



GlobalHealth

GlobalHealth 2018 Formulary

(List of
Covered Drugs)

For Generations
Classic (HMO)



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

This formulary was updated
on 04/01/2018 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: 00018202
Version 8

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

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

The formulary may change at any time, you will receive notice when necessary.

H3706_COMPFORMULARY_CLASSIC_2018 ACCEPTED

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 Generations Classic (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 04/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 04/01/2018. 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 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 65. 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 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 Generations Classic (HMO) 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. For more information, 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 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 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 Generations Classic (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 31-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 Generations Classic (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>.

Generations Classic (HMO) Formulary

The formulary that begins on 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 65.

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
 B/D - Covered under Medicare B or D LA - Limited Access GC - We provide 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
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	4	
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	3	QL (270 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	3	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days)
<i>methadone hcl 5mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl 10mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl intensol</i>	3	QL (120 mL / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate oral sol</i>	3	
NUCYNTA ER 50mg, 100mg	3	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	3	QL (60 tabs / 30 days)
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> CONC; SOLN	4	
<i>oxycodone hcl</i> TABS	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln</i>	3	QL (1800 mL / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

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

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	5	
ALINIA	5	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i>	4	
BILTRICIDE	3	
CAYSTON	5	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 in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
<i>daptomycin</i>	5	
EMVERM	5	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid</i>	5	
<i>linezolid in sodium chloride</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
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
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	
<i>tigecycline 50mg</i>	5	
TIGECYCLINE 50mg	5	
<i>trimethoprim TABS</i>	2	
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg</i>	4	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b SOLR</i>	4	B/D
CANCIDAS	5	
<i>caspofungin acetate 50mg</i>	5	
CASPOFUNGIN ACETATE 50mg, 70mg	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
FLUCONAZOLE INJ NAACL 100	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	

ANTIMALARIALS

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

ANTIRETROVIRAL AGENTS

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

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tb24</i>	4	
NORVIR	3	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
SUSTIVA CAPS 50mg	4	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD	5	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
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</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	GC
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

ANTIVIRALS

<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
HARVONI	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine (hbv)</i>	4	
MAVYRET	5	NM, PA
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<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>	3	
SOVALDI	5	NM, PA
TAMIFLU SUSR	3	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

CEPHALOSPORINS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
TEFLARO	5	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	GC
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	

FLUOROQUINOLONES

<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	GC
<i>ciprofloxacin in d5w</i>	3	
<i>ciprofloxacin inj</i>	3	
<i>levofloxacin</i> TABS	1	GC
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	

PENICILLINS

<i>amoxicillin</i> CAPS; SUSR; TABS	1	GC
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin & pot clavulanate</i> CHEW; TB12	4	
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 250mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin cap 500mg</i>	1	GC
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin susp</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium for inj 1gm, 2gm</i>	4	
<i>nafcillin sodium for inj 10gm</i>	5	
<i>oxacillin sodium 1gm, 2gm</i>	4	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium SOLR</i>	2	
<i>penicillin v potassium TABS</i>	1	GC
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate 20 mg</i>	3	
<i>doxycycline hyclate 100 mg</i>	3	
<i>minocycline hcl CAPS</i>	3	
<i>morgidox cap 1x50mg</i>	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	B/D, NM
<i>busulfan</i>	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
<i>dacarbazine</i>	3	B/D
EMCYT	4	

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	3	B/D
LEUKERAN	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	5	B/D
ANTHRACYCLINES		
<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	4	B/D
<i>epirubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	5	B/D
<i>mercaptopurine TABS</i>	4	
<i>methotrexate sodium inj</i>	2	B/D
NIPENT	5	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
DOCETAXEL SOLN	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		

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Drug Name	Drug Tier	Requirements/Limits
<i>vinblastine sulfate</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN	5	NM, LA, PA
BELEODAQ	5	NM, PA
BORTEZOMIB	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
YERVOY	5	NM, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole TABS</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyprogesterone caproate (antineoplastic)</i>	5	B/D
<i>letrozole TABS</i>	2	
<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
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	4	
<i>tamoxifen citrate TABS</i>	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

IMMUNOMODULATORS

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

KINASE INHIBITORS

AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
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 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), 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

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene</i>	5	NM, PA
DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
LONSURF	5	NM, PA
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D, NM
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>	3	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D

PROTECTIVE AGENTS

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

TOPOISOMERASE INHIBITORS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-101 mg</i>		GC
<i>amlodipine besylate-benazepril hcl cap 5-201 mg</i>		GC

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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
<i>ENTRESTO</i>	3	
<i>irbesartan-hydrochlorothiazide</i>	1	GC
<i>losartan-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	GC
<i>valsartan-hydrochlorothiazide</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i>	1	GC
<i>losartan potassium</i>	1	GC
<i>olmesartan medoxomil</i> TABS	1	GC
<i>valsartan</i>	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN	2	
<i>amiodarone hcl</i> TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	GC
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>dofetilide</i>	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</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	1	GC
<i>propafenone hcl</i>	3	
<i>propafenone hcl</i> 12hr	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/af)</i>	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS	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</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC
<i>simvastatin</i> TABS 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
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	
<i>atenolol</i> TABS	1	GC
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	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>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> SOLN; TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	

CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>	3	
<i>amlodipine besylate</i> TABS	1	GC
<i>cartia xt</i>	3	

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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	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedical xl</i>	3	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	GC
<i>verapamil hcl TBCR</i>	2	
<i>verapamil tab er</i>	2	

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	
<i>digoxin sol 50mcg/ml</i>	3	PA; PA if 65 years and older

DIRECT RENIN INHIBITORS/COMBINATIONS

<i>TEKTURNA</i>	4	
<i>TEKTURNA HCT</i>	4	

DIURETICS

<i>acetazolamide CP12</i>	4	
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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i> TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<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	
<i>furosemide</i> TABS	1	GC
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	GC
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tabs</i>	1	GC
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK	4	
<i>clonidine hcl</i> TABS	1	GC
CORLANOR	4	
DEMSER	5	
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
NITRATES		
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	
PULMONARY ARTERIAL HYPERTENSION		

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Drug Name	Drug Tier	Requirements/Limits
ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), 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 5mg, 7.5mg, 10mg, 15mg	2	
<i>bupirone hcl</i> TABS 30mg	4	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	GC, QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

ANTICONVULSANTS

APTIOM 200mg	5	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; 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
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<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
<i>diazepam gel</i>	4	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
DILANTIN	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA

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

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>valproate sodium oral soln</i>	3	
<i>valproate sodium soln 100mg/ml</i>	4	
<i>valproic acid</i>	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	

ANTIDEMENTIA

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

ANTIDEPRESSANTS

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	3	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	GC
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	4	
APOKYN	5	NM, LA, PA
<i>benztropine mesylate</i> SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate TABS</i>	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS</i>	4	
<i>selegiline hcl TABS</i>	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 65 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol con lactate</i>	2	
<i>haloperidol decanoate</i> SOLN	4	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg, 20mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 300mg, 400mg	4	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	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>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days), PA
VRAYLAR 3mg	5	QL (60 caps / 30 days), PA
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)

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

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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 1mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine</i>	4	
<i>migergot</i>	5	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
RELPAK	4	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)

MISCELLANEOUS

AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS	1	GC
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA	5	NM, LA, PA
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Drug Name	Drug Tier	Requirements/Limits
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> 50mg	4	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> 200mg, 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, 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>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
VIVITROL	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

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

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	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 2.5-1000 MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	GC
<i>alendronate sodium</i> TABS 35mg, 70mg	1	GC, QL (4 tabs / 28 days)
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D

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

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet & eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	3	
<i>gildagia</i>	3	
<i>heather</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena tab</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	

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

ENDOMETRIOSIS

<i>danazol</i> CAPS	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)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ZAVESCA	5	NM, LA, PA

ESTROGENS

DELESTROGEN 10mg/ml	4	
ESTRACE CREA	4	
<i>estradiol</i> PTWK; TABS	4	PA; PA if 65 years and older
<i>estradiol vaginal cream</i>	4	
<i>estradiol vaginal tab</i>	3	

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<i>estradiol valerate inj</i>	3	
<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 tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older
<i>yuvaferm vaginal tablet 10 mcg</i>	3	
GLUCOCORTICOIDS		
<i>cortisone acetate TABS</i>	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone ELIX; SOLN</i>	3	
<i>dexamethasone TABS</i>	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate TABS</i>	2	
<i>hydrocortisone TABS</i>	3	
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	3	B/D
<i>methylpr ss inj 40mg</i>	3	B/D
<i>methylpr ss inj 125mg</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	3	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	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	

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Drug Name	Drug Tier	Requirements/Limits
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
FORTEO	5	NM, PA
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
MIACALCIN	5	B/D
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 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
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder)</i> CAPS	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
RENVELA PAK 2.4gm	3	QL (180 paks / 30 days)
RENVELA PAK .8gm	3	QL (540 paks / 30 days)
RENVELA TAB 800MG	3	QL (540 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	3	QL (180 packs / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	3	QL (540 packs / 30 days)
<i>sevelamer carbonate</i> TABS	3	QL (540 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	GC
<i>norethindrone acetate</i> TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	
VASOPRESSINS		
<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
<i>desmopressin sol 0.01%</i>	4	
STIMATE	5	NM
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	3	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	GC
<i>metoclopramide inj</i>	2	
<i>ondansetron hcl</i> TABS	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SOLN; SYRP; TABS	4	PA; PA if 65 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
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> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	GC
<i>famotidine inj</i>	2	
<i>ranitidine hcl</i> TABS	1	GC
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
APRISO	3	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine</i> ENEM	4	
<i>mesalamine</i> TBEC 800mg	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine</i> TABS	3	
<i>sulfasalazine ec</i>	3	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350 PACK</i>	3	
<i>polyethylene glycol 3350 POWD</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	

MISCELLANEOUS

<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (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 CAPS</i>	2	
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate TABS</i>	3	
<i>ursodiol CAPS</i>	3	
<i>ursodiol TABS</i>	4	
XIFAXAN 550mg	5	PA

PANCREATIC ENZYMES

CREON	3	
ZENPEP	4	

PROTON PUMP INHIBITORS

DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>omeprazole cap 10mg</i>	1	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	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride</i> TABS 5mg	2	
<i>tamsulosin hcl</i>	3	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	

URINARY ANTISPASMODICS

MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	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>tropium chloride</i> TABS	4	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	4	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
<i>heparin sodium/d5w</i>	3	
HEPARIN SODIUM/NAACL 0.45%	3	
<i>jantoven</i>	1	GC
PRADAXA	4	
<i>warfarin sodium</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

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Drug Name	Drug Tier	Requirements/Limits
GRANIX	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	
CINRYZE	5	QL (20 vials / 30 days), NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
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

<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	GC
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	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

IMMUNOSUPPRESSANTS

AZATHIOPRINE SOLR	4	B/D
<i>azathioprine TABS</i>	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine CAPS; SOLN</i>	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil CAPS; TABS</i>	4	B/D
<i>mycophenolate mofetil SUSR</i>	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D

VACCINES

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/lactated ring</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's inj</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>ringer's</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	

VITAMINS

<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol CAPS</i>	4	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	2	
RAYALDEE	5	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

<i>bacitracin (ophthalmic)</i>	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine SOLN</i>	3	
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>	2	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	

ANTIALLERGICS

<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	GC
LASTACAFT	4	
<i>olopatadine hcl 0.2%</i>	3	
PAZEO	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIGLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	GC
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
TRAVATAN Z	3	
MISCELLANEOUS		
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
RESTASIS	3	QL (64 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTIHISTAMINES		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	
BETA AGONISTS		
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP</i>	1	GC
<i>albuterol sulfate TABS; TB12</i>	4	
<i>levalbuterol hcl NEBU 1.25mg/3ml</i>	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium CHEW</i>	3	
<i>montelukast sodium PACK</i>	4	
<i>montelukast sodium TABS</i>	2	
<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 500mcg	4	
<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml</i>	3	(generic of Adrenaclick)

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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	QL (1 bottle / 30 days)

STERIOD INHALANTS

ARNUITY 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)

STERIOD/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	
THEO-24	4	
<i>theophylline SOLN</i>	4	
<i>theophylline TB12; TB24</i>	3	

TOPICAL

DERMATOLOGY, ACNE

<i>amnestem</i>	4	PA
<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) GEL; SOLN; SWAB</i>	3	
<i>clindamycin phosphate (topical) LOTN</i>	4	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid) GEL</i>	4	
<i>erythromycin (acne aid) SOLN</i>	3	
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin CREA</i>	4	PA
<i>tretinoin GEL .01%, .025%</i>	4	PA
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	3	
<i>mafenide acetate PACK</i>	4	
<i>mupirocin OINT</i>	2	
<i>silver sulfadiazine CREA</i>	2	
<i>ssd</i>	2	
<i>SULFAMYLON CREA</i>	4	
<i>SULFAMYLON PACK</i>	5	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA; SOLN</i>	4	
<i>tazarotene CREA</i>	4	PA
<i>TAZORAC CREA .05%</i>	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide LOTN</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i>	3	
<i>betamethasone dipropionate augmented CREA</i>	3	
<i>betamethasone dipropionate augmented GEL; LOTN; OINT</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>desoximetasone</i> CREA; GEL; OINT	4	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	4	
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA	1	GC
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 gm / 30 days), PA
<i>lidocaine-prilocaine</i>	4	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	3	
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
<i>doxepin hcl (antipruritic)</i>	4	
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> CREA	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
B/D - Covered under Medicare B or D LA - Limited Access GC - We provide 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
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
PICATO	3	
<i>podofilox SOLN</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>sterile water irrigation</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
<i>clotrimazole LOZG</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	GC
<i>periogard</i>	1	GC
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

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<i>digitek</i>	25	<i>drospirenone-ethinyl estradiol</i>	43
<i>digox</i>	25	DROXIA	21
<i>digoxin</i>	25	<i>duloxetine hcl</i>	31
<i>digoxin inj</i>	25	DUREZOL.....	58
<i>digoxin sol 50mcg/ml</i>	25	<i>dutasteride</i>	50
<i>dihydroergotamine mesylate 1mg/ml</i> .37		<i>dutasteride-tamsulosin hcl</i>	50
<i>dihydroergotamine mesylate nasal</i>	37	<i>e.e.s. 400</i>	15
DILANTIN.....	28	EDURANT	11
DILANTIN-125 SUS 125/5ML	28	<i>efavirenz</i>	11
<i>diltiazem cap 120mg cd</i>	25	<i>eletriptan hydrobromide</i>	37
<i>diltiazem cap 180mg cd</i>	25	ELIQUIS.....	51
<i>diltiazem cap 240mg cd</i>	25	ELIQUIS STARTER PACK.....	51
<i>diltiazem cap 300mg cd</i>	25	ELITEK.....	21
<i>diltiazem cap 360mg cd</i>	25	ELLA.....	43
<i>diltiazem cap er/12hr</i>	25	EMCYT	16
<i>diltiazem hcl</i>	25	EMEND	48
<i>diltiazem hcl cap sr 24hr</i>	25	<i>emoquette</i>	43
<i>diltiazem hcl coated beads cap sr 24hr</i>	25	EMSAM	31
<i>diltiazem hcl extended release beads</i> <i>cap sr</i>	25	EMTRIVA.....	11
<i>diltiazem inj</i>	25	EMVERM	10
<i>dilt-xr cap</i>	25	<i>enalapril maleate</i>	22
<i>diphenhydramine hcl inj</i>	60	<i>enalapril maleate & hydrochlorothiazide</i>	22
<i>diphenoxylate w/ atropine</i>	50	<i>endocet</i>	7
DIPHThERIA/TETANUS TOXOID	54	ENGERIX-B.....	54
<i>disopyramide phosphate</i>	23	<i>enoxaparin sodium</i>	51
<i>disulfiram</i>	38	<i>enpresse-28</i>	43
<i>divalproex sodium</i>	28	<i>enskyce</i>	43
		<i>entacapone</i>	32

<i>entecavir</i>	13	FARESTON	18
ENTRESTO	22	FARXIGA	40
<i>enulose</i>	49	FARYDAK	18
EPCLUSA.....	13	FASLODEX.....	18
<i>epinephrine (anaphylaxis)</i>	60	<i>felbamate</i>	28
<i>epirubicin hcl</i>	17	<i>felodipine</i>	25
<i>epitol</i>	28	<i>femynor</i>	43
EPIVIR HBV	13	<i>fenofibrate</i>	24
<i>eplerenone</i>	22	<i>fenofibrate micronized</i>	24
<i>ergotamine w/ caffeine</i>	37	<i>fentanyl citrate</i>	7
ERIVEDGE.....	18	<i>fentanyl patch 100 mcg/hr</i>	8
<i>errin</i>	43	<i>fentanyl patch 12 mcg/hr</i>	8
<i>ery pad 2%</i>	62	<i>fentanyl patch 25 mcg/hr</i>	8
<i>ery-tab</i>	15	<i>fentanyl patch 50 mcg/hr</i>	8
ERYTHROCIN LACTOBIONATE	15	<i>fentanyl patch 75 mcg/hr</i>	8
<i>erythrocine stearate</i>	15	FENTORA	8
<i>erythromycin (acne aid)</i>	62	FETZIMA	31
<i>erythromycin (ophth)</i>	58	FETZIMA TITRATION PACK	31
<i>erythromycin base</i>	15	FIASP	39
<i>erythromycin cap 250mg ec</i>	15	FIASP FLEXTOUCH.....	39
<i>erythromycin ethylsuccinate</i>	15	<i>finasteride</i>	51
ESBRIET	61	FIRAZYR	52
<i>escitalopram oxalate</i>	31	FLEBOGAMMA DIF	53
<i>esomeprazole magnesium</i>	50	<i>flecainide acetate</i>	23
<i>esomeprazole sodium inj</i>	50	FLOVENT DISKUS.....	61
<i>estarylla tab 0.25-35</i>	43	FLOVENT HFA	61
ESTRACE.....	45	<i>fluconazole</i>	11
<i>estradiol</i>	45	<i>fluconazole in dextrose</i>	11
<i>estradiol vaginal cream</i>	45	FLUCONAZOLE INJ NAACL 100.....	11
<i>estradiol vaginal tab</i>	45	<i>fluconazole inj nacl 200</i>	11
<i>estradiol valerate inj</i>	46	<i>fluconazole inj nacl 400</i>	11
<i>ethambutol hcl</i>	13	<i>flucytosine</i>	11
<i>ethosuximide</i>	28	<i>fludarabine phosphate</i>	17
<i>ethynodiol diacet & eth estrad</i>	43	<i>fludrocortisone acetate</i>	46
<i>ethynodiol tab 1-50</i>	43	<i>flunisolide (nasal)</i>	61
<i>etodolac</i>	7	<i>fluocinolone acetonide</i>	63
<i>etoposide</i>	21	<i>fluocinolone acetonide (otic)</i>	64
EVOTAZ	13	<i>fluocinolone acetonide oil body</i>	63
<i>exemestane</i>	18	<i>fluocinonide</i>	63
<i>ezetimibe</i>	23	<i>fluocinonide emulsified base</i>	63
FABRAZYME.....	45	<i>fluorometholone</i>	58
<i>falmina</i>	43	<i>fluorouracil</i>	17
<i>famciclovir</i>	13	<i>fluorouracil (topical)</i>	63
<i>famotidine</i>	49	<i>fluoxetine cap 10mg</i>	31
<i>famotidine inj</i>	49	<i>fluoxetine cap 20mg</i>	31
FANAPT.....	33	<i>fluoxetine cap 40mg</i>	31
FANAPT TITRATION PACK.....	33	<i>fluoxetine hcl</i>	31

<i>fluphenazine decanoate</i>	33	<i>gentamicin sulfate</i>	9
<i>fluphenazine hcl</i>	34	<i>gentamicin sulfate (topical)</i>	62
<i>flurbiprofen</i>	7	<i>gentamicin sulfate soln (ophth)</i>	58
<i>flurbiprofen sodium</i>	58	GENVOYA	13
<i>flutamide</i>	18	GEODON	34
<i>fluticasone propionate</i>	63	<i>gianvi tab 3-0.02mg</i>	43
<i>fluticasone propionate (nasal)</i>	61	<i>gildagia</i>	43
<i>fluvoxamine maleate</i>	27	GILENYA	38
<i>fondaparinux sodium</i>	51	GILOTRIF TAB 20MG	20
FORTEO	47	GILOTRIF TAB 30MG	20
<i>fosamprenavir tab 700 mg</i>	11	GILOTRIF TAB 40MG	20
<i>fosinopril sodium</i>	22	<i>glatiramer acetate 20mg/ml</i>	38
<i>fosinopril sodium & hydrochlorothiazide</i>	22	<i>glatiramer acetate 40mg/ml</i>	38
FREAMINE HBC 6.9%	56	<i>glatopa</i>	38
FREAMINE III	56	GLEOSTINE	17
<i>furosemide</i>	26	<i>glimepiride</i>	40
<i>furosemide inj</i>	26	<i>glip/metform tab 2.5-250mg</i>	40
FUZEON	11	<i>glip/metform tab 2.5-500mg</i>	40
<i>fyavolv tab 1-5mg</i>	46	<i>glip/metform tab 5-500mg</i>	40
FYCOMPA	28, 29	<i>glipizide</i>	40
<i>gabapentin</i>	29	<i>glipizide xl</i>	40
GABITRIL	29	GLUCAGEN HYPOKIT	46
<i>galantamine hydrobromide</i>	30	GLUCAGON EMERGENCY KIT	47
<i>galantamine hydrobromide er</i>	30	<i>glycopyrrolate</i>	49
GAMASTAN S/D	53	<i>glycopyrrolate inj</i>	49
GAMMAGARD LIQUID	53	<i>glydo</i>	63
GAMMAGARD S/D	53	GOLYTELY	49
GAMMAKED	53	<i>granisetron hcl</i>	48
GAMMAPLEX	53	GRANIX	52
GAMMAPLEX 10GM/100ML	53	<i>griseofulvin microsize</i>	11
GAMUNEX-C	53	<i>griseofulvin ultramicrosize</i>	11
<i>ganciclovir inj 500mg</i>	13	<i>guanfacine er (adhd)</i>	36
GARDASIL 9	54	HAEGARDA	52
<i>gatifloxacin (ophth)</i>	58	<i>halobetasol propionate</i>	63
GATTEX	50	<i>haloperidol</i>	34
GAUZE PADS 2	39	<i>haloperidol con lactate</i>	34
<i>gavilyte-c</i>	49	<i>haloperidol decanoate</i>	34
<i>gavilyte-g</i>	49	<i>haloperidol lactate inj 5 mg/ml</i>	34
<i>gavilyte-n/flavor pack</i>	49	HARVONI	13
<i>gemcitabine inj soln</i>	17	HAVRIX	54
<i>gemcitabine inj solr</i>	17	<i>heather</i>	43
<i>gemfibrozil</i>	24	<i>heparin sod (porcine) in d5w</i>	51
<i>generlac</i>	49	<i>heparin sod inj 1000/ml</i>	51
<i>gengraf</i>	53	<i>heparin sod inj 10000/ml</i>	51
<i>gentak</i>	58	<i>heparin sod inj 20000/ml</i>	51
<i>gentamicin in saline</i>	9	<i>heparin sod inj 5000/ml</i>	51
		<i>heparin sodium/d5w</i>	51

HEPARIN SODIUM/NACL 0.45%	51	IFOSFAMIDE INJ 3GM	17
<i>hepatamine</i>	56	<i>ifosfamide inj 3gm/60ml</i>	17
HERCEPTIN	18	ILEVRO	58
HETLIOZ	36	<i>imatinib mesylate</i>	20
HEXALEN	17	IMBRUVICA CAP 140MG	20
HIBERIX.....	54	<i>imipenem-cilastatin</i>	10
HUMIRA INJ 10MG/0.2ML.....	52	<i>imipramine hcl</i>	31
HUMIRA KIT 20MG/0.4ML.....	52	<i>imiquimod</i>	63
HUMIRA KIT 40MG/0.8ML.....	52	IMOVAX RABIES (H.D.C.V.)	54
HUMIRA PEDIATRIC CROHNS DISEASE		INCRELEX	47
.....	52	INCRUSE ELLIPTA	60
HUMIRA PEN.....	52	<i>indapamide</i>	26
HUMIRA PEN-CROHNS DISEASE.....	53	INFANRIX.....	54
HUMIRA PEN-PSORIASIS.....	53	INLYTA	20
HUMULIN R INJ U-500	39	INSULIN PEN NEEDLE	39
HUMULIN R U-500 KWIKPEN	39	INSULIN SAFETY NEEDLES	39
<i>hydralazine hcl</i>	26	INSULIN SYRINGE	39
<i>hydrochlorothiazide</i>	26	INTELENCE.....	11
<i>hydroco/apap tab 10-325mg</i>	8	INTRALIPID 30%.....	56
<i>hydroco/apap tab 5-325mg</i>	8	<i>intralipid inj 20%</i>	56
<i>hydroco/apap tab 7.5-325</i>	8	INTRON-A INJ 10MU	53
<i>hydrocodone-acetaminophen 7.5-325</i>		INTRON-A INJ 18MU	53
<i>mg/15ml</i>	8	INTRON-A INJ 25MU	53
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INTRON-A INJ 50MU	53
.....	8	<i>introvale</i>	43
<i>hydrocortisone</i>	46	INVANZ	10
<i>hydrocortisone (enema)</i>	49	INVEGA SUST INJ 117 MG/0.75 ML ...	34
<i>hydrocortisone (topical)</i>	63	INVEGA SUST INJ 156MG/ML.....	34
<i>hydrocortisone butyrate cream 0.1%</i>	63	INVEGA SUST INJ 234 MG/1.5 ML	34
<i>hydrocortisone butyrate oint 0.1%</i>	63	INVEGA SUST INJ 39 MG/0.25 ML	34
<i>hydrocortisone butyrate soln 0.1%</i>	63	INVEGA SUST INJ 78 MG/0.5 ML.....	34
<i>hydrocortisone valerate</i>	63	INVEGA TRINZA	34
<i>hydromorphone hcl</i>	8	INVIRASE.....	11
<i>hydroxychloroquine sulfate</i>	53	INVOKAMET TAB 150-1000MG.....	40
<i>hydroxyprogesterone caproate</i>		INVOKAMET TAB 150-500MG.....	40
<i>(antineoplastic)</i>	19	INVOKAMET TAB 50-1000MG.....	40
<i>hydroxyurea</i>	21	INVOKAMET TAB 50-500MG	40
<i>hydroxyzine hcl</i>	60	INVOKAMET XR TAB 150-1000MG	41
<i>hydroxyzine pamoate</i>	60	INVOKAMET XR TAB 150-500MG.....	41
HYSINGLA ER	8	INVOKAMET XR TAB 50-1000MG.....	40
IBRANCE.....	18	INVOKAMET XR TAB 50-500MG.....	40
<i>ibuprofen</i>	7	INVOKANA	41
ICLUSIG.....	20	IONOSOL-MB/DEXTROSE 5%	56
IDHIFA	18	IPOL INACTIVATED IPV	54
IFEX INJ 3GM	17	<i>ipratropium bromide</i>	60
<i>ifosfamide inj 1gm</i>	17	<i>ipratropium bromide (nasal)</i>	60
<i>ifosfamide inj 1gm/20ml</i>	17	<i>ipratropium-albuterol nebu</i>	59

<i>irbesartan</i>	23	<i>kariva</i>	43
<i>irbesartan-hydrochlorothiazide</i>	22	<i>kcl 0.075%/d5w/nacl 0.45%</i>	57
IRESSA	20	KCL 0.15%/D5W/NAACL 0.225%	57
<i>irinotecan hcl</i>	21	<i>kcl 0.15%/d5w/nacl 0.9%</i>	56
ISENTRESS	11, 12	<i>kcl 0.3%/d5w/nacl 0.45%</i>	56
ISENTRESS HD	12	KCL 0.3%/D5W/NAACL 0.9%	56
<i>isibloom</i>	43	<i>kcl/d5w inj 0.3%</i>	57
ISOLYTE P	56	<i>kcl/d5w/nacl inj .15/.33%</i>	57
ISOLYTE S	56	<i>kcl/d5w/nacl inj .15/.45%</i>	57
<i>isoniazid</i>	13	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	57
<i>isoniazid inj 100 mg/ml</i>	13	<i>kcl/nacl inj 0.15%-0.9%</i>	57
<i>isoniazid syp 50mg/5ml</i>	13	<i>kcl/nacl inj 0.3-0.9</i>	57
<i>isosorb mononitrate tab</i>	26	<i>kcl0.15%/d5w/nacl0.2%</i>	56
<i>isosorbide dinitrate</i>	26	<i>kelnor 1/35</i>	43
<i>isosorbide dinitrate er</i>	26	<i>ketoconazole</i>	11
<i>isosorbide mononitrate er</i>	26	<i>ketoconazole cream</i>	62
<i>isradipine</i>	25	<i>ketoconazole shampoo</i>	62
ISTALOL	59	<i>ketoprofen cap 50mg</i>	7
<i>itraconazole</i>	11	<i>ketoprofen cap 75mg</i>	7
<i>ivermectin</i>	10	<i>ketorolac tromethamine (ophth)</i>	58
IXIARO	54	KEYTRUDA	18
JADENU	42	<i>kimidess</i>	43
JADENU SPRINKLE	42	KINRIX	54
JAKAFI	20	<i>kionex sus 15gm/60ml</i>	42
<i>jantoven</i>	51	KISQALI	18
JANUMET	41	KISQALI FEMARA 200 DOSE	18
JANUMET XR TAB 100-1000	41	KISQALI FEMARA 400 DOSE	18
JANUMET XR TAB 50-1000	41	KISQALI FEMARA 600 DOSE	18
JANUMET XR TAB 50-500MG	41	<i>klor-con 10</i>	55
JANUVIA	41	<i>klor-con 8</i>	55
JENTADUETO	41	<i>klor-con m10</i>	55
JENTADUETO TAB XR 2.5-1000 MG	41	KLOR-CON M15	55
JENTADUETO TAB XR 5-1000 MG	41	<i>klor-con m20</i>	55
<i>jinteli</i>	46	<i>klor-con pak 20meq</i>	55
<i>jolessa tab 0.15-0.03 mg</i>	43	<i>klor-con spr cap 10meq</i>	55
<i>jolivette</i>	43	<i>klor-con spr cap 8meq</i>	55
<i>juleber</i>	43	KORLYM	47
JULUCA	13	<i>kurvelo</i>	43
<i>junel 1.5/30</i>	43	KUVAN	45
<i>junel 1/20</i>	43	KYNAMRO	24
<i>junel fe 1.5/30</i>	43	<i>labetalol hcl</i>	24
<i>junel fe 1/20</i>	43	<i>lactated ringer's inj</i>	57
JUXTAPID	24	<i>lactulose</i>	49
KADCYLA	18	<i>lactulose (encephalopathy)</i>	49
KALETRA TAB 100-25MG	13	<i>lamivudine</i>	12
KALETRA TAB 200-50MG	13	<i>lamivudine (hbv)</i>	14
KALYDECO	61	<i>lamivudine-zidovudine</i>	13

<i>lamotrigine</i>	29	<i>levonorgestrel-ethinyl estradiol (91-</i>	43
<i>larin 1.5/30</i>	43	<i>day)</i>	43
<i>larin 1/20</i>	43	<i>levora 0.15/30-28</i>	43
<i>larin fe 1.5/30</i>	43	<i>levo-t</i>	48
<i>larin fe 1/20</i>	43	<i>levothyroxine sodium</i>	48
<i>larissia tab</i>	43	<i>levoxyl</i>	48
LASTACAFT	58	LEXIVA	12
<i>latanoprost</i>	59	<i>lidocaine</i>	63
LATUDA	34	<i>lidocaine hcl</i>	63
<i>leena tab</i>	43	<i>lidocaine hcl (mouth-throat)</i>	64
<i>leflunomide</i>	53	<i>lidocaine inj 0.5%</i>	9
LENVIMA 10 MG DAILY DOSE	20	<i>lidocaine inj 0.5% preservative free (pf)</i>	9
LENVIMA 14 MG DAILY DOSE	20	9
LENVIMA 18 MG DAILY DOSE	20	<i>lidocaine inj 1%</i>	9
LENVIMA 20 MG DAILY DOSE	20	<i>lidocaine inj 1% preservative free (pf)</i>	9
LENVIMA 24 MG DAILY DOSE	20	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
LENVIMA 8 MG DAILY DOSE	20	9
<i>lessina</i>	43	<i>lidocaine inj 2%</i>	9
LETAIRIS	27	<i>lidocaine oint 5%</i>	63
<i>letrozole</i>	19	<i>lidocaine-prilocaine</i>	63
<i>leucovorin calcium</i>	21	<i>linezolid</i>	10
LEUKERAN.....	17	<i>linezolid in sodium chloride</i>	10
<i>leuprolide inj 1mg/0.2</i>	19	LINZESS	50
<i>levalbuterol hcl</i>	60	<i>liothyronine sodium</i>	48
<i>levalbuterol hcl soln nebu conc 1.25</i>		<i>lisinopril</i>	22
<i>mg/0.5ml</i>	60	<i>lisinopril & hydrochlorothiazide</i>	22
<i>levalbuterol tartrate hfa</i>	60	<i>lithium carbonate</i>	37
LEVEMIR	39	<i>lithium carbonate er</i>	37
LEVEMIR FLEXTOUCH	39	LITHIUM SOLN 8MEQ/5ML.....	37
<i>levetiracetam</i>	29	LONSURF	21
<i>levetiracetam in sodium chloride</i>	29	<i>loperamide hcl</i>	50
<i>levetiracetam inj</i>	29	<i>lopinavir-ritonavir</i>	13
<i>levetiracetam oral soln 100 mg/ml</i>	29	<i>lorazepam</i>	27
<i>levobunolol hcl</i>	59	<i>lorazepam intensol</i>	27
<i>levocarnitine (metabolic modifiers)</i> ...	45	<i>lorcet hd tab 10-325mg</i>	8
<i>levocetirizine dihydrochloride</i>	60	<i>lorcet plus tab 7.5-325</i>	8
<i>levofloxacin</i>	15	<i>loryna</i>	43
<i>levofloxacin in d5w</i>	15	<i>losartan potassium</i>	23
<i>levofloxacin inj 25mg/ml</i>	15	<i>losartan-hydrochlorothiazide</i>	22
<i>levofloxacin oral soln 25 mg/ml</i>	15	LOTEMAX	58
<i>levoleucovorin calcium</i>	21	<i>lovastatin</i>	23
LEVOLEUCOVORIN CALCIUM.....	21	<i>low-ogestrel</i>	43
LEVOLEUCOVORIN CALCIUM 175MG ..	21	<i>loxapine succinate</i>	34
<i>levoleucovorin calcium 50mg</i>	21	LUMIGAN	59
<i>levonest</i>	43	LUMIZYME.....	45
<i>levonor/ethi tab</i>	43	LUPRON DEPOT (1-MONTH).....	19
<i>levonorgestrel & eth estradiol</i>	43	LUPRON DEPOT INJ 11.25MG (3-	

MONTH).....	19	<i>metformin hcl</i>	41
LUPRON DEP-PED INJ 11.25MG.....	47	<i>methadone hcl</i>	8
LUPRON DEP-PED INJ 11.25MG (3-		<i>methadone hcl 10mg</i>	8
MONTH).....	47	<i>methadone hcl 5mg</i>	8
LUPRON DEP-PED INJ 15MG	47	<i>methadone hcl intensol</i>	8
LUPRON DEP-PED INJ 30MG (3-MONTH)		<i>methazolamide</i>	26
.....	47	<i>methenamine hippurate</i>	10
LUPRON DEP-PED INJ 7.5MG	47	<i>methimazole</i>	48
<i>lutea</i>	43	<i>methotrexate sodium inj</i>	17
LYNPARZA.....	18	<i>methotrexate sodium tabs</i>	53
LYRICA	29	<i>methyclothiazide</i>	26
LYSODREN	19	<i>methylphenidate hcl</i>	36
<i>lyza</i>	43	<i>methylphenidate hcl oral soln</i>	36
<i>mafenide acetate</i>	62	<i>methylphenidate tab 10mg er</i>	36
<i>magnesium sulfate</i>	55	<i>methylphenidate tab 20mg er</i>	36
MAGNESIUM SULFATE	55	<i>methylpr ace inj 40mg/ml</i>	46
MAGNESIUM SULFATE IN D5W.....	55	<i>methylpr ace inj 80mg/ml</i>	46
<i>magnesium sulfate in dextrose</i>	55	<i>methylpr ss inj 125mg</i>	46
<i>malathion</i>	64	<i>methylpr ss inj 1gm</i>	46
<i>maprotiline hcl</i>	31	<i>methylpr ss inj 40mg</i>	46
<i>marlissa</i>	43	<i>methylpred pak 4mg</i>	46
MARPLAN TAB 10MG.....	31	<i>methylpred tab 16mg</i>	46
MATULANE	21	<i>methylpred tab 32mg</i>	46
MAVRET	14	<i>methylpred tab 4mg</i>	46
<i>meclizine hcl</i>	48	<i>methylpred tab 8mg</i>	46
<i>medroxyprogesterone acetate</i>		<i>metipranolol</i>	59
(<i>contraceptive</i>)	44	<i>metoclopramide hcl</i>	48
<i>medroxyprogesterone acetate tab</i>	47	<i>metoclopramide inj</i>	48
<i>mefloquine hcl</i>	11	<i>metolazone</i>	26
<i>megestrol ac sus 40mg/ml</i>	19	<i>metoprolol & hydrochlorothiazide</i>	24
<i>megestrol ac tab 20mg</i>	19	<i>metoprolol succinate</i>	24
<i>megestrol ac tab 40mg</i>	19	<i>metoprolol tartrate</i>	24
<i>megestrol sus 625mg/5ml</i>	19	<i>metronidazole</i>	10
MEKINIST	20	<i>metronidazole (topical)</i>	64
<i>meloxicam</i>	7	<i>metronidazole gel 0.75%</i>	64
<i>melphalan hcl</i>	17	<i>metronidazole in nacl</i>	10
<i>memantine hcl</i>	30	<i>metronidazole vaginal</i>	51
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<i>mercaptapurine</i>	17	<i>microgestin 1.5/30</i>	44
<i>meropenem</i>	10	<i>microgestin 1/20</i>	44
<i>mesalamine</i>	49	<i>microgestin fe 1.5/30</i>	44
<i>mesalamine w/ cleanser</i>	49	<i>microgestin fe 1/20</i>	44
<i>mesna</i>	21	<i>midodrine hcl</i>	26
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<i>metadate er tab 20mg</i>	36	<i>minitrans</i>	26
<i>metformin er</i>	41	<i>minocycline hcl</i>	16

<i>minoxidil</i>	26	NAMZARIC	30
<i>mirtazapine</i>	31	<i>naproxen</i>	7
<i>misoprostol</i>	50	<i>naproxen dr</i>	7
MITIGARE	7	<i>naproxen sodium</i>	7
<i>mitomycin</i>	17	<i>naratriptan hcl</i>	37
<i>mitoxantrone hcl</i>	21	NATACYN	58
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<i>mometasone furoate</i>	63	<i>necon 1/50-28</i>	44
<i>mono-lynyah tab 0.25-35</i>	44	<i>necon 7/7/7</i>	44
<i>mononessa</i>	44	<i>nefazodone hcl</i>	31
<i>montelukast sodium</i>	60	<i>neomycin sulfate</i>	9
<i>morgidox cap 1x50mg</i>	16	<i>neomycin-bacitracin zn-polymyxin</i>	58
<i>morphine ext-rel tab</i>	8	<i>neomycin-polymy-dexameth</i>	57
<i>morphine sul inj 10mg/ml</i>	8	<i>neomycin-polymyxin-gramicidin</i>	58
<i>morphine sul inj 1mg/ml</i>	8	<i>neomycin-polymyxin-hc (ophth)</i>	57
MORPHINE SUL INJ 4MG/ML	8	<i>neomycin-polymyxin-hc (otic)</i>	64
<i>morphine sulfate</i>	8	NEPHRAMINE	56
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<i>morphine sulfate oral sol</i>	8	NEUPOGEN	52
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<i>moxifloxacin hcl (ophth)</i>	58	<i>nevirapine tb24</i>	12
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<i>naloxone inj 1mg/ml</i>	38	<i>nitrofurantoin macrocrystal</i>	10
<i>naltrexone hcl</i>	38	<i>nitrofurantoin monohyd macro</i>	10
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<i>tab 1 mg-5 mcg</i>	46	<i>ofloxacin (ophth)</i>	58
<i>norgest/ethi tab 0.25/35</i>	44	<i>ofloxacin (otic)</i>	64
<i>norgestimate-ethinyl estradiol</i>		<i>olanzapine</i>	34
<i>(triphasic) 0.18-25/0.215-25/0.25-25</i>		<i>olmesartan medoxomil</i>	23
<i>mg-mcg</i>	44	<i>olmesartan medoxomil-amlodipine-</i>	
<i>norgestimate-ethinyl estradiol</i>		<i>hydrochlorothiazide</i>	22
<i>(triphasic) 0.18-35/0.215-35/0.25-35</i>		<i>olmesartan medoxomil-</i>	
<i>mg-mcg</i>	44	<i>hydrochlorothiazide</i>	22
<i>norlyroc</i>	44	<i>olopatadine hcl 0.2%</i>	58
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NORPACE CR	23	<i>omeprazole cap 40mg</i>	50
NORTHERA	26	<i>ondansetron hcl</i>	48
<i>nortrel 0.5/35 (28)</i>	44	<i>ondansetron hcl inj</i>	48
<i>nortrel 1/35</i>	44	<i>ondansetron hcl oral soln</i>	48
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NOVOLOG PENFILL.....	40	<i>oxaliplatin inj 50mg</i>	21
NOXAFIL	11	<i>oxaliplatin inj 50mg/10ml</i>	21
NUCYNTA ER	8	<i>oxandrolone tab 10mg</i>	39
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NUVARING	44	<i>325mg</i>	9
<i>nyamyc</i>	62	<i>oxycodone w/ acetaminophen 2.5-</i>	
NYMALIZE	25	<i>325mg</i>	9
<i>nystatin</i>	11	<i>oxycodone w/ acetaminophen 5-325mg</i>	
<i>nystatin (mouth-throat)</i>	64	9
<i>nystatin (topical)</i>	62	<i>oxycodone w/ acetaminophen 7.5-</i>	
<i>nystop</i>	62	<i>325mg</i>	9

<i>oxycodone w/ acetaminophen soln</i>	9	<i>phenobarbital sodium</i>	29
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<i>paricalcitol</i>	57	<i>pilocarpine hcl (oral)</i>	64
<i>paroex sol 0.12%</i>	64	<i>pimozide</i>	34
<i>paromomycin sulfate</i>	9	<i>pimtrea</i>	44
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<i>peg 3350/electrolytes</i>	50	<i>piper/tazoba inj 4-0.5gm</i>	16
<i>peg 3350-kcl-sod bicarb-sod chloride-</i> <i>sod sulfate</i>	49	<i>pirmella 1/35</i>	44
<i>peg 3350-potassium chloride-sod</i> <i>bicarbonate-sod chloride</i>	50	<i>piroxicam</i>	7
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<i>permethrin cre 5%</i>	64	<i>pramipexole tab 0.125mg</i>	33
<i>perphenazine</i>	34	<i>pramipexole tab 0.25mg</i>	33
<i>pfizerpen-g inj 20mu</i>	16	<i>pramipexole tab 0.5mg</i>	33
<i>pfizerpen-g inj 5mu</i>	16	<i>pramipexole tab 0.75mg</i>	33
<i>phenelzine sulfate</i>	32	<i>pramipexole tab 1.5mg</i>	33
<i>phenobarbital</i>	29	<i>pramipexole tab 1mg</i>	33
		<i>prasugrel hcl</i>	52
		<i>pravastatin sodium</i>	23
		<i>prazosin hcl</i>	22

<i>pred sod pho sol 5mg/5ml</i>	46	<i>proparacaine hcl</i>	59
<i>prednisolone acetate (ophth)</i>	58	<i>propranolol & hydrochlorothiazide</i>	24
<i>prednisolone sodium phosphate</i>	46	<i>propranolol cap er</i>	24
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	58	<i>propranolol hcl</i>	24
<i>prednisolone sol 15mg/5ml</i>	46	<i>propranolol oral sol</i>	24
<i>prednisolone sol 25mg/5ml</i>	46	<i>propylthiouracil</i>	48
PREDNISON CON 5MG/ML	46	PROQUAD	54
<i>prednisone pak 10mg</i>	46	PROSOL	56
<i>prednisone pak 5mg</i>	46	<i>protriptyline hcl</i>	32
<i>prednisone sol 5mg/5ml</i>	46	PULMICORT FLEXHALER	61
<i>prednisone tab 10mg</i>	46	PULMOZYME	61
<i>prednisone tab 1mg</i>	46	PURIXAN	17
<i>prednisone tab 2.5mg</i>	46	<i>pyrazinamide</i>	13
<i>prednisone tab 20mg</i>	46	<i>pyridostigmine tab 60mg</i>	37
<i>prednisone tab 50mg</i>	46	QUADRACEL	54
<i>prednisone tab 5mg</i>	46	<i>quasense</i>	44
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<i>premasol 6%</i>	56	<i>quinapril hcl</i>	22
<i>prenatal vitamin/folic acid > 0.8 mg</i> (generic).....	57	<i>quinapril-hydrochlorothiazide</i>	22
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<i>prochlorperazine inj</i>	48	RAPAMUNE	53
<i>prochlorperazine maleate</i>	48	<i>rasagiline mesylate</i>	33
<i>prochlorperazine supp</i>	48	RAYALDEE	57
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<i>procto-med hc</i>	64	<i>reclipsen</i>	44
<i>procto-pak</i>	64	RECOMBIVAX HB.....	54
<i>proctosol hc cre 2.5%</i>	64	REGANEX	64
<i>proctozone-hc</i>	64	RELENZA DISKHALER	14
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<i>ribavirin tab 200mg</i>	14	SENSIPAR	42
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<i>mg/24hr</i>	30	SIVEXTRO	10
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>		<i>sodium chlor sol 0.9% irr</i>	64
.....	30	<i>sodium chloride</i>	55, 57
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>		<i>sodium chloride 0.45%</i>	57
.....	30	<i>sodium chloride inj 0.9%</i>	57
<i>rizatriptan benzoate</i>	37	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i>	
<i>rizatriptan benzoate odt</i>	37	<i>mg/ml soln</i>	55
<i>ropinirole tab 0.25mg</i>	33	<i>sodium phenylbutyrate</i>	45
<i>ropinirole tab 0.5mg</i>	33	<i>sodium polystyrene sulfonate</i>	42
<i>ropinirole tab 1mg</i>	33	<i>sodium polystyrene sulfonate oral susp</i>	
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<i>sucralfate</i>	50	TAZORAC	62
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<i>sulfacetamide sodium (acne)</i>	62	TECENTRIQ	18
<i>sulfacetamide sodium (ophth)</i>	58	TEFLARO	15
<i>sulfacetamide sod-prednisolone</i>	57	TEGRETOL.....	30
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<i>sulfamethoxazole-trimethop ds</i>	10	TEKTURNA	25
<i>sulfamethoxazole-trimethoprim</i>	10	TEKTURNA HCT	25
<i>sulfamethoxazole-trimethoprim inj</i> ...	10	<i>temazepam</i>	36
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<i>sulindac</i>	7	<i>terbinafine hcl</i>	11
<i>sumatriptan</i>	37	<i>terbutaline sulfate</i>	60
<i>sumatriptan inj 4mg/0.5ml</i>	37	<i>terconazole vaginal</i>	51
<i>sumatriptan inj 6mg/0.5ml</i>	37	<i>testosterone</i>	39
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TIVICAY	12	<i>trihexyphenidyl hcl</i>	33
<i>tizanidine hcl</i>	38	<i>tri-legest fe</i>	44
TOBRADEX	57	<i>tri-linyah</i>	44
TOBRADEX ST	57	<i>tri-lo marzia</i>	44
<i>tobramycin</i>	9	<i>tri-lo-estarylla</i>	45
<i>tobramycin (ophth)</i>	58	<i>tri-lo-sprintec</i>	45
<i>tobramycin inj 1.2 gm/30ml</i>	9	<i>trilyte</i>	50
<i>tobramycin inj 1.2gm</i>	9	<i>trimethoprim</i>	10
<i>tobramycin inj 10mg/ml</i>	9	<i>trimipramine maleate</i>	32
<i>tobramycin inj 40mg/ml</i>	9	<i>trinessa</i>	45
<i>tobramycin inj 80mg/2ml</i>	9	<i>trinessa lo</i>	45
<i>tobramycin-dexamethasone</i>	57	TRINTELLIX	32
<i>tolterodine tartrate</i>	51	<i>tri-previfem</i>	45
<i>topiramate</i>	30	TRISENOX	21
<i>toposar</i>	21	<i>tri-sprintec</i>	45
<i>topotecan inj 4mg</i>	21	TRIUMEQ	13
TOPOTECAN INJ 4MG/4ML.....	21	<i>trivora-28</i>	45
<i>torse mide tabs</i>	26	TROPHAMINE INJ 10%.....	56
TOVIAZ.....	51	<i>trospium chloride</i>	51
<i>tpn electrolytes</i>	55	TRULICITY.....	40
TRACLEER	27	TRUMENBA.....	54
TRADJENTA	41	TRUVADA TAB 100-150.....	13
<i>tramadol hcl</i>	7	TRUVADA TAB 133-200.....	13
<i>tramadol-acetaminophen</i>	7	TRUVADA TAB 167-250.....	13
<i>trandolapril</i>	22	TRUVADA TAB 200-300.....	13
<i>tranexamic acid</i>	52	TWINRIX INJ	54
TRANSDERM-SCOP	49	TYBOST	12
<i>tranylcypramine sulfate</i>	32	TYKERB.....	20
TRAVASOL.....	56	TYPHIM VI.....	54
TRAVATAN Z.....	59	TYSABRI	38
<i>trazodone hcl</i>	32	ULORIC.....	7
TRECTOR	13	<i>unithroid</i>	48
TRELEGY ELLIPTA.....	59	<i>ursodiol</i>	50
TRELSTAR DEP INJ 3.75MG	19	<i>valacyclovir hcl</i>	14
TRELSTAR LA INJ 11.25MG.....	19	VALCHLOR	64
TRESIBA FLEXTOUCH.....	40	<i>valganciclovir hcl</i>	14
<i>tretinoin</i>	62	<i>valproate sodium oral soln</i>	30
<i>tretinoin (chemotherapy)</i>	21	<i>valproate sodium soln 100mg/ml</i>	30
<i>triamcinolone acetonide (mouth)</i>	64	<i>valproic acid</i>	30
<i>triamcinolone acetonide (topical)</i>	63	<i>valsartan</i>	23
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	26	<i>valsartan-hydrochlorothiazide</i>	22
<i>triamterene & hydrochlorothiazide tabs</i>	26	<i>vancomycin hcl</i>	10
<i>trientine hcl</i>	42	VANCOMYCIN IN NA CL.....	10
<i>trifluoperazine hcl</i>	35	<i>vandazole</i>	51
		VAQTA.....	54
		VARIVAX.....	54

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VELCADE.....	18	XGEVA.....	47
<i>velivet</i>	45	XIFAXAN	50
VEMLIDY	14	XIGDUO XR TAB 10-1000MG	41
VENCLEXTA	18	XIGDUO XR TAB 10-500MG	41
VENCLEXTA STARTING PACK	18	XIGDUO XR TAB 2.5-1000 MG	41
<i>venlafaxine hcl</i>	32	XIGDUO XR TAB 5-1000MG	41
VENTAVIS	27	XIGDUO XR TAB 5-500MG	41
VENTOLIN HFA.....	60	XOLAIR.....	61
<i>verapamil cap er</i>	25	XTANDI.....	19
<i>verapamil hcl</i>	25	<i>xulane dis 150-35</i>	45
<i>verapamil tab er</i>	25	XULTOPHY 100/3.6.....	40
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VERZENIO.....	18	YERVOY	18
VESICARE	51	YF-VAX	55
<i>vestura</i>	45	<i>yuvafem vaginal tablet 10 mcg</i>	46
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VIDEX EC.....	12	<i>zarah</i>	45
VIDEX PEDIATRIC	12	ZAVESCA	45
<i>vienna</i>	45	ZEJULA	18
<i>vigabatrin powd pack 500mg</i>	30	ZELBORAF.....	20
VIGAMOX.....	58	ZEMAIRA.....	61
VIIBRYD STARTER PACK	32	<i>zenatane</i>	62
VIIBRYD TAB	32	<i>zenchent</i>	45
VIMPAT.....	30	ZENPEP.....	50
<i>vinblastine sulfate</i>	18	ZEPATIER.....	14
<i>vincasar pfs</i>	18	ZERIT	12
<i>vincristine sulfate</i>	18	ZIAGEN.....	12
<i>vinorelbine tartrate</i>	18	<i>zidovudine cap 100mg</i>	12
<i>viorele</i>	45	<i>zidovudine syp 50mg/5ml</i>	12
VIRACEPT.....	12	<i>zidovudine tab 300mg</i>	12
VIRAMUNE	12	<i>ziprasidone hcl</i>	35
VIREAD.....	12	ZIRGAN	58
VIVITROL	39	<i>zoledronic acid</i>	42
<i>voriconazole</i>	11	<i>zoledronic inj 4mg/5ml</i>	42
VOSEVI.....	14	ZOLINZA.....	18
VOTRIENT	20	<i>zolmitriptan</i>	37
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<i>vyfemla</i>	45	<i>zonisamide</i>	30
<i>warfarin sodium</i>	51	ZONTIVITY	52
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ZYLET	57

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