

Medica Prime Solution[®] (Cost) Part D

2018 Comprehensive Closed Formulary (List of Covered Drugs)

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

This formulary was updated on 10/17/2018. For more recent information or other questions, please contact Medica Customer Service, at 1-800-234-8755 or, for TTY users, 711. From October 1 through February 14, we are open from 8 a.m. to 8 p.m. Central Time, seven days a week. You'll speak with a representative. From February 15 to September 30, call us 8 a.m. to 8 p.m. Central Time, Monday through Friday to speak with a representative. On Saturdays, Sundays and holidays, you can leave a voicemail message, which will be returned within one business day, or visit medica.com/members.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

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MEDICA.

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 Medica Insurance Company. When it refers to “plan” or “our plan,” it means Medica Prime Solution Part D.

This document includes the list of the drugs (formulary) for our plan which is current as of January 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Medica Prime Solution Part D Formulary?

A formulary is a list of covered drugs selected by Medica 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. Medica will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medica 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 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 01, 2018. To get updated information about the drugs covered by Medica, please contact us. Our contact information appears on the front and back cover pages. Our print-ready formulary is updated monthly on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. 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 57. 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?

Medica 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:** Medica requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medica before you fill your prescriptions. If you don't get approval, Medica may not cover the drug.
- **Quantity Limits:** For certain drugs, Medica limits the amount of the drug that Medica will cover. For example, Medica provides 12 tablets in 30 days per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medica 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, Medica may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medica will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. 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 Medica 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 Medica Prime Solution Part D formulary?” on page iv 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 Medica does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medica. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medica.
- You can ask Medica 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 Medica Prime Solution Part D Formulary?

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members who experience a Level of Care change:

We will cover a temporary supply of your drug, in order to ensure that you have continued access to your medications. You are allowed "refill-too-soon" overrides for each medication that you no longer have access due to the Level of Care change.

For more information

For more detailed information about your Medica prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Medica, 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>.

Medica's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medica. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

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

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
B/D	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Medica to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
QL	Quantity Limit Restriction	Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Medica Customer Service at 1-800-234-8755, 8 a.m. to 8 p.m. Central Time, Monday through Friday. TTY/TDD users should call 711.
HI	Home Infusion Drug	This prescription drug may be covered under our medical benefit. For more information, call Medica Customer Service at 1-800-234-8755, 8 a.m. to 8 p.m. Central Time, Monday through Friday. TTY/TDD users should call 711.

MEDICA_SSG_CY18_GS eff 11/01/2018

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib CAPS 50mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	3	
<i>etodolac CAPS; TABS</i>	3	
<i>etodolac TB24</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	1	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS 50mg, 75mg</i>	3	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen SUSP</i>	4	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl TABS</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
<i>endocet</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	4	
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	3	QL (270 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days)
<i>methadone hcl 5mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl intensol</i>	3	QL (120 mL / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate oral sol</i>	3	
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl CONC; SOLN</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> TABS	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (360 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 0.5% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	2	B/D
<i>lidocaine inj 2%</i>	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

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

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	4	
BILTRICIDE	3	
CAYSTON	5	LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium</i> SOLR	4	
<i>dapsone</i> TABS	3	

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin</i> 500mg	5	
EMVERM	5	
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin</i> TABS	3	
<i>linezolid</i>	5	
<i>linezolid in sodium chloride</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole</i> TABS	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>praziquantel</i> TABS	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim</i> SUSP	4	
<i>sulfamethoxazole-trimethoprim</i> TABS	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
<i>tigecycline</i> 50mg	5	
TIGECYCLINE 50mg	5	
<i>trimethoprim</i> TABS	2	
<i>vancomycin hcl</i> CAPS	5	
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN IN NACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	
<i>casprofungin acetate</i> 50mg, 70mg	5	
CASPOFUNGIN ACETATE 50mg, 70mg	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
FLUCONAZOLE INJ NACL 100	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize SUSP</i>	3	
<i>griseofulvin microsize TABS</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole CAPS</i>	4	PA
<i>ketoconazole TABS</i>	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	3	
<i>terbinafine hcl TABS</i>	2	QL (90 tabs / 365 days)
<i>voriconazole SOLR</i>	4	
<i>voriconazole SUSR; TABS</i>	5	

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate TABS</i>	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate CAPS</i>	4	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz CAPS 50mg</i>	4	
<i>efavirenz CAPS 200mg</i>	5	
<i>efavirenz TABS</i>	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	5	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 100mg</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tab 400mg er</i>	4	
NORVIR	3	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
SUSTIVA TABS	5	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	LA
TYBOST	3	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD	5	
ZERIT SOLR	5	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	PA
<i>entecavir</i>	5	
EPCLUSA	5	PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
GANCICLOVIR INJ 500MG/10ML	3	B/D
HARVONI	5	PA
<i>lamivudine (hbv)</i>	4	
MAVYRET	5	PA
<i>moderiba tab 200mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
REBETOL SOLN	5	
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	
<i>ribasphere</i> TABS 200mg	4	
<i>ribasphere</i> TABS 400mg, 600mg	5	
<i>ribavirin cap 200mg</i>	3	
<i>ribavirin tab 200mg</i>	4	
<i>rimantadine hydrochloride</i>	3	
SOVALDI	5	PA
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	PA
ZEPATIER	5	PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR; TABS	3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i>	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
PENICILLINS		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin & pot clavulanate</i> CHEW; TB124		
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin cap 500mg</i>	1	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin susp</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium for inj</i> 1gm, 2gm	4	
<i>nafcillin sodium for inj</i> 10gm	5	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium SOLR</i>	2	
<i>penicillin v potassium TABS</i>	1	
<i>penicilling gk inj 5mu</i>	4	
<i>penicilln gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate 20 mg</i>	3	
<i>doxycycline hyclate 100 mg</i>	3	
<i>minocycline hcl CAPS</i>	3	
<i>morgidox cap 1x50mg</i>	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D
<i>busulfan</i>	5	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	4	B/D
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	3	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	4	B/D
<i>epirubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	5	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 5 160mg/16ml	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	LA, PA
BELEODAQ	5	PA
BORTEZOMIB	5	PA
ERIVEDGE	5	LA, PA
FARYDAK	5	LA, PA
HERCEPTIN	5	PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE	5	LA, PA
IDHIFA	5	LA, PA
KADCYLA	5	B/D
KEYTRUDA	5	PA
KISQALI	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LYNPARZA	5	LA, PA
MYLOTARG	5	LA, PA
NINLARO	5	PA
ODOMZO	5	LA, PA
RITUXAN	5	LA, PA
RITUXAN HYCELA	5	LA, PA
RUBRACA	5	LA, PA
TECENTRIQ	5	LA, PA
TIBSOVO	5	LA, PA
VELCADE	5	PA
VENCLEXTA 10mg, 50mg	4	LA, PA
VENCLEXTA 100mg	5	LA, PA
VENCLEXTA STARTING PACK	5	LA, PA
VERZENIO	5	LA, PA
YERVOY	5	PA
ZEJULA	5	LA, PA
ZOLINZA	5	PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	LA, PA
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	5	B/D
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	5	PA
TRELSTAR LA INJ 11.25MG	5	PA
XTANDI	5	LA, PA
ZYTIGA	5	LA, PA

IMMUNOMODULATORS

POMALYST	5	LA, PA
REVLIMID	5	QL (28 caps / 28 days), LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), PA

KINASE INHIBITORS

AFINITOR	5	QL (30 tabs / 30 days), PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), PA
ALECENSA	5	LA, PA
ALUNBRIG	5	LA, PA
BOSULIF	5	PA
BRAFTOVI	5	LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), LA, PA
CALQUENCE	5	LA, PA
CAPRELSA	5	LA, PA
COMETRIQ	5	LA, PA
COTELLIC	5	LA, PA
GILOTRIF TAB 20MG	5	LA, PA
GILOTRIF TAB 30MG	5	LA, PA
GILOTRIF TAB 40MG	5	LA, PA
ICLUSIG	5	LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), PA
IMBRUVICA	5	LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
IRESSA	5	LA, PA
JAKAFI	5	QL (60 tabs / 30 days), LA, PA
LENVIMA 4 MG DAILY DOSE	5	LA, PA
LENVIMA 8 MG DAILY DOSE	5	LA, PA
LENVIMA 10 MG DAILY DOSE	5	LA, PA
LENVIMA 12MG DAILY DOSE	5	LA, PA
LENVIMA 14 MG DAILY DOSE	5	LA, PA
LENVIMA 18 MG DAILY DOSE	5	LA, PA
LENVIMA 20 MG DAILY DOSE	5	LA, PA
LENVIMA 24 MG DAILY DOSE	5	LA, PA
MEKINIST	5	LA, PA
MEKTOVI	5	LA, PA
NERLYNX	5	LA, PA
NEXAVAR	5	LA, PA
RYDAPT	5	PA
SPRYCEL	5	PA
STIVARGA	5	LA, PA
SUTENT	5	PA
TAFINLAR	5	LA, PA
TAGRISSO	5	LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), LA, PA
TASIGNA	5	PA
TYKERB	5	LA, PA
VOTRIENT	5	LA, PA
XALKORI	5	LA, PA
ZELBORAF	5	LA, PA
ZYDELIG	5	LA, PA
ZYKADIA	5	LA, PA

MISCELLANEOUS

<i>bexarotene</i>	5	PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
LONSURF	5	PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D
SYLATRON KIT 200MCG	5	PA
SYLATRON KIT 300MCG	5	PA
SYLATRON KIT 600MCG	5	PA
SYNRIBO	5	PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	3	B/D
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Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D

PROTECTIVE AGENTS

<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
<i>levoleucovorin calcium 175mg/17.5ml</i>	5	B/D
<i>levoleucovorin calcium 250mg/25ml</i>	4	B/D
LEVOLEUCOVORIN CALCIUM 250mg/25ml	5	B/D
<i>levoleucovorin calcium 50mg</i>	5	B/D
LEVOLEUCOVORIN CALCIUM 175MG	5	B/D
<i>mesna</i>	4	B/D
MESNEX TABS	5	

TOPOISOMERASE INHIBITORS

<i>etoposide SOLN</i>	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan inj 4mg</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

ACE INHIBITORS

<i>benazepril hcl TABS</i>	1
<i>captopril TABS</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	
<i>spironolactone</i> TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate</i> TABS 8mg	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	
<i>amiodarone hcl</i> TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	5	PA
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	3	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	
BETA-BLOCKERS		

Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	3	
<i>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> SOLN; TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>	3	
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedical xl</i>	3	
<i>nifedipine</i> TB24	3	
<i>nifedipine er</i>	3	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i>	4	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> TBCR	2	
<i>verapamil tab er</i>	2	
<i>DIGITALIS GLYCOSIDES</i>		
<i>digitek</i> .25mg	3	PA; PA if 65 years and older
<i>digitek</i> .125mg	3	QL (30 tabs / 30 days)
<i>digox</i> 125mcg	3	QL (30 tabs / 30 days)
<i>digox</i> 250mcg	3	PA; PA if 65 years and older
<i>digoxin</i> TABS 125mcg	3	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
<i>digoxin sol</i> 50mcg/ml	3	PA; PA if 65 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA	4	
TEKTURNA HCT	4	
<i>DIURETICS</i>		
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	3	
<i>bumetanide inj</i> 0.25/ml	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
<i>MISCELLANEOUS</i>		
<i>clonidine hcl</i> TABS	1	
<i>clonidine hcl ptwk</i>	4	
CORLANOR	4	
DEMSER	5	
<i>hydralazine hcl</i> SOLN	4	

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	LA, PA
RANEXA	3	

NITRATES

<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	QL (60 tabs / 30 days), PA
ADEMPAS	5	QL (90 tabs / 30 days), LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), LA, PA
REMODULIN	5	LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i>	5	QL (60 tabs / 30 days), PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), LA, PA
VENTAVIS	5	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	
<i>bupirone hcl</i> TABS 30mg	4	
<i>flvoxamine maleate</i> TABS 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>flvoxamine maleate</i> TABS 100mg	2	
<i>lorazepam</i> SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	3	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	3	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	3	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	3	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium</i> 15mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
<i>epitol</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	5	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam inj</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
<i>primidone</i> TABS	2	

Drug Name	Drug Tier	Requirements/Limits
<i>roweepra</i>	3	
<i>roweepra xr</i>	3	
SABRIL TABS	5	QL (180 tabs / 30 days), LA, PA
SPRITAM	4	
<i>subvenite tab</i>	2	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	3	
<i>valproate sodium soln 100mg/ml</i>	4	
<i>valproic acid</i>	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
EXELON	3	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>galantamine hydrobromide er</i> 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	4	
<i>memantine hcl</i> SOLN	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS	3	PA; PA if < 30 yrs
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
NAMENDA XR	3	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	3	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	4	

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg	3	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap</i> 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine cap</i> 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine cap</i> 40mg	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	3	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl</i> TABS 100mg	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	4	
APOKYN	5	LA, PA
<i>benztropine mesylate</i> SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS</i>	4	
<i>selegiline hcl TABS</i>	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate SOLN</i>	4	
<i>haloperidol inj 5mg/ml</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	5	QL (30 tabs / 30 days), LA, PA
NUPLAZID TAB 17MG	5	QL (60 tabs / 30 days), LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg, 15mg, 20mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg, 15mg, 20mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate TB24 50mg</i>	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate TB24 300mg, 400mg</i>	4	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	3	QL (240 mL / 30 days)
<i>risperidone TABS 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TABS 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone TABS .25mg, .5mg</i>	2	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days), PA
VRAYLAR 3mg	5	QL (60 caps / 30 days), PA
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	4	QL (90 tabs / 30 days)

HYPNOTICS

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

MIGRAINE

<i>dihydroergotamine mesylate 1mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i>	4	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	4	QL (12 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), LA, PA
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
<i>tetrabenazine 12.5mg</i>	5	QL (240 tabs / 30 days), PA
<i>tetrabenazine 25mg</i>	5	QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	LA, PA
BETASERON	5	QL (14 syringes / 28 days), PA
COPAXONE INJ 20MG/ML	5	QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), PA
GILENYA	5	QL (28 caps / 28 days), PA
TYSABRI	5	LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil 50mg</i>	4	QL (150 tabs / 30 days), PA

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

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	
<i>buprenorphine hcl-naloxone hcl sl</i>	3	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (120 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (120 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 1.62%	3	QL (150 grams / 30 days), PA
ANDROGEL PUMP	3	QL (150 grams / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)

Drug Name	Drug Tier	Requirements/Limits
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000 MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj</i> 30mg	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate inj 90mg</i>	3	B/D
<i>zoledronic acid 5mg/100ml</i>	4	B/D
<i>zoledronic inj 4mg/5ml</i>	4	B/D
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days)
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days)
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	LA, PA
JADENU SPRINKLE	5	LA, PA
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate</i>	3	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	
<i>trientine hcl</i>	5	
CONTRACEPTIVES		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet & eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	3	
<i>gildagia</i>	3	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena tab</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	

ENDOMETRIOSIS

<i>danazol CAPS</i>	4	
SYNAREL	5	

ENZYME REPLACEMENTS

ADAGEN	5	LA, PA
ALDURAZYME	5	LA, PA
CARBAGLU	5	LA, PA
CERDELGA	5	PA
CEREZYME	5	LA, PA
CYSTADANE	5	LA
CYSTAGON	4	LA, PA
FABRAZYME	5	LA, PA
KUVAN	5	LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	LA, PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	LA, PA
ORFADIN	5	LA, PA
<i>sodium phenylbutyrate</i>	5	PA
ZAVESCA	5	LA, PA

ESTROGENS

DELESTROGEN 10mg/ml	4	
ESTRACE CREA	3	
<i>estradiol inj 20mg/ml</i>	3	
<i>estradiol inj 40mg/ml</i>	3	
<i>estradiol PTWK; TABS</i>	4	PA; PA if 65 years and older
<i>estradiol vaginal tab</i>	3	
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>jinteli</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
<i>yuvaferm vaginal tablet 10 mcg</i>	3	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	3	
<i>dexamethasone TABS</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	3	
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	3	B/D
<i>methylpr ss inj 40mg</i>	3	B/D
<i>methylpr ss inj 125mg</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	3	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	PA
MISCELLANEOUS		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	PA
INCRELEX	5	LA, PA
KORLYM	5	LA, PA
LUPRON DEP-PED INJ 7.5MG	5	PA
LUPRON DEP-PED INJ 11.25MG	5	PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	PA
LUPRON DEP-PED INJ 15MG	5	PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	PA
MIACALCIN	5	B/D
NATPARA	5	PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	PA
PROLIA	4	QL (1 injection / 180 days)
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	LA, PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	LA, PA
XGEVA	5	PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
RENVELA PAK 2.4gm	3	QL (180 paks / 30 days)
RENVELA PAK .8gm	3	QL (540 paks / 30 days)
RENVELA TAB 800MG	3	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	3	
THYROID AGENTS		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate spray</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
STIMATE	5	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide inj</i>	2	
<i>ondansetron hcl TABS</i>	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>dicyclomine hcl CAPS</i>	1	
<i>dicyclomine hcl SOLN 10mg/5ml</i>	4	
<i>dicyclomine hcl TABS</i>	1	
<i>glycopyrrolate TABS</i>	3	
<i>glycopyrrolate inj</i>	4	

H2-RECEPTOR ANTAGONISTS

<i>famotidine SUSR</i>	4	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine inj</i>	2	
<i>ranitidine hcl TABS</i>	1	
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	

INFLAMMATORY BOWEL DISEASE

Drug Name	Drug Tier	Requirements/Limits
APRISO	3	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine TBEC 800mg</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	3	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose SOLN</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 PACK</i>	3	
<i>polyethylene glycol 3350 POWD</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	3	
GATTEX	5	LA, PA
LINZESS 72mcg, 290mcg	3	QL (30 caps / 30 days)
LINZESS 145mcg	3	QL (60 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	3	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>omeprazole cap 10mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
<i>tamsulosin hcl</i>	3	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS	4	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	4	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	
HEMATOLOGIC		
ANTICOAGULANTS		

Drug Name	Drug Tier	Requirements/Limits
COUMADIN	4	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
<i>heparin sodium/d5w</i>	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	
XARELTO 10mg, 15mg, 20mg	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	5	PA
MOZOBIL	5	PA
NEUPOGEN	5	PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
PROCRIT 20000unit/ml, 40000unit/ml	5	PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	
CINRYZE	5	QL (20 vials / 30 days), LA, PA
ENDARI	5	LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid</i> SOLN	3	
<i>tranexamic acid</i> TABS	4	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	3	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), PA
HUMIRA 40mg/0.4ml	5	QL (6 syringes / 28 days), PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	PA
HUMIRA PEN	5	QL (6 pens / 28 days), PA
HUMIRA PEN CD/UC/HS STARTER	5	PA
HUMIRA PEN INJ PS/UV STARTER	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA-PEN CD/UC/HS STARTER	5	PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), PA
XELJANZ XR	5	QL (30 tabs / 30 days), PA
IMMUNOGLOBULINS		
BIVIGAM	5	PA
CARIMUNE NANOFILTERED	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMMAPLEX 10GM/100ML	5	PA
GAMUNEX-C	5	PA

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	LA, PA
ARCALYST	5	PA
INTRON-A INJ 10MU	5	B/D
INTRON-A INJ 18MU	5	B/D
INTRON-A INJ 25MU	5	B/D
INTRON-A INJ 50MU	5	B/D
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SOLR	4	B/D
<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	

Drug Name	Drug Tier	Requirements/Limits
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
SYNAGIS	5	
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>potassium chloride CPCR</i>	3	
<i>potassium chloride PACK</i>	4	
<i>potassium chloride SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride SOLN 2.5meq/ml</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/lactated ring</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NAACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's inj</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
VITAMINS		
<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
NIVA-PLUS	2	
O-CAL FA	2	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	2	
PNV PRENATAL PLUS	2	

Drug Name	Drug Tier	Requirements/Limits
PRENATAL	2	
PRENATAL PLUS	2	
PRENATAL PLUS LOW IRON	2	
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
PREPLUS	2	
RAYALDEE	5	
TRICARE	2	
VOL-PLUS	2	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	

ANTI-INFECTIVES

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine SOLN</i>	3	
ZIRGAN	4	

ANTI-INFLAMMATORIES

ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	

Drug Name	Drug Tier	Requirements/Limits
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	3	
PAZEO	3	
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	LA, PA
<i>proparacaine hcl SOLN</i>	3	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS	3	QL (64 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	

ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl</i> SYRP; TABS	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride</i> SOLN	4	
<i>levocetirizine dihydrochloride</i> TABS	2	

BETA AGONISTS

<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS; TB12	4	
<i>levalbuterol hcl</i> NEBU 1.25mg/3ml	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW	3	
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	2	
<i>zafirlukast</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	LA, PA
DALIRESP	4	
<i>epinephrine</i> (<i>anaphylaxis</i>) .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	PA
KALYDECO	5	PA
OFEV	5	PA
ORKAMBI	5	PA
PROLASTIN-C	5	LA, PA
PULMOZYME	5	PA
SYMDEKO	5	LA, PA
XOLAIR	5	LA, PA
ZEMAIRA	5	LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide</i> (<i>inhalation</i>) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
XANTHINES		
<i>aminophylline inj</i>	3	

Drug Name	Drug Tier	Requirements/Limits
THEO-24	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	

TOPICAL

DERMATOLOGY, ACNE

<i>amnesteem</i>	4	PA
<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	
<i>clindamycin phosphate (topical)</i> GEL; SOLN; SWAB	3	
<i>clindamycin phosphate (topical)</i> LOTN	4	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
<i>tretinoin</i> GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	3	
<i>mafenide acetate</i> PACK	4	
<i>mupirocin</i> OINT	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; SOLN	4	
<i>tazarotene</i> CREA	4	PA
TAZORAC CREA .05%	4	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole shampoo</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i>	3	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>desoximetasone</i> CREA; GEL; OINT	4	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA	1	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN TEXACORT SOLN 2.5%	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 gm / 30 days), PA
<i>lidocaine-prilocaine</i>	4	QL (30 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> CREA; LOTN	3	
<i>doxepin hcl (antipruritic)</i>	4	
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> CREA	4	
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
PICATO	3	
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	PA
VALCHLOR	5	LA, PA
VOLTAREN GEL 1%	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>sterile water irrigation</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole</i> LOZG	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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BETASERON	36	C	
<i>betaxolol hcl (ophth)</i>	56	<i>cabergoline</i>	45
<i>bethanechol chloride</i>	48	CABOMETYX	19
BETOPTIC-S	56	<i>calcipotriene</i>	59
BEVESPI AEROSPHERE	57	<i>calcitonin (salmon)</i>	45
<i>bexarotene</i>	20	<i>calcitriol</i>	54
BEXSERO	51	<i>calcitriol inj</i>	54
<i>bicalutamide</i>	18	<i>calcitriol oral soln 1 mcg/ml</i>	54
BICILLIN L-A	15	<i>calcium acetate (phosphate binder)</i>	45
BIKTARVY	12	CALQUENCE	19
BILTRICIDE	9	<i>camila</i>	40
<i>bisoprolol & hydrochlorothiazide</i>	23	CANASA	47
<i>bisoprolol fumarate</i>	24	CANCIDAS	10
BIVIGAM	50	CAPASTAT SULFATE	13
<i>bleomycin sulfate</i>	17	CAPRELSA	19
BLEPHAMIDE	55	<i>captopril</i>	21
<i>blisovi fe 1/20</i>	40	<i>captopril & hydrochlorothiazide</i>	21
<i>blisovi fe 1.5/30</i>	40	CARBAGLU	43
BOOSTRIX	51	<i>carbamazepine</i>	27
BORTEZOMIB	17	<i>carbidopa-levodopa</i>	31
BOSULIF	19	<i>carbidopa/levodopa/entacapone</i>	31
BRAFTOVI	19	<i>carboplatin</i>	20
BREO ELLIPTA	58	CARIMUNE NANOFILTERED	50
<i>briellyn</i>	40	<i>carteolol hcl (ophth)</i>	56
		<i>cartia xt</i>	24

<i>carvedilol</i>	24	CILOXAN	55
<i>caspofungin acetate</i>	10	CIMDUO	12
CASPOFUNGIN ACETATE	10	CINRYZE	49
CAYSTON	9	CIPRODEX	61
<i>caziant pak</i>	40	<i>ciprofloxacin</i>	15
<i>cefaclor</i>	14	<i>ciprofloxacin hcl (ophth)</i>	55
CEFACLOR ER TAB 500MG	14	<i>ciprofloxacin hcl tab</i>	15
<i>cefadroxil</i>	14	<i>ciprofloxacin in d5w</i>	15
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%	14	<i>cisplatin</i>	21
<i>cefazolin inj</i>	14	<i>citalopram hydrobromide</i>	30
<i>cefazolin sodium</i>	14	<i>cladribine</i>	17
CEFAZOLIN SODIUM 1 GM/50ML	14	<i>claravis</i>	59
<i>cefdinir</i>	14	<i>clarithromycin</i>	15
<i>cefepime for inj</i>	14	<i>clarithromycin er</i>	15
<i>cefixime</i>	14	<i>clarithromycin for susp</i>	15
<i>cefotaxime sodium</i>	14	<i>clindacin-p</i>	59
<i>cefoxitin for inj</i>	14	<i>clindamycin cap 300 mg</i>	9
<i>cefpodoxime proxetil</i>	14	<i>clindamycin cap 75mg</i>	9
<i>cefprozil</i>	14	<i>clindamycin hcl cap 150 mg</i>	9
<i>ceftazidime</i>	14	<i>clindamycin phosphate (topical)</i>	59
CEFTAZIDIME/DEXTROSE	14	<i>clindamycin phosphate in d5w</i>	9
<i>ceftriaxone sodium</i>	14	<i>clindamycin phosphate inj</i>	9
<i>cefuroxime axetil</i>	14	CLINDAMYCIN PHOSPHATE IN NACL	9
<i>cefuroxime sodium</i>	14	<i>clindamycin phosphate vaginal</i>	48
<i>celecoxib</i>	7	<i>clindamycin soln 75mg/5ml</i>	9
CELONTIN	27	CLINIMIX 2.75%/DEXTROSE 5%	53
<i>cephalexin</i>	14	CLINIMIX 4.25%/DEXTROSE 25%	53
CERDELGA	43	CLINIMIX 4.25%/DEXTROSE 5%	53
CEREZYME	43	CLINIMIX 5%/DEXTROSE 15%	53
<i>cetirizine syrup</i>	57	CLINIMIX 5%/DEXTROSE 20%	53
<i>cevimeline hcl</i>	61	CLINIMIX 5%/DEXTROSE 25%	53
CHANTIX	37	CLINIMIX INJ 4.25/D10	53
CHANTIX CONTINUING MONTH	37	CLINIMIX INJ 4.25/D20	53
CHANTIX STARTER PACK	37	<i>clomipramine hcl</i>	30
CHEMET	40	<i>clonazepam</i>	27
<i>chlorhexidine gluconate (mouth-throat)</i>	61	<i>clonidine hcl</i>	25
<i>chloroquine phosphate</i>	11	<i>clonidine hcl ptwk</i>	25
<i>chlorothiazide tabs</i>	25	<i>clopidogrel tab 75mg</i>	50
<i>chlorpromazine hcl</i>	32	<i>clorazepate dipotassium</i>	27
CHLORPROMAZINE INJ	32	<i>clotrimazole</i>	61
<i>chlorthalidone</i>	25	<i>clotrimazole (topical)</i>	59
<i>cholestyramine</i>	23	<i>clozapine odt</i>	32
<i>cholestyramine light</i>	23	<i>clozapine tab 100mg</i>	32
<i>ciclopirox</i>	59	<i>clozapine tab 200mg</i>	32
<i>ciclopirox shampoo 1%</i>	59	<i>clozapine tab 25mg</i>	32
<i>cilostazol</i>	49	<i>clozapine tab 50mg</i>	32
		COARTEM	11
		<i>colchicine w/ probenecid</i>	7

COLCRYS	7	<i>dasetta 1/35</i>	40
<i>colestipol hcl gran</i>	23	<i>dasetta 7/7/7</i>	40
<i>colestipol hcl pack</i>	23	<i>deblitane</i>	40
<i>colestipol hcl tabs</i>	23	DELESTROGEN	43
<i>colistimethate sodium</i>	9	<i>delyla</i>	40
<i>colocort</i>	47	DELZICOL	47
COMBIGAN	56	DEMSER	25
COMBIVENT RESPIMAT	57	DEPEN TITRATABS	40
COMETRIQ	19	DEPO-PROVERA INJ 400/ML	18
COMPLERA	12	DESCOVY	12
<i>compro supp</i>	46	<i>desipramine hcl</i>	30
<i>constulose</i>	47	<i>desmopressin acetate spray</i>	45
COPAXONE INJ 20MG/ML	36	<i>desmopressin acetate spray refrigerated</i>	46
COPAXONE INJ 40MG/ML	36	<i>desmopressin acetate tabs</i>	46
CORLANOR	25	<i>desmopressin inj 4mcg/ml</i>	46
<i>cortisone acetate</i>	44	<i>desogestrel-ethinyl estradiol (biphasic)</i>	40
COTELLIC	19	<i>desogestrel & ethinyl estradiol</i>	40
COUMADIN	49	<i>desoximetasone</i>	60
CREON	48	<i>desvenlafaxine succinate</i>	30
CRIXIVAN	11	<i>dexamethasone</i>	44
<i>cromolyn sodium (mastocytosis)</i>	47	DEXAMETHASONE	44
<i>cromolyn sodium (ophth)</i>	56	<i>dexamethasone sodium phosphate</i>	44
<i>cromolyn sod neb 20mg/2ml</i>	58	<i>dexamethasone sodium phosphate</i> (ophth)	56
<i>cryselle-28</i>	40	DEXILANT	48
<i>cyclafem 1/35</i>	40	<i>dexrazoxane</i>	21
<i>cyclafem 7/7/7</i>	40	DEXTROSE 10%/NACL 0.2%	54
<i>cyclobenzaprine hcl</i>	36	<i>dextrose 10%/nacl 0.45%</i>	54
<i>cyclophosphamide</i>	16	<i>dextrose 10% flex contain</i>	54
CYCLOPHOSPHAMIDE	16	<i>dextrose 2.5%/nacl 0.45%</i>	53
<i>cycloserine</i>	13	<i>dextrose 5%</i>	53
<i>cyclosporine</i>	51	DEXTROSE 5% /ELECTROLYTE	53
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	51	<i>dextrose 5%/lactated ring</i>	53
<i>cyproheptadine hcl</i>	57	<i>dextrose 5%/nacl 0.2%</i>	53
<i>cyred tab</i>	40	<i>dextrose 5%/nacl 0.225%</i>	54
CYSTADANE	43	DEXTROSE 5%/NACL 0.3%	53
CYSTAGON	43	<i>dextrose 5%/nacl 0.33%</i>	53
CYSTARAN	56	<i>dextrose 5%/nacl 0.45%</i>	54
<i>cytarabine</i>	17	<i>dextrose 5%/nacl 0.9%</i>	53
D		<i>dextrose 5%/potassium chl</i>	54
<i>dacarbazine</i>	16	<i>dextrose 50%</i>	54
DAKLINZA	13	<i>dextrose inj 70%</i>	54
DALIRESP	58	DIASTAT ACUDIAL	27
<i>danazol</i>	43	DIASTAT PEDIATRIC	27
<i>dantrolene sodium</i>	36	<i>diazepam</i>	27
<i>dapsone</i>	9	<i>diazepam gel</i>	27
DAPTACEL	51	<i>diazepam intensol</i>	27
<i>daptomycin</i>	10		

<i>diclofenac potassium</i>	7	<i>doxy 100</i>	16
<i>diclofenac sodium</i>	7	<i>doxycycline (monohydrate)</i>	16
<i>diclofenac sodium (ophth)</i>	56	<i>doxycycline hyclate</i>	16
<i>dicloxacillin sodium</i>	15	<i>doxycycline hyclate 100 mg</i>	16
<i>dicyclomine hcl</i>	46	<i>doxycycline hyclate 20 mg</i>	16
<i>didanosine</i>	11	<i>dronabinol</i>	46
DIFICID.....	15	<i>drospirenone-ethinyl estradiol</i>	40
<i>diflunisal</i>	7	DROXIA.....	20
<i>digitek</i>	25	<i>duloxetine hcl</i>	30
<i>digox</i>	25	DUREZOL.....	56
<i>digoxin</i>	25	<i>dutasteride</i>	48
<i>digoxin inj</i>	25	<i>dutasteride-tamsulosin hcl</i>	48
<i>digoxin sol 50mcg/ml</i>	25	E	
<i>dihydroergotamine mesylate 1mg/ml</i> ..	35	<i>e.e.s. 400</i>	15
<i>dihydroergotamine mesylate nasal</i>	35	EDURANT.....	11
DILANTIN.....	27	<i>efavirenz</i>	11
DILANTIN-125 SUS 125/5ML.....	27	<i>eletriptan hydrobromide</i>	35
<i>dilt-xr cap</i>	24	ELIQUIS.....	49
<i>diltiazem cap 120mg cd</i>	24	ELIQUIS STARTER PACK.....	49
<i>diltiazem cap 180mg cd</i>	24	ELITEK.....	21
<i>diltiazem cap 240mg cd</i>	24	ELLA.....	40
<i>diltiazem cap 300mg cd</i>	24	EMCYT.....	16
<i>diltiazem cap 360mg cd</i>	24	EMEND.....	46
<i>diltiazem cap er/12hr</i>	24	<i>emoquette</i>	40
<i>diltiazem hcl</i>	24	EMSAM.....	30
<i>diltiazem hcl cap sr 24hr</i>	24	EMTRIVA.....	11
<i>diltiazem hcl coated beads cap sr 24hr</i>	24	EMVERM.....	10
<i>diltiazem hcl extended release beads cap</i>		<i>enalapril maleate</i>	22
<i>sr</i>	24	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>diltiazem inj</i>	24	21
<i>diphenhydramine hcl inj</i>	57	ENDARI.....	49
<i>diphenoxylate w/ atropine</i>	47	<i>endocet</i>	7
DIPHThERIA/TETANUS TOXOID.....	51	ENGERIX-B.....	51
<i>disopyramide phosphate</i>	22	<i>enoxaparin sodium</i>	49
<i>disulfiram</i>	37	<i>enpresse-28</i>	40
<i>divalproex sodium</i>	27	<i>enskyce</i>	41
<i>docetaxel</i>	17	<i>entacapone</i>	31
DOCETAXEL.....	17	<i>entecavir</i>	13
<i>dofetilide</i>	22	ENTRESTO.....	22
<i>donepezil hydrochloride</i>	29	<i>enulose</i>	47
<i>dorzolamide hcl</i>	56	EPCLUSA.....	13
<i>dorzolamide hcl-timolol maleate</i>	56	<i>epinephrine (anaphylaxis)</i>	58
<i>doxazosin mesylate</i>	22	<i>epirubicin hcl</i>	17
<i>doxepin hcl</i>	30	<i>epitol</i>	27
<i>doxepin hcl (antipruritic)</i>	61	EPIVIR HBV.....	13
<i>doxorubicin hcl</i>	17	<i>eplerenone</i>	22
<i>doxorubicin hcl liposomal inj 2mg/ml</i> ...	17	<i>ergotamine w/ caffeine</i>	35
<i>doxorubicin hcl soln 2mg/ml</i>	17	ERIVEDGE.....	17

ERLEADA.....	18	<i>fenofibrate micronized</i>	23
<i>errin</i>	41	<i>fentanyl citrate</i>	7
<i>ertapenem sodium</i>	10	<i>fentanyl patch 100 mcg/hr</i>	8
<i>ery-tab</i>	15	<i>fentanyl patch 12 mcg/hr</i>	8
<i>ery pad 2%</i>	59	<i>fentanyl patch 25 mcg/hr</i>	8
ERYTHROCIN LACTOBIONATE.....	15	<i>fentanyl patch 50 mcg/hr</i>	8
<i>erythrocine stearate</i>	15	<i>fentanyl patch 75 mcg/hr</i>	8
<i>erythromycin (acne aid)</i>	59	FENTORA.....	8
<i>erythromycin (ophth)</i>	55	FETZIMA.....	30
<i>erythromycin base</i>	15	FETZIMA TITRATION PACK.....	30
<i>erythromycin cap 250mg ec</i>	15	FIASP.....	38
<i>erythromycin ethylsuccinate</i>	15	FIASP FLEXTOUCH.....	38
ESBRIET.....	58	<i>finasteride</i>	48
<i>escitalopram oxalate</i>	30	FIRAZYR.....	49
<i>esomeprazole magnesium</i>	48	FLEBOGAMMA DIF.....	50
<i>esomeprazole sodium inj</i>	48	<i>flecainide acetate</i>	22
<i>estarylla tab 0.25-35</i>	41	FLOVENT DISKUS.....	58
ESTRACE.....	43	FLOVENT HFA.....	58
<i>estradiol</i>	43	<i>fluconazole</i>	10
<i>estradiol vaginal tab</i>	43	<i>fluconazole in dextrose</i>	10
<i>estradiol val inj 20mg/ml</i>	43	FLUCONAZOLE INJ NAACL 100.....	10
<i>estradiol val inj 40mg/ml</i>	43	<i>fluconazole inj nacl 200</i>	11
<i>ethambutol hcl</i>	13	<i>fluconazole inj nacl 400</i>	11
<i>ethosuximide</i>	28	<i>flucytosine</i>	11
<i>ethynodiol diacet & eth estrad</i>	41	<i>fludarabine phosphate</i>	17
<i>ethynodiol tab 1-50</i>	41	<i>fludrocortisone acetate</i>	44
<i>etodolac</i>	7	<i>flunisolide (nasal)</i>	58
<i>etoposide</i>	21	<i>fluocinolone acetonide</i>	60
EVOTAZ.....	12	<i>fluocinolone acetonide (otic)</i>	61
EXELON.....	29	<i>fluocinolone acetonide oil body</i>	60
<i>exemestane</i>	18	<i>fluocinonide</i>	60
<i>ezetimibe</i>	23	<i>fluocinonide emulsified base</i>	60
F		<i>fluorometholone</i>	56
FABRAZYME.....	43	<i>fluorouracil</i>	17
<i>falmina</i>	41	<i>fluorouracil (topical)</i>	61
<i>famciclovir</i>	13	<i>fluoxetine cap 10mg</i>	30
<i>famotidine</i>	46	<i>fluoxetine cap 20mg</i>	30
<i>famotidine inj</i>	46	<i>fluoxetine cap 40mg</i>	30
FANAPT.....	32	<i>fluoxetine hcl</i>	30
FANAPT TITRATION PACK.....	32	<i>fluphenazine decanoate</i>	32
FARESTON.....	18	<i>fluphenazine hcl</i>	32
FARXIGA.....	38	<i>flurbiprofen</i>	7
FARYDAK.....	17	<i>flurbiprofen sodium</i>	56
FASLODEX.....	18	<i>flutamide</i>	18
<i>felbamate</i>	28	<i>fluticasone propionate</i>	60
<i>felodipine</i>	24	<i>fluticasone propionate (nasal)</i>	58
<i>femynor</i>	41	<i>fluvoxamine maleate</i>	26
<i>fenofibrate</i>	23	<i>fondaparinux sodium</i>	49

FORTEO	45	GILOTRIF TAB 20MG	19
<i>fosamprenavir tab 700 mg</i>	11	GILOTRIF TAB 30MG	19
<i>fosinopril sodium</i>	22	GILOTRIF TAB 40MG	19
<i>fosinopril sodium & hydrochlorothiazide</i>		GLEOSTINE	16
.....	21	<i>glimepiride</i>	38
FREAMINE HBC 6.9%	53	<i>glip/metform tab 2.5-250mg</i>	38
FREAMINE III	53	<i>glip/metform tab 2.5-500mg</i>	38
<i>furosemide</i>	25	<i>glip/metform tab 5-500mg</i>	38
<i>furosemide inj</i>	25	<i>glipizide</i>	38
FUZEON	11	<i>glipizide xl</i>	38, 39
<i>fyavolv tab 1-5mg</i>	43	GLUCAGEN HYPOKIT	44
FYCOMPA	28	GLUCAGON EMERGENCY KIT	44
G		<i>glycopyrrolate</i>	46
<i>gabapentin</i>	28	<i>glycopyrrolate inj</i>	46
GABITRIL	28	<i>glydo</i>	60
<i>galantamine hydrobromide</i>	29	GOLYTELY	47
<i>galantamine hydrobromide er</i>	29	<i>granisetron hcl</i>	46
GAMASTAN S/D	50	GRANIX	49
GAMMAGARD LIQUID	50	<i>griseofulvin microsize</i>	11
GAMMAGARD S/D	50	<i>griseofulvin ultramicrosize</i>	11
GAMMAKED	50	<i>guanfacine er (adhd)</i>	35
GAMMAPLEX	50	H	
GAMMAPLEX 10GM/100ML	50	HAEGARDA	49
GAMUNEX-C	50	<i>halobetasol propionate</i>	60
<i>ganciclovir inj 500mg</i>	13	<i>haloperidol</i>	32
GANCICLOVIR INJ 500MG/10ML	13	<i>haloperidol conc 2mg/ml</i>	32
GARDASIL 9	51	<i>haloperidol decanoate</i>	32
<i>gatifloxacin (ophth)</i>	55	<i>haloperidol inj 5mg/ml</i>	32
GATTEX	47	<i>haloperidol lactate inj 5 mg/ml</i>	32
GAUZE PADS 2	38	HARVONI	13
<i>gavilyte-c</i>	47	HAVRIX	51
<i>gavilyte-g</i>	47	<i>heather</i>	41
<i>gavilyte-n/flavor pack</i>	47	<i>heparin sod (porcine) in d5w</i>	49
<i>gemcitabine inj soln</i>	17	<i>heparin sod inj 1000/ml</i>	49
<i>gemcitabine inj solr</i>	17	<i>heparin sod inj 10000/ml</i>	49
<i>gemfibrozil</i>	23	<i>heparin sod inj 20000/ml</i>	49
<i>generlac</i>	47	<i>heparin sod inj 5000/ml</i>	49
<i>gengraf</i>	51	<i>heparin sodium/d5w</i>	49
<i>gentak</i>	55	HEPARIN SODIUM/NAACL 0.45%	49
<i>gentamicin in saline</i>	9	<i>hepatamine</i>	53
<i>gentamicin sulfate</i>	9	HERCEPTIN	17
<i>gentamicin sulfate (topical)</i>	59	HETLIOZ	35
<i>gentamicin sulfate soln (ophth)</i>	55	HEXALEN	16
GENVOYA	12	HIBERIX	51
GEODON	32	HUMIRA	50
<i>gianvi tab 3-0.02mg</i>	41	HUMIRA-PEN CD/UC/HS STARTER	50
<i>gildagia</i>	41	HUMIRA INJ 10MG/0.2ML	50
GILENYA	36	HUMIRA KIT 20MG/0.4ML	50

HUMIRA KIT 40MG/0.8ML	50	<i>imiquimod</i>	61
HUMIRA PEDIATRIC CROHNS DISEASE	50	IMOVAX RABIES (H.D.C.V.)	51
HUMIRA PEN	50	<i>incassia</i>	41
HUMIRA PEN-PS/UV STARTER	50	INCRELEX	45
HUMIRA PEN CD/UC/HS STARTER	50	INCRUSE ELLIPTA	57
HUMIRA PEN INJ PS/UV STARTER	50	<i>indapamide</i>	25
HUMULIN R INJ U-500	38	INFANRIX	51
HUMULIN R U-500 KWIKPEN	38	INLYTA	19
<i>hydralazine hcl</i>	25, 26	INSULIN PEN NEEDLE	38
<i>hydrochlorothiazide</i>	25	INSULIN SAFETY NEEDLES	38
<i>hydroco/apap tab 10-325mg</i>	8	INSULIN SYRINGE	38
<i>hydroco/apap tab 5-325mg</i>	8	INTELENCE	11
<i>hydroco/apap tab 7.5-325</i>	8	INTRALIPID 30%	53
<i>hydrocodone-acetaminophen 7.5-325</i>		<i>intralipid inj 20%</i>	53
<i>mg/15ml</i>	8	INTRON-A INJ 10MU	51
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8	INTRON-A INJ 18MU	51
<i>hydrocortisone</i>	44	INTRON-A INJ 25MU	51
<i>hydrocortisone (enema)</i>	47	INTRON-A INJ 50MU	51
<i>hydrocortisone (topical)</i>	60	<i>introvale</i>	41
<i>hydrocortisone butyrate cream 0.1%</i> ..	60	INVANZ	10
<i>hydrocortisone butyrate oint 0.1%</i>	60	INVEGA SUST INJ 117 MG/0.75 ML	32
<i>hydrocortisone butyrate soln 0.1%</i>	60	INVEGA SUST INJ 156MG/ML	33
<i>hydrocortisone valerate</i>	60	INVEGA SUST INJ 234 MG/1.5 ML	33
<i>hydromorphone hcl</i>	8	INVEGA SUST INJ 39 MG/0.25 ML	32
<i>hydroxychloroquine sulfate</i>	50	INVEGA SUST INJ 78 MG/0.5 ML	32
<i>hydroxyprogesterone caproate</i>		INVEGA TRINZA	33
<i>(antineoplastic)</i>	18	INVIRASE	11
<i>hydroxyurea</i>	20	INVOKAMET TAB 150-1000MG	39
<i>hydroxyzine hcl</i>	57	INVOKAMET TAB 150-500MG	39
<i>hydroxyzine pamoate</i>	57	INVOKAMET TAB 50-1000MG	39
HYSINGLA ER	8	INVOKAMET TAB 50-500MG	39
I		INVOKAMET XR TAB 150-1000MG	39
IBRANCE	18	INVOKAMET XR TAB 150-500MG	39
<i>ibuprofen</i>	7	INVOKAMET XR TAB 50-1000MG	39
<i>ibu tabs 600mg</i>	7	INVOKAMET XR TAB 50-500MG	39
<i>ibu tabs 800mg</i>	7	INVOKANA	39
ICLUSIG	19	IONOSOL-MB/DEXTROSE 5%	54
IDHIFA	18	IPOL INACTIVATED IPV	51
IFEX INJ 3GM	16	<i>ipratropium-albuterol nebu</i>	57
<i>ifosfamide inj 1gm</i>	16	<i>ipratropium bromide</i>	57
<i>ifosfamide inj 1gm/20ml</i>	16	<i>ipratropium bromide (nasal)</i>	57
IFOSFAMIDE INJ 3GM	16	<i>irbesartan</i>	22
<i>ifosfamide inj 3gm/60ml</i>	16	<i>irbesartan-hydrochlorothiazide</i>	22
ILEVRO	56	IRESSA	20
<i>imatinib mesylate</i>	19	<i>irinotecan hcl</i>	21
IMBRUVICA	19	ISENTRESS	11
<i>imipenem-cilastatin</i>	10	ISENTRESS HD	11
<i>imipramine hcl</i>	30	<i>isibloom</i>	41

ISOLYTE P	54	<i>kcl/nacl inj 0.15%-0.9%</i>	54
ISOLYTE S	54	<i>kcl/nacl inj 0.3-0.9</i>	54
<i>isoniazid</i>	13	<i>kcl 0.075%/d5w/nacl 0.45%</i>	54
<i>isoniazid inj 100 mg/ml</i>	13	<i>kcl0.15%/d5w/nacl0.2%</i>	54
<i>isoniazid syp 50mg/5ml</i>	13	KCL 0.15%/D5W/NACL 0.225%	54
<i>isosorbide dinitrate</i>	26	<i>kcl 0.15%/d5w/nacl 0.9%</i>	54
<i>isosorbide dinitrate er</i>	26	<i>kcl 0.3%/d5w/nacl 0.45%</i>	54
<i>isosorbide mononitrate er</i>	26	KCL 0.3%/D5W/NACL 0.9%	54
<i>isosorb mononitrate tab</i>	26	<i>kelnor 1/35</i>	41
<i>isotretinoin</i>	59	<i>kelnor 1/50</i>	41
<i>isradipine</i>	24	<i>ketoconazole</i>	11
ISTALOL	56	<i>ketoconazole cream</i>	59
<i>itraconazole</i>	11	<i>ketoconazole shampoo</i>	59
<i>ivermectin</i>	10	<i>ketoprofen</i>	7
IXIARO	51	<i>ketorolac tromethamine (ophth)</i>	56
J		KEYTRUDA	18
JADENU	40	<i>kimidess</i>	41
JADENU SPRINKLE	40	KINRIX	51
JAKAFI	20	<i>kionex sus 15gm/60ml</i>	40
<i>jantoven</i>	49	KISQALI	18
JANUMET	39	KISQALI FEMARA 200 DOSE	18
JANUMET XR TAB 100-1000	39	KISQALI FEMARA 400 DOSE	18
JANUMET XR TAB 50-1000	39	KISQALI FEMARA 600 DOSE	18
JANUMET XR TAB 50-500MG	39	<i>klor-con 10</i>	52
JANUVIA	39	<i>klor-con 8</i>	52
JENTADUETO	39	<i>klor-con m10</i>	52
JENTADUETO TAB XR 2.5-1000 MG	39	KLOR-CON M15	52
JENTADUETO TAB XR 5-1000 MG	39	<i>klor-con m20</i>	52
<i>jinteli</i>	44	<i>klor-con pak 20meq</i>	52
<i>jolessa tab 0.15-0.03 mg</i>	41	<i>klor-con spr cap 10meq</i>	52
<i>jolivette</i>	41	<i>klor-con spr cap 8meq</i>	52
<i>juleber</i>	41	KORLYM	45
JULUCA	12	<i>kurvelo</i>	41
<i>junel 1/20</i>	41	KUVAN	43
<i>junel 1.5/30</i>	41	KYNAMRO	23
<i>junel fe 1/20</i>	41	L	
<i>junel fe 1.5/30</i>	41	<i>labetalol hcl</i>	24
JUXTAPID	23	<i>lactated ringer's inj</i>	54
K		<i>lactulose</i>	47
KADCYLA	18	<i>lactulose (encephalopathy)</i>	47
KALETRA TAB 100-25MG	12	<i>lamivudine</i>	11
KALETRA TAB 200-50MG	12	<i>lamivudine-zidovudine</i>	13
KALYDECO	58	<i>lamivudine (hbv)</i>	13
<i>kariva</i>	41	<i>lamotrigine</i>	28
<i>kcl/d5w/nacl inj .15/.33%</i>	54	<i>larin 1/20</i>	41
<i>kcl/d5w/nacl inj .15/.45%</i>	54	<i>larin 1.5/30</i>	41
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	54	<i>larin fe 1/20</i>	41
<i>kcl/d5w inj 0.3%</i>	54	<i>larin fe 1.5/30</i>	41

<i>larissia tab</i>	41	<i>levothyroxine sodium</i>	45
LASTACAFT	56	<i>levoxyl</i>	45
<i>latanoprost</i>	56	LEXIVA.....	11
LATUDA.....	33	<i>lidocaine</i>	60
<i>leena tab</i>	41	<i>lidocaine-prilocaine</i>	60
<i>leflunomide</i>	50	<i>lidocaine hcl</i>	60
LENVIMA 10 MG DAILY DOSE	20	<i>lidocaine hcl (mouth-throat)</i>	61
LENVIMA 12MG DAILY DOSE	20	<i>lidocaine inj 0.5%</i>	9
LENVIMA 14 MG DAILY DOSE	20	<i>lidocaine inj 0.5% preservative free (pf)</i> 9	
LENVIMA 18 MG DAILY DOSE	20	<i>lidocaine inj 1.5% preservative free (pf)</i> 9	
LENVIMA 20 MG DAILY DOSE	20	<i>lidocaine inj 1%</i>	9
LENVIMA 24 MG DAILY DOSE	20	<i>lidocaine inj 1% preservative free (pf)</i> ...9	
LENVIMA 4 MG DAILY DOSE.....	20	<i>lidocaine inj 2%</i>	9
LENVIMA 8 MG DAILY DOSE.....	20	<i>lidocaine oint 5%</i>	60
<i>lessina</i>	41	<i>linezolid</i>	10
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<i>letrozole</i>	18	LINZESS.....	47
<i>leucovorin calcium</i>	21	<i>liothyronine sodium</i>	45
LEUKERAN	16	<i>lisinopril</i>	22
<i>leuprolide inj 1mg/0.2</i>	18	<i>lisinopril & hydrochlorothiazide</i>	21
<i>levabuterol hcl</i>	57	<i>lithium carbonate</i>	36
<i>levabuterol hcl soln nebu conc 1.25</i> <i>mg/0.5ml</i>	57	<i>lithium carbonate er</i>	36
<i>levabuterol tartrate hfa</i>	57	LITHIUM SOLN 8MEQ/5ML	36
LEVEMIR	38	LONSURF	20
LEVEMIR FLEXTOUCH	38	<i>loperamide hcl</i>	47
<i>levetiracetam</i>	28	<i>lopinavir-ritonavir</i>	13
<i>levetiracetam inj</i>	28	<i>lorazepam</i>	26, 27
<i>levetiracetam in sodium chloride</i>	28	<i>lorazepam intensol</i>	27
<i>levetiracetam oral soln 100 mg/ml</i>	28	<i>lorcet hd tab 10-325mg</i>	8
<i>levo-t</i>	45	<i>lorcet plus tab 7.5-325</i>	8
<i>levobunolol hcl</i>	56	<i>loryna</i>	41
<i>levocarnitine (metabolic modifiers)</i>	43	<i>losartan-hydrochlorothiazide</i>	22
<i>levocetirizine dihydrochloride</i>	57	<i>losartan potassium</i>	22
<i>levofloxacin</i>	15	LOTEMAX	56
<i>levofloxacin in d5w</i>	15	<i>lovastatin</i>	23
<i>levofloxacin inj 25mg/ml</i>	15	<i>low-ogestrel</i>	41
<i>levofloxacin oral soln 25 mg/ml</i>	15	<i>loxapine succinate</i>	33
<i>levoleucovorin calcium</i>	21	LUMIGAN.....	56
LEVOLEUCOVORIN CALCIUM	21	LUMIZYME	43
LEVOLEUCOVORIN CALCIUM 175MG ...	21	LUPRON DEP-PED INJ 11.25MG	45
<i>levoleucovorin calcium 50mg</i>	21	LUPRON DEP-PED INJ 11.25MG (3- MONTH)	45
<i>levonest</i>	41	LUPRON DEP-PED INJ 15MG.....	45
<i>levonor/ethi tab</i>	41	LUPRON DEP-PED INJ 30MG (3-MONTH)	45
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	41	LUPRON DEP-PED INJ 7.5MG.....	45
<i>levonorgestrel & eth estradiol</i>	41	LUPRON DEPOT (1-MONTH)	18
<i>levora 0.15/30-28</i>	41	LUPRON DEPOT INJ 11.25MG (3-MONTH)	

.....	18	<i>methadone hcl 5mg</i>	8
<i>lutera</i>	41	<i>methadone hcl intensol</i>	8
LYNPARZA	18	<i>methazolamide</i>	25
LYRICA.....	28	<i>methenamine hippurate</i>	10
LYRICA CR.....	36	<i>methimazole</i>	45
LYSODREN.....	18	<i>methotrexate sodium inj</i>	17
<i>lyza</i>	41	<i>methotrexate sodium tabs</i>	50
M		<i>methyclothiazide</i>	25
M-M-R II	51	<i>methylphenidate hcl</i>	35
<i>mafenide acetate</i>	59	<i>methylphenidate hcl oral soln</i>	35
<i>magnesium sulfate</i>	52	<i>methylphenidate tab 10mg er</i>	35
MAGNESIUM SULFATE.....	52	<i>methylphenidate tab 20mg er</i>	35
MAGNESIUM SULFATE IN D5W	52	<i>methylpr ace inj 40mg/ml</i>	44
<i>magnesium sulfate in dextrose</i>	52	<i>methylpr ace inj 80mg/ml</i>	44
<i>malathion</i>	61	<i>methylpred pak 4mg</i>	44
<i>maprotiline hcl</i>	30	<i>methylpred tab 16mg</i>	44
<i>marlissa</i>	41	<i>methylpred tab 32mg</i>	44
MARPLAN TAB 10MG	30	<i>methylpred tab 4mg</i>	44
MATULANE.....	20	<i>methylpred tab 8mg</i>	44
MAVYRET.....	13	<i>methylpr ss inj 125mg</i>	44
<i>meclizine hcl</i>	46	<i>methylpr ss inj 1gm</i>	44
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	41	<i>methylpr ss inj 40mg</i>	44
<i>medroxyprogesterone acetate tab</i>	45	<i>metipranolol</i>	56
<i>mefloquine hcl</i>	11	<i>metoclopramide hcl</i>	46
<i>megestrol ac sus 40mg/ml</i>	18	<i>metoclopramide inj</i>	46
<i>megestrol ac tab 20mg</i>	18	<i>metolazone</i>	25
<i>megestrol ac tab 40mg</i>	18	<i>metoprolol & hydrochlorothiazide</i>	23
<i>megestrol sus 625mg/5ml</i>	19	<i>metoprolol succinate</i>	24
MEKINIST.....	20	<i>metoprolol tartrate</i>	24
MEKTOVI.....	20	<i>metronidazole</i>	10
<i>meloxicam</i>	7	<i>metronidazole (topical)</i>	61
<i>melphalan hcl</i>	16	<i>metronidazole gel 0.75%</i>	61
<i>memantine hcl</i>	29	<i>metronidazole in nacl</i>	10
<i>memantine hcl cp24</i>	29	<i>metronidazole vaginal</i>	48
MENACTRA	52	<i>mexiletine hcl</i>	22
MENVEO	52	MIACALCIN	45
<i>mercaptapurine</i>	17	<i>microgestin 1/20</i>	41
<i>meropenem</i>	10	<i>microgestin 1.5/30</i>	41
<i>mesalamine</i>	47	<i>microgestin fe 1/20</i>	42
<i>mesalamine w/ cleanser</i>	47	<i>microgestin fe 1.5/30</i>	41
<i>mesna</i>	21	<i>midodrine hcl</i>	26
MESNEX	21	<i>migergot</i>	35
<i>metadate er tab 20mg</i>	35	<i>miglustat</i>	43
<i>metformin er</i>	39	<i>mili</i>	42
<i>metformin hcl</i>	39	<i>minitran</i>	26
<i>methadone hcl</i>	8	<i>minocycline hcl</i>	16
<i>methadone hcl 10mg</i>	8	<i>minoxidil</i>	26
		<i>mirtazapine</i>	30

<i>misoprostol</i>	47	<i>naproxen sodium</i>	7
MITIGARE	7	<i>naratriptan hcl</i>	35
<i>mitomycin</i>	17	NARCAN	37
<i>mitoxantrone hcl</i>	20	NATACYN	55
<i>moderiba tab 200mg</i>	13	<i>nateglinide</i>	39
<i>moexipril-hydrochlorothiazide</i>	21	NATPARA.....	45
<i>moexipril hcl</i>	22	NEBUPENT.....	10
<i>mometasone furoate</i>	60	<i>necon 0.5/35-28</i>	42
<i>mono-lynyah tab 0.25-35</i>	42	<i>necon 1/50-28</i>	42
<i>mononessa</i>	42	<i>necon 7/7/7</i>	42
<i>montelukast sodium</i>	58	<i>nefazodone hcl</i>	30
<i>morgidox cap 1x50mg</i>	16	<i>neomycin-bacitracin zn-polymyxin</i>	55
<i>morphine ext-rel tab</i>	8	<i>neomycin-polymy-dexameth</i>	55
<i>morphine sulfate</i>	8	<i>neomycin-polymyxin-gramicidin</i>	55
MORPHINE SULFATE.....	8	<i>neomycin-polymyxin-hc (ophth)</i>	55
<i>morphine sulfate oral sol</i>	8	<i>neomycin-polymyxin-hc (otic)</i>	61
<i>morphine sul inj 10mg/ml</i>	8	<i>neomycin sulfate</i>	9
<i>morphine sul inj 1mg/ml</i>	8	NEPHRAMINE	53
MORPHINE SUL INJ 4MG/ML	8	NERLYNX.....	20
MOVANTIK.....	47	NEUPOGEN	49
MOVIPREP	47	NEUPRO	31
MOXEZA.....	55	<i>nevirapine susp 50 mg/5ml</i>	12
<i>moxifloxacin hcl (ophth)</i>	55	<i>nevirapine tab 100mg</i>	12
MOZOBIL.....	49	<i>nevirapine tab 200mg</i>	12
MULTAQ	22	<i>nevirapine tab 400mg er</i>	12
<i>mupirocin</i>	59	NEXAVAR	20
MUSTARGEN	16	<i>niacin er (antihyperlipidemic)</i>	23
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<i>mycophenolate mofetil</i>	51	<i>nicardipine hcl</i>	24
<i>mycophenolate sodium</i>	51	NICOTROL INHALER.....	37
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<i>myzilra</i>	42	<i>nifedipine er</i>	24
N		<i>nikki</i>	42
<i>nabumetone</i>	7	<i>nilutamide</i>	19
<i>nadolol</i>	24	<i>nimodipine</i>	24
<i>nafcillin sodium for inj</i>	15	NINLARO	18
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<i>nalbuphine hcl</i>	7	NITRO-BID	26
<i>naloxone inj 0.4mg/ml</i>	37	NITRO-DUR DIS 0.3MG/HR	26
<i>naloxone inj 1mg/ml</i>	37	NITRO-DUR DIS 0.8MG/HR	26
<i>naltrexone hcl</i>	37	<i>nitrofurantoin macrocrystal</i>	10
NAMENDA XR.....	29	<i>nitrofurantoin monohyd macro</i>	10
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<i>naproxen</i>	7	NIVA-PLUS	54
<i>naproxen dr</i>	7	<i>nora-be tab 0.35mg</i>	42

NORDITROPIN FLEXPRO	44	<i>ocella tab 3-0.03mg</i>	42
<i>norethindrone (contraceptive)</i>	42	OCTAGAM.....	51
<i>norethindrone acet & eth estra</i>	42	<i>octreotide acetate</i>	45
<i>norethindrone acetate</i>	45	ODEFSEY.....	13
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	44	ODOMZO	18
<i>norgest/ethi tab 0.25/35</i>	42	OFEV	58
<i>norgestimate-ethinyl estradiol (triphasic)</i> <i>0.18-25/0.215-25/0.25-25 mg-mcg</i> ...	42	<i>ofloxacin (ophth)</i>	55
<i>norgestimate-ethinyl estradiol (triphasic)</i> <i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	42	<i>ofloxacin (otic)</i>	61
<i>norlyroc</i>	42	<i>olanzapine</i>	33
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NORMOSOL-R	54	<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i>	22
NORMOSOL-R IN D5W.....	54	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	22
NORPACE CR.....	22	<i>olopatadine hcl 0.2%</i>	56
NORTHERA	26	<i>omega-3-acid ethyl esters</i>	23
<i>nortrel 0.5/35 (28)</i>	42	<i>omeprazole cap 10mg</i>	48
<i>nortrel 1/35</i>	42	<i>omeprazole cap 20mg</i>	48
<i>nortrel 7/7/7</i>	42	<i>omeprazole cap 40mg</i>	48
<i>nortriptyline hcl</i>	30	<i>ondansetron hcl</i>	46
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NOXAFIL	11	<i>oxacillin sodium</i>	15
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NUDEXTA.....	36	<i>oxaliplatin inj 100mg/20ml</i>	21
NULOJIX.....	51	<i>oxaliplatin inj 50mg</i>	21
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NUPLAZID TAB 10MG	33	<i>oxandrolone tab 2.5mg</i>	37
NUPLAZID TAB 17MG	33	<i>oxcarbazepine</i>	28
<i>nutrilipid inj 20%</i>	53	<i>oxybutynin chloride</i>	48
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<i>nyamyc</i>	59	<i>oxycodone w/ acetaminophen 10-325mg</i>	9
NYMALIZE	24	<i>oxycodone w/ acetaminophen 2.5-325mg</i>	9
<i>nystatin</i>	11	<i>oxycodone w/ acetaminophen 5-325mg</i> 9	
<i>nystatin (mouth-throat)</i>	61	<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9
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<i>paliperidone</i>	33
<i>pamidronate disodium</i>	39
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<i>pamidronate inj 30mg</i>	39
<i>pamidronate inj 90mg</i>	40
PANRETIN	61
<i>pantoprazole sodium tbec</i>	48
<i>paricalcitol</i>	54
<i>paroex sol 0.12%</i>	61
<i>paromomycin sulfate</i>	9
<i>paroxetine hcl tabs</i>	30
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<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	47
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<i>penicillin g sodium</i>	16
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PENTAM 300	10
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<i>perindopril erbumine</i>	22
<i>periogard</i>	61
<i>permethrin cre 5%</i>	61
<i>perphenazine</i>	33
<i>pfizerpen-g inj 20mu</i>	16
<i>pfizerpen-g inj 5mu</i>	16
<i>phenelzine sulfate</i>	30
<i>phenobarbital</i>	28
<i>phenobarbital sodium</i>	28
PHENOBARBITAL SODIUM	28
PHENYTEK	28
<i>phenytoin</i>	28
<i>phenytoin sodium</i>	28
<i>phenytoin sodium extended</i>	28
<i>philith</i>	42
PHOSPHOLINE IODIDE	56
PICATO	61
<i>pilocarpine hcl</i>	56
<i>pilocarpine hcl (oral)</i>	61
<i>pimozide</i>	33
<i>pimtrea</i>	42
<i>pindolol</i>	24
<i>pioglitazone hcl</i>	39
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<i>piper/tazoba inj 2-0.25gm</i>	16
<i>piper/tazoba inj 3-0.375gm</i>	16
<i>piper/tazoba inj 36-4.5gm</i>	16
<i>piper/tazoba inj 4-0.5gm</i>	16
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<i>piroxicam</i>	7
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