAL	3	PA			
ZORBTIVE	5	PA	FLEBOGAMMA DIF 10% VIAL	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
FLEBOGAMMA DIF 5% VIAL	5	B/D PA	HEPAGAM B	5	
<i>fomepizole 1 g/ml vial</i>	2		HIBERIX	4	
GAMASTAN	4	PA	HIZENTRA	5	PA
GAMASTAN S-D	4	PA	HYPERHEP B S-D (NEONATAL SYRIN., SYRINGE, VIAL)	5	
GAMASTAN S-D VIAL (RXCUI 1809038)	4	PA	HYPERRAB	4	
GAMMAGARD LIQUID	5	PA	HYPERRHO S-D	5	
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA	HYQVIA	5	B/D PA
GAMMAKED	5	PA	IMOVAX RABIES VACCINE	3	
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	INFANRIX DTAP (SYRINGE, VIAL)	3	
GAMMAPLEX 2.5 GRAM/50 ML VIAL	5		IPOL	3	
GAMUNEX-C	5	PA	IXIARO	4	
GARDASIL	3		KEDRAB	4	
GARDASIL 9 (9 VIAL, 9 SYRINGE)	3		KINRIX (TIP-LOK SYRINGE, VIAL)	4	
GRASTEK	4		M-M-R II VACCINE	3	
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML VIAL, 1,440 UNITS/ML SYRINGE)	3		MENACTRA VIAL	3	
			MENHIBRIX	4	
			MENOMUNE-A-C-Y-W-135	3	
			MENVEO A-C-Y-W-135-DIP	4	
			MYOBLOC	4	
			NABI-HB	5	
			OCTAGAM	5	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORALAIR (300 IR STARTER PACK, 300 IR SUBLINGUAL TAB, 300 IR ADULT SAMPLE KT)	4		<i>tetanus,diphtheria toxo d/pf 5-25/0.5ml vial</i>	3	
PANZYGA	5	PA	THYMOGLOBULIN	5	B/D PA
PEDIARIX 0.5 ML SYRINGE	3		TRUMENBA	4	
PEDVAXHIB	3		TWINRIX VACCINE SYRINGE	3	
PENTACEL	4		TYPHIM VI (25 MCG/0.5 ML SYRNG, 25 MCG/0.5 ML AL)	3	
PRIVIGEN	5	PA	VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
PROQUAD	3		VARIVAX VACCINE	3	
QUADRACEL DTAP- IPV	4		VARIZIG 125 UNIT/1.2 ML VIAL	5	
RABAVERT	3		WINRHO SDF	5	
RAGWITEK	4		XEOMIN (50 VIAL, 100 VIAL)	4	PA
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	XEOMIN 200 UNIT VIAL	5	PA
ROTARIX VACCINE SUSPENSION	4		YF-VAX	3	
ROTATEQ	3		ZINPLAVA	5	
SHINGRIX	3		ZOSTAVAX	3	
STAMARIL	3		MUSCULOSKELETAL / RHEUMATOLOGY		
TENIVAC (SYRINGE, VIAL)	4		GOUT THERAPY		
<i>tetanus and diphtheria toxoids, adult</i>	3		<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	2	
<i>tetanus toxoid, adsorbed/pf</i>	3		<i>allopurinol sodium</i>	5	
			ALOPRIM	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>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	4		EVENITY	4	STEP
COLCRYS	3		EVENITY (2 SYRINGES)	4	STEP
DUZALLO	4		EVISTA	4	
<i>febuxostat</i>	2		FORTEO	5	QL (2.4 PER 28 DAYS); STEP
KRYSTEXXA	4		FOSAMAX	4	QL (5 PER 30 DAYS); STEP
MITIGARE	4		FOSAMAX PLUS D	4	QL (5 PER 30 DAYS); STEP
<i>probenecid</i>	2		<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	2	STEP
<i>probenecid/colchicine</i>	2		<i>ibandronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
ULORIC	3		PROLIA	4	STEP
ZYLOPRIM	4		<i>raloxifene hcl</i>	2	
OSTEOPOROSIS THERAPY			<i>risedronate sodium (35 mg tablet dr, 35 mg tablet)</i>	2	QL (5 PER 30 DAYS)
ACTONEL 150 MG TABLET	4	QL (1 PER 30 DAYS); STEP	<i>risedronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
ACTONEL 35 MG TABLET	4	QL (5 PER 30 DAYS); STEP	<i>risedronate sodium 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
ACTONEL 5 MG TABLET	4	QL (30 PER 30 DAYS); STEP	TYMLOS	5	QL (1.56 PER 30 DAYS); STEP
<i>alendronate sodium 70 mg/75ml solution</i>	2	QL (375 PER 30 DAYS)	OTHER RHEUMATOLOGICALS		
<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	1	QL (5 PER 30 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
<i>alendronate sodium (5 mg tablet, 10 mg tablet)</i>	2	QL (30 PER 30 DAYS)	ACTEMRA ACTPEN	5	PA
ATELVIA	4	QL (5 PER 30 DAYS); STEP	ARAVA	4	
BINOSTO	4	QL (5 PER 30 DAYS); STEP			
BONIVA 3 MG/3 ML SYRINGE	4	STEP			
BONIVA 150 MG TABLET	4	QL (1 PER 30 DAYS); STEP			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	5		HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA; QL (3 PER 30 DAYS)
CUPRIMINE	5		HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA; QL (4 PER 28 DAYS)
DEPEN	5		HUMIRA(CF) PEN CROHN'S-UC-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	HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL (3 PER 28 OVER TIME)
ENBREL MINI	5	PA	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
ENBREL SURECLICK	5	PA	KINERET	5	PA
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE)	5	PA; QL (2 PER 28 DAYS)	<i>leflunomide</i>	2	
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA; QL (4 PER 28 DAYS)	OLUMIANT	5	PA
HUMIRA PEDIATRIC CROHN'S	5	PA; QL (6 PER 28 DAYS)	ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	PA
HUMIRA PEN	5	PA; QL (4 PER 28 DAYS)	ORENCIA CLICKJECT	5	PA
HUMIRA PEN CROHN'S-UC-HS	5	PA; QL (6 PER 28 DAYS)	OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	PA
HUMIRA PEN PSOR- UVEITS-ADOL HS	5	PA; QL (4 PER 28 DAYS)	OTREXUP	4	
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)	<i>penicillamine 250 mg capsule</i>	5	
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA; QL (4 PER 28 DAYS)	RASUVO	4	
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA; QL (2 PER 30 DAYS)	RIDAURA	5	
			RINVOQ ER	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
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	3		DEPO-ESTRADIOL	4	
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA; QL (1 PER 28 DAYS)	DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL, 400 MG/ML VIAL)	4	
SIMPONI (50 MG/0.5 ML SYRINGE, 50 MG/0.5 ML PEN INJEC)	5	PA; QL (0.5 PER 28 DAYS)	DEPO-SUBQ PROVERA 104	3	
SIMPONI ARIA	5	PA	DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	4	QL (30 PER 30 DAYS)
XELJANZ	5	PA	DOTTI	2	
XELJANZ XR	5	PA	DUAVEE	3	
OBSTETRICS / GYNECOLOGY			ELESTRIN	4	
ESTROGENS / PROGESTINS			ERRIN	2	
ACTIVELLA	4		ESTRACE (0.01% CREAM, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	4	
ALORA	3				
AMABELZ	2				
ANGELIQ	4				
AYGESTIN	4				
BIJUVA	4				
CAMILA	2				
CLIMARA	4				
CLIMARA PRO	4				
COMBIPATCH	4				
CRINONE	4	PA			
DEBLITANE	2				
DELESTROGEN	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>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		IMVEXXY (4 MCG STARTER PACK, 4 MCG MAINTENANCE PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	4	
			INCASSIA	2	
			JENCYCLA	2	
			JEVANTIQUE LO	2	
			JINTELI	2	
			LOPREEZA	2	
			LYZA	2	
<i>estradiol valerate (20 mg/ml vial, 40 mg/ml vial)</i>	2		<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml vial, 150 mg/ml syringe)</i>	2	
<i>estradiol/norethindrone acetate</i>	2				
ESTRING	4		MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	4	
EVAMIST	4				
FEMHRT	4		MENOSTAR	4	
FEMRING	4		MIMVEY	2	
FYAVOLV	2		MIMVEY LO	2	
HEATHER	2		MINIVELLE	4	
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	5		NOR-Q-D	4	
			NORA-BE	2	
<i>hydroxyprogesterone caproate/pf</i>	5		<i>norethindrone 0.35 mg tablet</i>	2	
			<i>norethindrone acetate 5 mg 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
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	2		AVC	4	
NORLYDA	2		CLEOCIN (2% CREAM, 100 MG OVULE)	4	
NORLYROC	2		<i>clindamycin phosphate 2 % cream/appl</i>	2	
ORTHO MICRONOR	4		<i>clomiphene citrate 50 mg tablet</i>	2	PA
PREFEST	3		GYNAZOLE 1	4	
PREMARIN VAGINAL CREAM-APPL	4		INTRAROSA	4	PA
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		KYLEENA	5	LA
PREMPHASE	4		LILETTA	4	
PREMPRO	4		LUPANETA PACK	5	
<i>progesterone 50 mg/ml vial</i>	2		LYSTEDA	4	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	2		METROGEL-VAGINAL	4	
PROMETRIUM	4		<i>metronidazole 0.75 % gel w/appl</i>	2	
PROVERA	4		<i>miconazole nitrate 200 mg supp.vag</i>	2	
SHAROBEL	2		MIRENA	4	
TULANA	2		NEXPLANON	4	
VAGIFEM	4		NUVARING	4	
VIVELLE-DOT	4		NUVESSA	4	
YUVAFEM	2		ORILISSA	5	
			ORTHO EVRA	4	
			OSPHENA	4	PA
			SKYLA	3	
MISCELLANEOUS OB/GYN					

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>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	2		BLISOVI 24 FE	2	
<i>tranexamic acid 650 mg tablet</i>	4		BLISOVI FE 1.5-30 TABLET	2	
VANDAZOLE	2		BRIELLYN	2	
XULANE	2		CAMRESE	2	
ORAL CONTRACEPTIVES / RELATED AGENTS			CAMRESE LO	2	
ALTAVERA	2		CAZANT	2	
ALYACEN	2		CHATEAL	2	
AMETHIA	2		CHATEAL EQ	2	
AMETHIA LO	2		CRYSELLE	2	
AMETHYST	2		CYCLAFEM	2	
ANNOVERA	4		CYCLESSA	4	
APRI	2		CYRED	2	
ARANELLE	2		CYRED EQ	2	
ASHLYNA	2		DASETTA	2	
AUBRA	2		DAYSEE	2	
AUBRA EQ	2		DELYLA	2	
AUROVELA 1 MG-20 MCG TABLET	2		DESOGEN	4	
AUROVELA FE 1.5 MG-30 MCG TAB	2		<i>desogestrel-ethinyl estradiol 0.15-0.03 tablet</i>	2	
AVIANE	2		<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	2	
AZURETTE	2		<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
BALCOLTRA	4		ELINEST	2	
BALZIVA	2		ELLA	3	
BEYAZ	4		EMOQUETTE	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
ENPRESSE	2		LARIN	2	
ENSKYCE	2		LARIN 24 FE	2	
ESTARYLLA	2		LARIN FE	2	
ESTROSTEP FE	4		LARISSIA	2	
<i>ethinyl estradiol/drospirenone</i>	2		LAYOLIS FE	2	
<i>ethynodiol diacetate- ethinyl estradiol</i>	2		LEENA	2	
FALMINA	2		LESSINA	2	
FAYOSIM	2		LEVONEST	2	
FEMYNOR	2		<i>levonorgestrel-ethinyl estradiol (0.1-0.02mg tablet, 0.15-0.03 tblspk 3mo, 0.15-0.03 tablet, 6-5-10 tablet, 90-20 mcg tablet)</i>	2	
GENERESS FE	4		<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	2	
GIANVI	2		LEVORA-28	2	
HAILEY 24 FE	2		LILLOW	2	
INTROVALE	2		LO LOESTRIN FE	4	
ISIBLOOM	2		LOESTRIN	4	
JASMIEL	2		LOESTRIN FE	4	
JOLESSA	2		LOMEDIA 24 FE	2	
JULEBER	2		LORYNA	2	
JUNEL	2		LOSEASONIQUE	4	
JUNEL FE	2		LOW-OGESTREL	2	
JUNEL FE 24	2		LUTERA	2	
KAITLIB FE	2		MARLISSA	2	
KARIVA	2		MELODETTA 24 FE	2	
KELNOR 1-35	2		MIBELAS 24 FE	2	
KELNOR 1-50	2				
KURVELO	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
MICROGESTIN	2		OCELLA	2	
MICROGESTIN FE	2		OGESTREL	2	
MILI	2		ORSYTHIA	2	
MINASTRIN 24 FE	4		ORTHO TRI- CYCLEN LO	4	
MIRCETTE	4		ORTHO-CEPT	4	
MODICON	4		ORTHO-NOVUM	4	
MONO-LINYAH	2		PHILITH	2	
MY WAY	2		PIMTREA	2	
MYZILRA	2		PIRMELLA	2	
NATAZIA	4		PORTIA	2	
NECON (0.5-35-28 TABLET, 1-50-28 TABLET)	2		PREVIFEM	2	
NEXT CHOICE ONE DOSE	2		QUARTETTE	4	
NIKKI	2		RAJANI	2	
<i>norethindrone ac-eth estradiol 1mg-20mcg tablet</i>	2		RECLIPSEN	2	
<i>norethindrone acetate- ethinyl estradiol/ferrous fumarate (1mg-20(24) tablet, 1mg-20(24) tab chew, 1mg-20(21) tablet)</i>	2		RIVELSA	4	
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	2		SAFYRAL	4	
<i>norgestimate-ethinyl estradiol</i>	2		SEASONIQUE	4	
NORINYL 1+50	4		SETLAKIN	2	
NORTREL	2		SLYND	4	
			SPRINTEC	2	
			SRONYX	2	
			SYEDA	2	
			TARINA 24 FE	2	
			TARINA FE	2	
			TARINA FE 1-20 EQ	2	
			TAYTULLA	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
TILIA FE	2		ZENCHENT FE	2	
TRI FEMYNOR	2		ZOVIA 1-35E	2	
TRI-ESTARYLLA	2		OXYTOCICS		
TRI-LEGEST FE	2		HEMABATE	4	
TRI-LINYAH	2		METHERGINE	5	
TRI-LO-ESTARYLLA	2		<i>methylergonovine maleate (.2mg/ml(1) vial, .2mg/ml(1) ampul)</i>	4	
TRI-LO-MARZIA	2		<i>methylergonovine maleate 0.2 mg tablet</i>	2	
TRI-LO-SPRINTEC	2		<i>oxytocin 10 unit/ml vial</i>	2	
TRI-MILI	2		PITOCIN	4	
TRI-PREVIFEM	2		OPHTHALMOLOGY		
TRI-SPRINTEC	2		ANTIBIOTICS		
TRI-VYLIBRA	2		AK-POLY-BAC	2	
TRI-VYLIBRA LO	2		AZASITE	4	
TRINESSA LO	2		<i>bacitracin 500 unit/g oint. (g)</i>	2	
TRIVORA-28	2		<i>bacitracin/polymyxin b sulfate</i>	2	
TYDEMY	2		BESIVANCE	4	
VELIVET	2		CILOXAN 0.3% EYE DROPS	4	
VIENVA	2		CILOXAN 0.3% OINTMENT	3	
VIORELE	2		<i>ciprofloxacin hcl 0.3 % drops</i>	2	
VYFEMLA	2		<i>erythromycin base 5 mg/gram oint. (g)</i>	2	
VYLIBRA	2				
WERA	2				
WYMZYA FE	2				
YASMIN 28	4				
YAZ	4				
ZARAH	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>gatifloxacin 0.5 % drops</i>	2		ZYMAXID	4	
GENTAK	2		ANTIVIRALS		
<i>gentamicin sulfate (0.3 % oint. (g), 0.3 % drops)</i>	2		<i>trifluridine 1 % drops</i>	2	
<i>levofloxacin 0.5 % drops</i>	2		ZIRGAN	4	
MOXEZA	4		BETA-BLOCKERS		
<i>moxifloxacin hcl 0.5 % drops</i>	2		<i>betaxolol hcl 0.5 % drops</i>	2	
<i>moxifloxacin in nacl,iso-os/pf 1 mg/ml vial</i>	4		BETIMOL	4	STEP
NATACYN	3		BETOPTIC S	4	STEP
NEO-POLYCIN	2		<i>carteolol hcl</i>	2	
<i>neomycin sulfate/bacitracin/poly myxin b</i>	2		ISTALOL	4	STEP
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	2		<i>levobunolol hcl 0.5 % drops</i>	2	
NEOSPORIN	4		<i>timolol maleate (0.25 % drops, 0.25 % sol-gel, 0.5 % sol-gel, 0.5 % drops, 0.5 % drop daily)</i>	2	
OCUFLOX	4		TIMOPTIC (0.25% DROP, 0.5% DROP)	4	
POLYCIN	2		TIMOPTIC (0.25% DROPS, 0.5% DROPS)	4	STEP
<i>polymyxin b sulfate/trimethoprim</i>	2		TIMOPTIC OCUDOSE	4	STEP
POLYTRIM	4		TIMOPTIC-XE	4	STEP
<i>tobramycin 0.3 % drops</i>	2		CHOLINESTERASE INHIBITOR MIOTICS		
TOBREX (DROP, OINTMENT)	4		PHOSPHOLINE IODIDE	3	
VIGAMOX	4		CYCLOPLEGIC MYDRIATICS		
			<i>atropine sulfate 1 % drops</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
DIRECT ACTING MIOTICS			<i>olopatadine hcl (0.1 % drops, 0.2 % drops)</i>	2	
ISOPTO CARPINE	4		OXERVATE	5	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	2		PATADAY	4	
MISCELLANEOUS OPHTHALMOLOGICS			PATANOL	4	
ALOCRIIL	4		PAZEO	4	
ALOMIDE	4		RESTASIS	4	
<i>azelastine hcl 0.05 % drops</i>	2		RESTASIS MULTIDOSE	4	
<i>balanced salt irrig soln no.2</i>	2		XIIDRA	4	
BEPREVE	3		NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
BSS	2		ACULAR	4	
CEQUA	4		ACULAR LS	4	
<i>cromolyn sodium 4 % drops</i>	2		ACUVAIL	4	
CYSTARAN	5		<i>bromfenac sodium 0.09 % drops</i>	2	
<i>epinastine hcl</i>	2		BROMSITE	4	
EYLEA	5		<i>diclofenac sodium 0.1 % drops</i>	2	
JETREA 1.25 MG/ML VIAL	5	LA	<i>flurbiprofen sodium</i>	2	
LACRISERT	3		ILEVRO	4	
LASTACFT	4		<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	2	
LUCENTIS (0.3 MG VIAL, 0.3 MG/0.05 ML SYRING, 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		NEVANAC	4	
			OCUFEN	4	
			PROLENSA	4	
			ORAL DRUGS FOR GLAUCOMA		

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>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	2		TRUSOPT	4	
<i>acetazolamide sodium</i>	2		VYZULTA	4	STEP
DIAMOX SEQUELS	4		XALATAN	4	STEP
<i>methazolamide 25 mg tablet</i>	2		XELPROS	4	STEP
<i>methazolamide 50 mg tablet</i>	4		ZIOPTAN	4	STEP
NEPTAZANE	4		STEROID-ANTIBIOTIC COMBINATIONS		
OTHER GLAUCOMA DRUGS			MAXITROL (DROPS, OINTMENT)	4	
AZOPT	4		NEO-POLYCIN HC	2	
<i>bimatoprost 0.03 % drops</i>	2		<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	2	
COMBIGAN	4	STEP	<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	2	
COSOPT	4	STEP	<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	
COSOPT PF	4	STEP	PRED-G (1% DROPS, S.O.P. OINTMENT)	4	
<i>dorzolamide hcl</i>	2		<i>prednisolone acetate/gatifloxacin</i>	4	
<i>dorzolamide hcl/timolol maleate</i>	2		TOBRADEX (DROPS, OINTMENT)	4	
<i>dorzolamide/timolol/pf 2 %-0.5 % dropperette</i>	2		TOBRADEX ST	4	
<i>latanoprost 0.005 % drops</i>	2		<i>tobramycin/dexametha sone</i>	2	
LUMIGAN	4	STEP	ZYLET	4	
MIOSTAT	2				
RHOPRESSA	4	STEP			
ROCKLATAN	4	STEP			
SIMBRINZA	4				
TRAVATAN Z	3	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
STEROID-SULFONAMIDE COMBINATIONS			<i>prednisolone sodium phosphate 1 % drops</i>	2	
BLEPHAMIDE	4		RETISERT	4	
BLEPHAMIDE S.O.P.	4		SULFONAMIDES		
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2		BLEPH-10	4	
STEROIDS			<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	2	
ALREX	4		SYMPATHOMIMETICS		
<i>dexamethasone sodium phosphate 0.1 % drops</i>	2		ALPHAGAN P	4	
DUREZOL	4		<i>apraclonidine hcl</i>	2	
FLAREX	4		<i>brimonidine tartrate (0.15 % drops, 0.2 % drops)</i>	2	
<i>fluorometholone</i>	2		IOPIDINE	4	
FML	4		RESPIRATORY AND ALLERGY		
FML FORTE	4		ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
FML S.O.P.	4		ADRENACLICK	4	
INVELTYS	4		ADRENALIN	2	
LOTEMAX (EYE DROPS, EYE OINTMENT, OPHTHALMIC GEL)	4		<i>carbinoxamine maleate (4 mg tablet, 4 mg/5 ml liquid)</i>	3	
LOTEMAX SM	4		<i>carbinoxamine maleate 6 mg tablet</i>	5	
<i>loteprednol etabonate</i>	2		<i>cetirizine 1 mg/ml sol'n and syrup</i>	2	
MAXIDEX	4		CLARINEX (0.5 MG/ML (2.5 MG/5), 5 MG TABLET)	4	
OZURDEX	4		CLARINEX-D 12 HOUR	4	
PRED FORTE	4				
PRED MILD	4				
<i>prednisolone acetate</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>clemastine fumarate</i> 2.68 mg tablet	3		<i>levocetirizine</i> <i>dihydrochloride</i> (2.5 mg/5ml solution, 5 mg tablet)	2	
<i>cycloheptadine hcl</i> (2 mg/5 ml syrup, 4 mg/10 ml syrup, 4 mg tablet)	3	PA	PHENADOZ	3	
<i>desloratadine</i> (2.5 mg tab rapdis, 5 mg tab rapdis, 5 mg tablet)	2		PHENERGAN (25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML VIAL, 50 MG/ML AMPUL)	4	
<i>diphenhydramine hcl</i> 12.5mg/5ml elixir	3	PA	<i>promethazine hcl</i> (25 mg/ml vial, 25 mg/ml ampul, 50 mg/ml ampul, 50 mg/ml vial)	2	
<i>diphenhydramine hcl</i> (50 mg/ml vial, 50 mg/ml cartridge, 50 mg/ml syringe)	2		<i>promethazine hcl</i> (12.5 mg supp.rect, 25 mg supp.rect, 50 mg supp.rect)	3	
<i>epinephrine</i> (0.15mg/0.3 auto injct, 0.3mg/0.3 auto injct)	3	QL (4 PER 30 DAYS)	<i>promethazine hcl</i> (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)	3	PA
<i>epinephrine</i> 0.15 mg auto-inject (mylan)	3	QL (4 PER 30 DAYS)	PROMETHEGAN (25 MG, 50 MG)	3	
<i>epinephrine</i> 0.3 mg auto-inject (mylan)	3	QL (4 PER 30 DAYS)	PROMETHEGAN 12.5 MG SUPPOS	2	
<i>epinephrine</i> 0.3 mg auto-inject (teva)	3	QL (4 PER 30 DAYS)	RYCLORA	4	
EPIPEN 2-PAK	4	QL (4 PER 30 DAYS)	RYVENT	4	
EPIPEN JR 2-PAK	4	QL (4 PER 30 DAYS)	SEMPREX-D	4	
<i>hydroxyzine hcl</i> (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg/25ml solution, 50 mg tablet)	3	PA	SYMJEPI	3	
<i>hydroxyzine hcl</i> (25 mg/ml vial, 50 mg/ml vial)	2		VISTARIL	4	PA
<i>hydroxyzine pamoate</i> (25 mg capsule, 50 mg capsule, 100 mg capsule)	3	PA	PULMONARY AGENTS		
			ACCOLATE	4	
			<i>acetylcysteine</i> 100 mg/ml vial	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
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 90 mcg hfa aer ad</i>	2	QL (36 PER 30 DAYS)	ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
<i>albuterol sulfate (2 mg/5 ml syrup, 2 mg tablet, 4 mg tab er 12h, 8 mg tab er 12h)</i>	2		BECONASE AQ	4	QL (50 PER 30 DAYS); STEP
<i>albuterol sulfate 4 mg tablet</i>	4		BERINERT (500 VIAL, 500 KIT)	5	
<i>albuterol sulfate (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)</i>	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 DAYS)
<i>ambrisentan</i>	5	LA; QL (30 PER 30 DAYS)	BROVANA	3	B/D PA; QL (120 PER 30 DAYS)
<i>aminophylline (250mg/10ml vial, 500mg/20ml vial)</i>	2		<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	2	B/D PA
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)	<i>budesonide 32mcg spray/pump</i>	2	QL (8.6 PER 30 DAYS); STEP
ARCAPTA NEOHALER	4	QL (30 PER 30 DAYS)	CINQAIR	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
CINRYZE	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)
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)			
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	2	B/D PA			
CUROSURF	4				
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	KALBITOR	3	
FIRAZYR	5	PA; QL (27 PER 30 DAYS)	KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA; QL (60 PER 30 DAYS)
FLOVENT DISKUS	3	QL (60 PER 30 DAYS)			
FLOVENT HFA (HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	QL (24 PER 30 DAYS)			
FLOVENT HFA 44 MCG INHALER	3	QL (10.6 PER 30 DAYS)	LETAIRIS	5	LA; QL (30 PER 30 DAYS)
<i>flunisolide 25 mcg spray</i>	2	QL (50 PER 30 DAYS)	<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb)</i>	2	B/D PA
<i>fluticasone propionate 50 mcg spray susp</i>	2	QL (16 PER 30 DAYS)	<i>levalbuterol hcl (1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	4	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 tartrate</i>	4	QL (30 PER 30 DAYS)	PROAIR HFA	3	QL (17 PER 30 DAYS)
LONHALA MAGNAIR REFILL	5		PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
LONHALA MAGNAIR STARTER	5		PROVENTIL HFA	4	QL (13.4 PER 30 DAYS)
<i>metaproterenol sulfate</i>	2		PULMICORT	4	B/D PA
<i>mometasone furoate 50 mcg spray/pump</i>	2	QL (34 PER 30 DAYS); STEP	PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
<i>montelukast sodium (4 mg gran pack, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	2		PULMOZYME	5	B/D PA; QL (150 PER 30 DAYS)
			QNASL	4	QL (8.7 PER 30 DAYS); STEP
NASONEX	4	QL (34 PER 30 DAYS); STEP	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/12.5 ML VIAL, 10 MG/ML ORAL SUSP, 20 MG TABLET)	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 (10 mg/ml susp recon, 10 mg/12.5 vial)</i>	5	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA; QL (112 PER 28 DAYS)	<i>sildenafil citrate 20 mg tablet</i>	2	PA
PERFOROMIST	4	B/D PA	SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)	4	
PROAIR DIGIHALER	3	QL (2 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
SPIRIVA	3	QL (30 PER 30 DAYS)	TYVASO	5	B/D PA
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)	TYVASO INSTITUTIONAL START KIT	5	B/D PA
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)	TYVASO REFILL KIT	5	B/D PA
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)	TYVASO STARTER KIT	5	B/D PA
SYMBICORT	4	QL (10.2 PER 30 DAYS); STEP	UTIBRON NEOHALER	4	QL (60 PER 30 DAYS)
SYMDEKO	5	PA	VENTAVIS 10 MCG/1 ML SOLUTION	5	B/D PA; QL (210 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	5	PA	VENTAVIS 20 MCG/1 ML SOLUTION	5	B/D PA; QL (90 PER 30 DAYS)
TAKHZYRO	5	PA	VENTOLIN HFA	4	QL (36 PER 30 DAYS)
<i>terbutaline sulfate (1 mg/ml vial, 2.5 mg tablet, 5 mg tablet)</i>	2		WIXELA INHUB	2	QL (60 PER 30 DAYS)
THEO-24	4		XOLAIR 150 MG/ML SYRINGE	5	PA; LA; QL (6 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 75 MG/0.5 ML SYRINGE	5	PA; LA; QL (10 PER 28 DAYS)
<i>theophylline in dextrose 5 % 400mg/0.5l iv soln</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	4	B/D PA
TRACLEER 32 MG TABLET FOR SUSP	5	LA; QL (120 PER 30 DAYS)	XOPENEX CONCENTRATE	4	B/D PA
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)	XOPENEX HFA	3	QL (30 PER 30 DAYS)
TUDORZA PRESSAIR	3	QL (1 PER 30 DAYS)	YUPELRI	5	B/D PA
			<i>zafirlukast</i>	2	
			ZETONNA	4	QL (6.1 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>zileuton</i>	5		BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
ZYFLO	5		<i>alfuzosin hcl</i>	2	
UROLOGICALS			AVODART	4	
ANTICHOLINERGICS / ANTISPASMODICS			<i>dutasteride 0.5 mg capsule</i>	2	
<i>darifenacin hydrobromide</i>	2		<i>dutasteride/tamsulosin hcl</i>	2	
DETROL	4		<i>finasteride 5 mg tablet</i>	1	
DETROL LA	4		FLOMAX	4	
DITROPAN XL	4		JALYN	4	
ENABLEX	4		PROSCAR	4	
<i>flavoxate hcl</i>	2		RAPAFLO	4	
GELNIQUE (GEL PUMP, GEL SACHET, GEL SACHETS)	4		<i>silodosin</i>	3	
MYRBETRIQ	4		<i>tamsulosin hcl</i>	2	
<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		UROXATRAL	4	
OXYTROL	4		CHOLINERGIC STIMULANTS		
<i>solifenacin succinate</i>	2		<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet, 2 mg cap er 24h, 4 mg cap er 24h)</i>	2		URECHOLINE	4	
TOVIAZ	4		MISCELLANEOUS UROLOGICALS		
<i>trospium chloride (20 mg tablet, 60 mg cap er 24h)</i>	2		<i>alprostadil 500 mcg/ml vial</i>	2	
VESICARE	4		AMINOACETIC ACID	2	
			CIALIS (2.5 MG TABLET, 5 MG TABLET)	4	PA; QL (30 PER 30 DAYS)
			CYSTAGON	3	LA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELMIRON	3		PLASBUMIN-5	2	
<i>glycine urologic solution</i>	2		ELECTROLYTES		
K-PHOS NO.2	4		<i>calcium acetate (667 mg capsule, 667 mg tablet)</i>	2	
K-PHOS ORIGINAL	4		<i>calcium chloride (100 mg/ml vial, 100 mg/ml syringe)</i>	2	
<i>potassium citrate</i>	2		<i>calcium gluconate</i>	2	
PROCYSBI	5		EFFER-K (10 TABLET EFF, 20 TABLET EFF)	4	
PROSTIN VR PEDIATRIC	4		EFFER-K 25 MEQ TABLET EFF	2	
RENACIDIN	3		GLYCOPHOS	4	
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	3	PA; QL (30 PER 30 DAYS)	HYPERLYTE CR	3	
UROCIT-K	4		K EFFERVESCENT	2	
VITAMINS, HEMATINICS / ELECTROLYTES			K-TAB ER (ER 10 TABLET, ER 20 TABLET)	3	
BLOOD DERIVATIVES			K-TAB ER 8 MEQ TABLET	2	
ALBUKED-25	4		KLOR-CON 20 MEQ PACKET	2	
ALBUKED-5	4		KLOR-CON 25 MEQ PACKET	3	
<i>albumin human 25 % iv soln</i>	2		KLOR-CON 10	2	
<i>albumin human 5 % iv soln</i>	4		KLOR-CON 8	2	
ALBUMINEX	4		KLOR-CON M10	2	
ALBURX	2		KLOR-CON M15	2	
ALBUTEIN	2		KLOR-CON M20	2	
BUMINATE	2		KLOR-CON SPRINKLE	2	
FLEXBUMIN	4				
KEDBUMIN	4				
PLASBUMIN-25	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
KLOR-CON-EF	2		potassium chloride in 0.9 % sodium chloride (in 20 meq/l iv soln, in 40 meq/l iv soln)	2	
magnesium chloride 200 mg/ml vial	2				
magnesium sulfate (4 meq/ml syringe, 4 meq/ml vial)	2		potassium chloride in 5 % dextrose in water	2	
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)	2		potassium chloride in dextrose 5 % and 0.9 % sodium chloride	2	
magnesium sulfate/d5w 1 g/100 ml piggyback	3		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	
NEUT	3				
NORMOSOL-R	3		potassium chloride in dextrose 5 %-0.45 % sodium chloride	2	
NORMOSOL-R AND DEXTROSE	3				
PHOSLO	4		potassium chloride in dextrose 5% and 0.3 % sodium chloride	2	
PHOSLYRA	4				
potassium acetate	2		potassium chloride in lactated ringers and 5 % dextrose	2	
potassium bicarbonate/citric acid	2				
potassium chloride (2 meq/ml vial, 2 meq/ml ampul, 8 meq capsule er, 8 meq tablet er, 10 meq tab er prt, 10 meq tablet er, 10 meq capsule er, 20meq/15ml liquid, 20 meq packet, 20 meq tablet er, 20 meq tab er prt, 40meq/15ml liquid)	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	
potassium chloride in 0.45 % sodium chloride	2		potassium chloride/potassium bicarbonate/citric acid	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>potassium phosphate,monobasic-dibasic</i>	2		AMINOSYN-PF	3	B/D PA
			BAL IN OIL	4	
<i>ringer's solution iv soln</i>	2		CLINIMIX (4.25%-25% SOLUTION, 4.25%-10% SOLUTION, 5%-20% SOLUTION, 5%-25% SOLUTION, 5%-15% SOLUTION)	3	B/D PA
<i>ringer's solution,lactated iv soln</i>	2				
<i>sodium acetate</i>	2		CLINIMIX E (4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	3	B/D PA
<i>sodium bicarbonate (0.9meq/ml syringe, 1 meq/ml syringe, 1 meq/ml vial, 10meq/10ml syringe)</i>	2		CLINIMIX E 4.25%-10% SOLUTION	4	B/D PA
<i>sodium chloride 4 meq/ml vial</i>	2		CLINIMIX N14G30E	4	B/D PA
<i>sodium chloride 0.45 % (0.45 % pggybk prt, 0.45 % 0.45 % iv soln)</i>	2		CLINIMIX N9G15E	4	B/D PA
			CLINIMIX N9G20E	4	B/D PA
<i>sodium chloride 3 %</i>	2		CLINISOL	4	B/D PA
<i>sodium chloride 5 %</i>	2		<i>cysteine hcl 50 mg/ml vial</i>	2	B/D PA
<i>sodium lactate</i>	2		<i>edetate calcium disodium 200 mg/ml ampul</i>	4	
<i>sodium phosphate,monobasic-dibasic</i>	2		<i>electrolyte-48 solution/dextrose 5 % in water</i>	2	
TPN ELECTROLYTES	4		FREAMINE HBC	3	B/D PA
TPN ELECTROLYTES II	4		FREAMINE III	2	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS			HEPATAMINE	3	B/D PA
AMINOSYN	3	B/D PA	INTRALIPID 20% IV FAT EMUL	2	B/D PA
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	3	B/D PA	INTRALIPID 30% IV FAT EMUL	3	B/D PA
AMINOSYN M	3	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
IONOSOL MB-DEXTROSE 5%	3		CITRANATAL BLOOM	4	
ISOLYTE P WITH DEXTROSE	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 S	3				
KABIVEN	4	B/D PA			
NEPHRAMINE	3	B/D PA	FLUORITAB 1 MG TABLET CHEW	3	
NORMOSOL-M AND DEXTROSE	3		LUDENT FLUORIDE 1 MG TAB CHEW	3	
NORMOSOL-R PH 7.4	3		M-NATAL PLUS	4	
NUTRILIPID	4	B/D PA	<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i>	2	
OMEGAVEN	4	B/D PA	<i>pediatric multivitamins no.17 with sodium fluoride</i>	2	
PERIKABIVEN	4	B/D PA			
PLASMA-LYTE 148	3		PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
PLASMA-LYTE A PH 7.4	3				
PLASMANATE	2				
PLENAMINE	2	B/D PA	<i>prenatal vitamins no.60/ferrous fumarate/folic acid</i>	4	
PREMASOL 10% IV SOLUTION	2	B/D PA	TRICARE PRENATAL COMPLEAT	4	
PREMASOL 6% IV SOLUTION	3	B/D PA			
PROCALAMINE	3	B/D PA	TRICARE PRENATAL DHA ONE	4	
PROSOL	4	B/D PA			
SMOFLIPID	4	B/D PA			
TRAVASOL	4	B/D PA			
TROPHAMINE	3	B/D PA			
VITAMINS / HEMATINICS					

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

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cilexetil/hydrochlorothiazide.....	64	CATAPRES.....	65	CELLCEPT.....	26
CAPASTAT SULFATE.....	17	CATAPRES-TTS 1.....	65	CELONTIN.....	34
CAPEX SHAMPOO.....	82	CATAPRES-TTS 2.....	65	CENTANY.....	80
CAPRELSA.....	26	CATAPRES-TTS 3.....	65	cephalexin.....	16
captopril.....	64	CAYSTON.....	17	CEPROTIN.....	70
captopril/hydrochlorothiazide.....	64	CAZANT.....	116	CEQUA.....	121
CARAC.....	76	cefaclor.....	15	CERDELGA.....	97
CARAFATE.....	104	cefadroxil.....	15	CEREBYX.....	34
CARBAGLU.....	85	cefazolin sodium.....	15	CEREZYME.....	97
carbamazepine.....	34	cefazolin sodium/dextrose, iso-		CESAMET.....	101
CARBATROL.....	34	osmotic.....	15	cetirizine 1 mg/ml sol'n and	
carbidopa.....	38	cefdinir.....	15	syrup.....	123
carbidopa/levodopa.....	38	cefepime hcl.....	15	CETRAXAL.....	89
carbidopa/levodopa/entacapone.....	38	cefepime hcl in dextrose 5 % in		CETYLEV.....	85,86
e.....		water.....	15	cevimeline hcl.....	86
carbinoxamine maleate.....	123	cefepime hcl in iso-osmotic		CHANTIX.....	88
CARBOCAINE.....	79	dextrose.....	15	CHATEAL.....	116
carboplatin.....	26	cefixime.....	15	CHATEAL EQ.....	116
CARDENE I.V.....	64	CEFOTAN.....	15	CHEMET.....	86
cardioplegic solution no.1.....	74	cefotaxime sodium.....	15	CHENODAL.....	101
CARDIZEM.....	64	cefotetan disodium.....	15	chloramphenicol sod	
CARDIZEM CD.....	64	cefotetan disodium in iso-		succinate.....	17
CARDIZEM LA.....	64	osmotic dextrose.....	15	chlordiazepoxide hcl.....	53
CARDURA.....	64	cefoxitin sodium.....	15	chlorhexidine gluconate.....	88
CARDURA XL.....	64	cefoxitin sodium/dextrose, iso-		chloroprocaine hcl/pf.....	79
CARIMUNE NF		osmotic.....	15	chloroquine phosphate.....	17
NANOFILTERED.....	108	cefpodoxime proxetil.....	15	chlorothiazide.....	65
carisoprodol.....	42	cefprozil.....	16	chlorothiazide sodium.....	65
carisoprodol/aspirin.....	42	ceftazidime.....	16	chlorthalidone.....	65
carisoprodol/aspirin/codeine		ceftazidime in dextrose 5% and		chlorzoxazone.....	42
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CHOLBAM.....	101	CLEOCIN.....	115	clofarabine.....	26
cholestyramine (with sugar) ..	72	CLEOCIN HCL.....	18	CLOLAR.....	26
cholestyramine/aspartame...	73	CLEOCIN PALMITATE.....	18	clomiphene citrate.....	115
chorionic gonadotropin, human.....	97	CLEOCIN PHOSPHATE.....	18	clomipramine hcl.....	54
CIALIS.....	129	CLEOCIN PHOSPHATE IN D5W.....	18	clonazepam.....	34
CICLODAN.....	81	CLEOCIN T.....	78	clonidine.....	65
ciclopirox.....	81	CLEVIPREX.....	65	clonidine hcl.....	54,65
ciclopirox olamine.....	81	CLIMARA.....	113	clonidine hcl/pf.....	50,65
cidofovir.....	11	CLIMARA PRO.....	113	clopidogrel bisulfate.....	71
cilostazol.....	70	CLINDACIN ETZ.....	78	clorazepate dipotassium.....	54
CILOXAN.....	119	CLINDACIN P.....	78	clotrimazole.....	10,81
CIMDUO.....	11	CLINDAGEL.....	78	clotrimazole/betamethasone dipropionate.....	81
cimetidine.....	104	clindamycin hcl.....	18	clozapine.....	54
cimetidine hcl.....	104	clindamycin palmitate hcl.....	18	CLOZARIL.....	54
CIMZIA.....	101	clindamycin phosphate.....	18,78,115	COARTEM.....	18
cinacalcet hcl.....	97	clindamycin phosphate in 0.9 % sodium chloride.....	18	codeine phosphate/butalbital/aspirin/caffeine.....	44
CINQAIR.....	125	clindamycin phosphate/benzoyl peroxide.....	78	codeine sulfate.....	44
CINRYZE.....	126	clindamycin phosphate/dextrose 5 % in water.....	18	COGENTIN.....	38
CINVANTI.....	101	clindamycin phosphate/tretinoin.....	78	COLAZAL.....	101
CIPRO.....	22	CLINDESSE.....	78	colchicine.....	111
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CIPRO I.V.....	22	CLINIMIX E.....	86,132	colesevelam hcl.....	73
CIPRODEX.....	89	CLINIMIX N14G30E.....	132	COLESTID.....	73
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ciprofloxacin hcl.....	22,89,119	CLINIMIX N9G20E.....	132	colistin (as colistimethate sodium).....	18
ciprofloxacin lactate.....	22	CLINISOL.....	132	COLOCORT.....	101
ciprofloxacin lactate/dextrose 5 % in water.....	22	CLINPRO 5000.....	88	COLY-MYCIN M PARENTERAL.....	18
cisplatin.....	26	clobazam.....	34	COLY-MYCIN S.....	89
citalopram hydrobromide.....	54	clobetasol propionate.....	82	COLYTE WITH FLAVOR PACKETS.....	101
CITANEST PLAIN DENTAL.....	79	clobetasol propionate/emollient base.....	82	COMBIGAN.....	122
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cladribine.....	26	clocortolone pivalate.....	82	COMBIVENT RESPIMAT.....	126
CLAFORAN.....	16	CLODAN.....	82	COMBIVIR.....	11
CLARAVIS.....	78			COMETRIQ.....	26
CLARINEX.....	123			COMPAZINE.....	101
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clemastine fumarate.....	124				
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COMPLERA.....	11	CUBICIN RF.....	18	dantrolene sodium.....	42
COMPRO.....	101	CUPRIMINE.....	112	dapsone.....	18,78
COMTAN.....	38	CUROSURF.....	126	DAPTACEL DTAP.....	108
CONCERTA.....	54	CUTAQUIG.....	108	daptomycin.....	18
CONDYLOX.....	76	CUTIVATE.....	82	DARAPRIM.....	18
CONSTULOSE.....	101	CUVITRU.....	108	darifenacin hydrobromide..	129
CONZIP.....	50	CUVPOSA.....	100	DARZALEX.....	27
COPAXONE.....	40	CYCLAFEM.....	116	DASETTA.....	116
COPIKTRA.....	26	CYCLESSA.....	116	daunorubicin hcl.....	27
CORDRAN.....	82	cyclobenzaprine hcl.....	42	DAURISMO.....	27
COREG.....	65	cyclophosphamide.....	26,27	DAXBIA.....	16
COREG CR.....	65	cycloserine.....	18	DAYPRO.....	50
CORGARD.....	65	CYCLOSET.....	92	DAYSEE.....	116
CORLANOR.....	74	cyclosporine.....	27	DAYTRANA.....	54
CORLOPAM.....	65	cyclosporine, modified.....	27	DDAVP.....	97
CORTEF.....	89	CYMBALTA.....	54	DEBLITANE.....	113
CORTENEMA.....	101	cyproheptadine hcl.....	124	DECADRON.....	89
CORTIFOAM.....	101	CYRAMZA.....	27	decitabine.....	27
cortisone acetate.....	89	CYRED.....	116	deferasirox.....	86
CORTISPORIN.....	80	CYRED EQ.....	116	deferoxamine mesylate.....	86
CORVERT.....	62	CYSTADANE.....	101	DELESTROGEN.....	113
COSENTYX (2 SYRINGES).....	76	CYSTAGON.....	129	DELSTRIGO.....	11
COSENTYX PEN.....	76	CYSTARAN.....	121	DELTASONE.....	90
COSENTYX PEN (2 PENS).....	76	cysteine hcl.....	132	DELYLA.....	116
COSENTYX SYRINGE.....	76	cytarabine.....	27	DELZICOL.....	101
COSMEGEN.....	26	cytarabine/pf.....	27	DEMADEX.....	65
COSOPT.....	122	CYTOGAM.....	108	demeclocycline hcl.....	23
COSOPT PF.....	122	CYTOMEL.....	99	DEMSEER.....	65
COTELLIC.....	26	CYTOTEC.....	104	DENAVIR.....	82
COTEMPLA XR-ODT.....	54	CYTOVENE.....	11	DENTA 5000 PLUS.....	88
COUMADIN.....	71	D			
COZAAR.....	65	D.H.E.45.....	39	DENTAGEL.....	88
CREON.....	101	dacarbazine.....	27	DEPAKOTE.....	34
CRESEMBA.....	10	DACOGEN.....	27	DEPAKOTE ER.....	34
CRESTOR.....	73	dactinomycin.....	27	DEPEN.....	112
CRINONE.....	113	dalfampridine.....	40	DEPO-ESTRADIOL.....	113
CRIXIVAN.....	11	DALIRESP.....	126	DEPO-MEDROL.....	90
cromolyn sodium..	101,121,126	DALVANCE.....	18	DEPO-PROVERA.....	113
CROTAN.....	84	danazol.....	97	DEPO-SUBQ PROVERA	
CRYSELLE.....	116	DANTRIUM.....	42	104.....	113
CUBICIN.....	18			DEPO-TESTOSTERONE...	97

DEPOCYT.....	27	dextrose 10 % and 0.2 %	diflunisal.....	50
DERMA-SMOOTH-FS.....	82	sodium chloride.....	DIGITEK.....	70
DERMOTIC.....	89	dextrose 10 % and 0.45 %	DIGOX.....	70
DESCOVY.....	11	sodium chloride.....	digoxin.....	70
DESFERAL.....	86	dextrose 10 % in water.....	dihydroergotamine mesylate	39
DESFERAL MESYLATE.....	86	dextrose 2.5 % and 0.45 %	DILANTIN.....	34
desipramine hcl.....	54	sodium chloride.....	DILANTIN-125.....	34
desloratadine.....	124	dextrose 20 % in water.....	DILATRATE-SR.....	75
desmopressin acetate.....	97	dextrose 25 % in water.....	DILAUDID.....	44
desmopressin acetate (non- refrigerated).....	97	dextrose 30 % in water.....	DILT-XR.....	65
DESOGEN.....	116	dextrose 40 % in water.....	diltiazem hcl.....	65
desogestrel-ethinyl estradiol	116	dextrose 5 % and 0.2 % sodium chloride.....	dimenhydrinate.....	101
desogestrel-ethinyl estradiol/ethinyl estradiol...	116	dextrose 5 % and 0.3 % sodium chloride.....	DIOVAN.....	65
DESONATE.....	82	dextrose 5 % and 0.45 %	DIOVAN HCT.....	65
desonide.....	82	sodium chloride.....	DIPENTUM.....	101
DESOWEN.....	83	dextrose 5 % and 0.9 % sodium chloride.....	diphenhydramine hcl.....	124
desoximetasone.....	83	dextrose 5 % in lactated ringers.....	diphenoxylate hcl/atropine sulfate.....	100
DESOXYN.....	54	dextrose 5 % in water.....	DIPROLENE.....	83
desvenlafaxine.....	54	dextrose 50 % in water.....	dipyridamole.....	71
desvenlafaxine succinate....	54	dextrose 70 % in water.....	disopyramide phosphate....	62
DETROL.....	129	DIAMOX SEQUELS.....	disulfiram.....	86
DETROL LA.....	129	DIASTAT.....	DITROPAN XL.....	129
dexamethasone.....	90	DIASTAT ACUDIAL.....	DIURIL.....	65
DEXAMETHASONE INTENSOL.....	90	diazepam.....	divalproex sodium.....	34
dexamethasone sodium phosphate.....	90,123	DIBENZYLINE.....	DIVIGEL.....	113
dexamethasone sodium phosphate/pf.....	90	diclofenac epolamine.....	dobutamine hcl.....	74
DEXEDRINE.....	54	diclofenac potassium.....	dobutamine hcl in dextrose 5 % in water.....	74
DEXILANT.....	104	diclofenac sodium....	docetaxel.....	27
dexmethylphenidate hcl.....	54	diclofenac.....	dofetilide.....	62
DEXPAK.....	90	sodium/misoprostol.....	DOLOPHINE HCL.....	44
dexrazoxane hcl.....	25	dicloxacin sodium.....	donepezil hcl.....	40,41
dextroamphetamine sulf- saccharate/amphetamine sulf- aspartate.....	55	dicyclomine hcl.....	dopamine hcl.....	74
dextroamphetamine sulfate..	55	didanosine.....	dopamine hcl in dextrose 5 % in water.....	74
		DIFFERIN.....	DOPRAM.....	55
		DIFICID.....	DOPTLET.....	71
		diflorasone diacetate.....	DORIBAX.....	18
		DIFLUCAN.....	doripenem.....	18
			DORYX.....	23

DORYX MPC.....	23	DYANAVEL XR.....	55	EMBEDA.....	44
dorzolamide hcl.....	122	DYAZIDE.....	65	EMCYT.....	27
dorzolamide hcl/timolol		DYMISTA.....	126	EMEND.....	101
maleate.....	122	DYRENIUM.....	65	EMFLAZA.....	90
dorzolamide hcl/timolol		DYSPORT.....	108	EMGALITY PEN.....	39
maleate/pf.....	122			EMGALITY SYRINGE.....	39
DOTTI.....	113	E		EMOQUETTE.....	116
DOVATO.....	11	E.E.S. 200.....	16	EMPLICITI.....	27
DOVONEX.....	76	E.E.S. 400.....	17	EMSAM.....	55
doxazosin mesylate.....	65	econazole nitrate.....	81	EMTRIVA.....	12
doxepin hcl.....	55,76	EDARBI.....	65	EMVERM.....	18
doxercalciferol.....	97	EDARBYCLOR.....	66	ENABLEX.....	129
DOXIL.....	27	EDECRIN.....	66	enalapril maleate.....	66
doxorubicin hcl.....	27	edetate calcium disodium...	132	enalapril	
doxorubicin hcl pegylated		EDLUAR.....	55	maleate/hydrochlorothiazide	66
liposomal.....	27	EDURANT.....	11	enalaprilat dihydrate.....	66
DOXY 100.....	23	efavirenz.....	11	ENBREL.....	112
doxycycline hyclate.....	23	EFFER-K.....	130	ENBREL MINI.....	112
doxycycline monohydrate....	23	EFFEXOR XR.....	55	ENBREL SURECLICK.....	112
dronabinol.....	101	EFFIENT.....	71	ENDARI.....	86
droperidol.....	101	EFUDEX.....	76	ENDOCET.....	44
drospirenone/ethinyl		EGRIFTA.....	106	ENGERIX-B ADULT.....	108
estradiol/levomefolate		ELAPRASE.....	98	ENGERIX-B PEDIATRIC-	
calcium.....	116	electrolyte-48 solution/dextrose		ADOLESCENT.....	108
DROXIA.....	27	5 % in water.....	132	ENLON.....	42
DUAC.....	78	ELELYSO.....	98	ENLON-PLUS.....	42
DUAVEE.....	113	ELESTRIN.....	113	enoxaparin sodium.....	71
DUETACT.....	92	eletriptan hydrobromide.....	39	ENPRESSE.....	117
DULERA.....	126	ELIDEL.....	76	ENSKYCE.....	117
duloxetine hcl.....	55	ELIGARD.....	27	ENSTILAR.....	76
DUOBRII.....	83	ELIMITE.....	84	entacapone.....	38
DUOPA.....	38	ELINEST.....	116	entecavir.....	12
DUPIXENT.....	76,126	ELIQUIS.....	71	ENTEREG.....	102
DURAGESIC.....	44	ELITEK.....	25	ENTOCORT EC.....	102
DURAMORPH.....	44	ELIXOPHYLLIN.....	126	ENTRESTO.....	74
DUREZOL.....	123	ELLA.....	116	ENTYVIO.....	102
dutasteride.....	129	ELLECE.....	27	ENULOSE.....	102
dutasteride/tamsulosin hcl..	129	ELMIRON.....	130	ENVARSUS XR.....	27
DUTOPROL.....	65	ELOCON.....	83	EPANED.....	66
DUZALLO.....	111	ELOCTATE.....	86	EPCLUSA.....	12
DXEVO.....	90	ELOXATIN.....	27	EPIDIOLEX.....	34

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EPIDUO FORTE.....	78	LACTOBIONATE.....	EVEKEO.....	55
EPIFOAM.....	76	ERYTHROCIN STEARATE..	EVEKEO ODT.....	55
epinastine hcl.....	121	erythromycin base.....	EVENITY.....	111
epinephrine.....	124	erythromycin base in ethanol.	EVENITY (2 SYRINGES)...	111
epinephrine 0.15 mg auto-inject		erythromycin base/benzoyl	EVISTA.....	111
(mylan).....	124	peroxide.....	EVOCLIN.....	78
epinephrine 0.3 mg auto-inject		erythromycin ethylsuccinate..	EVOMELA.....	28
(mylan).....	124	ESBRIET.....	EVOTAZ.....	12
epinephrine 0.3 mg auto-inject		escitalopram oxalate.....	EVOXAC.....	86
(teva).....	124	ESGIC.....	EVZIO.....	50
EPIPEN 2-PAK.....	124	esmolol hcl.....	EXELDERM.....	81
EPIPEN JR 2-PAK.....	124	esmolol hcl in sodium chloride,	EXELON.....	41
epirubicin hcl.....	27	iso-osmotic.....	exemestane.....	28
EPITOL.....	34	esomeprazole magnesium..	EXFORGE.....	66
EPIVIR.....	12	esomeprazole sodium.....	EXFORGE HCT.....	66
EPIVIR HBV.....	12	esomeprazole strontium....	EXJADE.....	86
eplerenone.....	66	ESTARYLLA.....	EXONDYS 51.....	41
EPOGEN.....	106	estazolam.....	EXTAVIA.....	106
epoprostenol sodium		ESTRACE.....	EXTINA.....	81
(glycine).....	66	estradiol.....	EYLEA.....	121
eprosartan mesylate.....	66	estradiol valerate.....	EZALLOR SPRINKLE.....	73
EPZICOM.....	12	estradiol/norethindrone	ezetimibe.....	73
EQUETRO.....	34	acetate.....	ezetimibe/simvastatin.....	73
ERAXIS (WATER DILUENT).....	10	ESTRING.....		
ERBITUX.....	27	ESTROSTEP FE.....	F	
ergoloid mesylates.....	55	eszopiclone.....	FABIOR.....	78
ERGOMAR.....	39	ethacrynate sodium.....	FABRAZYME.....	98
ergotamine tartrate/caffeine..	39	ethacrynic acid.....	FALMINA.....	117
ERIVEDGE.....	27	ethambutol hcl.....	famciclovir.....	12
ERLEADA.....	27	ethinyl	famotidine.....	105
erlotinib hcl.....	27,28	estradiol/drospirenone.....	famotidine in sodium chloride,	
ERRIN.....	113	ethosuximide.....	iso-osmotic/pf.....	105
ERTACZO.....	81	ethynodiol diacetate-ethinyl	famotidine/pf.....	105
ertapenem sodium.....	18	estradiol.....	FAMVIR.....	12
ERWINAZE.....	28	etidronate disodium.....	FANAPT.....	56
ERY.....	78	etodolac.....	FARESTON.....	28
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ERYPED 200.....	17	EUCRISA.....	FASENRA.....	126
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FAZACLO.....	56	flavoxate hcl.....	129	flurbiprofen sodium.....	121
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felbamate.....	34	flecainide acetate.....	62	fluticasone propionate..	83,126
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FELDENE.....	50	FLEXBUMIN.....	130	propionate/salmeterol	
felodipine.....	66	FLOLAN.....	66	xinafoate.....	126
FEMARA.....	28	FLOLIPID.....	73	fluvastatin sodium.....	73
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fenofibrate.....	73	floxuridine.....	28	FML S.O.P.....	123
fenofibrate nanocrystallized..	73	fluconazole.....	10	FOCALIN.....	56
fenofibrate,micronized.....	73	fluconazole in dextrose, iso-		FOCALIN XR.....	56
fenofibric acid.....	73	osmotic.....	10	FOLOTYN.....	28
fenofibric acid (choline).....	73	fluconazole in sodium chloride,		fomepizole.....	109
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fentanyl.....	45	fludarabine phosphate.....	28	FORTEO.....	111
fentanyl citrate.....	45	fludrocortisone acetate.....	90	FORTESTA.....	98
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FEXMID.....	42	fluocinolone acetonide oil....	89	fosinopril sodium.....	66
FIASP.....	92	fluocinolone acetonide/shower		fosinopril	
FIASP FLEXTOUCH.....	92	cap.....	83	sodium/hydrochlorothiazide.	66
FIASP PENFILL.....	92	fluocinonide.....	83	fosphenytoin sodium.....	35
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FIRDAPSE.....	41	fluphenazine decanoate.....	56	furosemide.....	66
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FLAGYL.....	18	flurazepam hcl.....	56	FYAVOLV.....	114

FYCOMPA.....	35	gentamicin sulfate in sodium chloride, iso-osmotic.....	18	guanidine hcl.....	56
G		gentamicin sulfate/pf.....	18	GYNAZOLE 1.....	115
gabapentin.....	35	GENVOYA.....	12	H	
GABITRIL.....	35	GEODON.....	56	HAEGARDA.....	126
GABLOFEN.....	42	GIANVI.....	117	HAILEY 24 FE.....	117
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GAMUNEX-C.....	109	glipizide/metformin hcl.....	92	haloperidol decanoate.....	56
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GAVILYTE-C.....	102	glycine urologic solution.....	130	heparin sodium,porcine.....	71
GAVILYTE-G.....	102	GLYCOPHOS.....	130	heparin sodium,porcine in 0.45 % sodium chloride.....	71
GAVILYTE-H AND BISACODYL.....	102	glycopyrrolate.....	100	heparin sodium,porcine in 0.9 % sodium chloride/pf.....	71
GAVILYTE-N.....	102	GLYDO.....	79	heparin sodium,porcine/dextrose 5 % in water.....	71
GAZYVA.....	28	GLYSET.....	93	heparin sodium,porcine/pf.....	71
GELNIQUE.....	129	GLYXAMBI.....	93	HEPATAMINE.....	132
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SUPRAX.....	16	needle, disposable, 0.5 ml...	TECFIDERA.....	41
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SYLVANT.....	32	TALTZ AUTOINJECTOR.....	telmisartan/hydrochlorothiazide	
SYMBICORT.....	128	TALTZ AUTOINJECTOR (2	69	
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SYMDEKO.....	128	TALTZ AUTOINJECTOR (3	TEMODAR.....	32
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ml.....	96	TAZICEF.....	tetracycline hcl.....	24

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COMPLEAT.....	133	TYDEMY.....	119	VALCHLOR.....	77
TRICARE PRENATAL DHA	TYGACIL.....	20	VALCYTE.....	14	
ONE.....	133	TYKERB.....	33	valganciclovir hcl.....	14
TRICOR.....	74	TYLENOL-CODEINE NO.3..	49	VALIUM.....	61
TRIDERM.....	84	TYLENOL-CODEINE NO.4..	49	valproic acid.....	37
TRIDESILON.....	84	TYMLOS.....	111	valproic acid (as sodium salt)	
trientine hcl.....	88	TYPHIM VI.....	110	(valproate sodium).....	37
TRIESENCE.....	91	TYSABRI.....	42	valrubicin.....	33
trifluoperazine hcl.....	61	TYVASO.....	128	valsartan.....	69
trifluridine.....	120	TYVASO INSTITUTIONAL		valsartan/hydrochlorothiazide	6
TRIGLIDE.....	74	START KIT.....	128	9	
trihexyphenidyl hcl.....	39	TYVASO REFILL KIT.....	128	VALSTAR.....	33
TRILEPTAL.....	37	TYVASO STARTER KIT....	128	VALTREX.....	14
TRILIPIX.....	74	TYZEKA.....	14	VANATOL LQ.....	49
TRILYTE WITH FLAVOR				VANATOL S.....	49
PACKETS.....	104	U		VANCOCIN HCL.....	24
trimethoprim.....	24	UCERIS.....	104	vancomycin hcl.....	24
trimipramine maleate.....	61	UDENYCA.....	108	vancomycin in 0.9 % sodium	
TRINESSA LO.....	119	ULORIC.....	111	chloride.....	24
TRINTELLIX.....	61	ULTOMIRIS.....	88	vancomycin in 5 % dextrose in	
TRIOSTAT.....	100	ULTRACET.....	52	water.....	24,25
TRIPTODUR.....	32	ULTRAM.....	52	VANDAZOLE.....	116
TRISENOX.....	33	ULTRAM ER.....	52	VANOS.....	84
TRIUMEQ.....	14	ULTRAVATE.....	84	VANTAS.....	33
TRIVORA-28.....	119	UNASYN.....	22	VAQTA.....	110
TRIZIVIR.....	14	UNITHROID.....	100	VARIVAX VACCINE.....	110
TROGARZO.....	14	UNITUXIN.....	33	VARIZIG.....	110
TROKENDI XR.....	37	UPTRAVI.....	69	VARUBI.....	104
TROPHAMINE.....	133	URECHOLINE.....	129	VASCEPA.....	74
tropium chloride.....	129	UROCIT-K.....	130	VASERETIC.....	69
TRULANCE.....	104	UROXATRAL.....	129	VASOSTRICT.....	99
TRULICITY.....	96	URSO.....	104	VASOTEC.....	69
TRUMENBA.....	110	URSO FORTE.....	104	VECAMYL.....	75
TRUSOPT.....	122	ursodiol.....	104	VECTIBIX.....	33
TRUVADA.....	14	UTIBRON NEOHALER.....	128	VECTICAL.....	76
TUDORZA PRESSAIR.....	128	UVADEX.....	77	VELCADE.....	33
TULANA.....	115	V		VELETRI.....	69
TURALIO.....	33	VABOMERE.....	20	VELIVET.....	119
TWINRIX.....	110	VAGIFEM.....	115	VELPHORO.....	88
TWYNSTA.....	69			VELTASSA.....	88

VEMLIDY.....	14	VIRACEPT.....	14	XALATAN.....	122
VENCLEXTA.....	33	VIRAMUNE.....	14	XALKORI.....	33
VENCLEXTA STARTING PACK.....	33	VIRAMUNE XR.....	14	XANAX.....	61
venlafaxine hcl.....	61	VIREAD.....	14	XANAX XR.....	61
VENTAVIS.....	128	VISTARIL.....	124	XARELTO.....	72
VENTOLIN HFA.....	128	VISTOGARD.....	25	XATMEP.....	33
verapamil hcl.....	70	VITRAKVI.....	33	XELJANZ.....	113
VEREGEN.....	77	VIVELLE-DOT.....	115	XELJANZ XR.....	113
VERELAN.....	70	VIVITROL.....	52	XELPROS.....	122
VERELAN PM.....	70	VIVLODEX.....	52	XENAZINE.....	42
VERSACLOZ.....	61	VIZIMPRO.....	33	XENICAL.....	85
VERZENIO.....	33	VOGELXO.....	99	XEOMIN.....	110
VESICARE.....	129	VOLTAREN.....	52	XEPI.....	80
VFEND.....	11	VOLTAREN-XR.....	52	XERAVA.....	24
VFEND IV.....	11	voriconazole.....	11	XERESE.....	82
VIBATIV.....	25	VOSEVI.....	14	XERMELO.....	33
VIBERZI.....	104	VOTRIENT.....	33	XGEVA.....	25
VIBRAMYCIN.....	24	VPRIV.....	99	XHANCE.....	89
VICODIN ES.....	49	VRAYLAR.....	61	XIAFLEX.....	88
VICODIN HP.....	49	VUSION.....	81	XIFAXAN.....	20
VICTOZA 2-PAK.....	96	VYFEMLA.....	119	XIGDUO XR.....	97
VICTOZA 3-PAK.....	97	VYLIBRA.....	119	XIIDRA.....	121
VIDAZA.....	33	VYNDAQEL.....	75	XIMINO.....	24
VIDEX.....	14	VYTORIN.....	74	XODOL 10-300.....	49
VIDEX EC.....	14	VYVANSE.....	61	XODOL 5-300.....	49
VIEKIRA PAK.....	14	VYXEOS.....	33	XODOL 7.5-300.....	49
VIENVA.....	119	VYZULTA.....	122	XOFLUZA.....	15
vigabatrin.....	37	W		XOLAIR.....	128
VIGADRONE.....	37			XOPENEX.....	128
VIGAMOX.....	120	warfarin sodium.....	72	XOPENEX CONCENTRATE.....	128
VIIBRYD.....	61	water for irrigation,sterile.....	88	XOPENEX HFA.....	128
VIMIZIM.....	99	WELCHOL.....	74	XOSPATA.....	33
VIMOVO.....	52	WELLBUTRIN SR.....	61	XPOVIO.....	33
VIMPAT.....	37	WELLBUTRIN XL.....	61	XTAMPZA ER.....	49
vinblastine sulfate.....	33	WERA.....	119	XTANDI.....	33
VINCASAR PFS.....	33	WINRHO SDF.....	110	XULANE.....	116
vincristine sulfate.....	33	WIXELA INHUB.....	128	XULTOPHY 100-3.6.....	97
vinorelbine tartrate.....	33	WYMZYA FE.....	119	XURIDEN.....	88
VIOKACE.....	104	X		XYLOCAINE.....	80
VIORELE.....	119				
		XADAGO.....	39		

XYLOCAINE DENTAL-EPINEPHRINE.....	80	ZEMBRACE SYMTOUCH....	40	ZOMACTON.....	108
XYLOCAINE IV.....	63	ZEMDRI.....	20	ZOMETA.....	99
XYLOCAINE WITH EPINEPHRINE.....	80	ZEMPLAR.....	99	ZOMIG.....	40
XYLOCAINE-MPF.....	80	ZENATANE.....	79	ZOMIG ZMT.....	40
XYLOCAINE-MPF WITH EPINEPHRINE.....	80	ZENCHENT FE.....	119	ZONALON.....	77
XYOSTED.....	91	ZENPEP.....	104	ZONEGRAN.....	37
XYREM.....	61	ZENZEDI.....	61	zonisamide.....	37
		ZEPATIER.....	15	ZONTIVITY.....	72
		ZERBAXA.....	16	ZORBTIVE.....	108
		ZESTORETIC.....	70	ZORTRESS.....	33
		ZESTRIL.....	70	ZORVOLEX.....	52
		ZETIA.....	74	ZOSTAVAX.....	110
Y		ZETONNA.....	128	ZOSYN.....	22
YASMIN 28.....	119	ZIAC.....	70	ZOVIA 1-35E.....	119
YAZ.....	119	ZIAGEN.....	15	ZOVIRAX.....	15,82
YERVOY.....	33	ZIANA.....	79	ZTLIDO.....	80
YF-VAX.....	110	zidovudine.....	15	ZUBSOLV.....	52
YONDELIS.....	33	zileuton.....	129	ZUPLENZ.....	104
YONSA.....	33	ZILRETTA.....	91	ZYCLARA.....	77
YOSPRALA.....	72	ZINECARD.....	25	ZYDELIG.....	33
YUPELRI.....	128	ZINPLAVA.....	110	ZYFLO.....	129
YUVAFEM.....	115	ZIOPTAN.....	122	ZYKADIA.....	33
		ziprasidone hcl.....	61	ZYLET.....	122
Z		ZIPSOR.....	52	ZYLOPRIM.....	111
zafirlukast.....	128	ZIRGAN.....	120	ZYMAXID.....	120
zaleplon.....	61	ZITHROMAX.....	17	ZYPITAMAG.....	74
ZALTRAP.....	33	ZITHROMAX TRI-PAK.....	17	ZYPREXA.....	62
ZAMICET.....	50	ZOCOR.....	74	ZYPREXA RELPREVV.....	62
ZANAFLEX.....	43	ZODEX.....	91	ZYPREXA ZYDIS.....	62
ZANOSAR.....	33	ZOFRAN.....	104	ZYTIGA.....	33
ZANTAC.....	106	ZOHYDRO ER.....	50	ZYVOX.....	20
ZARAH.....	119	ZOLADEX.....	33		
ZARONTIN.....	37	zoledronic acid.....	99		
ZARXIO.....	108	zoledronic acid in mannitol and 0.9 % sodium chloride.....	99		
ZAVESCA.....	99	zoledronic acid in mannitol and water for injection.....	88,99		
ZEBUTAL.....	50	ZOLINZA.....	33		
ZEGERID.....	106	zolmitriptan.....	40		
ZEJULA.....	33	ZOLOFT.....	62		
ZELAPAR.....	39	zolpidem tartrate.....	62		
ZELBORAF.....	33				
ZELNORM.....	104				
ZEMAIRA.....	88				

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.