

**Medica Prime Solution® (Cost) Part D
Medica Advantage Solution® (HMO-POS)
Medica Advantage Solution® (PPO)**

2019 Comprehensive Closed Formulary (List of Covered Drugs)

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

This formulary was updated on 8/28/2018. For more recent information or other questions, please contact Medica Customer Service, at 1-800-234-8755 or, for TTY users, 711. From October 1 through March 31, we are open from 8 a.m. to 8 p.m. Central Time, seven days a week. You'll speak with a representative. From April 1 to September 30, call us 8 a.m. to 8 p.m. Central Time, Monday through Friday to speak with a representative. On Saturdays, Sundays and holidays, you can leave a voicemail message, which will be returned within one business day, or visit medica.com/members.

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

**Formulary ID: 19325 Version Number: 5
Effective: January 1, 2019
Last Updated: 8/28/2018**

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MEDICA®

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Medica Insurance Company. When it refers to “plan” or “our plan,” it means Medica Prime Solution Part D and Medica Advantage Solution Part D.

This document includes list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Medica Prime Solution Part D and Medica Advantage Solution Part D Formulary?

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

Can the Formulary (drug list) change?

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find

information in the section below entitled “How do I request an exception to the Medica Prime Solution Part D and Medica Advantage Solution Part D Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by Medica, please contact us. Our contact information appears on the front and back cover pages. Our print-ready formulary is updated monthly on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medica to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medica Prime Solution Part D and Medica Advantage Solution Part D formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Medica Prime Solution Part D and Medica Advantage Solution Part D Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need

a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For current members who experience a Level of Care change:

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

For more information

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

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

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

Medica's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medica. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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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>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diclofenac w/ misoprostol</i>	4	
<i>diflunisal</i>	3	
<i>etodolac</i>	3	
<i>etodolac er</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS 75mg</i>	3	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
<i>oxaprozin</i>	4	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII

Drug Name	Drug Tier	Requirements/Limits
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<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 PA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i> 15mg, 30mg, 60mg, 3 100mg	3	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab</i> 200mg	3	QL (60 tabs / 30 days), PA
<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

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> TABS 15mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> TABS 30mg	3	QL (90 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl</i> CAPS	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN	4	QL (900 mL / 30 days)
<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 (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	4	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	3	
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	5	
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	

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>clindamycin cap 300mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium</i> SOLR	4	
<i>dapsone</i> TABS	3	
<i>daptomycin</i> 500mg	5	
EMVERM	5	
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin</i> TABS	3	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole</i> TABS	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> 50mg, 100mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>praziquantel</i> TABS	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	5	

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline</i>	5	
<i>trimethoprim</i> TABS	2	
<i>vancomycin hcl</i> CAPS 125mg	4	
<i>vancomycin hcl</i> CAPS 250mg	5	
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	4	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	3	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
<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 / year)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN	4	NM
<i>abacavir sulfate</i> TABS	3	NM
APTIVUS	5	NM
<i>atazanavir sulfate</i>	5	NM
CRIXIVAN	4	NM
<i>didanosine</i>	4	NM
EDURANT	5	NM
<i>efavirenz</i> CAPS 50mg	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz</i> CAPS 200mg	5	NM
<i>efavirenz</i> TABS	5	NM
EMTRIVA	3	NM
<i>fosamprenavir tab 700 mg</i>	5	NM
FUZEON	5	NM
INTELENCE 25mg	4	NM
INTELENCE 100mg, 200mg	5	NM
INVIRASE	5	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg	5	NM
ISENTRESS PACK	3	NM
ISENTRESS TABS	5	NM
ISENTRESS HD	5	NM
<i>lamivudine</i>	3	NM
LEXIVA SUSP	4	NM
<i>nevirapine</i> TABS	3	NM
<i>nevirapine</i> TB24	4	NM
NORVIR CAPS	3	NM
NORVIR PACK; SOLN	4	NM
PREZISTA SUSP	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg NM	3	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg NM	5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days), NM
RESCRIPTOR	4	NM
REYATAZ PACK	5	NM
<i>ritonavir</i>	3	NM
SELZENTRY SOLN	5	NM
SELZENTRY TABS 25mg	4	NM
SELZENTRY TABS 75mg, 150mg, 300mg	5	NM
<i>stavudine</i>	3	NM
<i>tenofovir disoproxil fumarate</i>	5	NM
TIVICAY 10mg	3	NM
TIVICAY 25mg, 50mg	5	NM
TROGARZO	5	NM, LA
TYBOST	4	NM
VIDEX EC 125mg	4	NM
VIDEX PEDIATRIC	4	NM
VIRACEPT	5	NM
VIRAMUNE SUSP	4	NM
VIREAD POWD	5	NM
VIREAD TABS 150mg, 200mg, 250mg	5	NM

Drug Name	Drug Tier	Requirements/Limits
ZERIT SOLR	5	NM
<i>zidovudine cap 100mg</i>	4	NM
<i>zidovudine syp 50mg/5ml</i>	4	NM
<i>zidovudine tab 300mg</i>	3	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i>	3	NM
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	NM
ATRIPLA	5	NM
BIKTARVY	5	NM
CIMDUO	5	NM
COMPLERA	5	NM
DESCOVY	5	NM
EVOTAZ	5	NM
GENVOYA	5	NM
JULUCA	5	NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine</i>	4	NM
<i>lopinavir-ritonavir</i>	4	NM
ODEFSEY	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
SYMFI	5	NM
SYMFI LO	5	NM
TRIUMEQ	5	NM
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days), NM
TRUVADA TAB 133-200 NM	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days), NM

ANTI TUBERCULAR AGENTS

<i>cycloserine CAPS</i>	5	
<i>ethambutol hcl TABS</i>	3	
<i>isoniazid TABS</i>	1	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide TABS</i>	4	
<i>rifabutin</i>	4	
<i>rifampin CAPS</i>	3	
<i>rifampin SOLR</i>	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	NM
BARACLUDE SOLN	5	NM
<i>entecavir</i>	5	NM
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	NM
<i>famciclovir</i> TABS	3	
<i>ganciclovir sodium</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	NM
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 180mcg/0.5ml	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 200mg</i> CAPS	3	NM
<i>ribavirin 200mg</i> TABS	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	NM
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACTOR MONOHYDRATE ER	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime hcl</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	3	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	3	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
MOXIFLOXACIN HCL SOLN	4	
<i>moxifloxacin hcl</i> TABS	4	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl in sodium chloride</i>	4	

PENICILLINS

<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin & pot clavulanate</i> CHEW; TB124		
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
AUGMENTIN SUS 125/5ML	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm, 2gm	4	
<i>nafcillin sodium</i> 10gm	5	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	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</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	
<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)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS	3	
<i>doxycycline hyclate</i> CAPS	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	3	
<i>minocycline hcl</i> CAPS	3	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl</i> CAPS	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

Drug Name	Drug Tier	Requirements/Limits
BENDEKA	5	B/D, NM
<i>cyclophosphamide</i> CAPS	4	B/D
<i>cyclophosphamide</i> SOLR	5	B/D
<i>dacarbazine</i> 100mg	3	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj</i> 1gm/20ml	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj</i> 3gm/60ml	4	B/D
LEUKERAN	5	
ANTHRACYCLINES		
<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin</i> SOLR	5	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cytarabine</i> 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	4	B/D
<i>mercaptopurine</i> TABS	4	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar pfs</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NM, LA, 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
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	3	
<i>letrozole</i> TABS	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	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	
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 CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	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
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),

Drug Name

Drug Tier Requirements/Limits
NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA	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
TAGRISSE	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		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
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	
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	3	B/D
<i>cisplatin</i>	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<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 500mg</i>	5	B/D
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
MESNEX TABS	5	
TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	TABS	1
<i>telmisartan</i>	1	
<i>valsartan</i>	1	

ANTIARRHYTHMICS

<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

ALTOPREV	5	ST
<i>atorvastatin calcium</i> TABS	1	
<i>fluvastatin sodium</i>	1	
LIVALO	4	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG	4	ST

ANTILIPEMICS, MISCELLANEOUS

ANTARA	4	
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate</i>	4	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	
<i>ezetimibe-simvastatin</i>	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
PRALUENT	5	NM, PA
<i>prevalite</i>	4	
VASCEPA	4	
VYTORIN	4	
WELCHOL PAK	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hctz tab 50-25mg</i>	3	
<i>metoprolol & hctz tab 100-25mg</i>	3	
<i>metoprolol & hctz tab 100-50mg</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	3	
<i>metoprolol tartrate SOLN</i>	3	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS</i>	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl TABS</i>	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	3	
<i>cartia xt cap 180/24hr</i>	3	
<i>cartia xt cap 240/24hr</i>	3	
<i>cartia xt cap 300/24hr</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<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</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>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	3	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
<i>nisoldipine</i>	4	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	3	
<i>verapamil cap er 360mg</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl tab er</i>	2	
<u>DIGITALIS GLYCOSIDES</u>		
<i>digitek .25mg</i>	3	PA; PA if 70 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 70 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol 50mcg/ml</i>	4	PA; PA if 70 years and older
<u>DIRECT RENIN INHIBITORS/COMBINATIONS</u>		
TEKTURNA	4	
TEKTURNA HCT	4	
<u>DIURETICS</u>		
<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	3	
<i>bumetanide</i>	3	
<i>chlorothiazide tabs</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone</i>	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	

MISCELLANEOUS

BIDIL	3	
<i>clonidine hcl</i> PTWK	4	
<i>clonidine hcl</i> TABS	1	
CORLANOR	4	
DEMSER	5	PA
<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

ISORDIL TITRADOSE 40mg	5	
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	

PULMONARY ARTERIAL HYPERTENSION

ADCIRCA	5	QL (60 tabs)	
			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

Drug Name	Drug Tier	Requirements/Limits
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg NM, LA, PA	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	2	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	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	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 INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	

Drug Name	Drug Tier	Requirements/Limits
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	3	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	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 PA	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg PA	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)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24; TBDP	4	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</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)

Drug Name	Drug Tier	Requirements/Limits
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	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
		PHENOBARBITAL SODIUM SOLN 65mg/ml 4 PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj 50mg/ml</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
<i>roweepra xr</i>	3	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	2	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i>	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	3	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS	4	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	4	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs

Drug Name	Drug Tier	Requirements/Limits
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate 1.5mg, 3mg</i>	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate 4.5mg, 6mg</i>	4	QL (60 caps / 30 days)
<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 TABS</i>	3	
<i>amoxapine tab 25mg</i>	3	
<i>amoxapine tab 50mg</i>	3	
<i>amoxapine tab 100mg</i>	3	
<i>amoxapine tab 150mg</i>	3	
<i>bupropion hcl TABS; TB24</i>	3	
<i>bupropion hcl TB12</i>	2	
<i>citalopram hydrobromide SOLN</i>	3	
<i>citalopram hydrobromide TABS</i>	1	
<i>clomipramine hcl CAPS</i>	4	PA
<i>desipramine hcl TABS</i>	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl CAPS; CONC</i>	3	
<i>duloxetine hcl CPEP 20mg</i>	3	QL (180 caps / 30 days)
<i>duloxetine hcl CPEP 30mg</i>	3	QL (120 caps / 30 days)
<i>duloxetine hcl CPEP 60mg</i>	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate SOLN</i>	4	
<i>escitalopram oxalate TABS</i>	1	
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl SOLN</i>	2	
<i>imipramine hcl TABS</i>	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine TABS</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine er tab</i>	4	QL (60 tabs / 30 days)
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
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	2	
<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	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa</i> TABS	5	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	4	
<i>pramipexole tab 0.5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole hydrochloride</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</i> CAPS; TABS	3	
STALEVO 50	4	
STALEVO 75	5	
STALEVO 100	5	
STALEVO 125	5	
STALEVO 150	5	
STALEVO 200	5	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 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</i>	4	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</i> TABS	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt</i> 12.5mg, 25mg	4	PA
<i>clozapine odt</i> 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine odt</i> 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine odt</i> 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate</i> SOLN	4	
<i>haloperidol lactate inj 5mg/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 days)	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 days)	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, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	3	
NUPLAZID TABS 17mg	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, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	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	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)

Drug Name	Drug Tier	Requirements/Limits
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	2	
<i>risperidone</i> TBDP .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 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	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (90 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>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>		QL (90 tabs / 30 days)
<i>methylphenidate hcl CHEW</i>		4QL (180 tabs / 30 days)
<i>methylphenidate hcl CP24 10mg</i>	4	
<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)
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days)
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days)
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days)
HYPNOTICS		
HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	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

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>dihydroergotamine mesylate inj 1 mg/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> TABS	4	
<i>frovatriptan succinate</i>	4	QL (18 tabs / 30 days)
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan</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 NM, LA, PA	5	QL (120 tabs / 30 days), NM, LA, PA
GRALISE 300mg	4	QL (180 tabs / 30 days), PA
GRALISE 600mg	4	QL (90 tabs / 30 days), PA
GRALISE STARTER	4	PA
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	4	

Drug Name	Drug Tier	Requirements/Limits
<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
BETASERON	5	QL (14 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG NM, PA	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> 50mg	4	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> 100mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	4	QL (60 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	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj</i> 0.4mg/ml	3	
<i>naloxone inj</i> 1mg/ml	3	
<i>naltrexone hcl</i> TABS	3	

Drug Name	Drug Tier	Requirements/Limits
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE	3	QL (4 pens / 28 days)
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 covered)	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TRESIBA FLEXTOUCH	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250mg	1	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500mg	1	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 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)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	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

ACTONEL	4	
<i>alendronate sodium</i> SOLN	4	
<i>alendronate sodium</i> TABS	1	
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium</i> SOLN	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	3	B/D
<i>pamidronate inj</i> 30mg	3	B/D
<i>pamidronate inj</i> 90mg	3	B/D
<i>risedronate sodium</i>	4	
<i>zoledronic acid inj</i> 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	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	
EXJADE	5	NM, LA, PA
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus</i> 15gm/60ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp 15gm/60ml</i>	3	
<i>trientine hcl</i>	5	PA

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>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel & ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
<i>ELLA</i>	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</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	

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena</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	
<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>mili</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>necon 1/50-28</i>	3	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	3	
<i>nora-be tab</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	

Drug Name	Drug Tier	Requirements/Limits
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>quasense</i>	3	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>xulane</i>	4	
<i>zarah</i>	3	
<i>zenchent</i>	3	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	

ENDOMETRIOSIS

Drug Name	Drug Tier	Requirements/Limits
<i>danazol</i> CAPS	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	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
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ESTROGENS		
DELESTROGEN 10mg/ml	4	
<i>estradiol</i> PTWK	3	
<i>estradiol</i> TABS	2	
<i>estradiol vaginal cream</i>	4	
<i>estradiol vaginal tab</i>	3	
<i>estradiol valerate</i> OIL	3	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvaferm vaginal tablet 10mcg</i>	3	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	3	
<i>methylpr ss inj</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>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sol</i> 15mg/5ml	2	B/D
<i>prednisolone sol</i> 25mg/5ml	4	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak</i> 5mg	2	
<i>prednisone pak</i> 10mg	2	
<i>prednisone sol</i> 5mg/5ml	4	B/D
<i>prednisone tab</i> 1mg	1	B/D
<i>prednisone tab</i> 2.5mg	1	B/D
<i>prednisone tab</i> 5mg	1	B/D
<i>prednisone tab</i> 10mg	1	B/D
<i>prednisone tab</i> 20mg	1	B/D
<i>prednisone tab</i> 50mg	1	B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	4	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	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 (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
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 hcl</i>	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<u>PHOSPHATE BINDER AGENTS</u>		
AURYXIA	5	QL (360 tabs / 30 days)
<i>calcium acetate (phosphate binder)</i> CAPS	4	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	4	QL (540 tabs / 30 days)
<u>PROGESTINS</u>		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	3	
<u>THYROID AGENTS</u>		
<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	
<u>VASOPRESSINS</u>		
<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	
STIMATE	5	NM
<u>GASTROINTESTINAL</u>		
<u>ANTIEMETICS</u>		
<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro</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	
<i>metoclopramide hcl 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	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SYRP; TABS	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
SANCUSO days)	5	QL (4 patches / 28
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTI SPASMODICS

<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate</i> TABS	3	

H2-RECEPTOR ANTAGONISTS

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

INFLAMMATORY BOWEL DISEASE

APRISO	3	QL (120 caps / 30 days)
ASACOL HD	5	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort enema 100mg</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	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY	3	
KRISTALOSE	4	
<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	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
<i>polyethylene glycol 3350</i> PACK	3	
<i>polyethylene glycol 3350</i> POWD	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i> LIQD	4	
<i>diphenoxylate w/ atropine</i> TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	3	
SYMPROIC	3	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>lansoprazole</i> CPDR	3	QL (30 caps / 30 days)
<i>lansoprazole</i> TBDP	4	QL (30 tabs / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium SOLR</i>	4	
<i>pantoprazole sodium tbec</i>	2	
PRILOSEC	3	
<i>rabeprazole sodium</i>	3	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)
<i>finasteride TABS 5mg</i>	2	
RAPAFLO	4	ST
<i>tamsulosin hcl</i>	2	

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i>	4	
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	3	
<i>oxybutynin chloride TABS</i>	3	
<i>oxybutynin chloride TB24 5mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	3	QL (60 tabs / 30 days)
OXYTROL	4	
<i>tolterodine tartrate cap er</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	3	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	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	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
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	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	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit NM, LA, PA	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 QL (180 tabs / 30 days), NM, LA, PA	25mg	5
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
_____PROMACTA QL (60 tabs / 30 days), NM, LA, PA	75mg	5
<i>tranexamic acid</i> SOLN; TABS	3	

PLATELET AGGREGATION INHIBITORS

aspirin-dicyclanole
Drug Name

Drug Tier Requirements/Limits

Drug Name	Drug Tier	Requirements/Limits
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml days), NM, PA	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days),
NM, PA	HUMIRA KIT 20MG/0.4ML	
days), NM, PA	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide TABS</i>	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
TREXALL	4	B/D
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
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Drug Name	Drug Tier	Requirements/Limits
ARCALYST	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
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

<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D, NM
<i>cyclosporine modified (for microemulsion)</i>	4	B/D, NM
<i>gengraf</i>	4	B/D, NM
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR	5	B/D, NM
<i>mycophenolate sodium tbec</i>	4	B/D, NM
NULOJIX	5	B/D, NM
RAPAMUNE SOLN	5	B/D, NM
SANDIMMUNE SOLN 100mg/ml	3	B/D, NM
<i>sirolimus</i> TABS 2mg	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D, NM
<i>tacrolimus</i> CAPS	4	B/D, NM
ZORTRESS TAB 0.5MG	5	B/D, NM
ZORTRESS TAB 0.25MG	5	B/D, NM
ZORTRESS TAB 0.75MG	5	B/D, NM

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	B/D
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	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</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>magnesium sulfate inj 50%</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
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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrillipid inj 20%</i>	4	B/D
<i>premasol sol 6%</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
<i>IV REPLACEMENT SOLUTIONS</i>		
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NAACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<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%/NAACL 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2	
<i>kcl/d5w/nacl inj .15/.33%</i>	2	
<i>kcl/d5w/nacl inj .15/.45%</i>	2	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</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>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>doxercalciferol CAPS</i>	4	B/D
<i>paricalcitol CAPS</i>	4	B/D
PNV PRENATAL TAB PLUS	3	
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	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine SOLN</i>	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
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	

Drug Name	Drug Tier	Requirements/Limits
LASTACAFT	4	
<i>olopatadine hcl 0.1%</i>	3	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	

ANTI GLAUCOMA

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	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TRAVATAN Z	3	

MISCELLANEOUS

CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
RESTASIS	3	QL (60 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</i> SOLN	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	
CLARINEX SYRP	4	
<i>cyproheptadine hcl</i> SYRP; TABS	3	PA; PA if 70 years and older
<i>desloratadine</i> TABS	3	
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl</i> SYRP	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN	4	
<i>levocetirizine dihydrochloride</i> TABS	2	
<i>olopatadine hcl (nasal)</i>	4	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS; TB12	4	
BROVANA	5	B/D
<i>levalbuterol hcl</i> NEBU	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)
PERFOROMIST	5	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
XOPENEX HFA	4	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	3	
MAST CELL STABILIZERS		

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebu</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI TABS	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
THEO-24	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	4	QL (2 inhalers / 30 days)
NASONEX	4	QL (2 inhalers / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
<u>DERMATOLOGY, ACNE</u>		
<i>amnesteem</i>	4	PA
<i>avita</i>	4	PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindacin-p</i>	3	
<i>clindamycin phosphate (topical)</i> GEL; LOTN	4	
<i>clindamycin phosphate (topical)</i> SOLN; SWAB	3	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
<i>tretinoin</i> GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA
<u>DERMATOLOGY, ANTIBIOTICS</u>		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
<u>DERMATOLOGY, ANTIFUNGALS</u>		
<i>ciclopirox</i> CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone</i> CREA	3	
<i>ketoconazole cream</i>	3	
<i>naftifine hcl 2%</i>	4	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystatin pow 100000</i>	3	
<i>nystop</i>	3	
<u>DERMATOLOGY, ANTIPSORIATICS</u>		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene</i> CREA	3	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> 1%	1	
<i>ala-cort</i> 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
CORDRAN TAPE	4	
<i>desonide</i> CREA; LOTN; 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%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
TACLONEX SUSP	5	PA
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> AERS	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		

Drug Name	Drug Tier	Requirements/Limits
<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</i> 5%	4	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	3	QL (30 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>ammonium lactate</i> CREA; LOTN	3	
CARAC	5	
<i>diclofenac sodium (topical)</i>	4	PA
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
FINACEA	4	
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> CREA .5%	5	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> CREA	4	
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel</i> 0.75%	4	
NORITATE	5	
PANRETIN	5	
PENNSAID	5	PA
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre</i> 2.5%	3	
<i>proctozone-hc</i>	3	
<i>rosadan</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
ZYCLARA PUMP	5	

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i>	4	
<i>permethrin cre</i> 5%	3	

DERMATOLOGY, WOUND CARE AGENTS

<i>acetic acid</i> .25%	2	
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol</i> 0.9% irr	2	

Drug Name	Drug Tier	Requirements/Limits
<i>water for irrigation, sterile</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<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	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
CIPRO HC	4	
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>amlodipine-valsartan-hydrochlorothiazide</i>		<i>30 mg</i>	35
5-160-12.5mg	22	<i>amphetamine-dextroamphetamine tab 5</i>	
<i>amlodipine-valsartan-hydrochlorothiazide</i>		<i>mg</i>	34
5-160-25mg	22	<i>amphetamine-dextroamphetamine tab</i>	
<i>amlodipine besylate</i>	24	<i>7.5 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amphotericin b</i>	11
.....	24	<i>ampicillin & sulbactam sodium</i>	16
<i>amlodipine besylate-olmesartan</i>		<i>ampicillin cap 500mg</i>	16
<i>medoxomil</i>	22	<i>ampicillin inj</i>	16
<i>amlodipine besylate-valsartan tab 10-</i>		<i>ampicillin sodium</i>	16
<i>160 mg</i>	22	AMPYRA	37
<i>amlodipine besylate-valsartan tab 10-</i>		ANADROL-50	38
<i>320 mg</i>	22	<i>anagrelide hcl</i>	50
<i>amlodipine besylate-valsartan tab 5-160</i>		<i>anastrozole</i>	18
<i>mg</i>	22	ANDRODERM	38
<i>amlodipine besylate-valsartan tab 5-320</i>		ANORO ELLIPTA	57
<i>mg</i>	22	ANTARA	23
<i>amlodipine besylate-valsartan tab 5-320</i>		APOKYN	31
<i>mg</i>	22	<i>aprepitant</i>	46
<i>ammonium lactate</i>	62	<i>aprepitant pak 80mg & 125mg</i>	46
<i>amnestem</i>	60	<i>apri</i>	41
<i>amoxapine tab 100mg</i>	30	APRISO	47
<i>amoxapine tab 150mg</i>	30	APTIOM	27
<i>amoxapine tab 25mg</i>	30	APTIVUS	11
<i>amoxapine tab 50mg</i>	30	ARALAST NP	59
<i>amoxicillin</i>	16	<i>aranelle</i>	41
<i>amoxicillin-clarithromycin w/</i>		ARCALYST	51
<i>lansoprazole</i>	48	<i>aripiprazole odt</i>	32
<i>amoxicillin & pot clavulanate</i>	16	<i>aripiprazole oral solution 1 mg/ml</i>	32
<i>amphetamine-dextroamphetamine cap sr</i>		<i>aripiprazole tab</i>	32
<i>24hr 10 mg</i>	34	ARISTADA	32
<i>amphetamine-dextroamphetamine cap sr</i>		<i>armodafinil</i>	37
<i>24hr 15 mg</i>	34	ARNUITY ELLIPTA	59
<i>amphetamine-dextroamphetamine cap sr</i>		ASACOL HD	47
<i>24hr 20 mg</i>	34	<i>aspirin-dipyridamole</i>	50
<i>amphetamine-dextroamphetamine cap sr</i>		<i>atazanavir sulfata</i>	11
<i>24hr 25 mg</i>	34	<i>atenolol</i>	24
<i>amphetamine-dextroamphetamine cap sr</i>		<i>atenolol & chlorthalidone</i>	24
<i>24hr 30 mg</i>	34	<i>atomoxetine hcl</i>	35
<i>amphetamine-dextroamphetamine cap sr</i>		<i>atorvastatin calcium</i>	23
<i>24hr 5 mg</i>	34	<i>atovaquone</i>	10
<i>amphetamine-dextroamphetamine tab</i>		<i>atovaquone-proguanil hcl</i>	11
<i>10 mg</i>	35	ATRIPLA	13
<i>amphetamine-dextroamphetamine tab</i>		ATROVENT HFA	57
<i>12.5 mg</i>	35	<i>aubra</i>	41
<i>amphetamine-dextroamphetamine tab</i>			
<i>15 mg</i>	35		

AUGMENTIN SUS 125/5ML.....	16	BETASERON.....	37
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AUSTEDO.....	36	<i>bethanechol chloride</i>	49
AVASTIN.....	18	BETOPTIC-S.....	57
<i>aviane</i>	41	BEVESPI AEROSPHERE	57
<i>avita</i>	60	<i>bexarotene</i>	20
<i>azacitidine</i>	17	BEXSERO	52
AZACTAM/DEX INJ.....	10	<i>bicalutamide</i>	18
AZACTAM IN ISO-OSMOTIC DE	10	BICILLIN L-A.....	16
AZASITE	56	BIDIL.....	26
<i>azathioprine</i>	52	BIKTARVY.....	13
<i>azelastine drop 0.05%</i>	56	BILTRICIDE	10
<i>azelastine spr 0.1%</i>	58	<i>bisoprolol & hydrochlorothiazide</i>	24
<i>azelastine spr 0.15%</i>	58	<i>bisoprolol fumarate</i>	24
<i>azithromycin</i>	15	BIVIGAM	51
AZOPT	57	<i>bleomycin sulfata</i>	17
<i>aztreonam</i>	10	BLEPHAMIDE	55
B		<i>blisovi fe 1/20</i>	41
<i>bacitracin-poly-neomycin-hc</i>	55	<i>blisovi fe 1.5/30</i>	41
<i>bacitracin-polymyxin b (ophth)</i>	56	BOOSTRIX.....	52
<i>bacitracin (ophthalmic)</i>	56	BORTEZOMIB.....	18
<i>baclofen</i>	37	BOSULIF	19
<i>balsalazide disodium</i>	47	BREO ELLIPTA.....	59
<i>balziva</i>	41	<i>brielllyn</i>	41
BANZEL SUS 40MG/ML.....	27	BRILINTA	51
BANZEL TAB 200MG	27	<i>brimonidine sol 0.15%</i>	57
BANZEL TAB 400MG	27	<i>brimonidine sol 0.2%</i>	57
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BASAGLAR KWIKPEN	38	BRIVIACT SOL 10MG/ML.....	27
BCG VACCINE	52	BRIVIACT TAB 100MG	27
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BD ULTRAFINE INSULIN SYRINGE.....	38	BRIVIACT TAB 25MG.....	27
<i>benazepril & hydrochlorothiazide</i>	21	BRIVIACT TAB 50MG.....	27
<i>benazepril hcl</i>	21	BRIVIACT TAB 75MG.....	27
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BENLYSTA.....	52	<i>bromocriptine mesylate</i>	31
<i>benzoyl peroxide-erythromycin</i>	60	BROMSITE.....	56
<i>benztropine mesylate inj</i>	31	BROVANA.....	58
<i>benztropine mesylate tab 0.5mg</i>	31	<i>budesonide (inhalation)</i>	59
<i>benztropine mesylate tab 1mg</i>	31	<i>budesonide ec</i>	47
<i>benztropine mesylate tab 2mg</i>	31	<i>bumetanide</i>	25
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BERINERT	50	<i>buprenorphine hcl-naloxone hcl sl</i>	37
BESIVANCE.....	56	<i>bupropion hcl</i>	30
<i>betamethasone dipropionate (topical)</i> ..	61	<i>bupropion hcl (smoking deterrent)</i>	37
<i>betamethasone dipropionate augmented</i>	61	<i>buspirone hcl</i>	27
<i>betamethasone valerate</i>	61	<i>butorphanol tartrate</i>	7
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BYDUREON PEN	38	<i>cefepime hcl</i>	15
BYETTA	38	<i>cefixime</i>	15
BYSTOLIC	24	<i>cefotaxime sodium</i>	15
C		<i>cefoxitin sodium</i>	15
<i>cabergoline</i>	45	<i>cefpodoxime proxetil</i>	15
CABOMETYX	19	<i>cefprozil</i>	15
<i>calcipotriene</i>	60	<i>ceftazidime</i>	15
<i>calcitonin (salmon)</i>	45	CEFTAZIDIME/DEXTROSE	15
<i>calcitrene</i>	60	<i>ceftriaxone sodium</i>	15
<i>calcitriol</i>	55	<i>cefuroxime axetil</i>	15
<i>calcitriol inj.</i>	55	<i>cefuroxime sodium</i>	15
<i>calcitriol oral soln 1 mcg/ml</i>	55	<i>celecoxib</i>	7
<i>calcium acetate (phosphate binder)</i>	46	CELONTIN	27
CALQUENCE	19	<i>cephalexin</i>	15
<i>camila</i>	41	CERDELGA	44
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<i>candesartan cilexetil</i>	22	<i>cetirizine syrup</i>	58
<i>candesartan cilexetil-hydrochlorothiazide</i>	22	<i>cevimeline hcl</i>	63
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<i>carbamazepine</i>	27	<i>chloroquine phosphate</i>	11
<i>carbidopa</i>	31	<i>chlorothiazide tabs</i>	25
<i>carbidopa-levodopa</i>	31	<i>chlorpromazine hcl</i>	32
<i>carbidopa/levodopa/entacapone</i>	31	CHLORPROMAZINE INJ	32
<i>carboplatin</i>	20	<i>chlorthalidone</i>	26
CARIMUNE NANOFILTERED	51	<i>cholestyramine</i>	23
<i>carteolol hcl (ophth)</i>	57	<i>cholestyramine light</i>	23
<i>cartia xt cap 120/24hr</i>	24	<i>choline fenofibrate</i>	23
<i>cartia xt cap 180/24hr</i>	24	<i>ciclopirox</i>	60
<i>cartia xt cap 240/24hr</i>	24	<i>ciclopirox shampoo 1%</i>	60
<i>cartia xt cap 300/24hr</i>	24	<i>cilostazol</i>	50
<i>carvedilol</i>	24	CILOXAN	56
<i>caspofungin acetate</i>	11	CIMDUO	13
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<i>cefaclor</i>	14	<i>ciprofloxacin hcl (ophth)</i>	56
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<i>cefadroxil</i>	14	<i>ciprofloxacin in d5w</i>	15
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4%	14	CIPRO HC	63
<i>cefazolin inj</i>	14	<i>cisplatin</i>	20
<i>cefazolin sodium</i>	14	<i>citalopram hydrobromide</i>	30
CEFAZOLIN SODIUM 1 GM/50ML	14	<i>claravis</i>	60
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<i>clarithromycin er</i>	15	CORDRAN.....	61
<i>clarithromycin for susp</i>	15	CORLANOR.....	26
<i>clindacin-p</i>	60	<i>cortisone acetate</i>	44
<i>clindamycin cap 300mg</i>	10	COTELLIC.....	19
<i>clindamycin cap 75mg</i>	10	COUMADIN.....	49
<i>clindamycin hcl cap 150 mg</i>	10	CREON.....	48
<i>clindamycin phosphate (topical)</i>	60	CRIXIVAN.....	11
<i>clindamycin phosphate in d5w</i>	10	<i>cromolyn sodium (mastocytosis)</i>	48
<i>clindamycin phosphate inj</i>	10	<i>cromolyn sodium (ophth)</i>	56
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<i>clindamycin phosphate vaginal</i>	49	<i>cryselle-28</i>	41
<i>clindamycin soln 75mg/5ml</i>	10	<i>cyclafem 1/35</i>	41
CLINIMIX 2.75%/DEXTROSE 5%.....	54	<i>cyclafem 7/7/7</i>	41
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CLINIMIX 4.25%/DEXTROSE 5%.....	54	<i>cyclophosphamide</i>	17
CLINIMIX 5%/DEXTROSE 15%.....	54	<i>cycloserine</i>	13
CLINIMIX 5%/DEXTROSE 20%.....	54	<i>cyclosporine</i>	52
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<i>clomipramine hcl</i>	30	<i>cyred tab</i>	41
<i>clonazepam</i>	27	CYSTADANE.....	44
<i>clonidine hcl</i>	26	CYSTAGON.....	44
<i>clopidogrel tab 75mg</i>	51	CYSTARAN.....	57
<i>clorazepate dipotassium</i>	27	<i>cytarabine</i>	17
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<i>clotrimazole (topical)</i>	60	<i>dacarbazine</i>	17
<i>clotrimazole w/ betamethasone</i>	60	DALIRESP.....	59
<i>clozapine odt</i>	32	<i>danazol</i>	44
<i>clozapine tab 100mg</i>	32	<i>dantrolene sodium</i>	37
<i>clozapine tab 200mg</i>	32	<i>dapsone</i>	10
<i>clozapine tab 25mg</i>	32	DAPTACEL.....	52
<i>clozapine tab 50mg</i>	32	<i>daptomycin</i>	10
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<i>colesevelam hcl</i>	23	<i>deblitane</i>	41
<i>colestipol hcl gran</i>	23	DELESTROGEN.....	44
<i>colestipol hcl pack</i>	23	<i>delyla</i>	41
<i>colestipol hcl tabs</i>	23	DELZICOL.....	47
<i>colistimethate sodium</i>	10	DEM SER.....	26
<i>colocort enema 100mg</i>	47	DEPEN TITRATABS.....	40
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<i>desmopressin acetate spray refrigerated</i>	<i>dicyclomine hcl tab 20mg</i>	47
.....46	<i>didanosine</i>	11
<i>desmopressin acetate tabs</i>	DIFICID	15
.....46	<i>diflunisal</i>	7
<i>desmopressin inj 4mcg/ml</i>	<i>digitek</i>	25
.....46	<i>digox</i>	25
<i>desogestrel-ethinyl estradiol (biphasic)</i>	<i>digoxin</i>	25
.....41	<i>digoxin inj</i>	25
<i>desogestrel & ethinyl estradiol</i>	<i>digoxin sol 50mcg/ml</i>	25
.....41	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	36
<i>desonide</i>36	
.....61	<i>dihydroergotamine mesylate nasal</i>	36
<i>desvenlafaxine succinate</i>	DILANTIN-125 SUSP	28
.....30	DILANTIN CAP 100MG	28
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.....44	<i>diltiazem cap 120mg cd</i>	24
<i>dexamethasone sodium phosphate</i>	<i>diltiazem cap 180mg cd</i>	24
<i>(ophth)</i>	<i>diltiazem cap 240mg cd</i>	24
.....56	<i>diltiazem cap 300mg cd</i>	24
DEXILANT	<i>diltiazem cap 360mg cd</i>	24
.....48	<i>diltiazem cap er/12hr</i>	25
<i>dexmethylphenidate hcl</i>	<i>diltiazem hcl</i>	25
.....35	<i>diltiazem hcl cap sr 24hr</i>	25
<i>dexrazoxane</i>	<i>diltiazem hcl coated beads</i>	25
.....21	<i>diltiazem hcl coated beads cap sr 24hr</i>	25
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.....54	<i>sr</i>	25
<i>dextrose 10%/nacl 0.45%</i>	<i>diltiazem inj</i>	25
.....54	<i>diphenhydramine hcl inj 50mg/ml</i>	58
<i>dextrose 10% flex contain</i>	<i>diphenoxylate w/ atropine</i>	48
.....54	DIPHTHERIA/TETANUS TOXOID	52
<i>dextrose 2.5%/nacl 0.45%</i>	<i>disopyramide phosphate</i>	22
.....54	<i>disulfiram</i>	37
<i>dextrose 5%</i>	<i>divalproex sodium</i>	28
.....54	<i>docetaxel</i>	17
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.....54	<i>dofetilide</i>	22
<i>dextrose 5%/nacl 0.2%</i>	<i>donepezil hydrochloride</i>	29
.....54	<i>dorzolamide hcl</i>	57
<i>dextrose 5%/nacl 0.225%</i>	<i>dorzolamide hcl-timolol maleate</i>	57
.....54	<i>doxazosin mesylate</i>	21
DEXTROSE 5%/NACL 0.3%	<i>doxepin hcl</i>	30
.....54	<i>doxercalciferol</i>	55
<i>dextrose 5%/nacl 0.33%</i>	<i>doxorubicin hcl</i>	17
.....54	<i>doxorubicin hcl liposomal</i>	17
<i>dextrose 5%/nacl 0.45%</i>	<i>doxy 100</i>	16
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<i>dextrose 5%/nacl 0.9%</i>		
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<i>diazepam inj</i>		
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<i>diazepam intensol</i>		
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<i>diazepam oral soln 1 mg/ml</i>		
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<i>diclofenac sodium</i>		
.....7		
<i>diclofenac sodium (ophth)</i>		
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<i>diclofenac sodium (topical)</i>		
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<i>diclofenac sodium (topical) 1% gel</i>		
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<i>diclofenac w/ misoprostol</i>		
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.....16		
<i>dicyclomine hcl cap 10mg</i>		
.....47		
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<i>doxycycline hyclate</i>	16	<i>errin</i>	41
<i>dronabinol</i>	46	<i>ertapenem sodium</i>	10
<i>drospirenone-ethinyl estradiol</i>	41	<i>ery-tab</i>	15
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<i>duloxetine hcl</i>	30	ERYTHROCIN LACTOBIONATE.....	15
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<i>enalapril maleate</i>	21	<i>ethynodiol tab 1-50</i>	41
<i>enalapril maleate & hydrochlorothiazide</i>	21	<i>etodolac</i>	7
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<i>endocet 2.5-325mg</i>	8	EVOTAZ.....	13
<i>endocet 5-325mg</i>	8	<i>exemestane</i>	18
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<i>fenofibrate</i>	23	<i>fondaparinux sodium</i>	49
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<i>fentanyl citrate</i>	8	FOSAMAX PLUS D.....	40
<i>fentanyl patch 100 mcg/hr</i>	8	<i>fosamprenavir tab 700 mg</i>	12
<i>fentanyl patch 12 mcg/hr</i>	8	<i>fosinopril sodium</i>	21
<i>fentanyl patch 25 mcg/hr</i>	8	<i>fosinopril sodium & hydrochlorothiazide</i>	21
<i>fentanyl patch 50 mcg/hr</i>	8	FRAGMIN.....	50
<i>fentanyl patch 75 mcg/hr</i>	8	FREAMINE HBC 6.9%.....	54
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<i>flunisolide (nasal)</i>	59	<i>ganciclovir sodium</i>	14
<i>fluocinolone acetonide</i>	61	GARDASIL 9.....	52
<i>fluocinolone acetonide (otic)</i>	63	<i>gatifloxacin (ophth)</i>	56
<i>fluocinolone acetonide oil body</i>	61	GATTEX.....	48
<i>fluocinonide</i>	61	GAUZE PADS 2.....	38
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<i>fluorouracil</i>	17	<i>gavilyte-n/ flavor pack</i>	47
<i>fluorouracil (topical)</i>	62	<i>gemcitabine inj soln</i>	17
<i>fluoxetine cap 10mg</i>	30	<i>gemcitabine inj solr</i>	17
<i>fluoxetine cap 20mg</i>	30	<i>gemfibrozil</i>	23
<i>fluoxetine cap 40mg</i>	30	<i>generlac</i>	47
<i>fluoxetine hcl</i>	30	<i>gengraf</i>	52
<i>fluphenazine decanoate</i>	33	GENOTROPIN.....	45
<i>fluphenazine hcl</i>	33	GENOTROPIN MINIQUICK.....	45
<i>flurbiprofen</i>	7	<i>gentak</i>	56
<i>flurbiprofen sodium</i>	56	<i>gentamicin in saline</i>	9
<i>flutamide</i>	18	<i>gentamicin sulfate</i>	9
<i>fluticasone propionate</i>	61	<i>gentamicin sulfate (topical)</i>	60
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<i>glip/metform tab 2.5-500mg</i>	39	<i>hydrochlorothiazide</i>	26
<i>glip/metform tab 5-500mg</i>	39	<i>hydroco/apap tab 10-325mg</i>	8
<i>glipizide</i>	39	<i>hydroco/apap tab 5-325mg</i>	8
<i>glipizide xl</i>	39	<i>hydroco/apap tab 7.5-325</i>	8
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GLUCAGON EMERGENCY KIT.....	45	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
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<i>haloperidol lactate inj 5mg/ml</i>	33	<i>ibuprofen</i>	7
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<i>heparin sod inj 1000/ml</i>	50	IFEX INJ 3GM.....	17
<i>heparin sod inj 10000/ml</i>	50	<i>ifosfamide inj 1gm/20ml</i>	17
<i>heparin sod inj 20000/ml</i>	50	IFOSFAMIDE INJ 3GM.....	17
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<i>imipramine hcl</i>	30	<i>isotretinoin</i>	60
<i>imiquimod</i>	62	<i>isradipine</i>	25
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<i>irbesartan</i>	22	KALETRA TAB 200-50MG	13
<i>irbesartan-hydrochlorothiazide</i>	22	KALYDECO	59
IRESSA	20	<i>kariva</i>	42
<i>irinotecan hcl</i>	21	<i>kcl/d5w/nacl inj .15/.33%</i>	55
ISENTRESS	12	<i>kcl/d5w/nacl inj .15/.45%</i>	55
ISENTRESS HD	12	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	55
<i>isibloom</i>	41	<i>kcl/d5w inj 0.3%</i>	55
ISOLYTE P	55	<i>kcl/nacl inj 0.15%-0.9%</i>	55
ISOLYTE S.....	55	<i>kcl/nacl inj 0.3-0.9</i>	55
<i>isoniazid</i>	13	<i>kcl 0.075%/d5w/nacl 0.45%</i>	55
<i>isoniazid syp 50mg/5ml</i>	13	<i>kcl0.15%/d5w/nacl0.2%</i>	55
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<i>isosorbide dinitrate</i>	26	<i>kcl 0.15%/d5w/nacl 0.9%</i>	55
<i>isosorbide dinitrate er</i>	26	<i>kcl 0.3%/d5w/nacl 0.45%</i>	55
<i>isosorbide mononitrate er</i>	26	KCL 0.3%/D5W/NACL 0.9%	55

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<i>kelnor 1/50</i>	42	LENVIMA 14 MG DAILY DOSE	20
<i>ketoconazole</i>	11	LENVIMA 18 MG DAILY DOSE	20
<i>ketoconazole cream</i>	60	LENVIMA 20 MG DAILY DOSE	20
<i>ketoconazole shampoo</i>	61	LENVIMA 24 MG DAILY DOSE	20
<i>ketoprofen</i>	7	LENVIMA 8 MG DAILY DOSE	20
<i>ketorolac tromethamine (ophth)</i>	56	<i>lessina</i>	42
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KISQALI FEMARA 600 DOSE	18	<i>mg/0.5ml</i>	58
<i>klor-con 10</i>	53	<i>levabuterol tartrate hfa</i>	58
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<i>klor-con pak 20meq</i>	53	<i>levetiracetam oral soln 100 mg/ml</i>	28
<i>klor-con spr cap 10meq</i>	53	<i>levo-t</i>	46
<i>klor-con spr cap 8meq</i>	53	<i>levobunolol hcl</i>	57
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<i>kurvelo</i>	42	<i>levofloxacin</i>	15
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KYNAMRO	23	<i>levofloxacin inj 25mg/ml</i>	15
L		<i>levofloxacin oral soln 25 mg/ml</i>	15
<i>labetalol hcl</i>	24	<i>levonest</i>	42
<i>lactated ringer's</i>	55	<i>levonor/ethi tab</i>	42
<i>lactulose</i>	48	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>lactulose (encephalopathy)</i>	48	42
<i>lamivudine</i>	12	<i>levonorgestrel & eth estradiol</i>	42
<i>lamivudine-zidovudine</i>	13	<i>levora 0.15/30-28</i>	42
<i>lamivudine (hbv)</i>	14	<i>levothyroxine sodium</i>	46
<i>lamotrigine</i>	28	<i>levoxyl</i>	46
<i>lansoprazole</i>	48	LEXIVA	12
<i>larin 1/20</i>	42	<i>lidocaine</i>	62
<i>larin 1.5/30</i>	42	<i>lidocaine-prilocaine</i>	62
<i>larin fe 1/20</i>	42	<i>lidocaine hcl</i>	62
<i>larin fe 1.5/30</i>	42	<i>lidocaine hcl (local anesth.)</i>	9
<i>larissia tab</i>	42	<i>lidocaine hcl (mouth-throat)</i>	63
LASTACRAFT	57	<i>lidocaine inj 0.5%</i>	9
<i>latanoprost</i>	57	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
LATUDA	33	<i>lidocaine inj 1%</i>	9
<i>leena</i>	42	<i>lidocaine oint 5%</i>	62
<i>leflunomide</i>	51	<i>linezolid inj</i>	10

<i>linezolid in sodium chloride</i>	10	<i>malathion</i>	62
<i>linezolid susp</i>	10	<i>maprotiline hcl</i>	30
<i>linezolid tab 600mg</i>	10	<i>marlissa</i>	42
LINZESS	48	MARPLAN TAB 10MG	30
<i>liothyronine sodium</i>	46	MATULANE	20
<i>lisinopril</i>	21	<i>matzim la</i>	25
<i>lisinopril & hydrochlorothiazide</i>	21	MAVYRET	14
<i>lithium carbonate</i>	36	<i>meclizine hcl</i>	46
<i>lithium carbonate er</i>	36	<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	42
LITHIUM SOLN 8MEQ/5ML	36	<i>medroxyprogesterone acetate tab</i>	46
LIVALO	23	<i>mefloquine hcl</i>	11
LONSURF	20	<i>megestrol ac sus 40mg/ml</i>	18
<i>loperamide hcl</i>	48	<i>megestrol ac tab 20mg</i>	19
<i>lopinavir-ritonavir</i>	13	<i>megestrol ac tab 40mg</i>	19
<i>lorazepam</i>	27	<i>megestrol sus 625mg/5ml</i>	19
<i>lorazepam intensol</i>	27	MEKINIST.....	20
<i>lorcet hd tab 10-325mg</i>	8	<i>meloxicam</i>	7
<i>lorcet plus tab 7.5-325</i>	8	<i>memantine hcl cp24</i>	29
<i>lorcet tab 5-325mg</i>	8	<i>memantine soln</i>	29
<i>loryna</i>	42	<i>memantine tabs</i>	30
<i>losartan-hydrochlorothiazide</i>	22	MENACTRA	52
<i>losartan potassium</i>	22	MENVEO	52
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<i>lovastatin</i>	23	<i>meropenem</i>	10
<i>low-ogestrel</i>	42	<i>mesalamine</i>	47
<i>loxapine succinate</i>	33	<i>mesalamine w/ cleanser</i>	47
LUMIGAN	57	MESNEX	21
LUMIZYME	44	<i>metadate er tab 20mg</i>	35
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LUPRON DEP-PED INJ 7.5MG.....	45	<i>metformin hcl</i>	39, 40
LUPRON DEPOT-PED (1-MONTH.....	45	<i>methadone hcl</i>	8
LUPRON DEPOT-PED (3-MONTH.....	45	<i>methadone hcl 10mg</i>	8
LUPRON DEPOT (1-MONTH)	18	<i>methadone hcl 5mg</i>	8
LUPRON DEPOT INJ 11.25MG (3-MONTH)	18	<i>methadone hcl intensol</i>	8
<i>lutera</i>	42	<i>methazolamide</i>	26
LYNPARZA	18	<i>methenamine hippurate</i>	10
LYRICA	28, 29	<i>methimazole</i>	46
LYSODREN	18	<i>methotrexate sodium inj</i>	17
<i>lyza</i>	42	<i>methotrexate sodium tabs</i>	51
M		<i>methyclothiazide</i>	26
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<i>magnesium sulfate</i>	53	<i>methylphenidate hcl oral soln</i>	35
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<i>magnesium sulfate in dextrose</i>	53	<i>methylprednisolone acetate</i>	44
<i>magnesium sulfate inj 50%</i>	53	<i>methylpred pak 4mg</i>	44
		<i>methylpred tab 16mg</i>	44

<i>methylpred tab 32mg</i>	44	<i>morphine sulfate oral soln 20mg/5ml</i> ...	9
<i>methylpred tab 4mg</i>	44	<i>morphine sul inj 10mg/ml</i>	8
<i>methylpred tab 8mg</i>	44	<i>morphine sul inj 1mg/ml</i>	8
<i>methylpr ss inj</i>	44	MORPHINE SUL INJ 4MG/ML.....	8
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<i>metoclopramide hcl inj</i>	46	MOXEZA	56
<i>metolazone</i>	26	<i>moxifloxacin hcl</i>	15
<i>metoprolol & hctz tab 100-25mg</i>	24	MOXIFLOXACIN HCL.....	15
<i>metoprolol & hctz tab 100-50mg</i>	24	<i>moxifloxacin hcl (ophth)</i>	56
<i>metoprolol & hctz tab 50-25mg</i>	24	<i>moxifloxacin hcl in sodium chloride</i>	16
<i>metoprolol succinate</i>	24	MULTAQ	23
<i>metoprolol tartrate</i>	24	<i>mupirocin</i>	60
<i>metronidazole</i>	10	MYCAMINE	11
<i>metronidazole (topical)</i>	62	<i>mycophenolate mofetil</i>	52
<i>metronidazole gel 0.75%</i>	62	<i>mycophenolate sodium tbec</i>	52
<i>metronidazole in nacl</i>	10	MYLOTARG	18
<i>metronidazole vaginal</i>	49	<i>myorisan</i>	60
<i>mexiletine hcl</i>	23	MYRBETRIQ	49
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<i>microgestin fe 1/20</i>	42	<i>nabumetone</i>	7
<i>microgestin fe 1.5/30</i>	42	<i>nadolol</i>	24
<i>midodrine hcl</i>	26	<i>nafcillin sodium</i>	16
<i>miglustat</i>	44	<i>naftifine hcl</i>	60
<i>mili</i>	42	NAGLAZYME	44
<i>minitran</i>	26	<i>nalbuphine hcl</i>	7
<i>minocycline hcl</i>	16	<i>naloxone inj 0.4mg/ml</i>	37
<i>minoxidil</i>	26	<i>naloxone inj 1mg/ml</i>	37
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<i>misoprostol</i>	48	NAMZARIC	30
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<i>mitomycin</i>	17	<i>naproxen dr</i>	7
<i>modafinil</i>	37	<i>naproxen sodium</i>	7
<i>moderiba tab 200mg</i>	14	<i>naratriptan hcl</i>	36
<i>moexipril-hydrochlorothiazide</i>	21	NARCAN	38
<i>moexipril hcl</i>	21	NASONEX	59
<i>mometasone furoate</i>	61	NATACYN	56
<i>mometasone furoate (nasal)</i>	59	<i>nateglinide</i>	40
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<i>morgidox cap 1x50mg</i>	16	<i>necon 1/50-28</i>	42
<i>morphine ext-rel tab</i>	8	<i>necon 7/7/7</i>	42
<i>morphine sulfate</i>	9	<i>nefazodone hcl</i>	31
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<i>morphine sulfate oral soln 100mg/5ml</i> ..	9	<i>neomycin-polymy-dexameth</i>	55
<i>morphine sulfate oral soln 10mg/5ml</i> ...	9	<i>neomycin-polymyxin-gramicidin</i>	56

<i>neomycin-polymyxin-hc (ophth)</i>	55	<i>nortriptyline hcl</i>	31
<i>neomycin-polymyxin-hc (otic)</i>	63	NORVIR	12
<i>neomycin sulfate</i>	9	NOVOLIN 70/30	38
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<i>nevirapine</i>	12	NOVOLOG FLEXPEN	38
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TYKERB	20	<i>vincasar pfs</i>	17
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<i>valganciclovir hcl</i>	14	VOTRIENT	20
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<i>valproic acid</i>	29	VRAYLAR THERAPY PACK	34
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