



GlobalHealth

GlobalHealth 2017 Formulary

(List of
Covered Drugs)

For State of
Oklahoma Group
Retirees (HMO)



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

This formulary was updated
on 07/01/2017. For more
recent information or other
questions, please contact
GlobalHealth Customer Care at
1-866-494-3927 or,
for TTY users, 711
24 hours a day, seven days a week
www.GlobalHealth.com/medicare

HPMS Formulary File Submission ID: 00017239
Version 7

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

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

HPMS Approved Formulary File Submission ID: 00017239, Version 7

This formulary was updated on 7/1/17. For more recent information or other questions, please contact us, GlobalHealth Customer Care, at 1-866-494-3927 (toll-free) or, for TTY users, 711, 24 hours a day, seven days a week, or visit www.globalhealth.com/medicare.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means GlobalHealth, Inc. When it refers to “plan” or “our plan,” it means State of Oklahoma Group Retirees (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 7/1/17. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

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

What is the State of Oklahoma Group Retirees (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 7/1/17. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 72. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GlobalHealth, before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides a cap of 20 mg per prescription for Nexium. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the GlobalHealth formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask GlobalHealth, Inc. to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the State of Oklahoma Group Retirees (HMO) Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting

statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 34-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

For more information

For more detailed information about your State of Oklahoma Group Retirees (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

State of Oklahoma Group Retirees (HMO) Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

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

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

- **LA** – Limited Access drugs are designated with the abbreviation LA. This prescription may be available only at certain pharmacies. For more information consult your Provider & Pharmacy Directory or call GlobalHealth Customer Care, at 1-866-494-3927 (toll-free) 24 hours a day, seven days a week. TTY users should call 711.
- **PA** - Prior Authorization drugs are designated with the abbreviation PA;
- **QL** - Quantity Limit drugs are designated with the abbreviation QL and the limit is designated for each drug;
- **ST** - Step Therapy drugs are designated with the abbreviation ST;
- **NM** – Drugs that are not available by mail-order are designated with the abbreviation NM;
- **B/D** – Drugs that require coverage determination for Medicare Part B or Part D are designated with the abbreviation B/D;
- **GC** - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl 10mg</i>	3	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1MG/ML	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D
MORPHINE SUL INJ 10MG/ML	3	B/D
MORPHINE SUL INJ 15MG/ML	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate SOLN .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	3	B/D
MORPHINE SULFATE TABS	3	QL (180 tabs / 30 days)
MORPHINE SULFATE ORAL SOL	3	
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	4	
OXYCODONE HCL SOLN	4	
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	3	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN</i>	3	
<i>gentamicin in saline</i>	2	GC
<i>gentamicin sulfate SOLN</i>	2	GC
<i>gentamicin sulfate/0.9% s</i>	2	GC
<i>neomycin sulfate TABS</i>	3	
<i>paromomycin sulfate CAPS</i>	4	
<i>streptomycin sulfate SOLR</i>	4	
<i>sulfadiazine TABS</i>	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	4	
<i>atovaquone SUSP</i>	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	3	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	GC
<i>clindamycin cap 300 mg</i>	1	GC
<i>clindamycin hcl cap 150 mg</i>	1	GC
<i>clindamycin phosphate SOLN</i>	2	GC
<i>clindamycin phosphate in d5w</i>	3	
<i>clindamycin phosphate inj</i>	2	GC
<i>clindamycin soln</i>	4	
<i>colistimethate sodium SOLR</i>	4	
CUBICIN	5	
<i>dapsone TABS</i>	3	
<i>daptomycin</i>	5	
<i>emverm</i>	4	
<i>imipenem-cilastatin</i>	4	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid SOLN</i>	5	
LINEZOLID SUSR; TABS	5	
LINEZOLID IN SODIUM CHLORIDE	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole TABS</i>	2	GC
<i>metronidazole in nacl</i>	2	GC
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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

Drug Name	Drug Tier	Requirements/Limits
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	GC
<i>sulfamethoxazole-trimethoprim SUSP</i>	4	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	GC
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim TABS</i>	2	GC
TYGACIL	5	
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR</i>	3	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b SOLR</i>	4	B/D
CANCIDAS	5	
<i>fluconazole SUSR</i>	3	
<i>fluconazole TABS</i>	2	GC
<i>fluconazole in dextrose</i>	3	
<i>fluconazole inj nacl 100</i>	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine 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>	4	PA
MYCAMINE	5	
NOXAFIL SUSP; TBEC	5	
<i>nystatin TABS</i>	3	
<i>terbinafine hcl TABS</i>	2	GC, 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	

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

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	3	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	5	
ISENTRESS TABS	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	4	
<i>nevirapine</i> TB24	4	
<i>nevirapine tab 200mg</i>	3	
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	4	
SUSTIVA CAPS 50mg	3	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIREAD	5	

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

Drug Name	Drug Tier	Requirements/Limits
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine</i>	2	GC
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
ANTIRETROVIRAL COMBINATION AGENTS		
ABACAVIR SULFATE-LAMIVUDINE	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	4	
<i>cycloserine CAPS</i>	5	
<i>ethambutol hcl TABS</i>	4	
<i>isoniazid TABS</i>	1	GC
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide TABS</i>	4	
<i>rifabutin</i>	4	
<i>rifampin CAPS</i>	3	
<i>rifampin SOLR</i>	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS	2	GC
<i>acyclovir</i> SUSP	4	
<i>acyclovir</i> TABS	2	GC
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
<i>lamivudine (hbv)</i>	4	
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate</i>	3	
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	4	
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	
TYZEKA	5	
<i>valacyclovir hcl</i> TABS	3	
VALCYTE SOLR	5	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
ZEPATIER	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
<i>cefaclor er tab 500mg</i>	4	
<i>cefadroxil</i> CAPS	2	GC
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate 100 mg</i>	4	
<i>minocycline hcl CAPS</i>	2	GC
<i>morgidox cap 1x50mg</i>	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
BICNU	5	B/D
<i>busulfan</i>	5	B/D
BUSULFEX	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	3	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
TREANDA	5	B/D, NM
ANTHRACYCLINES		
<i>adriamycin</i>	3	B/D
<i>daunorubicin hcl</i>	3	B/D
<i>doxorubicin hcl 50mg</i>	3	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	3	B/D
<i>epirubicin hcl</i>	4	B/D
<i>idarubicin hcl</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil SOLN</i>	3	B/D
GEMCITABINE HCL SOLN	5	B/D
<i>gemcitabine hcl SOLR</i>	5	B/D
<i>mercaptopurine TABS</i>	4	
METHOTREXATE SODIUM 50mg/2ml	2	GC, B/D
<i>methotrexate sodium 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml</i>	2	GC, B/D
<i>methotrexate sodium inj</i>	2	GC, B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCFREZ	5	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml	5	B/D
<i>docetaxel CONC 80mg/4ml, 200mg/10ml</i>	5	B/D
DOCETAXEL SOLN	5	B/D
DOCETAXEL SOLN 80MG/8ML	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar</i>	2	GC, B/D
<i>vincristine sulfate</i>	2	GC, B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
ISTODAX (OVERFILL)	5	B/D, NM
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
LYNPARZA	5	NM, LA, PA
NINLARO	5	NM, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA 200mg, 300mg	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	GC
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	3	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
MEGESTROL SUS 625MG/5ML	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	GC
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA
KINASE INHIBITORS		
AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
ALECENSA	5	NM, LA, PA
BOSULIF	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA	5	NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISO	5	NM, LA, PA
TARCEVA	5	NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene</i>	5	NM, PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
LONSURF	5	NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D, NM
ODOMZO	5	NM, LA, PA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin</i>	4	B/D
PROTECTIVE AGENTS		
AMIFOSTINE	5	B/D
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
FUSILEV	5	B/D, NM
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>levoleucovorin calcium SOLN</i>	5	B/D, NM
<i>levoleucovorin calcium SOLR 50mg</i>	5	B/D, NM
LEVOLEUCOVORIN CALCIUM SOLR 175mg	5	B/D, NM
<i>mesna</i>	4	B/D
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	3	B/D
<i>irinotecan inj 40mg/2ml</i>	4	B/D
<i>irinotecan inj 100/5ml</i>	4	B/D
<i>irinotecan inj 500mg/25ml</i>	4	B/D
<i>toposar</i>	3	B/D
TOPOTECAN HCL SOLN	5	B/D
<i>topotecan hcl SOLR</i>	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>		GC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide</i>	1	GC
<i>captopril & hydrochlorothiazide</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide</i>	1	GC
<i>lisinopril & hydrochlorothiazide</i>	1	GC
<i>moexipril-hydrochlorothiazide</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	GC
<i>captopril TABS</i>	1	GC
<i>enalapril maleate TABS</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril TABS</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	
<i>spironolactone TABS</i>	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	GC
<i>amlodipine besylate-valsartan tab</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	GC
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan & hctz tab</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil</i>	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	GC
<i>amiodarone hcl TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
DOFETILIDE	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	GC
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate TBCR</i>	4	
<i>quinidine sulfate TABS</i>	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hcl (afib/afI)</i>	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS</i>	1	GC
<i>lovastatin</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>simvastatin TABS 80mg</i>	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	4	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	GC
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	5	NM, PA
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	3	
<i>bisoprolol & hydrochlorothiazide</i>	1	GC
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	GC
<i>atenolol</i> TABS	1	GC
<i>bisoprolol fumarate</i>	2	GC
BYSTOLIC	4	
<i>carvedilol</i>	1	GC
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	3	
<i>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	GC
<i>nadolol</i> TABS	4	
<i>pindolol</i>	4	
<i>propranolol cap er</i>	4	
<i>propranolol hcl</i> SOLN; TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	4	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	
<i>amlodipine besylate</i> TABS	1	GC
<i>cartia xt</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
DILTIAZEM CAP 360MG CD	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl SOLN; TABS</i>	2	GC
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedical xl</i>	3	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	4	
VERAPAMIL CAP ER 360mg	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl TBCR</i>	2	GC
<i>verapamil tab er</i>	2	GC
DIGITALIS GLYCOSIDES		
<i>digitek .25mg</i>	3	PA; PA if 65 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
DIGOXIN SOL 50MCG/ML	3	PA; PA if 65 years and older
DIURETICS		
<i>acetazolamide CP12</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	GC
<i>amiloride hcl</i> TABS	3	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	GC
<i>furosemide</i> TABS	1	GC
<i>furosemide inj 10mg/ml</i>	2	GC
FUROSEMIDE INJ 10mg/ml	2	GC
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	GC
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	GC
<i>triamterene & hydrochlorothiazide</i> TABS	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK	4	
<i>clonidine hcl</i> TABS	1	GC
DEMSER	5	
<i>hydralazine hcl</i> SOLN	3	
<i>hydralazine hcl</i> TABS	2	GC
<i>midodrine hcl</i>	4	
<i>minoxidil</i> TABS	2	GC
NORTHERA	5	NM, LA, PA
RANEXA	3	
NITRATES		
<i>isosorb mononitrate tab</i>	2	GC
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	GC
<i>minitran</i>	3	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR	5	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 200mcg	5	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 400mcg	5	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 600mcg	5	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 800mcg	5	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1000mcg	5	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TBPK	5	NM, LA, PA
VENTAVIS	5	NM, PA

**CENTRAL NERVOUS SYSTEM
ANTI-ANXIETY**

<i>alprazolam tab 0.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	GC, QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	GC, QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	GC
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	3	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	3	
<i>lorazepam</i> CONC	3	QL (150 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> SOLN	2	GC
<i>lorazepam</i> TABS	1	GC, QL (150 tabs / 30 days)

ANTICONVULSANTS

APTIOM 200mg	4	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	3	
<i>carbamazepine</i> CP12; SUSP; TABS; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	GC, QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	GC, 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
<i>diazepam</i> CONC	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 1mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
DIAZEPAM GEL	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dilantin</i>	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	2	GC
<i>epitol</i>	4	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	4	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	GC, QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	GC, QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	GC, QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	4	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	GC
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam inj</i>	4	
LEVETIRACETAM IV	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
<i>phenytek</i>	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
POTIGA 50mg	4	
POTIGA 200mg	5	QL (180 tabs / 30 days)
POTIGA 300mg, 400mg	5	QL (90 tabs / 30 days)
<i>primidone</i> TABS	2	GC
<i>roweepra</i>	3	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	GC
<i>valproate sodium</i> SOLN 250mg/5ml	2	GC
<i>valproate sodium</i> SOLN 500mg/5ml	4	
<i>valproic acid</i>	3	
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg	2	GC, QL (60 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	GC
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	3	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride</i> TBDP 10mg	3	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>galantamine hydrobromide er</i> 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide er</i> 24mg	4	
<i>memantine hcl</i> SOLN	3	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg	4	PA; PA if < 30 yrs
MEMANTINE HCL TABS 10mg	4	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	GC
<i>bupropion hcl</i> TB24 150mg	3	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	4	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	GC, QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	GC, QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	4	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	4	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	4	QL (60 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	GC, QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	GC, QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap</i> 10mg	1	GC, QL (30 caps / 30 days)
<i>fluoxetine cap</i> 20mg	1	GC, QL (120 caps / 30 days)
<i>fluoxetine cap</i> 40mg	1	GC
<i>fluoxetine hcl</i> SOLN	3	
<i>fluoxetine hcl</i> TABS 10mg	4	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	4	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	GC, QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	GC
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	GC
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	GC, QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
PRISTIQ	3	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	GC, QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	GC, QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	4	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	GC
<i>amantadine hcl</i> TABS	4	
APOKYN	5	NM, LA, PA
BENZTROPINE MESYLATE SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	GC
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
CARBIDOPA/LEVODOPA/ENTACAPONE	4	
ENTACAPONE	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	GC
<i>pramipexole tab 0.25mg</i>	2	GC
<i>pramipexole tab 0.75mg</i>	2	GC
<i>pramipexole tab 0.125mg</i>	2	GC
<i>pramipexole tab 1.5mg</i>	2	GC
<i>pramipexole tab 1mg</i>	2	GC
<i>rasagiline mesylate</i> TABS	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole tab 0.5mg</i>	2	GC
<i>ropinirole tab 0.25mg</i>	2	GC
<i>ropinirole tab 1mg</i>	2	GC
<i>ropinirole tab 2mg</i>	2	GC
<i>ropinirole tab 3mg</i>	2	GC
<i>ropinirole tab 4mg</i>	2	GC
<i>ropinirole tab 5mg</i>	2	GC
<i>selegiline hcl CAPS; TABS</i>	4	
ANTIPSYCHOTICS		
ABILIFY MAINTENA 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA 300mg, 400mg	5	QL (1 vial / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
<i>chlorpromazine hcl TABS</i>	4	
<i>chlorpromazine inj</i>	4	
CLOZAPINE ODT 12.5mg, 25mg	4	PA
CLOZAPINE ODT 100mg	4	QL (270 tabs / 30 days), PA
CLOZAPINE ODT 150mg	4	QL (180 tabs / 30 days), PA
CLOZAPINE ODT 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT 1mg, 2mg, 4mg	4	QL (60 tabs / 30 days)
FANAPT 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl CONC; ELIX; SOLN</i>	4	
<i>fluphenazine hcl TABS</i>	2	GC
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol con lactate</i>	3	
<i>haloperidol decanoate SOLN</i>	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 syringe / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)
<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>	3	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)

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

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	4	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	GC, QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	4	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days)
VRAYLAR 3mg	5	QL (60 caps / 30 days)
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR THERAPY PACK	4	
<i>ziprasidone hcl</i> 20mg, 40mg	4	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	4	QL (90 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr</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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl TBCR</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
STRATTERA 40mg	4	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
HYPNOTICS		
HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	GC, QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	2	GC, QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate</i> 1mg/ml	3	
<i>ergotamine w/ caffeine</i>	4	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
RELPAK	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
SUMATRIPTAN SOLN 5mg/act	4	QL (24 inhalers / 30 days)
SUMATRIPTAN SOLN 20mg/act	4	QL (12 inhalers / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	GC, QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)

MISCELLANEOUS

<i>lithium carbonate</i> CAPS	1	GC
<i>lithium carbonate</i> TABS	2	GC
<i>lithium carbonate er</i>	2	GC
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
TETRABENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	2	GC
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	GC
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	4	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	4	QL (60 tabs / 30 days), PA
ARMODAFINIL 200mg	4	QL (30 tabs / 30 days), PA
<i>armodafinil</i> 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	3	QL (120 tabs / 30 days), PA
<i>buproban tab</i> 150mg	3	
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	4	
<i>naloxone inj</i> 0.4mg/ml	3	
<i>naloxone inj</i> 1mg/ml	3	
<i>naltrexone hcl</i> TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	3	PA
<i>testosterone cypionate SOLN</i>	3	PA
<i>testosterone enanthate SOLN</i>	3	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	GC
INSULIN SAFETY NEEDLES	3	GC
INSULIN SYRINGE	3	GC
LANTUS	3	GC
LANTUS SOLOSTAR	3	GC
LEVEMIR	3	GC
LEVEMIR FLEXTOUCH	3	GC
NOVOLIN 70/30	3	GC; (brand RELION not covered)
NOVOLIN N	3	GC; (brand RELION not covered)
NOVOLIN R	3	GC; (brand RELION not covered)
NOVOLOG	3	GC
NOVOLOG FLEXPEN	3	GC
NOVOLOG MIX 70/30	3	GC
NOVOLOG MIX 70/30 PREFILL	3	GC
NOVOLOG PENFILL	3	GC
SYMLINPEN 60	5	QL (8 pens / 30 days), PA
SYMLINPEN 120	5	QL (4 pens / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR	3	GC
TRESIBA FLEXTOUCH	3	GC
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL		
<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	GC, QL (60 tabs / 30 days)
<i>glip/metformin</i> tab 5-500mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
GLIPIZIDE XL TB24 2.5MG	1	GC, QL (240 tabs / 30 days)
GLIPIZIDE XL TB24 5MG	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl</i> tab 2.5-250 mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl</i> tab 2.5-500 mg	1	GC, QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>nateglinide</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	GC, QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	GC
<i>alendronate sodium</i> TABS 35mg, 70mg	1	GC, QL (4 tabs / 28 days)
<i>pamidronate disodium</i>	3	B/D
<i>zoledronic acid</i> SOLN 5mg/100ml	4	B/D, NM
<i>zoledronic acid</i> SOLR	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		

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

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR 30mg	3	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	QL (60 tabs / 30 days), NM
SENSIPAR 90mg	5	QL (120 tabs / 30 days), NM

CHELATING AGENTS

CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
<i>kionex powder</i>	4	
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate POWD</i>	4	
<i>sodium polystyrene sulfonate SUSP</i>	3	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	

CONTRACEPTIVES

<i>altavera tab</i>	2	GC
<i>alyacen 1/35</i>	3	
<i>apri 28 day</i>	2	GC
<i>aranelle 28</i>	2	GC
<i>aubra 28 day</i>	2	GC
<i>aviane 28</i>	2	GC
<i>balziva 28 day</i>	3	
<i>bekyree 28 day</i>	3	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	2	GC
<i>blisovi 21 fe 1/20 28 day pack</i>	2	GC
<i>briellyn 28 day</i>	3	
<i>camila 28 day</i>	2	GC
<i>caziant pak</i>	3	
<i>cryselle 28</i>	2	GC
<i>cyclafem 1/35 28 day</i>	3	
<i>cyclafem 7/7/7 28 day</i>	2	GC
<i>cyred tab</i>	2	GC
<i>deblitane 28 day</i>	2	GC
<i>delyla 28 day</i>	2	GC
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	GC
<i>enpresse 28 day</i>	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>errin 28 day</i>	2	GC
<i>estarylla tab 0.25-35</i>	2	GC
<i>ethynodiol tab 1-50</i>	3	
<i>falmina 28 day</i>	2	GC
<i>femynor 28 day</i>	2	GC
GIANVI TAB 3-0.02MG	3	
<i>gildagia</i>	3	
<i>gildess tab 1.5/30</i>	2	GC
<i>heather</i>	2	GC
<i>introvale 91 day</i>	3	
JOLESSA TAB 0.15-0.03 MG	3	
JOLIVETTE	2	GC
<i>juleber 28 day</i>	2	GC
<i>junel 1.5/30 21 day</i>	2	GC
<i>junel 1/20 21 day</i>	2	GC
<i>junel fe 1.5/30 28 day</i>	2	GC
<i>junel fe 1/20 28 day</i>	2	GC
<i>kariva 28 day</i>	3	
<i>kelnor 1/35 28 day</i>	3	
<i>kimidess 28 day</i>	3	
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>larissia tab</i>	2	GC
LEENA TAB	2	GC
<i>lessina 28 day</i>	2	GC
<i>levonest 28 day</i>	2	GC
<i>levonor/ethi tab</i>	2	GC
<i>levonorgestrel & eth estradiol</i>	2	GC
<i>levonorgestrel (emergency oc)</i>	3	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30 28 day</i>	2	GC
<i>loryna 28 day</i>	3	
<i>low-ogestrel</i>	2	GC
<i>lutra 28 day</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa 28 day</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP</i>	2	GC
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSY	2	GC

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

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN 1.5/30	2	GC
MICROGESTIN 1/20	2	GC
MICROGESTIN FE 1.5/30	2	GC
MICROGESTIN FE 1/20	2	GC
<i>mono-linyah tab 0.25-35</i>	2	GC
MONONESSA	2	GC
<i>myzilra</i>	2	GC
<i>necon 0.5/35 28 day</i>	3	
NECON 1/50-28	3	
NECON 7/7/7	2	GC
<i>necon 10/11 28 day</i>	3	
<i>necon tab 1/35</i>	3	
<i>nikki 28 day</i>	3	
NORA-BE TAB 0.35MG	2	GC
<i>norethindrone (contraceptive)</i>	2	GC
<i>norethindrone acet & eth estra</i>	2	GC
<i>norgest/ethi tab 0.25/35</i>	2	GC
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	GC
<i>norgestimate-ethinyl estradiol (triphasic)</i>	3	
<i>norlyroc 28 day</i>	2	GC
<i>nortrel 0.5/35 28 day</i>	3	
<i>nortrel 1/35 21 day</i>	3	
<i>nortrel 1/35 28 day</i>	3	
<i>nortrel 7/7/7 28 day</i>	2	GC
NUVARING	4	
OCELLA TAB 3-0.03MG	3	
<i>orsythia 28 day</i>	2	GC
<i>philith</i>	3	
<i>pimtrea pack</i>	3	
<i>pirmella 1/35 28 day</i>	3	
<i>portia 28 day</i>	2	GC
<i>previfem 28 day</i>	2	GC
<i>quasense 91 day</i>	3	
<i>reclipsen 28 day</i>	2	GC
<i>setlakin tab</i>	3	
<i>sharobel 28 day</i>	2	GC
<i>sprintec 28 day</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	3	
<i>tarina fe 1/20 28 day</i>	2	GC
TILIA FE	3	
<i>tri-legest 28 day</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah</i>	2	GC
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec 28 day</i>	3	
<i>tri-previfem 28 day</i>	2	GC
<i>tri-sprintec 28 day</i>	2	GC
TRINESSA	2	GC
TRINESSA LO TAB	3	
<i>trivora 28 day</i>	2	GC
<i>velivet 28 day</i>	3	
<i>vestura</i>	3	
<i>vienva 28 day</i>	2	GC
<i>viorele</i>	3	
<i>vyfemla 28 day</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent 28 day</i>	3	
<i>zovia 1/35e 28 day</i>	3	
<i>zovia 1/50e 28 day</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml</i>	4	B/D
<i>levocarnitine (metabolic modifiers) SOLN 200mg/ml</i>	3	B/D
<i>levocarnitine (metabolic modifiers) TABS</i>	4	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
RAVICTI	5	NM, PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 1mg</i>	1	GC, B/D
<i>prednisone tab 2.5mg</i>	1	GC, B/D
<i>prednisone tab 5mg</i>	1	GC, B/D
<i>prednisone tab 10mg</i>	1	GC, B/D
<i>prednisone tab 20mg</i>	1	GC, B/D
<i>prednisone tab 50mg</i>	1	GC, B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTICAL	3	B/D
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
<i>methergine 0.2 mg tab</i>	4	
<i>methylergonovine maleate TABS</i>	4	
MIACALCIN 200 UNIT/ML	5	B/D
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	4	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PARATHYROID HORMONES		
FORTEO	5	QL (1 pen / 28 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
NATPARA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	3	
REVELA PAK	3	
REVELA TAB 800MG	3	
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	GC
<i>norethindrone acetate TABS</i>	3	
THYROID AGENTS		
<i>levothyroxine sodium TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	GC
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	2	GC
LEVOXYL	2	GC
<i>lithyronine sodium TABS</i>	3	
<i>methimazole TABS</i>	2	GC
<i>propylthiouracil TABS</i>	3	
SYNTHROID	4	
UNITHROID	2	GC
VASOPRESSINS		
<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
DESMOPRESSIN SOL 0.01%	4	
STIMATE	4	NM
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl</i> TABS	2	GC
<i>metoclopramide hcl</i> SOLN; TABS	1	GC
<i>metoclopramide inj</i>	2	GC
<i>ondansetron hcl</i> TABS	3	B/D
<i>ondansetron hcl inj</i>	3	
<i>ondansetron hcl oral soln</i>	3	B/D
<i>ondansetron odt</i>	2	GC, B/D
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan</i> SUPP	4	PA; PA if 65 years and older
<i>prochlorperazine inj</i>	3	
<i>prochlorperazine maleate</i> TABS	1	GC
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SOLN; SUPP; SYRP; TABS	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS	1	GC
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS	1	GC
<i>glycopyrrolate</i> TABS	3	
<i>glycopyrrolate inj</i>	4	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN	2	GC
<i>famotidine</i> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	GC
<i>famotidine inj</i>	2	GC
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	GC
<i>ranitidine hcl inj</i> 50mg/2ml	2	GC
<i>ranitidine hcl inj</i> 150mg/6ml	3	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	5	
<i>colocort</i>	4	
DELZICOL	4	

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

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID	5	LA
<i>sucralfate</i> TABS	3	
<i>ursodiol</i> CAPS; TABS	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole cap 10mg</i>	1	GC, QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	GC, QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	GC, QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	GC, QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	GC, QL (30 tabs / 30 days)
<i>dutasteride</i>	4	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	GC
<i>tamsulosin hcl</i>	3	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	3	
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i> 15meq	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	GC
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<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>	4	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i> CREA	3	
<i>terconazole vaginal</i> SUPP	4	
VANDAZOLE	4	
ZAZOLE CREAM 0.8%	3	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	4	
ELIQUIS	4	PA
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
ENOXAPARIN SODIUM 300mg/3ml	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
HEPARIN SOD (PORCINE) IN D5W	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>Jantoven</i>	1	GC
PRADAXA	3	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

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

Drug Name	Drug Tier	Requirements/Limits
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	GC
CINRYZE	5	NM, LA, PA
FIRAZYR	5	NM, PA
<i>pentoxifylline</i> TBCR	3	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	3	
<i>tranexamic acid</i> TABS	4	

PLATELET AGGREGATION INHIBITORS

ASPIRIN-DIPYRIDAMOLE	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
EFFIENT	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS STAR	5	NM, PA
<i>hydroxychloroquine sulfate</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium</i> tabs	4	
REMICADE	5	NM, PA
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

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

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
POMALYST	5	NM, LA, PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine</i> SOLR	4	B/D
<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, 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

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

Drug Name	Drug Tier	Requirements/Limits
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	B/D

VACCINES

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHtheria/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D

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

Drug Name	Drug Tier	Requirements/Limits
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

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

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 8.5%/ELECTROL	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
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrillipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	GC, B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
<i>IV REPLACEMENT SOLUTIONS</i>		
DEXTROSE 2.5%/NAACL 0.45%	2	GC
DEXTROSE 5%	2	GC
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	GC
DEXTROSE 5%/NAACL 0.2%	2	GC
DEXTROSE 5%/NAACL 0.3%	2	GC
DEXTROSE 5%/NAACL 0.9%	2	GC
DEXTROSE 5%/NAACL 0.33%	2	GC
DEXTROSE 5%/NAACL 0.45%	2	GC
DEXTROSE 5%/NAACL 0.225%	2	GC
DEXTROSE 5%/POTASSIUM CHL	2	GC
DEXTROSE 10% FLEX CONTAIN	2	GC
DEXTROSE 10%/NAACL 0.2%	3	
DEXTROSE 10%/NAACL 0.45%	2	GC

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

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

OPHTHALMIC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
MAXIDEX	3	
PREDNISOLONE ACETATE (OPHTH)	3	
<i>prednisolone sodium phosphate (ophth)</i>	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACFT	4	
PATADAY	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	GC
BRIMONIDINE SOL 0.15%	4	
<i>carteolol hcl (ophth)</i>	2	GC
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	GC
<i>levobunolol hcl</i>	2	GC
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	4	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
TIMOLOL MALEATE GEL	4	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
<i>naphazoline hcl SOLN</i>	1	GC
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	2	GC
RESTASIS	3	QL (64 vials / 30 days)

RESPIRATORY

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

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide SOLN</i>	2	GC, B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	3	
<i>cetirizine syrup</i>	3	
<i>cyproheptadine hcl SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	GC
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate CAPS</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	GC
BETA AGONISTS		
<i>albuterol sulfate NEBU</i>	2	GC, B/D
<i>albuterol sulfate SYRP</i>	1	GC
<i>albuterol sulfate TABS; TB12</i>	4	
<i>levalbuterol conc 1.25mg/0.5ml</i>	4	B/D
<i>levalbuterol hcl NEBU 1.25mg/0.5ml</i>	4	B/D
LEVALBUTEROL TARTRATE HFA	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate SOLN</i>	5	
<i>terbutaline sulfate TABS</i>	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW; TABS</i>	3	
<i>montelukast sodium PACK</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	GC, QL (1 bottle / 30 days)
STEROID INHALANTS		
ARNUIITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) .25mg/2ml, .5mg/2ml</i>	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	

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

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene</i> CREA	4	
<i>adapalene</i> GEL .1%	4	
AVITA	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p pad</i> 1%	3	
<i>clindamax</i>	4	
<i>clindamycin phosphate (topical)</i> GEL; LOTN	4	
<i>clindamycin phosphate (topical)</i> SOLN; SWAB	3	
<i>ery pad</i> 2%	4	
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
TRETINOIN GEL .01%	4	PA
<i>tretinoin</i> GEL .025%	4	PA
<i>zenatane</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	GC
SILVER SULFADIAZINE CREA	2	GC
SSD	2	GC
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	

DERMATOLOGY, ANTIFUNGALS

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

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

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

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

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

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

Preferred Brand Medicare-covered Diabetes Monitoring Supplies

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

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

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

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

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

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

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

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

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

ACCU-CHEK KIT AVIVA
ACCU-CHEK TES AVIVA
ACCU-CHEK TES AVIVA
ACCU-CHEK TES AVIVA
ACCU-CHEK SOL
SOFTCLIX MIS LANCETS
SOFTCLIX MIS LANCETS
ACCU-CHEK TES AVIVA
ACCU-CHEK TES COMFORT
ACCU-CHEK TES DRUM
ACCUTREND TES GLUCOSE
ACCUTREND SOL GLUCOSE
FASTCLIX MIS LANCETS
ACCU-CHEK LIQ COMFORT
ACCU-CHEK KIT SOFTCLIX
ACCU-CHEK TES AVIVA PL
ACCU-CHEK TES AVIVA PL
ACCU-CHEK TES AVIVA PL
ACCU-CHEK TES AVIVA PL
ACCUTREND TES GLUCOSE
ACCU-CHEK KIT FASTCLIX
ACCU-CHEK KIT NANO
ACCU-CHEK LIQ SMART
ACCU-CHEK TES SMART
ACCU-CHEK TES SMART
ACCU-CHEK TES SMART
ACCU-CHEK KIT NANO
LANCING DEVI MIS
TRUETRACK KIT SYSTEM
TRUETRACK TES
TRUETRACK TES
CHEMSTRIP BG MIS LOG
SOFT TOUCH MIS LAN DEVC
SOFT TOUCH MIS LANCETS
ACCU-CHEK KIT ADVANTAG
ACCU-CHEK TES INST GLC
ACCU-CHEK TES INST GLC
ACCU-CHEK IN LIQ CONTROL
SOFT TOUCH MIS LANCETS
SOFTCLIX LAN MIS DEVICE
SOFTCLIX MIS LANCETS
SOFTCLIX MIS LANCETS
COAGUCHEK MIS LANCETS
ACCU-CHEK TES COMFORT

SAFE-T-PRO MIS LANCETS
ACCU-CHEK KIT VOICEMAT
SAFE-T-PRO MIS PLUS
ACCU-CHEK TES COMFORT
ACCU-CHEK TES COMFORT
ACCU-CHEK TES COMFORT
ACCU-CHEK KIT VOICEMAT
SOFTCLIX MIS LANCETS
ACCU-CHEK TES COMFORT
ACCU-CHEK TES ACTIVE
ACCU-CHEK MIS MLTICLIX
ACCU-CHEK TES COMPACT
ACCU-CHEK KIT COMPACT
ACCU-CHEK TES DRUM
ACCU-CHEK TES COMFORT
ACCU-CHEK MIS MLTICLIX
LANCING DEVI MIS
LANCETS MIS 28G
BLOOD GLUCOS KIT SYSTEM
GNP LANCING MIS DEVICE
BLOOD GLUCOS TES
TRUETRACK TES
TAI DOC SOL NORM CON
CLEVR CHOICE LIQ HIGH
CLEVR CHOICE LIQ LOW
CLEVER CHEK TES VOICE
CLEVER CHEK TES VOICE
CLEVER CHEK MIS VOICE
FREE-ACCU-CHEK-KIT-AVIVA
FREE ONETOUCH KIT ULT MIN
FREE ONE TOUCH VERIO IQ M
FREE-ONE-TOUCH-ULTRA2
FREE-ACCU-CHEK NANO SMART

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

LUPRON DEP-PED INJ 11.25MG (3-MONTH)	48
LUPRON DEP-PED INJ 15MG	48
LUPRON DEP-PED INJ 30MG (3-MONTH)	48
LUPRON DEP-PED INJ 7.5MG	48
<i>lutera 28 day</i>	44
LYNPARZA	18
LYRICA	29
LYSODREN	19
<i>lyza</i>	44

M

<i>magnesium sulfate</i>	57
MAGNESIUM SULFATE	57
<i>magnesium sulfate in d5w</i>	57
MAGNESIUM SULFATE IN D5W	57
<i>malathion</i>	66
<i>maprotiline hcl</i>	32
<i>marlissa 28 day</i>	44
MARPLAN TAB 10MG	32
MATULANE	21
MAXIDEX	61
<i>meclizine hcl</i>	50
<i>medroxyprogesterone acetate (contraceptive)</i>	44
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE)	44
<i>medroxyprogesterone acetate tab</i>	49
<i>mefloquine hcl</i>	11
<i>megestrol ac sus 40mg/ml</i>	19
<i>megestrol ac tab 20mg</i>	19
<i>megestrol ac tab 40mg</i>	19
MEGESTROL SUS 625MG/5ML	19
MEKINIST	20
<i>meloxicam</i>	7
MELOXICAM	7
<i>melphalan hcl</i>	17
<i>memantine hcl</i>	31
MEMANTINE HCL	31
MENACTRA	56
MENHIBRIX	56
MENOMUNE-A/C/Y/W-135	56
MENVEO	56

<i>mercaptopurine</i>	18
<i>meropenem</i>	10
MESALAMINE	51
<i>mesalamine enema</i>	51
<i>mesalamine w/ cleanser</i>	51
<i>mesna</i>	21
MESNEX	21
<i>metadate er tab 20mg</i>	37
<i>metformin er</i>	42
<i>metformin hcl</i>	42
<i>methadone hcl</i>	8
<i>methadone hcl 10mg</i>	9
<i>methadone hcl 5mg</i>	8
<i>methazolamide</i>	26
<i>methenamine hippurate</i>	10
<i>methergine 0.2 mg tab</i>	48
<i>methimazole</i>	49
<i>methotrexate sodium</i>	18
METHOTREXATE SODIUM	18
<i>methotrexate sodium inj</i>	18
<i>methotrexate sodium tabs</i>	55
<i>methyclothiazide</i>	26
<i>methylergonovine maleate</i>	48
<i>methylphenidate hcl</i>	37
<i>methylphenidate hcl oral soln</i>	37
<i>methylpr ace inj 40mg/ml</i>	47
<i>methylpr ace inj 80mg/ml</i>	47
<i>methylpr ss inj 125 mg</i>	47
<i>methylpr ss inj 1gm</i>	47
<i>methylpr ss inj 40mg</i>	47
<i>methylpred pak 4mg</i>	47
<i>methylpred tab 16mg</i>	47
<i>methylpred tab 32mg</i>	47
<i>methylpred tab 4mg</i>	47
<i>methylpred tab 8mg</i>	47
<i>metipranolol</i>	61
<i>metoclopramide hcl</i>	50
<i>metoclopramide inj</i>	50
<i>metolazone</i>	26
<i>metoprolol & hydrochlorothiazide</i>	24
<i>metoprolol succinate</i>	24
<i>metoprolol tartrate</i>	24
<i>metronidazole</i>	10
<i>metronidazole (topical)</i>	66

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

<i>metronidazole gel 0.75%</i>	66	<i>mycophenolate mofetil</i>	55
<i>metronidazole in nacl</i>	10	<i>mycophenolate sodium</i>	55
<i>metronidazole vaginal</i>	53	<i>myorisan</i>	64
<i>mexiletine hcl</i>	23	MYRBETRIO.....	52, 53
MIACALCIN 200 UNIT/ML	48	<i>myzilra</i>	45
MICROGESTIN 1.5/30	45	N	
MICROGESTIN 1/20	45	<i>nabumetone</i>	7
MICROGESTIN FE 1.5/30.....	45	<i>nadolol</i>	24
MICROGESTIN FE 1/20.....	45	<i>nafcillin sodium for inj</i>	16
<i>midodrine hcl</i>	26	NAGLAZYME.....	46
<i>migergot</i>	38	<i>nalbuphine hcl</i>	7
<i>minitran</i>	26	<i>naloxone inj 0.4mg/ml</i>	39
<i>minocycline hcl</i>	17	<i>naloxone inj 1mg/ml</i>	39
<i>minoxidil</i>	26	<i>naltrexone hcl</i>	39
<i>mirtazapine</i>	32	NAMENDA XR	31
<i>misoprostol</i>	51	NAMENDA XR TITRATION PACK	31
<i>mitomycin</i>	17	NAMZARIC.....	31
<i>mitoxantrone hcl</i>	21	<i>naphazoline hcl</i>	61
M-M-R II	56	<i>naproxen</i>	7
<i>moderiba tab 200mg</i>	14	<i>naproxen sodium</i>	7
<i>moexipril hcl</i>	22	<i>naratriptan hcl</i>	38
<i>moexipril-hydrochlorothiazide</i>	22	NATACYN	60
<i>molindone hcl</i>	35	<i>nateglinide</i>	42
<i>mometasone furoate</i>	66	NATPARA.....	49
<i>mono-lynyah tab 0.25-35</i>	45	NEBUPENT	10
MONONESSA.....	45	<i>necon 0.5/35 28 day</i>	45
<i>montelukast sodium</i>	62	NECON 1/50-28	45
<i>morgidox cap 1x50mg</i>	17	<i>necon 10/11 28 day</i>	45
<i>morphine ext-rel tab</i>	9	NECON 7/7/7	45
MORPHINE SUL INJ 10MG/ML.....	9	<i>necon tab 1/35</i>	45
MORPHINE SUL INJ 15MG/ML.....	9	<i>nefazodone hcl</i>	32
MORPHINE SUL INJ 1MG/ML	9	<i>neomycin sulfate</i>	9
MORPHINE SUL INJ 4MG/ML	9	<i>neomycin-bacitracin zn-polymyxin</i>	60
<i>morphine sulfate</i>	9	<i>neomycin-polymy-dexameth</i>	60
MORPHINE SULFATE.....	9	<i>neomycin-polymyxin-gramicidin</i>	60
MORPHINE SULFATE ORAL SOL	9	<i>neomycin-polymyxin-hc (ophth)</i>	60
MOVANTIK	51	<i>neomycin-polymyxin-hc (otic)</i>	67
MOVIPREP	51	NEORAL	56
MOXEZA.....	60	NEPHRAMINE	58
MOZOBIL.....	54	NEUPOGEN.....	54
MULTAQ	23	NEUPRO.....	33
<i>mupirocin</i>	64	<i>nevirapine</i>	12
MUSTARGEN	17	NEVIRAPINE	12
MYCAMINE	11		

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

<i>nevirapine tab 200mg</i>	12	<i>nortrel 1/35 21 day</i>	45
NEXAVAR.....	20	<i>nortrel 1/35 28 day</i>	45
NEXIUM GRA 10MG DR.....	52	<i>nortrel 7/7/7 28 day</i>	45
NEXIUM GRA 2.5MG DR.....	52	<i>nortriptyline hcl</i>	32
NEXIUM GRA 20MG DR.....	52	NORVIR.....	12
NEXIUM GRA 40MG DR.....	52	NOVOLIN 70/30.....	40
NEXIUM GRA 5MG DR.....	52	NOVOLIN N.....	40
<i>niacin er (antihyperlipidemic)</i>	24	NOVOLIN R.....	40
<i>niacor</i>	24	NOVOLOG.....	40
<i>nicardipine hcl</i>	25	NOVOLOG FLEXPEN.....	40
NICOTROL INHALER.....	39	NOVOLOG MIX 70/30.....	40
NICOTROL NS.....	39	NOVOLOG MIX 70/30 PREFILL.....	40
<i>nifedical xl</i>	25	NOVOLOG PENFILL.....	40
<i>nifedipine</i>	25	NOXAFIL.....	11
<i>nifedipine er</i>	25	NUEDEXTA.....	38
<i>nikki 28 day</i>	45	NULOJIX.....	56
<i>nilutamide</i>	19	NULYTELY/FLAVOR PACKS.....	51
<i>nimodipine</i>	25	NUPLAZID.....	35
NINLARO.....	18	<i>nutrilipid inj 20%</i>	58
NIPENT.....	18	NUVARING.....	45
<i>nitro-bid</i>	26	<i>nyamyc</i>	64
NITRO-DUR DIS 0.3MG/HR.....	26	<i>nyata</i>	64
NITRO-DUR DIS 0.8MG/HR.....	26	NYMALIZE.....	25
<i>nitrofurantoin macrocrystal</i>	10	<i>nystatin</i>	11
<i>nitrofurantoin monohyd macro</i>	10	<i>nystatin (mouth-throat)</i>	67
<i>nitroglycerin</i>	26	<i>nystatin (topical)</i>	64
<i>nitroglycerin td patch</i>	26	<i>nystop</i>	65
NORA-BE TAB 0.35MG.....	45	O	
NORDITROPIN FLEXPRO.....	48	OCELLA TAB 3-0.03MG.....	45
<i>norethindrone (contraceptive)</i>	45	OCTAGAM.....	55
<i>norethindrone acet & eth estra</i>	45	<i>octreotide acetate</i>	48
<i>norethindrone acetate</i>	49	ODEFSEY.....	13
<i>norethindrone acetate-ethinyl estradiol</i>	47	ODOMZO.....	21
<i>norgest/ethi tab 0.25/35</i>	45	OFEV.....	63
<i>norgestimate-ethinyl estradiol</i> (triphasic).....	45	<i>ofloxacin (ophth)</i>	60
<i>norlyroc 28 day</i>	45	<i>ofloxacin (otic)</i>	67
NORMOSOL-M IN D5W.....	59	<i>olanzapine</i>	35
NORMOSOL-R.....	59	<i>olmesartan medoxomil</i>	23
NORMOSOL-R IN D5W.....	59	<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i>	22
NORPACE CR.....	23	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i>	22
NORTHERA.....	26	<i>omega-3-acid ethyl esters</i>	24
<i>nortrel 0.5/35 28 day</i>	45		

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

<i>omeprazole cap 10mg</i>	52	PAXIL.....	32
<i>omeprazole cap 20mg</i>	52	PAZEO.....	61
<i>omeprazole cap 40mg</i>	52	PEDIARIX.....	56
<i>ondansetron hcl</i>	50	PEDVAX HIB.....	56
<i>ondansetron hcl inj</i>	50	PEG 3350/ELECTROLYTES.....	51
<i>ondansetron hcl oral soln</i>	50	PEG 3350-KCL-SOD BICARB-SOD	
<i>ondansetron odt</i>	50	CHLORIDE-SOD SULFATE.....	51
ONFI.....	29, 30	<i>peg 3350-potassium chloride-sod</i>	
OPSUMIT.....	27	<i>bicarbonate-sod chloride</i>	51
ORFADIN.....	46	PEGANONE.....	30
ORKAMBI.....	63	PEGASYS.....	14
<i>orsythia 28 day</i>	45	PEGASYS PROCLICK.....	14
<i>oseltamivir phosphate</i>	14	PENICILLIN G POT IN DEXTROSE 2 MU	
<i>oxacillin sodium</i>	16	16
<i>oxaliplatin</i>	21	PENICILLIN G POT IN DEXTROSE 3 MU	
<i>oxandrolone tab 10mg</i>	40	16
<i>oxandrolone tab 2.5mg</i>	40	<i>penicillin g procaine</i>	16
<i>oxcarbazepine</i>	30	<i>penicillin g sodium</i>	16
<i>oxybutynin chloride</i>	53	<i>penicillin v potassium</i>	16
<i>oxycodone hcl</i>	9	<i>penicillin gk inj 20mu</i>	16
OXYCODONE HCL.....	9	<i>penicillin gk inj 5mu</i>	16
<i>oxycodone w/ acetaminophen 10-</i>		PENTACEL.....	56
<i>325mg</i>	9	PENTAM 300.....	11
<i>oxycodone w/ acetaminophen 2.5-</i>		<i>pentoxifylline</i>	54
<i>325mg</i>	9	<i>perindopril erbumine</i>	22
<i>oxycodone w/ acetaminophen 5-325mg</i>		<i>periogard</i>	67
.....	9	<i>permethrin</i>	66
<i>oxycodone w/ acetaminophen 7.5-</i>		<i>perphenazine</i>	35
<i>325mg</i>	9	<i>pfizerpen-g</i>	16
<i>oxycodone w/ acetaminophen soln</i>	9	<i>phenadoz</i>	50
P		<i>phenelzine sulfate</i>	32
<i>pacerone</i>	23	<i>phenergan</i>	50
<i>paclitaxel</i>	18	<i>phenobarbital</i>	30
<i>paliperidone</i>	35	<i>phenobarbital sodium</i>	30
<i>pamidronate disodium</i>	42	PHENOBARBITAL SODIUM.....	30
PANRETIN.....	66	<i>phenytek</i>	30
<i>pantoprazole sodium tbec</i>	52	<i>phenytoin</i>	30
<i>paricalcitol</i>	59	<i>phenytoin sodium</i>	30
<i>paroex sol 0.12%</i>	67	<i>phenytoin sodium extended</i>	30
<i>paromomycin sulfate</i>	9	<i>philith</i>	45
<i>paroxetine hcl tabs</i>	32	PHOSPHOLINE IODIDE.....	61
<i>paser d/r</i>	13	PILOCARPINE HCL.....	61
PATADAY.....	61	<i>pilocarpine hcl (oral)</i>	67
		PILOCARPINE HCL (ORAL).....	67

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

<i>pimozide</i>	35	<i>prednisone pak 5mg</i>	47
<i>pimtreea pack</i>	45	<i>prednisone sol 5mg/5ml</i>	47
<i>pindolol</i>	24	<i>prednisone tab 10mg</i>	48
<i>pioglitazone hcl</i>	42	<i>prednisone tab 1mg</i>	48
<i>piperacillin sodium-tazobactam sodium</i>	16	<i>prednisone tab 2.5mg</i>	48
<i>piperacillin/tazobactam</i>	16	<i>prednisone tab 20mg</i>	48
<i>pirmella 1/35 28 day</i>	45	<i>prednisone tab 50mg</i>	48
<i>piroxicam</i>	7	<i>prednisone tab 5mg</i>	48
PLASMA-LYTE A.....	59	<i>premasol 10%</i>	58
PLASMA-LYTE-148.....	59	<i>premasol 6%</i>	58
<i>podofilox</i>	66	<i>prenatal vitamin/folic acid > 0.8 mg</i> <i>(generic)</i>	59
<i>polyethylene glycol 3350</i>	51	<i>prevalite</i>	24
<i>polymyxin b-trimethoprim</i>	60	<i>previfem 28 day</i>	45
POMALYST.....	55	PREZCOBIX.....	13
<i>portia 28 day</i>	45	PREZISTA.....	12
<i>pot chloride inj 2meq/ml</i>	59	PRIFTIN.....	13
<i>potassium chloride</i>	57	PRIMAQUINE PHOSPHATE.....	12
POTASSIUM CHLORIDE.....	57, 59	<i>primidone</i>	30
<i>potassium chloride in nacl</i>	59	PRISTIQ.....	32
<i>potassium chloride microencapsulated</i> <i>crystals cr</i>	57	PRIVIGEN.....	55
<i>potassium citrate (alkalinizer)</i>	52	<i>probenecid</i>	7
POTASSIUM CITRATE (ALKALINIZER). 52		PROCALAMINE.....	58
POTIGA.....	30	<i>prochlorperazine inj</i>	50
PRADAXA.....	53	<i>prochlorperazine maleate</i>	50
PRALUENT.....	24	<i>prochlorperazine supp</i>	50
<i>pramipexole tab 0.125mg</i>	33	PROCRIT.....	54
<i>pramipexole tab 0.25mg</i>	33	<i>procto-med</i>	65
<i>pramipexole tab 0.5mg</i>	33	<i>procto-pak</i>	65
<i>pramipexole tab 0.75mg</i>	33	<i>proctosol hc cre 2.5%</i>	65
<i>pramipexole tab 1.5mg</i>	33	<i>proctozone hc</i>	65
<i>pramipexole tab 1mg</i>	33	PROGLYCEM SUS 50MG/ML.....	48
<i>pravastatin sodium</i>	23	PROGRAF.....	56
<i>prazosin hcl</i>	22	PROLASTIN-C.....	63
<i>pred sod pho sol 5mg/5ml</i>	47	PROLENSA.....	61
PREDNISOLONE ACETATE (OPHTH).....	61	PROLEUKIN.....	18
<i>prednisolone sodium phosphate (ophth)</i>	61	PROLIA.....	48
<i>prednisolone sol 15mg/5ml</i>	47	PROMACTA.....	54
<i>prednisolone sol 25mg/5ml</i>	47	<i>promethazine hcl</i>	50
<i>prednisolone syp 15mg/5ml</i>	47	<i>promethegan</i>	50
<i>prednisone con 5mg/ml</i>	47	<i>propafenone hcl</i>	23
<i>prednisone pak 10mg</i>	47	<i>propafenone hcl 12hr</i>	23
		<i>proparacaine hcl</i>	61
		<i>propranolol & hydrochlorothiazide</i>	24

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

<i>propranolol cap er</i>	24
<i>propranolol hcl</i>	24
<i>propranolol oral sol</i>	24
<i>propylthiouracil</i>	49
PROQUAD	56
PROSOL	58
<i>protriptyline hcl</i>	32
PULMICORT FLEXHALER	63
PULMOZYME	63
PURIXAN	18
<i>pyrazinamide</i>	13
<i>pyridostigmine tab 60mg</i>	38

Q

QUADRACEL	56
<i>quasense 91 day</i>	45
<i>quetiapine fumarate</i>	35
<i>quinapril hcl</i>	22
<i>quinapril-hydrochlorothiazide</i>	22
<i>quinidine gluconate</i>	23
<i>quinidine sulfate</i>	23
<i>quinine sulfate</i>	12

R

RABAVERT	56
<i>raloxifene tab 60mg</i>	48
<i>ramipril</i>	22
RANEXA	26
<i>ranitidine hcl</i>	50
<i>ranitidine hcl inj</i>	50
<i>ranitidine syrup</i>	50
RAPAMUNE	56
<i>rasagiline mesylate</i>	33
RAVICTI	46
REBETOL SOLN	14
<i>reclipsen 28 day</i>	45
RECOMBIVAX HB	56
REGRANEX	67
RELENZA DISKHALER	14
RELISTOR	51
RELPAX	38
REMICADE	55
REMODULIN	27
RENVELA PAK	49

RENVELA TAB 800MG	49
<i>repaglinide</i>	42
RESCRIPTOR	12
RESTASIS	61
RETROVIR IV INFUSION	12
REVATIO	27
REVLIMID	55
REXULTI	35
REYATAZ	12
<i>ribasphere</i>	14
<i>ribavirin cap 200mg</i>	14
<i>ribavirin tab 200mg</i>	14
<i>rifabutin</i>	13
<i>rifampin</i>	13
RIFATER	13
<i>riluzole</i>	38
<i>rimantadine hydrochloride</i>	14
RINGER'S	59
RISPERDAL INJ 12.5MG	35
RISPERDAL INJ 25MG	35
RISPERDAL INJ 37.5MG	35
RISPERDAL INJ 50MG	36
<i>risperidone</i>	36
RITUXAN	18
<i>rivastigmine tartrate</i>	31
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	31
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	31
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	31
<i>rizatriptan benzoate</i>	38
<i>ropinirole tab 0.25mg</i>	34
<i>ropinirole tab 0.5mg</i>	34
<i>ropinirole tab 1mg</i>	34
<i>ropinirole tab 2mg</i>	34
<i>ropinirole tab 3mg</i>	34
<i>ropinirole tab 4mg</i>	34
<i>ropinirole tab 5mg</i>	34
<i>rosadan cre 0.75%</i>	66
<i>rosuvastatin calcium</i>	23
ROTARIX	57
ROTATEQ	57
<i>roweepra</i>	30

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

RUBRACA.....	19	<i>sprintec 28 day</i>	45
S		SPRITAM	30
SABRIL	30	SPRYCEL.....	20
SANDIMMUNE.....	56	<i>sps susp 15gm/60ml</i>	43
SANDOSTATIN LAR DEPOT	48	<i>sronyx</i>	45
SANTYL.....	67	SSD	64
SAPHRIS	36	<i>stavudine</i>	12
<i>selegiline hcl</i>	34	STERILE WATER IRRIGATION	67
<i>selenium sulfide</i>	65	STIMATE.....	49
SELZENTRY.....	12	STIVARGA.....	20
SENSIPAR.....	43	STRATTERA.....	37
SEREVENT DISKUS	62	<i>streptomycin sulfate</i>	9
<i>sertraline hcl</i>	32	STRIBILD	13
<i>setlakin tab</i>	45	SUBOXONE MIS 12-3MG	40
<i>sharobel 28 day</i>	45	SUBOXONE MIS 2-0.5MG.....	39
SIGNIFOR.....	48	SUBOXONE MIS 4-1MG.....	39
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	27	SUBOXONE MIS 8-2MG.....	39
SILENOR.....	37	SUCRAID.....	52
SILVER SULFADIAZINE.....	64	<i>sucralfate</i>	52
SIMBRINZA.....	61	<i>sulfacet sod oin 10% op</i>	60
<i>simvastatin</i>	23	<i>sulfacetamide sodium (acne)</i>	64
<i>sirolimus</i>	56	<i>sulfacetamide sodium (ophth)</i>	60
SIRTURO.....	13	<i>sulfacetamide sod-prednisolone</i>	60
SIVEXTRO	11	<i>sulfadiazine</i>	9
SODIUM CHLORIDE.....	57, 59	<i>sulfamethoxazole-trimethop ds</i>	11
SODIUM CHLORIDE 0.45% VIA.....	59	<i>sulfamethoxazole-trimethoprim</i>	11
SODIUM CHLORIDE 0.9%	67	<i>sulfamethoxazole-trimethoprim inj</i>	11
SODIUM CHLORIDE INJ 0.9%	59	SULFAMYLON	64
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	57	<i>sulfasalazine</i>	51
<i>sodium phenylbutyrate</i>	47	<i>sulfasalazine ec</i>	51
<i>sodium polystyrene sulfonate</i>	43	<i>sulindac</i>	7
SOLTAMOX.....	19	SUMATRIPTAN	38
SOLU-CORTEF	48	SUMATRIPTAN INJ 4MG/0.5ML.....	38
SOMATULINE DEPOT	48	<i>sumatriptan inj 6mg/0.5ml</i>	38
SOMAVERT.....	48	<i>sumatriptan succinate</i>	38
<i>sorine</i>	23	<i>suprax</i>	15
<i>sotalol hcl</i>	23	SUPRAX	15
<i>sotalol hcl (afib/afl)</i>	23	SUPREP BOWEL PREP KIT	51
SOVALDI	14	SUSTIVA.....	12
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