



# Comprehensive Formulary

**2017**

Medicare Advantage Plans  
from FamilyCare Health

503-345-5702 | 866-798-2273 | TTY/TDD 711



Y0103\_FOR\_00310 ACCEPTED



**FamilyCare**  
Health

# FamilyCare Community (HMO SNP) and FamilyCare Advantage Rx (HMO) 2017 Formulary List of Covered Drugs

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

00017268 Version 11 CMS approved 8/23/16

This formulary was updated on May 1, 2017. For more recent information, please contact FamilyCare Health Navigation Services toll-free at 866-798-2273 (TTY/TDD 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. (except Thanksgiving Day and Christ-mas Day). From February 15 to September 30, you can call us Monday through Friday, 8 a.m. to 8 p.m. and Saturday and Sunday, 9 a.m. to 5 p.m. Pacific time (Except Memorial Day, Independence Day, and Labor Day). Or visit us on the web at [www.familycareinc.org](http://www.familycareinc.org).

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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 FamilyCare Health. When it refers to “plan” or “our plan,” it means FamilyCare Advantage Rx (HMO) or Family-Care Community (HMO SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of April 1, 2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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## What is the FamilyCare Advantage Rx (HMO) and FamilyCare Community (HMO SNP) Formulary?

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

### Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, 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 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of May 1, 2017. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

We review this formulary at least once each month. If there are changes, we post the new document on our website ([www.familycareinc.org](http://www.familycareinc.org)). We also review the Step Therapy and Prior Authorization drug lists each month. If they change, we post the updated versions of those documents online. You can download and print any of these drug lists.

You can also look up any drug in our formulary online on our website, [www.familycareinc.org](http://www.familycareinc.org). In the Medicare section of the website, click on the "Find a Medicare Drug" link.

If a drug you are taking is withdrawn from our formulary or if there are any other changes (such as a change in drug tier), we will notify you in writing.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 8. 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 page 8. 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 48. 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?

FamilyCare Advantage Rx (HMO) and FamilyCare Community (HMO SNP) cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that they will cover. For example, our plans provide 12 tablets per 30-day prescription for RELPAX. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 FamilyCare Health 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 FamilyCare Advantage Rx (HMO) and FamilyCare Community (HMO SNP) formulary?" on page 4 for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that our plans do not cover your drug, you have two options:

- You can ask our Member Navigation Services department for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plans.
- You can ask us 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 FamilyCare Advantage Rx (HMO) or FamilyCare Community (HMO SNP) Formulary?

You can ask us 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, FamilyCare Advantage Rx (HMO) and FamilyCare Community (HMO SNP) limit 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

- For those members whose level of care changes from long-term care to non-long-term care: We will cover up to a 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication.
- For those members whose level of care changes from non-long-term care to long-term care: We will cover up to a 31-day supply for drugs except for certain oral brand solids which are limited to 14-day fills.

### For more information

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

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

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

### Advantage Rx (HMO), and Community (HMO SNP) Formulary

The formulary that begins on the page 8 provides coverage information about some of the drugs covered by FamilyCare Advantage Rx (HMO) and FamilyCare Community (HMO SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 49.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DURAMORPH) and generic drugs are listed in lower-case italics (e.g., endocet). The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

**B/D** (Part **B**/Part **D** drug) This prescription drug may be covered under our medical benefit.

**LA** (**L**imited **A**vailability) This prescription may be available only at certain pharmacies.

**NM** (**N**on-**M**ail) This prescription drug is not available through mail-order.

**PA** **P**rior **A**uthorization is required before the drug can be prescribed.

**QL** **Q**uantity **L**imits may apply to this drug. For more information about quantity limits, see page 2.

**ST** **S**tep **T**herapy limits may apply to this drug. For more information about step therapy, see page 2.

## Mail Order Pharmacy

For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs provided through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. The drugs that are not available through the plan's mail-order service are marked "NM" (for "non-mail") in our Drug List. Our plan's mail-order service allows you to order up to a 90-day supply.

To get information about filling your prescriptions by mail, contact Navigation Services. For refills of your drugs, you have the option to sign up for an automatic refill program called ReadyFill atMail®.

Usually a mail-order pharmacy order will get to you in no more than 10 days. If your mail-order drugs are delayed in getting to you, the pharmacy will contact you and help you decide whether to wait for the medication, cancel the mail order, or fill the prescription at a local retail pharmacy.

## Disclaimers

FamilyCare Health is an HMO with a Medicare contract and a contract with the Oregon Health Plan (Medicaid). Enrollment in FamilyCare Health Medicare Advantage plans depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and deductibles may apply. Benefits and copayments/coinsurance may change on January 1 of each year.

FamilyCare Community (HMO SNP) is available to people who qualify for both Medicare and the Oregon Health Plan (Medicaid).

Copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This information is available in other formats such as Braille and large print. Please call Navigation Services at 866-798-2273 (TTY/TDD 711) Our hours are

October 1 to February '14  
Christmas

Seven days a week, 8 a.m. to 8 p.m. (except Thanksgiving Day and  
**Day)**

February 15 to September 30:

Monday through Friday, 8 a.m. to 8 p.m., and Saturday and Sunday, 9 a.m.  
to 5 p.m. (except Memorial Day, Independence Day, and Labor Day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
<b>NSAIDS</b>		
<i>celecoxib CAPS 50mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24</i>	2	
<i>diclofenac sodium TBEC</i>	2	
<i>diflunisal</i>	4	
<i>etodolac</i>	4	
<i>flurbiprofen TABS</i>	3	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen cap 50 mg</i>	3	
<i>ketoprofen cap 75 mg</i>	3	
MELOXICAM SUSP	4	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
NAPRELAN 375mg, 500mg	5	
NAPRELAN 750mg	4	
<i>naproxen SUSP</i>	3	
<i>naproxen TABS</i>	1	
<i>naproxen TBEC</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	4	
NAPROXEN SODIUM TB24	5	
<i>piroxicam CAPS</i>	4	
<i>sulindac TABS</i>	2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl TABS</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)
<b>OPIOID ANALGESICS, CII</b>		
DURAMORPH	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	3	
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	3	QL (270 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl</i> CONC	3	QL (120 mL / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (600 mL / 30 days)
<i>methadone hcl 5mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl 10mg</i>	3	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	3	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1MG/ML	3	B/D
MORPHINE SUL INJ 4MG/ML	3	B/D
MORPHINE SUL INJ 10MG/ML	3	B/D
MORPHINE SUL INJ 15MG/ML	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	3	B/D
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml, 3 4mg/ml, 8mg/ml	3	B/D
MORPHINE SULFATE TABS	3	QL (180 tabs / 30 days)
MORPHINE SULFATE ORAL SOL	3	

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

**ANESTHETICS****LOCAL ANESTHETICS**

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

**ANTI-INFECTIVES****ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate</i> SOLN	3	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>gentamicin sulfate/0.9% s</i>	2	
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	4	
<i>sulfadiazine</i> 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	4	
<i>atovaquone</i> SUSP	5	
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam</i>	3	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate</i> SOLN	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate in d5w</i>	3	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln</i>	4	
<i>colistimethate sodium SOLR</i>	4	
CUBICIN	5	
<i>dapsone TABS</i>	3	
<i>daptomycin</i>	5	
<i>emverm</i>	4	
<i>imipenem-cilastatin</i>	4	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid SOLN</i>	5	
LINEZOLID SUSR; TABS	5	
LINEZOLID IN SODIUM CHLORIDE	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	4	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
TIGECYCLINE	5	
<i>trimethoprim TABS</i>	2	
TYGACIL	5	
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR</i>	3	
VANCOMYCIN IN NAACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D
AMBISOME	4	B/D
<i>amphotericin b SOLR</i>	4	B/D
CANCIDAS	5	
<i>fluconazole SUSR</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	3	
<i>fluconazole inj nacl 100</i>	3	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</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	4	PA
MYCAMINE	5	
NOXAFIL SUSP; TBEC	5	
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i>	3	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	5	
ISENTRESS TABS	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	4	
<i>nevirapine</i> TB24	4	
<i>nevirapine tab 200mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR IV INFUSION	4	
REYATAZ	5	
SELZENTRY 25mg	4	
SELZENTRY 75mg, 150mg, 300mg	5	
<i>stavudine</i>	4	
SUSTIVA CAPS 50mg	3	
SUSTIVA CAPS 200mg	5	
SUSTIVA TABS	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIREAD	5	
ZERIT SOLR	5	
ZIAGEN SOLN	3	
<i>zidovudine</i>	2	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
ABACAVIR SULFATE-LAMIVUDINE	5	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
DESCOVY	5	
EPZICOM	5	
EVOTAZ	5	
GENVOYA	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	5	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	4	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir</i> TABS	2	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
DAKLINZA	5	NM, PA
<i>entecavir</i>	5	
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir inj 500mg</i>	3	B/D
<i>lamivudine (hbv)</i>	4	
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate</i>	3	
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	4	
SOVALDI	5	NM, PA
TAMIFLU	3	
TYZEKA	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valacyclovir hcl</i> TABS	3	
VALCYTE SOLR	5	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
ZEPATIER	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
<i>cefaclor er tab 500mg</i>	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	
<i>cefazolin sodium 1 gm/50ml</i>	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i> SUSR	4	
<i>cefprozil</i> TABS	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
<i>tazicef vial</i>	4	
TEFLARO	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	3	
<i>azithromycin</i> SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
<i>erythrocin lactobionate</i>	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin er</i>	4	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	4	
<i>ciprofloxacin inj</i>	4	
<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	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin &amp; pot clavulanate</i> CHEW; SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	2	
<i>amoxicillin &amp; pot clavulanate</i> TB12	4	
<i>ampicillin &amp; sulbactam sodium</i>	4	
<i>ampicillin cap</i>	1	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin sus</i>	3	
AUGMENTIN SUSR	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium for inj</i>	4	
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	
PENICILLIN G POT IN DEXTROSE 2 MU	4	
PENICILLIN G POT IN DEXTROSE 3 MU	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g</i>	4	
<i>piperacillin sodium-tazobactam sodium</i>	4	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLEUKIN	5	B/D, NM
RITUXAN	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
YERVOY	5	NM, PA
ZOLINZA	5	NM, PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>hydroxyprogesterone caproate (antineoplastic)</i>	4	B/D
<i>letrozole</i> TABS	3	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 20mg</i>	4	PA; PA if 65 years and older
<i>megestrol ac tab 40mg</i>	4	PA; PA if 65 years and older
MEGESTROL SUS 625MG/5ML	4	PA
NILANDRON	5	
<i>nilutamide</i>	5	
SOLTAMOX	4	
<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
<b>KINASE INHIBITORS</b>		
AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
ALECENSA	5	NM, LA, PA
BOSULIF	5	NM, PA
CABOMETYX	5	NM, LA, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mitoxantrone hcl</i>	3	B/D, NM
ODOMZO	5	NM, LA, PA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

**PLATINUM-BASED AGENTS**

<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin</i>	4	B/D

**PROTECTIVE AGENTS**

AMIFOSTINE	5	B/D
<i>dexrazoxane</i>	5	B/D
ELITEK	5	B/D
FUSILEV	5	B/D, NM
<i>leucovorin calcium SOLR</i>	4	B/D
<i>leucovorin calcium TABS</i>	3	
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>levoleucovorin calcium</i>	5	B/D, NM
<i>mesna</i>	4	B/D
MESNEX TABS	5	

**TOPOISOMERASE INHIBITORS**

<i>etoposide SOLN</i>	3	B/D
<i>irinotecan inj 40mg/2ml</i>	4	B/D
<i>irinotecan inj 100/5ml</i>	4	B/D
<i>irinotecan inj 500mg/25ml</i>	4	B/D
<i>toposar</i>	3	B/D
TOPOTECAN HCL SOLN	5	B/D
<i>topotecan hcl SOLR</i>	5	B/D

**CARDIOVASCULAR****ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<b>ACE INHIBITORS</b>		
<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	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	4	
<i>spironolactone TABS</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	3	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	
AZOR	4	
BENICAR HCT	4	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan &amp; hctz tab</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
BENICAR	4	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>valsartan</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> SOLN	2	
<i>amiodarone hcl</i> TABS 100mg, 400mg	4	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
DOFETILIDE	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl</i> 12hr	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	3	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	4	
<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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	5	NM, PA
<i>prevalite</i>	4	
VASCEPA	4	
VYTORIN	4	QL (30 tabs / 30 days)
WELCHOL	3	
ZETIA TAB 10MG	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	3	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide</i>	3	
<i>propranolol &amp; hydrochlorothiazide</i>	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	3	
<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>	4	
<i>propranolol cap er</i>	4	
<i>propranolol hcl SOLN; TABS</i>	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	3	
<i>amlodipine besylate TABS</i>	1	
<i>cartia xt</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 300mg cd</i>	3	
DILTIAZEM CAP 360MG CD	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl SOLN; TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr3</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>felodipine</i>	3	
<i>isradipine</i>	4	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedical xl</i>	3	
<i>nifedipine TB24</i>	3	
<i>nifedipine er</i>	3	
<i>nimodipine CAPS</i>	5	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	4	
VERAPAMIL CAP ER 360mg	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR</i>	2	
<i>verapamil tab er</i>	2	
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digitek .25mg</i>	3	PA; PA if 65 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
DIGOXIN SOL 50MCG/ML	3	PA; PA if 65 years and older
<b><i>DIURETICS</i></b>		
<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	3	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone 25mg, 50mg</i>	3	
<i>furosemide SOLN</i>	2	
<i>furosemide TABS</i>	1	
<i>furosemide inj 10mg/ml</i>	2	
FUROSEMIDE INJ 10mg/ml	2	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	4	
<i>methyclothiazide</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone</i>	3	
<i>spironolactone &amp; hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene &amp; hydrochlorothiazide TABS</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl PTWK</i>	4	
<i>clonidine hcl TABS</i>	1	
DEMSER	5	
<i>hydralazine hcl SOLN</i>	3	
<i>hydralazine hcl TABS</i>	2	
<i>midodrine hcl</i>	4	
<i>minoxidil TABS</i>	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	
<b>NITRATES</b>		
<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	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin SUBL</i>	3	
<i>nitroglycerin td patch</i>	3	
NITROSTAT	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	5	NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	NM, LA, PA
REMODULIN	5	NM, LA, PA
REVATIO SUSR	5	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER	5	NM, LA, PA
UPTRAVI TABS 200mcg	5	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 400mcg	5	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 600mcg	5	QL (150 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TABS 800mcg	5	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1000mcg	5	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TBPK	5	NM, LA, PA
VENTAVIS	5	NM, PA

**CENTRAL NERVOUS SYSTEM****ANTI-ANXIETY**

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

**ANTICONVULSANTS**

APTIOM 200mg	4	QL (180 tabs / 30 days)
APTIOM 400mg	5	QL (90 tabs / 30 days)
APTIOM 600mg, 800mg	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT SOLN 10mg/ml	5	PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS	5	PA
<i>carbamazepine</i> CHEW	3	
<i>carbamazepine</i> CP12; SUSP; TABS; TB12	4	
CELONTIN	4	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	3	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	3	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	3	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	3	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	3	QL (120 tabs / 30 days), PA; PA if 65 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clorazepate dipotassium</i> 15mg	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam</i> CONC	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 1mg/ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/ml	3	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA; PA if 65 years and older
DIAZEPAM GEL	4	
<i>dilantin</i>	3	
DILANTIN-125 SUS 125/5ML	3	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	2	
<i>epitol</i>	4	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA TABS 4mg	4	QL (90 tabs / 30 days), PA
FYCOMPA TABS 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	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	4	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS; TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam inj</i>	4	
LEVETIRACETAM IV	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 65 years and older
<i>phenytek</i>	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
POTIGA 50mg	4	
POTIGA 200mg	5	QL (180 tabs / 30 days)
POTIGA 300mg, 400mg	5	QL (90 tabs / 30 days)
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN 250mg/5ml	2	
<i>valproate sodium</i> SOLN 500mg/5ml	4	
<i>valproic acid</i>	3	
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (60 tabs / 30 days)

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

**ANTIDEPRESSANTS**

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg	3	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	4	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg	4	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	4	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	4	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine cap 10mg</i>	1	QL (30 caps / 30 days)
<i>fluoxetine cap 20mg</i>	1	QL (120 caps / 30 days)
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl</i> SOLN	3	
<i>fluoxetine hcl</i> TABS 10mg	4	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	4	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
PRISTIQ	3	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS	4	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	4	
APOKYN	5	NM, LA, PA
AZILECT	3	
BENZTROPINE MESYLATE SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
CARBIDOPA/LEVODOPA/ENTACAPONE	4	
ENTACAPONE	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	
<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	3	
<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	4	
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA 300mg, 400mg	5	QL (1 vial / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20mg, 30mg</i>	5	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA	5	QL (1 syringe / 28 days)
<i>chlorpromazine hcl</i> TABS	4	
<i>chlorpromazine inj</i>	4	
CLOZAPINE ODT 12.5mg, 25mg	4	PA
CLOZAPINE ODT 100mg	4	QL (270 tabs / 30 days), PA
CLOZAPINE ODT 150mg	4	QL (180 tabs / 30 days), PA
CLOZAPINE ODT 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT 1mg, 2mg, 4mg	4	QL (60 tabs / 30 days)
FANAPT 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
FAZACLO 12.5mg, 25mg	4	PA
FAZACLO 100mg	5	QL (270 ea / 30 days), PA
FAZACLO 150mg	5	QL (180 ea / 30 days), PA
FAZACLO 200mg	5	QL (135 ea / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i> CONC; ELIX; SOLN	4	
<i>fluphenazine hcl</i> TABS	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol con lactate</i>	3	
<i>haloperidol decanoate</i> SOLN	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA 1.5mg, 3mg, 9mg	5	QL (30 ea / 30 days)
INVEGA 6mg	5	QL (60 ea / 30 days)
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 syringe / 90 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine TABS 5mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine TABS 7.5mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine TABS 10mg, 15mg, 20mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine TBDP 5mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg, 15mg, 20mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	5	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate TB24 50mg</i>	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate TB24 150mg, 200mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate TB24 300mg, 400mg</i>	4	QL (60 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	4	QL (240 mL / 30 days)
<i>risperidone TABS 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TABS 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone TABS .25mg, .5mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone TBDP 1mg, 2mg, 3mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone TBDP 4mg</i>	4	QL (120 tabs / 30 days)
<i>risperidone TBDP .25mg, .5mg</i>	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
SEROQUEL XR 50mg	4	QL (120 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	4	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl TABS</i>	4	PA; PA if 65 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	4	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (120 caps / 30 days)
VRAYLAR 3mg	5	QL (60 caps / 30 days)
VRAYLAR 4.5mg, 6mg	5	QL (30 caps / 30 days)
VRAYLAR THERAPY PACK	4	
<i>ziprasidone hcl</i> 20mg, 40mg	4	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	4	QL (90 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 5 mg	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 10 mg	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	3	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 15 mg	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 20 mg	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 30 mg	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab</i> 20mg	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	4	QL (900 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STRATTERA 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
STRATTERA 40mg	4	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
<b>HYPNOTICS</b>		
HETLIOZ	5	NM, LA, PA
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
temazepam 7.5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<b>MIGRAINE</b>		
cafergot	4	
dihydroergotamine mesylate 1mg/ml	3	
ergotamine w/ caffeine	4	
migergot	5	
naratriptan hcl	3	QL (12 tabs / 30 days)
RELPAK	3	QL (12 tabs / 30 days)
rizatriptan benzoate	3	QL (18 tabs / 30 days)
SUMATRIPTAN SOLN 5mg/act	4	QL (24 inhalers / 30 days)
SUMATRIPTAN SOLN 20mg/act	4	QL (12 inhalers / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	4	QL (18 injections / 30 days)
sumatriptan inj 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS	2	QL (12 tabs / 30 days)
zolmitriptan TABS	4	QL (12 tabs / 30 days)
zolmitriptan odt	4	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
lithium carbonate CAPS	1	
lithium carbonate TABS	2	
lithium carbonate er	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	4	PA
pyridostigmine tab 60mg	3	
riluzole	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TETRABENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE 25mg	5	QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 20MG/ML	5	QL (30 syringes / 30 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatopa</i>	5	QL (30 syringes / 30 days), NM, PA
TYSABRI	5	NM, LA, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	PA; PA if 65 years and older
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> 50mg	4	QL (150 tabs / 30 days), PA
<i>armodafinil</i> 150mg	4	QL (60 tabs / 30 days), PA
ARMODAFINIL 200mg	4	QL (30 tabs / 30 days), PA
<i>armodafinil</i> 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	3	QL (120 tabs / 30 days), PA
<i>buproban tab 150mg</i>	3	
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	4	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NICOTROL INHALER	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA

**ENDOCRINE AND METABOLIC****ANDROGENS**

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

**ANTIDIABETICS, INJECTABLE**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMLINPEN 60	5	QL (8 pens / 30 days), PA
SYMLINPEN 120	5	QL (4 pens / 30 days), PA
TOUJEO SOLOSTAR	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
<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/metformin tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TABS</i> 5mg	1	QL (240 tabs / 30 days)
<i>glipizide TABS</i> 10mg	1	QL (120 tabs / 30 days)
<i>glipizide TB24</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide TB24</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide TB24</i> 10mg	1	QL (60 tabs / 30 days)
GLIPIZIDE XL TB24 2.5MG	1	QL (240 tabs / 30 days)
GLIPIZIDE XL TB24 5MG	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500MG	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000MG	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 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)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>pamidronate disodium</i>	3	B/D
<i>zoledronic acid</i> SOLN 5mg/100ml	4	B/D, NM
<i>zoledronic acid</i> SOLR	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR 30mg	3	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	QL (60 tabs / 30 days), NM
SENSIPAR 90mg	5	QL (120 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
<i>kionex powder</i>	4	
<i>kionex sus</i> 15gm/60ml	3	
<i>sodium polystyrene sulfonate</i> POWD	4	
<i>sodium polystyrene sulfonate</i> SUSP	3	
<i>sps susp</i> 15gm/60ml	3	
SYPRINE	5	
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	3	
<i>apri 28 day</i>	2	
<i>aranelle 28</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aubra 28 day</i>	2	
<i>aviane 28</i>	2	
<i>balziva 28 day</i>	3	
<i>bekyree 28 day</i>	3	
<i>blisovi 21 fe 1.5/30 28 day pack</i>	2	
<i>blisovi 21 fe 1/20 28 day pack</i>	2	
<i>briellyn 28 day</i>	3	
<i>camila 28 day</i>	2	
<i>caziant pak</i>	3	
<i>cryselle 28</i>	2	
<i>cyclafem 1/35 28 day</i>	3	
<i>cyclafem 7/7/7 28 day</i>	2	
<i>cyred tab</i>	2	
<i>deblitane 28 day</i>	2	
<i>delyla 28 day</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse 28 day</i>	2	
<i>errin 28 day</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina 28 day</i>	2	
<i>femynor 28 day</i>	2	
GIANVI TAB 3-0.02MG	3	
<i>gildagia</i>	3	
<i>gildess tab 1.5/30</i>	2	
<i>heather</i>	2	
<i>introvale 91 day</i>	3	
JOLESSA TAB 0.15-0.03 MG	3	
JOLIVETTE	2	
<i>juleber 28 day</i>	2	
<i>junel 1.5/30 21 day</i>	2	
<i>junel 1/20 21 day</i>	2	
<i>junel fe 1.5/30 28 day</i>	2	
<i>junel fe 1/20 28 day</i>	2	
<i>kariva 28 day</i>	3	
<i>kelnor 1/35 28 day</i>	3	
<i>kimidess 28 day</i>	3	
<i>larin 1.5/30</i>	2	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEENA TAB	2	
<i>lessina 28 day</i>	2	
<i>levonest 28 day</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levonorgestrel (emergency oc)</i>	3	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30 28 day</i>	2	
<i>loryna 28 day</i>	3	
<i>low-ogestrel</i>	2	
<i>lutera 28 day</i>	2	
<i>lyza</i>	2	
<i>marlissa 28 day</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP</i>	2	
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSY	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mono-lynah tab 0.25-35</i>	2	
MONONESSA	2	
<i>myzilra</i>	2	
<i>necon 0.5/35 28 day</i>	3	
NECON 1/50-28	3	
NECON 7/7/7	2	
<i>necon 10/11 28 day</i>	3	
<i>necon tab 1/35</i>	3	
<i>nikki 28 day</i>	3	
NORA-BE TAB 0.35MG	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet &amp; eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	3	
<i>norlyroc 28 day</i>	2	
<i>nortrel 0.5/35 28 day</i>	3	
<i>nortrel 1/35 21 day</i>	3	
<i>nortrel 1/35 28 day</i>	3	
<i>nortrel 7/7/7 28 day</i>	2	
NUVARING	4	
OCELLA TAB 3-0.03MG	3	
<i>orsythia 28 day</i>	2	
<i>philith</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pimtrea pack</i>	3	
<i>pirmella 1/35 28 day</i>	3	
<i>portia 28 day</i>	2	
<i>previfem 28 day</i>	2	
<i>quasense 91 day</i>	3	
<i>reclipsen 28 day</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel 28 day</i>	2	
<i>sprintec 28 day</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 28 day</i>	2	
TILIA FE	3	
<i>tri-legest 28 day</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec 28 day</i>	3	
<i>tri-previfem 28 day</i>	2	
<i>tri-sprintec 28 day</i>	2	
TRINESSA	2	
TRINESSA LO TAB	3	
<i>trivora 28 day</i>	2	
<i>velivet 28 day</i>	3	
<i>vestura</i>	3	
<i>vienva 28 day</i>	2	
<i>viorele</i>	3	
<i>vyfemla 28 day</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent 28 day</i>	3	
<i>zovia 1/35e 28 day</i>	3	
<i>zovia 1/50e 28 day</i>	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol CAPS</i>	4	
SYNAREL	5	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
BUPHENYL TABS	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml	4	B/D
<i>levocarnitine (metabolic modifiers)</i> SOLN 200mg/ml	3	B/D
<i>levocarnitine (metabolic modifiers)</i> TABS	4	B/D
LUMIZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
ZAVESCA	5	NM, LA, PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	4	
<i>estrace</i> CREA	4	
<i>estradiol val inj 20mg/ml</i>	3	
<i>estradiol val inj 40mg/ml</i>	3	
<i>estradiol</i> PTWK	4	PA; PA if 65 years and older
<i>estradiol</i> TABS	4	PA; PA if 65 years and older
<i>fyavolv tab 1-5mg</i>	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol</i>	4	PA; PA if 65 years and older
PREMARIN TABS	4	PA
VAGIFEM	4	
<i>yuvaferm vaginal tablet 10 mcg</i>	4	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate</i> TABS	4	
<i>dexamethasone</i> CONC; 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 ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	3	B/D
<i>methylpr ss inj 40mg</i>	3	B/D
<i>methylpr ss inj 125 mg</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylpred tab 32mg</i>	3	B/D
<i>pred sod pho sol 5mg/5ml</i>	3	B/D
<i>prednisolone sol 15mg/5ml</i>	3	B/D
<i>prednisolone sol 25mg/5ml</i>	3	B/D
<i>prednisolone syp 15mg/5ml</i>	2	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF 250mg	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>HUMAN GROWTH HORMONES</b>		
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
NORDITROPIN FLEXPRO	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTICAL	3	B/D
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
<i>methergine 0.2 mg tab</i>	4	
<i>methylergonovine maleate TABS</i>	4	
MIACALCIN 200unit/ml	5	B/D
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 4 200mcg/ml</i>	4	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
<b>PARATHYROID HORMONES</b>		
FORTEO	5	QL (1 pen / 28 days), NM, PA
NATPARA	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	3	
REVELA PAK	3	
REVELA TAB 800MG	3	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate TABS</i>	3	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	2	
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	2	
LEVOXYL	2	
<i>liothyronine sodium TABS</i>	3	
<i>methimazole TABS</i>	2	
<i>propylthiouracil TABS</i>	3	
SYNTHROID	4	
UNITHROID	2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
DESMOPRESSIN SOL 0.01%	4	
STIMATE	4	NM
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMEND SUSR	4	B/D
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl</i> SOLN	3	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide inj</i>	2	
<i>ondansetron hcl</i> TABS	3	B/D
<i>ondansetron hcl inj</i>	3	
<i>ondansetron hcl oral soln</i>	3	B/D
<i>ondansetron odt</i>	2	B/D
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan</i> SUPP	4	PA; PA if 65 years and older
<i>prochlorperazine inj</i>	3	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SOLN; SUPP; SYRP; TABS	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS	1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS	1	
<i>glycopyrrolate</i> TABS	3	
<i>glycopyrrolate inj</i>	4	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN	2	
<i>famotidine</i> SUSR	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i> 50mg/2ml	2	
<i>ranitidine hcl inj</i> 150mg/6ml	3	
<i>ranitidine syrup</i>	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	3	
ASACOL HD	4	



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
SUCRAID	5	LA
<i>sucralfate</i> TABS	3	
<i>ursodiol</i> CAPS; TABS	4	
XIFAXAN 550mg	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole cap 10mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole cap 20mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole cap 40mg</i>	1	QL (30 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	QL (30 tabs / 30 days)
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
AVODART	4	
<i>dutasteride</i>	4	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	2	
<i>tamsulosin hcl</i>	3	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> TABS	3	
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i> 15meq	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	4	
<b>URINARY ANTISPASMODICS</b>		
DARIFENACIN HYDROBROMIDE 7.5mg	4	QL (60 ea / 30 days)
DARIFENACIN HYDROBROMIDE 15mg	4	QL (30 ea / 30 days)
ENABLEX 7.5mg	4	QL (60 ea / 30 days)
ENABLEX 15mg	4	QL (30 ea / 30 days)
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS	4	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	4	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

**VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal</i>	4	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i> CREA	3	
<i>terconazole vaginal</i> SUPP	4	
VANDAZOLE	4	
ZAZOLE CREAM 0.8%	3	

**HEMATOLOGIC****ANTICOAGULANTS**

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

**HEMATOPOIETIC GROWTH FACTORS**

GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

**MISCELLANEOUS**

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

**PLATELET AGGREGATION INHIBITORS**

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

**IMMUNOLOGIC AGENTS****DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS STAR	5	NM, PA
<i>hydroxychloroquine sulfate</i>	4	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	4	
REMICADE	5	NM, PA
XELJANZ	5	QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX 5gm/100ml, 10gm/200ml	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM, PA
PRIVIGEN	5	NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
POMALYST	5	NM, LA, PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> SOLR	4	B/D
<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i>	4	B/D
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZORTRESS TAB 0.25MG	3	B/D
ZORTRESS TAB 0.75MG	5	B/D
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b><i>ELECTROLYTES</i></b>		
KLOR-CON 8	2	
KLOR-CON 10	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con pow 20 meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 50%</i>	2	
MAGNESIUM SULFATE SOLN 50%	2	
MAGNESIUM SULFATE IN D5W	3	
<i>potassium chloride CPCR</i>	3	
POTASSIUM CHLORIDE SOLN 10%, 20%	4	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals cr</i>	2	
SODIUM CHLORIDE SOLN 2.5meq/ml	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TPN ELECTROLYTES	4	B/D
<b><i>IV NUTRITION</i></b>		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	2	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
DEXTROSE 2.5%/NACL 0.45%	2	
DEXTROSE 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	
DEXTROSE 5%/NACL 0.2%	2	
DEXTROSE 5%/NACL 0.3%	2	
DEXTROSE 5%/NACL 0.9%	2	
DEXTROSE 5%/NACL 0.33%	2	
DEXTROSE 5%/NACL 0.45%	2	
DEXTROSE 5%/NACL 0.225%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
DEXTROSE 10% FLEX CONTAIN	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 10%/NACL 0.45%	2	
DEXTROSE 50%	2	
DEXTROSE INJ 70%	2	
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
KCL0.15%/D5W/NACL0.2%	2	
KCL0.15%/D5W/NACL0.225%	3	
KCL 0.3%/D5W/NACL 0.9%	2	
KCL 0.3%/D5W/NACL 0.45%	2	
KCL 0.15%/D5W/NACL 0.9%	2	
KCL 0.075%/D5W/NACL 0.45%	2	
KCL IN NACL INJ .15-0.45	2	
KCL/D5W INJ 0.3%	2	
KCL/D5W/NACL INJ 0.22%/0.45%	2	
KCL/D5W/NACL INJ .15/.33%	2	
KCL/D5W/NACL INJ .15/.45%	2	
KCL/NACL INJ 0.3-0.9	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KCL/NACL INJ 0.15%-0.9%	2	
LACTATED RINGER'S INJ	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	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN 3%, 5%	2	
SODIUM CHLORIDE 0.45% VIA	2	
SODIUM CHLORIDE INJ 0.9%	2	
<b>VITAMINS</b>		
<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol CAPS</i>	4	B/D
<i>prenatal vitamin/folic acid &gt; 0.8 mg (generic)</i>	2	
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	3	
<i>blephamide OINT</i>	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic)</i>	4	
<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 (ophth)</i>	2	
<i>ilotycin</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOXEZA	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
TOBEX OINT	4	
<i>trifluridine SOLN</i>	4	
VIGAMOX	3	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
FLUOROMETHOLONE	4	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
MAXIDEX	3	
PREDNISOLONE ACETATE (OPHTH)	3	
<i>prednisolone sodium phosphate (ophth)</i>	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	4	
PATADAY	3	
PATANOL	4	
PAZEO	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
BRIMONIDINE SOL 0.15%	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	4	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
TIMOLOL MALEATE GEL	4	
TRAVATAN Z	3	
<b>MISCELLANEOUS</b>		
CYSTARAN	5	NM, LA, PA
<i>naphazoline hcl SOLN</i>	1	
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	QL (64 vials / 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
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
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
<b>ANTI-HISTAMINES</b>		
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	3	
<i>cetirizine syrup</i>	3	
<i>cyproheptadine hcl SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj</i>	2	
<i>hydroxyzine hcl SOLN; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate CAPS</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS; TB12	4	
<i>levalbuterol conc 1.25mg/0.5ml</i>	4	B/D
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml	4	B/D
LEVALBUTEROL TARTRATE HFA	3	QL (2 inhalers / 30 days)
PERFOROMIST	4	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
XOPENEX HFA	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW; TABS	3	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	4	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i>	4	QL (2 bottles / 30 days)
NASONEX	4	QL (2 inhalers / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide (inhalation)</i>	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT	4	B/D
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)

**STEROID/BETA-AGONIST COMBINATIONS**

ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

**XANTHINES**

<i>aminophylline inj</i>	3	
<i>elixophyllin</i>	4	
<i>theo-24</i>	4	
<i>theophylline SOLN</i>	4	
<i>theophylline TB12; TB24</i>	3	

**TOPICAL****DERMATOLOGY, ACNE**

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

**DERMATOLOGY, ANTIBIOTICS**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin OINT</i>	2	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
NAFTIFINE HCL 2%	4	
NAFTIN	4	
<i>nyamyc</i>	3	
<i>nyata</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
DOXEPIN HCL (ANTIPRURITIC)	4	
<i>procto-med</i>	4	
<i>procto-pak</i>	4	
<i>proctosol hc cre 2.5%</i>	4	
<i>proctozone hc</i>	4	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA</i>	4	
<i>calcipotriene SOLN</i>	4	
8-MOP	4	
TAZORAC CREA	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide LOTN</i>	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate CREA</i>	4	
<i>alclometasone dipropionate OINT</i>	3	
<i>betamethasone dipropionate (topical) CREA; OINT</i>	4	
<i>betamethasone dipropionate (topical) LOTN</i>	3	
<i>betamethasone dipropionate augmented CREA</i>	3	
<i>betamethasone dipropionate augmented GEL; LOTN</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>clobetasol propionate</i> FOAM; GEL; LIQD; LOTN; OINT; SHAM; SOLN	4	
<i>clobetasol propionate emollient base</i>	4	
<i>clodan</i>	4	
<i>cormax</i>	4	
<i>desoximetasone</i> CREA	4	
<i>desoximetasone</i> GEL	4	
DESOXIMETASONE OINT .05%	4	
<i>desoximetasone</i> OINT .25%	4	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA	2	
<i>fluticasone propionate</i> OINT	2	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA; OINT	1	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>mometasone furoate</i> CREA; OINT; SOLN	3	
<i>texacort soln 2.5%</i>	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triderm</i>	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	PA
<i>lidocaine hcl</i> SOLN 4%	1	PA
<i>lidocaine oint 5%</i>	4	PA
<i>lidocaine-prilocaine</i>	4	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> CREA	3	
<i>ammonium lactate</i> LOTN	2	
<i>diclofenac sodium (topical) 1% gel</i>	3	PA
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> CREA	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
<i>podofilox</i> SOLN	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	
TARGETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	4	
<i>malathion</i>	4	
<i>permethrin</i>	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
ACETIC ACID .25%	2	
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole</i> TROC	4	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>perio gard</i>	1	
PILOCARPINE HCL (ORAL) 5mg	4	
<i>pilocarpine hcl (oral) 7.5mg</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
<b>OTIC</b>		
ACETIC ACID (OTIC)	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	3	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	



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<i>adrucil inj</i>	17	<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i> 20
ADVAIR DISKUS	59	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>10 mg</i> 20
ADVAIR HFA	59	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>20 mg</i> 20
<i>afeditab cr</i>	23	<i>amlodipine besylate-benazepril hcl cap 5-</i> <i>40 mg</i> 20
AFINITOR	18	<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i> 21
AFINITOR DISPERZ	18	<i>amlodipine besylate-valsartan tab</i> 21
AGGRENOX	50	<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab</i> 21
<i>ala-cort</i>	60	<i>ammonium lactate</i> 61
ALBENZA	9	<i>amoxapine</i> 29
<i>albuterol sulfate</i>	58	<i>amoxicillin</i> 15
<i>alclometasone dipropionate</i>	60	<i>amoxicillin &amp; pot clavulanate</i> 15
ALCOHOL SWABS	37	<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 10 mg</i> 34
ALDURAZYME	42	<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 15 mg</i> 34
ALECENSA	18	<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 20 mg</i> 34
<i>alendronate sodium</i>	39	<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 25 mg</i> 34
<i>alfuzosin hcl</i>	48	<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 30 mg</i> 34
ALIMTA	17	<i>amphetamine-dextroamphetamine cap sr</i> <i>24hr 5 mg</i> 34
ALINIA	9	<i>amphetamine-dextroamphetamine tab 10</i> <i>mg</i> 34
<i>allopurinol tab</i>	7	
<i>alosetron hcl</i>	47	
ALPHAGAN P SOL 0.1%	56	
<i>alprazolam tab 0.25mg</i>	26	
<i>alprazolam tab 0.5mg</i>	26	
<i>alprazolam tab 1mg</i>	26	

<i>amphetamine-dextroamphetamine tab</i>		<i>azathioprine</i> . . . . .	51
12.5 mg . . . . .	34	<i>azelastine drop 0.05%</i> . . . . .	56
<i>amphetamine-dextroamphetamine tab 15</i>		<i>azelastine spr 0.1%</i> . . . . .	57
mg . . . . .	34	<i>azelastine spr 0.15%</i> . . . . .	57
<i>amphetamine-dextroamphetamine tab 20</i>		AZILECT . . . . .	31
mg . . . . .	34	AZITHROMYCIN . . . . .	14
<i>amphetamine-dextroamphetamine tab 30</i>		<i>azithromycin</i> . . . . .	14
mg . . . . .	34	AZOPT . . . . .	56
<i>amphetamine-dextroamphetamine tab 5</i>		AZOR . . . . .	21
mg . . . . .	34	<i>aztreonam</i> . . . . .	9
<i>amphetamine-dextroamphetamine tab 7.5</i>			
mg . . . . .	34	<b>B</b>	
<i>amphotericin b</i> . . . . .	10	<i>bacitracin (ophthalmic)</i> . . . . .	55
<i>ampicillin &amp; sulbactam sodium</i> . . . . .	15	<i>bacitracin-poly-neomycin-hc</i> . . . . .	55
<i>ampicillin cap</i> . . . . .	15	<i>bacitracin-polymyxin b (ophth)</i> . . . . .	55
<i>ampicillin inj</i> . . . . .	15	<i>baclofen</i> . . . . .	36
<i>ampicillin sodium</i> . . . . .	15	<i>balsalazide disodium</i> . . . . .	47
<i>ampicillin sus</i> . . . . .	15	<i>balziva 28 day</i> . . . . .	40
AMPYRA . . . . .	36	BANZEL SUS 40MG/ML . . . . .	26
ANADROL-50 . . . . .	37	BANZEL TAB 200MG . . . . .	26
<i>anagrelide hcl</i> . . . . .	50	BANZEL TAB 400MG . . . . .	26
<i>anastrozole</i> . . . . .	18	BARACLUDGE . . . . .	13
ANDRODERM . . . . .	37	BCG VACCINE . . . . .	52
ANORO ELLIPTA . . . . .	57	<i>bekyree 28 day</i> . . . . .	40
APOKYN . . . . .	31	BELEODAQ . . . . .	17
<i>aprepitant</i> . . . . .	45	<i>benazepril &amp; hydrochlorothiazide</i> . . . . .	20
<i>apri 28 day</i> . . . . .	39	<i>benazepril hcl</i> . . . . .	21
APRISO . . . . .	46	BENDEKA . . . . .	16
APTIOM . . . . .	26	BENICAR . . . . .	21
APTIVUS . . . . .	11	BENICAR HCT . . . . .	21
ARALAST NP . . . . .	58	BENLYSTA . . . . .	51
<i>aranelle 28</i> . . . . .	39	<i>benzoyl peroxide-erythromycin</i> . . . . .	59
ARCALYST . . . . .	51	BENZTROPINE MESYLATE . . . . .	31
<i>aripiprazole odt</i> . . . . .	31	<i>benztropine mesylate</i> . . . . .	31
<i>aripiprazole oral solution 1 mg/ml</i> . . . . .	31	BEPREVE . . . . .	56
<i>aripiprazole tab</i> . . . . .	31	BESIVANCE . . . . .	55
ARISTADA . . . . .	32	<i>betamethasone dipropionate (topical)</i> . . . . .	60
ARMODAFINIL . . . . .	36	BETAMETHASONE DIPROPIONATE	
<i>armodafinil</i> . . . . .	36	AUGMENTED . . . . .	61
ARNUITY ELLIPTA . . . . .	58	<i>betamethasone dipropionate augmented</i> . . . . .	60
ASACOL HD . . . . .	46	<i>betamethasone valerate</i> . . . . .	61
ASPIRIN-DIPYRIDAMOLE . . . . .	50	BETASERON . . . . .	36
<i>atenolol</i> . . . . .	23	<i>betaxolol hcl (ophth)</i> . . . . .	56
<i>atenolol &amp; chlorthalidone</i> . . . . .	23	<i>bethanechol chloride</i> . . . . .	48
<i>atorvastatin calcium</i> . . . . .	22	BETOPTIC-S . . . . .	56
<i>atovaquone</i> . . . . .	9	BEVESPI AEROSPHERE . . . . .	57
<i>atovaquone-proguanil hcl</i> . . . . .	11	<i>bexarotene</i> . . . . .	19
ATRIPLA . . . . .	12	BEXSERO . . . . .	52
ATROVENT HFA . . . . .	57	<i>bicalutamide</i> . . . . .	18
<i>aubra 28 day</i> . . . . .	40	BICILLIN L-A . . . . .	15
AUGMENTIN . . . . .	15	BICNU . . . . .	16
AURYXIA . . . . .	45	BILTRICIDE . . . . .	9
AVASTIN . . . . .	17	<i>bisoprolol &amp; hydrochlorothiazide</i> . . . . .	23
<i>aviane 28</i> . . . . .	40	<i>bisoprolol fumarate</i> . . . . .	23
AVITA . . . . .	59	BIVIGAM . . . . .	51
AVODART . . . . .	48	<i>bleomycin sulfate</i> . . . . .	16
AXIRON . . . . .	37	<i>blephamide</i> . . . . .	55
<i>azacitidine</i> . . . . .	17	<i>blisovi 21 fe 1.5/30 28 day pack</i> . . . . .	40
AZACTAM IN ISO-OSMOTIC DE . . . . .	9	<i>blisovi 21 fe 1/20 28 day pack</i> . . . . .	40
AZACTAM/DEX INJ 2GM . . . . .	9		

BOOSTRIX.....	52	<i>cefadroxil</i> .....	14
BOSULIF.....	18	CEFAZOLIN IN DEXTROSE 2GM/100ML-4%.....	14
BREO ELLIPTA.....	59	<i>cefazolin inj</i> .....	14
<i>briellyn 28 day</i> .....	40	<i>cefazolin sodium</i> .....	14
BRILINTA.....	50	<i>cefazolin sodium 1 gm/50ml</i> .....	14
BRIMONIDINE SOL 0.15%.....	56	<i>cefdinir</i> .....	14
<i>brimonidine sol 0.2%</i> .....	56	<i>cefepime for inj</i> .....	14
BRIVIACT.....	26	<i>cefixime</i> .....	14
<i>bromfenac sodium (ophth)</i> .....	56	<i>cefotaxime sodium</i> .....	14
<i>bromocriptine mesylate</i> .....	31	<i>cefoxitin for inj</i> .....	14
BROMSITE.....	56	<i>cefpodoxime proxetil</i> .....	14
<i>budesonide (inhalation)</i> .....	59	<i>cefprozil</i> .....	14
<i>budesonide ec</i> .....	47	<i>ceftazidime</i> .....	14
<i>bumetanide inj 0.25/ml</i> .....	24	CEFTAZIDIME/DEXTROSE.....	14
<i>bumetanide tab</i> .....	24	<i>ceftriaxone sodium</i> .....	14
BUPHENYL.....	42	<i>cefuroxime axetil</i> .....	14
<i>buprenorphine hcl</i> .....	36	<i>cefuroxime sodium</i> .....	14
<i>buprenorphine hcl-naloxone hcl sl</i> .....	36	<i>celecoxib</i> .....	7
<i>buproban tab 150mg</i> .....	36	CELONTIN.....	26
<i>bupropion hcl</i> .....	29	<i>cephalexin</i> .....	14
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<i>bupirone hcl</i> .....	26	CEREZYME.....	42
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<i>butorphanol tartrate</i> .....	7	<i>cevimeline hcl</i> .....	62
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BYETTA.....	37	CHANTIX STARTER PACK.....	36
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<b>C</b>		<i>chlorhexidine gluconate (mouth-throat)</i> .....	62
<i>cabergoline</i> .....	44	<i>chloroquine phosphate</i> .....	11
CABOMETYX.....	18	<i>chlorothiazide tabs</i> .....	24
<i>cafergot</i> .....	35	<i>chlorpromazine hcl</i> .....	32
<i>calcipotriene</i> .....	60	<i>chlorpromazine inj</i> .....	32
<i>calcitonin (salmon)</i> .....	44	<i>chlorthalidone</i> .....	24
<i>calcitriol</i> .....	55	<i>cholestyramine</i> .....	22
<i>calcitriol inj</i> .....	55	<i>cholestyramine light</i> .....	22
<i>calcitriol oral soln 1 mcg/ml</i> .....	55	<i>choline fenofibrate</i> .....	22
<i>calcium acetate (phosphate binder)</i> .....	45	<i>ciclopirox</i> .....	60
<i>camila 28 day</i> .....	40	<i>ciclopirox shampoo 1%</i> .....	60
CANASA.....	47	<i>cilostazol</i> .....	50
CANCIDAS.....	10	CILOXAN.....	55
CAPASTAT SULFATE.....	13	CINRYZE.....	50
CAPRELSA.....	19	CIPRODEX.....	62
<i>captopril</i> .....	21	<i>ciprofloxacin</i> .....	15
<i>captopril &amp; hydrochlorothiazide</i> .....	21	<i>ciprofloxacin er</i> .....	15
CARBAGLU.....	42	<i>ciprofloxacin hcl (ophth)</i> .....	55
<i>carbamazepine</i> .....	26	<i>ciprofloxacin hcl tab</i> .....	15
<i>carbidopa-levodopa</i> .....	31	<i>ciprofloxacin in d5w</i> .....	15
CARBIDOPA/LEVODOPA/ENTACAPONE.....	31	<i>ciprofloxacin inj</i> .....	15
<i>carboplatin</i> .....	20	<i>cisplatin</i> .....	20
CARIMUNE NANOFILTERED.....	51	<i>citalopram hydrobromide</i> .....	29
<i>carteolol hcl (ophth)</i> .....	56	<i>cladribine</i> .....	17
<i>cartia xt</i> .....	23	<i>claravis</i> .....	59
<i>carvedilol</i> .....	23	<i>clarithromycin</i> .....	14
CAYSTON.....	9	<i>clarithromycin er</i> .....	14
<i>caziant pak</i> .....	40	<i>clarithromycin for susp</i> .....	15
<i>cefaclor</i> .....	14	<i>clindacin-p pad 1%</i> .....	59
<i>cefaclor er tab 500mg</i> .....	14	<i>clindamax</i> .....	59
		<i>clindamycin cap 300 mg</i> .....	9

<i>clindamycin cap 75mg</i> .....	9	<i>cyclophosphamide</i> .....	16
<i>clindamycin hcl cap 150 mg</i> .....	9	<i>cycloserine</i> .....	13
<i>clindamycin phosphate</i> .....	9	<i>cyclosporine</i> .....	51
<i>clindamycin phosphate (topical)</i> .....	59	<i>cyclosporine modified (for</i>	
<i>clindamycin phosphate in d5w</i> .....	10	<i>microemulsion)</i> .....	51
<i>clindamycin phosphate inj</i> .....	10	<i>cyproheptadine hcl</i> .....	57
<i>clindamycin phosphate vaginal</i> .....	49	<i>cyred tab</i> .....	40
<i>clindamycin soln</i> .....	10	CYSTADANE.....	42
CLINIMIX 2.75%/DEXTROSE 5%.....	53	CYSTAGON.....	42
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CLINIMIX 5%/DEXTROSE 25%.....	53	<i>dacarbazine</i> .....	16
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<i>clobetasol propionate</i> .....	61	<i>danazol</i> .....	42
<i>clobetasol propionate emollient base</i> .....	61	<i>dantrolene sodium</i> .....	36
<i>clodan</i> .....	61	<i>dapsone</i> .....	10
<i>clomipramine hcl</i> .....	29	DAPTACEL.....	52
<i>clonazepam</i> .....	26	<i>daptomycin</i> .....	10
<i>clonidine hcl</i> .....	25	DARIFENACIN HYDROBROMIDE.....	48
<i>clopidogrel tab 75mg</i> .....	50	<i>daunorubicin hcl</i> .....	16
<i>clorazepate dipotassium</i> .....	26, 27	<i>deblitane 28 day</i> .....	40
<i>clotrimazole</i> .....	62	DELESTROGEN.....	43
<i>clotrimazole (topical)</i> .....	60	<i>delyla 28 day</i> .....	40
CLOZAPINE ODT.....	32	DELZICOL.....	47
<i>clozapine tab 100mg</i> .....	32	DEMSEER.....	25
<i>clozapine tab 200mg</i> .....	32	DEPEN TITRATABS.....	39
<i>clozapine tab 25mg</i> .....	32	DEPO-PROVERA INJ 400/ML.....	18
<i>clozapine tab 50mg</i> .....	32	DESCOVY.....	12
COARTEM.....	11	<i>desipramine hcl</i> .....	29
<i>colchicine w/ probenecid</i> .....	7	<i>desmopressin acetate spray</i> .....	45
COLCRYS.....	7	<i>desmopressin acetate spray refrigerated</i> .....	45
<i>colestipol hcl</i> .....	22	<i>desmopressin acetate tabs</i> .....	45
<i>colistimethate sodium</i> .....	10	<i>desmopressin inj 4mcg/ml</i> .....	45
<i>colocort</i> .....	47	DESMOPRESSIN SOL 0.01%.....	45
COMBIGAN.....	56	<i>desogestrel-ethinyl estradiol (biphasic)</i> .....	40
COMBIVENT RESPIMAT.....	57	DESOXIMETASONE.....	61
COMETRIQ.....	19	<i>desoximetasone</i> .....	61
COMPLERA.....	12	<i>desvenlafaxine succinate</i> .....	29
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<i>constulose</i> .....	47	<i>dexamethasone sodium phosphate</i> .....	43
COPAXONE INJ 20MG/ML.....	36	<i>dexamethasone sodium phosphate</i>	
COPAXONE INJ 40MG/ML.....	36	<i>(ophth)</i> .....	56
<i>cormax</i> .....	61	DEXILANT.....	48
<i>cortisone acetate</i> .....	43	<i>dexrazoxane</i> .....	20
COTELLIC.....	19	DEXTROSE 10% FLEX CONTAIN.....	54
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CREON.....	48	DEXTROSE 10%/NACL 0.45%.....	54
CRIXIVAN.....	11	DEXTROSE 2.5%/NACL 0.45%.....	54
<i>cromolyn sod neb 20mg/2ml</i> .....	58	DEXTROSE 5%.....	54
<i>cromolyn sodium (mastocytosis)</i> .....	47	DEXTROSE 5% /ELECTROLYTE.....	54
<i>cromolyn sodium (ophth)</i> .....	56	DEXTROSE 5%/LACTATED RING.....	54
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CUBICIN.....	10	DEXTROSE 5%/NACL 0.225%.....	54
<i>cyclaferm 1/35 28 day</i> .....	40	DEXTROSE 5%/NACL 0.3%.....	54
<i>cyclaferm 7/7/7 28 day</i> .....	40	DEXTROSE 5%/NACL 0.33%.....	54
<i>cyclobenzaprine hcl</i> .....	36	DEXTROSE 5%/NACL 0.45%.....	54
CYCLOPHOSPHAMIDE.....	16	DEXTROSE 5%/NACL 0.9%.....	54

DEXTROSE 5%/POTASSIUM CHL.....	54	<i>dronabinol</i> .....	45
DEXTROSE 50%.....	54	<i>drospirenone-ethinyl estradiol</i> .....	40
DEXTROSE INJ 70%.....	54	DROXIA.....	19
<i>diazepam</i> .....	27	<i>duloxetine hcl</i> .....	29
DIAZEPAM GEL.....	27	DURAMORPH.....	7
<i>diclofenac potassium</i> .....	7	DUREZOL.....	56
<i>diclofenac sodium</i> .....	7	<i>dutasteride</i> .....	48
<i>diclofenac sodium (ophth)</i> .....	56	<i>dutasteride-tamsulosin hcl</i> .....	48
<i>diclofenac sodium (topical) 1% gel</i> .....	61	<b>E</b>	
<i>dicloxacillin sodium</i> .....	15	<i>e.e.s. 400</i> .....	15
<i>dicyclomine hcl</i> .....	46	EDURANT.....	11
<i>didanosine</i> .....	11	EFFIENT.....	50
DIFICID.....	15	ELIQUIS.....	49
<i>diflunisal</i> .....	7	ELITEK.....	20
<i>digitek</i> .....	24	<i>elixophyllin</i> .....	59
<i>digox</i> .....	24	ELLA.....	40
<i>digoxin</i> .....	24	ELMIRON.....	48
<i>digoxin inj</i> .....	24	EMCYT.....	16
DIGOXIN SOL 50MCG/ML.....	24	EMEND.....	46
<i>dihydroergotamine mesylate</i> .....	35	EMEND CAP 125MG.....	46
<i>dilantin</i> .....	27	EMEND CAP 40MG.....	46
DILANTIN-125 SUS 125/5ML.....	27	EMEND CAP 80MG.....	46
<i>dilt-xr cap</i> .....	23	EMEND PAK 80 & 125.....	46
<i>diltiazem cap 120mg cd</i> .....	23	<i>emoquette</i> .....	40
<i>diltiazem cap 180mg cd</i> .....	23	EMSAM.....	30
<i>diltiazem cap 240mg cd</i> .....	23	EMTRIVA.....	11
<i>diltiazem cap 300mg cd</i> .....	23	<i>emverm</i> .....	10
DILTIAZEM CAP 360MG CD.....	23	ENABLEX.....	48
<i>diltiazem cap er/12hr</i> .....	23	<i>enalapril maleate</i> .....	21
<i>diltiazem hcl</i> .....	23	<i>enalapril maleate &amp; hydrochlorothiazide</i> .....	21
<i>diltiazem hcl cap sr 24hr</i> .....	23	<i>endocet</i> .....	8
<i>diltiazem hcl coated beads cap sr 24hr</i> .....	23	ENGERIX-B.....	52
<i>diltiazem hcl extended release beads cap sr</i> .....	23	ENOXAPARIN SODIUM.....	49
DIPENTUM.....	47	<i>enoxaparin sodium</i> .....	49
<i>diphenhydramine hcl inj</i> .....	57	<i>enpresse 28 day</i> .....	40
<i>diphenoxylate w/ atropine</i> .....	47	ENTACAPONE.....	31
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<i>disopyramide phosphate</i> .....	22	ENTRESTO.....	21
<i>disulfiram</i> .....	36	<i>enulose</i> .....	47
<i>divalproex sodium</i> .....	27	EPIPEN 2-PAK.....	58
DOCEFREZ.....	17	EPIPEN-JR 2-PAK.....	58
DOCETAXEL.....	17	<i>epirubicin hcl</i> .....	16
<i>docetaxel</i> .....	17	<i>epitol</i> .....	27
DOCETAXEL SOLN 80MG/8ML.....	17	EPIVIR HBV.....	13
DOFETILIDE.....	22	<i>eplerenone</i> .....	21
<i>donepezil hydrochloride</i> .....	28, 29	EPZICOM.....	12
<i>dorzolamide hcl</i> .....	57	<i>ergotamine w/ caffeine</i> .....	35
<i>dorzolamide hcl-timolol maleate</i> .....	57	ERIVEDGE.....	17
<i>doxazosin mesylate</i> .....	21	<i>errin 28 day</i> .....	40
<i>doxepin hcl</i> .....	29	<i>ery pad 2%</i> .....	59
DOXEPIN HCL (ANTIPRURITIC).....	60	<i>ery-tab</i> .....	15
<i>doxorubicin hcl</i> .....	16	<i>erythrocin lactobionate</i> .....	15
<i>doxorubicin hcl liposomal inj 2mg/ml</i> .....	16	<i>erythrocin stearate</i> .....	15
<i>doxorubicin inj 50mg</i> .....	16	<i>erythromycin (acne aid)</i> .....	59
<i>doxy</i> .....	16	<i>erythromycin (ophth)</i> .....	55
<i>doxycycline (monohydrate)</i> .....	16	<i>erythromycin base</i> .....	15
<i>doxycycline hyclate</i> .....	16	<i>erythromycin cap 250mg ec</i> .....	15
<i>doxycycline hyclate 100 mg</i> .....	16	<i>erythromycin ethylsuccinate</i> .....	15
<i>doxycycline hyclate 20 mg</i> .....	16		

ESBRIET	58	<i>flucytosine</i>	11
<i>escitalopram oxalate</i>	30	<i>fludarabine phosphate</i>	17
<i>esomeprazole magnesium</i>	48	<i>fludrocortisone acetate</i>	43
<i>esomeprazole sodium inj</i>	48	<i>flunisolide (nasal)</i>	58
<i>estarylla tab 0.25-35</i>	40	<i>fluocinolone acetonide</i>	61
<i>estrace</i>	43	<i>fluocinolone acetonide (otic)</i>	62
<i>estrad val inj 20mg/ml</i>	43	<i>fluocinonide</i>	61
<i>estrad val inj 40mg/ml</i>	43	<i>fluocinonide emulsified base</i>	61
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<i>ethambutol hcl</i>	13	<i>fluorouracil</i>	17
<i>ethosuximide</i>	27	<i>fluorouracil (topical)</i>	61
<i>ethynodiol tab 1-50</i>	40	<i>fluoxetine cap 10mg</i>	30
<i>etodolac</i>	7	<i>fluoxetine cap 20mg</i>	30
<i>etoposide</i>	20	<i>fluoxetine cap 40mg</i>	30
EURAX	62	<i>fluoxetine hcl</i>	30
EVOTAZ	12	<i>fluphenazine decanoate</i>	32
<i>exemestane</i>	18	<i>fluphenazine hcl</i>	32
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<i>fenofibrate micronized</i>	22	<i>fyavolv tab 1-5mg</i>	43
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<i>fentanyl patch 25 mcg/hr</i>	8	GABITRIL	27
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<i>metformin hcl</i> .....	39	<i>mometasone furoate</i> .....	61
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<i>methadone hcl 10mg</i> .....	8	<i>mono-linyah tab 0.25-35</i> .....	41
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<i>methenamine hippurate</i> .....	10	<i>morgidox cap 1x50mg</i> .....	16
<i>methergine 0.2 mg tab</i> .....	44	<i>morphine ext-rel tab</i> .....	8
<i>methimazole</i> .....	45	MORPHINE SUL INJ 10MG/ML.....	8
METHOTREXATE SODIUM.....	17	MORPHINE SUL INJ 15MG/ML.....	8
<i>methotrexate sodium</i> .....	17	MORPHINE SUL INJ 1MG/ML.....	8
<i>methotrexate sodium inj</i> .....	17	MORPHINE SUL INJ 4MG/ML.....	8
<i>methotrexate sodium tabs</i> .....	50	MORPHINE SULFATE.....	8
<i>methyclothiazide</i> .....	24	<i>morphine sulfate</i> .....	8
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<i>nadolol</i>	23	<i>nifedipine er</i>	24
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<i>nalbuphine hcl</i>	7	NINLARO	17
<i>naloxone inj 0.4mg/ml</i>	36	NIPENT	17
<i>naloxone inj 1mg/ml</i>	36	<i>nitro-bid</i>	25
<i>naltrexone hcl</i>	36	NITRO-DUR DIS 0.3MG/HR	25
NAMENDA	29	NITRO-DUR DIS 0.8MG/HR	25
NAMENDA TITRATION PAK	29	<i>nitrofurantoin macrocrystal</i>	10
NAMENDA XR	29	<i>nitrofurantoin monohyd macro</i>	10
NAMENDA XR TITRATION PACK	29	<i>nitroglycerin</i>	25
NAMZARIC	29	<i>nitroglycerin td patch</i>	25
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NAPROXEN SODIUM	7	<i>norethindrone (contraceptive)</i>	41
<i>naproxen sodium</i>	7	<i>norethindrone acet &amp; eth estra</i>	41
<i>naratriptan hcl</i>	35	<i>norethindrone acetate</i>	45
NASONEX	58	<i>norethindrone acetate-ethinyl estradiol</i>	43
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<i>nateglinide</i>	39	<i>norgestimate-ethinyl estradiol (triphasic)</i>	41
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NEBUPENT	10	NORMOSOL-M IN D5W	55
<i>necon 0.5/35 28 day</i>	41	NORMOSOL-R	55
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<i>nefazodone hcl</i>	30	<i>nortrel 1/35 21 day</i>	41
<i>neomycin sulfate</i>	9	<i>nortrel 1/35 28 day</i>	41
<i>neomycin-bacitracin zn-polymyxin</i>	56	<i>nortrel 7/7/7 28 day</i>	41
<i>neomycin-polymy-dexameth</i>	55	<i>nortriptyline hcl</i>	30
<i>neomycin-polymyxin-gramicidin</i>	56	NORVIR	12
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<i>neomycin-polymyxin-hc (otic)</i>	62	NOVOLIN N	37
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NEUPOGEN	50	NOVOLOG FLEXPEN	37
NEUPRO	31	NOVOLOG MIX 70/30	37
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<i>nevirapine</i>	11	NOVOLOG PENFILL	37
<i>nevirapine tab 200mg</i>	11	NOXAFIL	11
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NEXIUM GRA 10MG DR	48	NULOJIX	51
NEXIUM GRA 2.5MG DR	48	NULYTELY/FLAVOR PACKS	47
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		NUVARING	41
		<i>nyamyc</i>	60

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<i>omeprazole cap 20mg</i> .....	48	<i>penicilln gk inj 5mu</i> .....	15
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<i>pramipexole tab 0.5mg</i> .....	31	<i>propranolol cap er</i> .....	23
<i>pramipexole tab 0.75mg</i> .....	31	<i>propranolol hcl</i> .....	23
<i>pramipexole tab 1.5mg</i> .....	31	<i>propranolol oral sol</i> .....	23
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<i>prednisone tab 50mg</i> .....	44	<i>quinidine gluconate</i> .....	22
<i>prednisone tab 5mg</i> .....	44	<i>quinidine sulfate</i> .....	22
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<i>ropinirole tab 2mg</i> .....	31	SSD.....	60
<i>ropinirole tab 3mg</i> .....	31	<i>stavudine</i> .....	12
<i>ropinirole tab 4mg</i> .....	31	STERILE WATER IRRIGATION.....	62
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<i>selegiline hcl</i> .....	31	<i>sulfamethoxazole-trimethop ds</i> .....	10
<i>selenium sulfide</i> .....	60	<i>sulfamethoxazole-trimethoprim</i> .....	10
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SEROQUEL XR.....	33	<i>sulfasalazine ec</i> .....	47
<i>sertraline hcl</i> .....	30	<i>sulindac</i> .....	7
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<i>sumatriptan inj 6mg/0.5ml</i>	35	<i>tiagabine hcl</i>	28
<i>sumatriptan succinate</i>	35	TIGECYCLINE	10
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SYLATRON KIT 300MCG	20	TOBRADEX ST	55
SYLATRON KIT 600MCG	20	<i>tobramycin</i>	9
SYMBICORT	59	<i>tobramycin (ophth)</i>	56
SYMLINPEN 120	38	<i>tobramycin inj 1.2 gm/30ml</i>	9
SYMLINPEN 60	38	<i>tobramycin inj 1.2gm</i>	9
SYNAGIS	52	<i>tobramycin inj 10mg/ml</i>	9
SYNAREL	42	<i>tobramycin inj 40mg/ml</i>	9
SYNERCID	10	<i>tobramycin inj 80mg/2ml</i>	9
SYNRIBO	20	<i>tobramycin-dexamethasone</i>	55
SYNTHROID	45	TOBREX	56
SYPRINE	39	<i>tolterodine tartrate</i>	49
		<i>topiramate</i>	28
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<i>tacrolimus</i>	51	<i>topotecan hcl</i>	20
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<i>tamsulosin hcl</i>	48	TRADJENTA	39
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<i>tarina fe 1/20 28 day</i>	42	<i>trandolapril</i>	21
TASIGNA	19	<i>tranexamic acid</i>	50
TAXOTERE	17	TRANSDERM-SCOP	46
<i>tazicef</i>	14	<i>tranylcypromine sulfate</i>	30
<i>tazicef vial</i>	14	TRAVASOL	54
TAZORAC	60	TRAVATAN Z	57
<i>taztia xt</i>	24	<i>trazodone hcl</i>	30
TECENTRIQ	18	TREANDA	16
TEFLARO	14	TRECTOR	13
TEGRETOL	28	TRELSTAR DEP INJ 3.75MG	18
TEGRETOL-XR	28	TRELSTAR LA INJ 11.25MG	18
<i>temazepam</i>	35	TRESIBA FLEXTOUCH	38
TENIVAC	52	TRETINOIN	59
<i>terazosin hcl</i>	21	<i>tretinoin</i>	59
<i>terbinafine hcl</i>	11	<i>tretinoin (chemotherapy)</i>	20
<i>terbutaline sulfate</i>	58	<i>tri-legest 28 day</i>	42
<i>terconazole vaginal</i>	49	<i>tri-linyah</i>	42
<i>testosterone cypionate</i>	37	<i>tri-lo marzia</i>	42
<i>testosterone enanthate</i>	37	<i>tri-lo-estarylla</i>	42
TETANUS/DIPHThERIA TOXOID	52	<i>tri-lo-sprintec 28 day</i>	42
TETRABENAZINE	36	<i>tri-previfem 28 day</i>	42
<i>texacort soln 2.5%</i>	61	<i>tri-sprintec 28 day</i>	42
THALOMID	51	<i>triamcinolone acetonide (mouth)</i>	62
<i>theo-24</i>	59	<i>triamcinolone acetonide (topical)</i>	61
<i>theophylline</i>	59	<i>triamterene &amp; hydrochlorothiazide</i>	25
		<i>triamterene &amp; hydrochlorothiazide cap</i>	

37.5-25 mg	25
<i>triderm</i>	61
<i>trifluoperazine hcl</i>	34
<i>trifluridine</i>	56
<i>trilyte</i>	47
<i>trimethoprim</i>	10
<i>trimipramine maleate</i>	30
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TRIUMEQ	12
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<i>tropium chloride</i>	49
TRULICITY	38
TRUMENBA	52
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TRUVADA TAB 133-200	12
TRUVADA TAB 167-250	12
TRUVADA TAB 200-300	13
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TYGACIL	10
TYKERB	19
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VALCYTE	14
<i>valganciclovir hcl</i>	14
<i>valproate sodium</i>	28
<i>valproic acid</i>	28
<i>valsartan</i>	21
<i>valsartan &amp; hctz tab</i>	21
<i>vancomycin hcl</i>	10
VANCOMYCIN IN NAACL	10
VANDAZOLE	49
VAQTA	52
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<i>verapamil cap er</i>	24
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<i>verapamil tab er</i>	24
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<i>vincasar</i>	17
<i>vincristine sulfate</i>	17
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XIGDUO XR TAB 10-500MG	39
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XIGDUO XR TAB 5-500MG	39
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<i>zoledronic acid</i> .....	39
<i>zoledronic inj 4mg/5ml</i> .....	39
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<i>zolmitriptan odt</i> .....	35
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