



First Health Part D

2017 Comprehensive Formulary

(List of covered drugs) A2

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

This formulary was updated on 10/01/2016.

For more recent information or other questions, please contact First Health Part D Member Services at **1-844-233-1938** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.coventry-medicare.com/formulary>**.

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Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Members who get “extra help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred mail-order pharmacy, which is called Aetna Rx Home Delivery. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-844-233-1938 (TTY: 711)**, 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

This information is available for free in other languages. Please call our customer service number at **1-844-233-1938 (TTY: 711)**, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al **1-844-233-1938 (TTY: 711)**. Horario de atención: las 24 horas del día, 7 días de la semana.

本資訊也有其他語言的免費版本可供選擇。請致電**1-844-233-1938 (聽障專線：711)** 於會員服務部聯絡，辦公時間為每週7天、每天24小時。

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 First Health Part D. When it refers to “plan” or “our plan,” it means First Health Part D.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the First Health Part D Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a First Health Part D 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 10/01/2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. 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 81. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. 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 us 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 First Health Part D formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask 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 First Health Part D 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, 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, tiering 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 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 at least 91 and up to a 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.

If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

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

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

First Health Part D Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LEVEMIR) and generic drugs are listed in lowercase italics (e.g., *candesartan*).

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

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization
GC	Gap Coverage

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*.

PA: Prior Authorization. Our plan requires you or your provider 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, we may not cover the drug.

ST: Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call First Health Member Services at **1-844-233-1938 (TTY: 711)**, 24 hours a day, 7 days a week.

MO: Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as **"mail-order" drugs** in our Drug List or MO. For more information, consult your Pharmacy Directory or call First Health Part D Member Services at **1-844-233-1938 (TTY: 711)**, 24 hours a day, 7 days a week.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug tier copay levels

This 2017 comprehensive formulary is a listing of brand-name and generic drugs. First Health Part D 2017 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by First Health Part D plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty

Our plan combines generic and brand drugs on multiple tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D GC = Gap Coverage
<i>Lowercase italics</i> = Generic medications		

Drug name	Drug tier	Requirements/Limits
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Analgesics

<i>acetaminophen/codeine 300mg; 30mg</i>	2	QL (180 EA per 30 days) MO GC
<i>acetaminophen/codeine soln</i>	2	QL (4500 ML per 30 days) MO GC
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	2	QL (180 EA per 30 days) MO GC
<i>ascomp/codeine</i>	2	QL (180 EA per 30 days) PA MO GC
<i>butalbital compound/codeine</i>	2	QL (180 EA per 30 days) PA GC
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	3	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	2	QL (180 EA per 30 days) PA MO GC
BUTRANS	4	QL (4 EA per 28 days) ST MO
<i>capacet</i>	3	QL (180 EA per 30 days) PA
CELEBREX CAPS 400MG	4	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	4	QL (60 EA per 30 days) ST MO
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>codeine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
<i>diclofenac potassium</i>	3	MO
<i>diclofenac sodium dr</i>	2	MO GC
<i>diclofenac sodium er</i>	2	MO GC
<i>diflunisal tabs</i>	4	MO
<i>duramorph</i>	2	B/D GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EMBEDA CPR 100MG; 4MG	4	QL (60 EA per 30 days) ST
EMBEDA CPR 20MG; 0.8MG, 30MG; 1.2MG, 50MG; 2MG, 60MG; 2.4MG, 80MG; 3.2MG	4	QL (60 EA per 30 days) ST MO
<i>endocet</i>	3	QL (180 EA per 30 days)
<i>endodan</i>	3	QL (180 EA per 30 days)
<i>esgic caps</i>	3	QL (180 EA per 30 days) PA
<i>etodolac</i>	3	MO
<i>etodolac er</i>	4	MO
<i>fentanyl transdermal patch</i>	4	QL (15 EA per 30 days) MO
<i>fentanyl citrate oral transmucosal</i>	5	QL (120 EA per 30 days) PA MO
FIORICET	4	QL (180 EA per 30 days) PA MO
FLECTOR	4	QL (60 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	2	MO GC
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl immediate release tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	3	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 50mg/5ml</i>	4	B/D
<i>hydromorphone hcl inj 10mg/ml</i>	4	B/D MO
<i>ibudone tabs 5mg; 200mg</i>	3	QL (150 EA per 30 days)
<i>ibuprofen susp</i>	2	MO GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO GC
<i>ketoprofen er</i>	2	MO GC
<i>ketoprofen caps</i>	3	MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>lorcet</i>	3	QL (180 EA per 30 days)
<i>lorcet hd</i>	3	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>lortab tabs</i>	4	QL (180 EA per 30 days)
<i>margesic</i>	3	QL (180 EA per 30 days) PA MO
<i>meclufenamate sodium caps</i>	2	MO GC
<i>meloxicam tabs</i>	1	MO GC
<i>meloxicam susp</i>	2	MO GC
<i>methadone hcl inj</i>	2	GC
<i>methadone hcl tabs</i>	3	QL (180 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methadone hcl oral soln</i>	3	QL (3000 ML per 30 days) MO
<i>methadone hcl conc</i>	3	QL (360 ML per 30 days) MO
<i>methadone hcl tbso</i>	3	QL (90 EA per 30 days)
<i>methadose tbso</i>	3	QL (90 EA per 30 days)
MOBIC	4	MO
<i>morphine sulfate er cp24 30mg, 60mg</i>	4	MO
<i>morphine sulfate er cp24 120mg, 45mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 50mg, 80mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbcr 15mg</i>	4	QL (90 EA per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate i.v. inj 10mg/ml, 15mg/ml, 1mg/ml</i>	3	B/D MO
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (1020 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	2	QL (180 EA per 30 days) MO GC
<i>morphine sulfate tabs 15mg</i>	2	QL (60 EA per 30 days) MO GC
<i>nabumetone</i>	2	MO GC
<i>nalbuphine hcl inj</i>	3	MO
<i>naproxen dr</i>	2	MO GC
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO GC
<i>naproxen tabs</i>	1	MO GC
<i>naproxen susp</i>	2	MO GC
NUCYNTA IMMEDIATE RELEASE TABS	4	QL (180 EA per 30 days) ST MO
<i>oxaprozin</i>	4	MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl soln</i>	3	QL (5400 ML per 30 days) MO
<i>oxycodone hcl conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl immediate release tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hcl immediate release tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	3	QL (120 EA per 30 days) MO
<i>piroxicam caps</i>	3	MO
<i>reprexain tabs 10mg; 200mg</i>	3	QL (150 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ROXICET SOLN	3	QL (1800 ML per 30 days) MO
<i>roxicet tabs</i>	3	QL (180 EA per 30 days)
<i>sulindac tabs</i>	2	MO GC
<i>tolmetin sodium tabs</i>	2	MO GC
<i>tolmetin sodium caps</i>	4	MO
<i>tramadol immediate release tabs</i>	2	QL (240 EA per 30 days) MO GC
<i>tramadol hydrochloride/acetaminophen</i>	3	QL (240 EA per 30 days) MO
ULTRAM IMMEDIATE RELEASE TABS	4	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	3	QL (180 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	3	QL (180 EA per 30 days)
VIMOVO	4	ST MO
VOLTAREN GEL	3	QL (1000 GM per 30 days) MO
<i>xylon</i>	4	QL (150 EA per 30 days)
<i>zamicet</i>	3	QL (5550 ML per 30 days) MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	3	QL (180 EA per 30 days) PA MO
Anesthetics		
<i>glydo</i>	3	MO
<i>lidocaine hcl jelly</i>	3	MO
<i>lidocaine hcl gel 2%</i>	3	MO
<i>lidocaine hcl inj 0.5%, 1.5%</i>	3	
<i>lidocaine hcl inj 1%, 2%, 4%</i>	3	MO
<i>lidocaine hcl external soln 4%</i>	3	MO
<i>lidocaine hcl mouth/throat soln 4%</i>	3	
<i>lidocaine viscous</i>	3	MO
<i>lidocaine/prilocaine crea</i>	4	MO
<i>lidocaine oint</i>	3	MO
<i>lidocaine ptch</i>	3	QL (90 EA per 30 days) PA MO
LIDODERM	4	QL (90 EA per 30 days) PA MO
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl/naloxone hcl</i>	4	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	2	QL (90 EA per 30 days) PA MO GC
<i>buproban</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	3	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	4	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	4	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	4	QL (336 EA per 365 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl inj</i>	2	MO GC
<i>naltrexone hcl tabs</i>	3	MO
NARCAN	4	MO
NICOTROL INHALER	4	QL (504 EA per 30 days) MO
NICOTROL NS	4	QL (40 ML per 30 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) PA MO
Antibacterials		
<i>amikacin sulfate inj</i>	4	MO
<i>amoxicillin</i>	1	MO GC
<i>amoxicillin/clavulanate potassium</i>	2	MO GC
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>ampicillin sodium inj 10gm i.v., 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	2	GC
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO GC
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin caps</i>	1	MO GC
<i>ampicillin susr 125mg/5ml</i>	2	GC
<i>ampicillin susr 250mg/5ml</i>	2	MO GC
AUGMENTIN SUSR 250MG/5ML; 62.5MG/5ML	4	MO
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	MO GC
<i>azithromycin pack, susr, tabs</i>	2	MO GC
<i>azithromycin inj</i>	4	MO
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>baciim</i>	4	
<i>bacitracin inj 50000unit</i>	4	MO
BACTOCILL IN DEXTROSE	4	GC
BACTROBAN NASAL	4	MO
BICILLIN L-A	4	MO GC
<i>cefaclor er</i>	2	MO GC
<i>cefaclor susr</i>	2	MO GC
<i>cefaclor caps</i>	3	MO
<i>cefadroxil caps, susr</i>	1	MO GC
<i>cefadroxil tabs</i>	2	MO GC
<i>cefazolin 2gm/100ml; 4%</i>	2	GC
<i>cefazolin sodium/dextrose</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>cefazolin sodium inj 100gm, 1gm i.v., 1gm; 5%, 20gm, 300gm</i>	2	GC
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	MO GC
<i>cefdinir caps</i>	2	MO GC
<i>cefdinir susr</i>	3	MO
<i>cefepime inj 1gm/50ml, 1gm/50ml; 5%, 2gm/100ml, 2gm/50ml; 5%</i>	4	
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime</i>	2	MO GC
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	2	GC
<i>cefotaxime sodium inj 1gm</i>	2	MO GC
<i>cefotetan</i>	2	GC
<i>cefotetan/dextrose</i>	2	GC
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm, 2gm; 2.2%</i>	4	
<i>cefoxitin sodium inj 1gm</i>	4	MO
<i>cefpodoxime proxitil</i>	4	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime/dextrose</i>	2	GC
<i>ceftazidime inj 6gm</i>	2	GC
<i>ceftazidime inj 1gm, 2gm</i>	2	MO GC
<i>ceftriaxone in iso-osmotic dextrose</i>	2	GC
<i>ceftriaxone sodium inj 100gm, 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>ceftriaxone/dextrose</i>	2	GC
<i>cefuroxime axetil</i>	3	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 75gm</i>	2	GC
<i>cefuroxime sodium inj 750mg</i>	2	MO GC
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	2	GC
<i>cephalexin</i>	2	MO GC
<i>chloramphenicol sodium succinate</i>	2	GC
<i>ciprofloxacin er</i>	2	MO GC
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	2	MO GC
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	GC
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	MO GC
<i>ciprofloxacin inj, otic soln</i>	2	MO GC
<i>ciprofloxacin susr</i>	3	MO
<i>clarithromycin susr, immediate release tabs</i>	3	MO
CLEOCIN CAPS	4	MO GC
<i>clindamycin hcl caps</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>clindamycin palmitate hcl</i>	3	MO
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	2	GC
<i>clindamycin phosphate in d5w</i>	2	GC
<i>clindamycin phosphate crea 2%</i>	4	MO
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 9000mg/60ml</i>	2	GC
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	2	MO GC
<i>colistimethate sodium</i>	4	PA MO
CUBICIN	5	
DALVANCE	5	
<i>dicloxacillin sodium</i>	2	MO GC
DIFICID	5	MO
<i>doxy 100</i>	4	MO
<i>doxycycline hyclate dr</i>	4	MO
<i>doxycycline hyclate caps, tabs</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline monohydrate caps, tabs</i>	2	MO GC
<i>doxycycline caps 150mg, 75mg</i>	4	MO
<i>doxycycline susr</i>	3	MO
E.E.S. GRANULES	4	MO GC
ERY-TAB	3	MO
ERYPED 200	4	MO GC
ERYPED 400	4	MO GC
ERYTHROCIN LACTOBIONATE	4	
ERYTHROCIN STEARATE	4	MO
<i>erythromycin base</i>	2	MO GC
<i>erythromycin ethylsuccinate tabs</i>	2	MO GC
<i>erythromycin stearate tabs</i>	2	MO GC
<i>erythromycin cpep 250mg</i>	2	MO GC
<i>gentamicin sulfate pediatric</i>	2	MO GC
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	GC
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	2	MO GC
<i>gentamicin sulfate inj 10mg/ml</i>	2	GC
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO GC
<i>imipenem/cilastatin</i>	2	MO GC
INVANZ IV 1GM	4	
INVANZ INJ 1GM	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	MO GC
KETEK TABS 300MG	4	
KETEK TABS 400MG	4	MO
<i>levofloxacin in d5w</i>	2	GC
<i>levofloxacin inj 25mg/ml</i>	2	GC
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO GC
<i>linezolid susr</i>	5	QL (1800 ML per 28 days) PA MO
<i>linezolid tabs</i>	5	QL (56 EA per 28 days) PA MO
<i>linezolid inj 600mg/300ml</i>	5	PA
<i>meropenem/sodium chloride 1gm/50ml; 0.9%, 500mg/50ml; 0.9%</i>	4	
<i>meropenem inj 500mg</i>	4	MO
<i>meropenem inj 1gm</i>	5	MO
<i>methenamine hippurate</i>	4	MO
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>minocycline hcl caps</i>	2	MO GC
<i>morgidox 1x100mg caps</i>	3	
<i>morgidox 2x100mg caps</i>	3	
MOXATAG	4	MO
<i>moxifloxacin hcl tabs</i>	4	MO
NAFCILLIN 1GM/50ML, 2GM/100ML	4	
<i>nafcillin sodium inj 10gm, 1gm, 2gm i.v.</i>	2	GC
<i>nafcillin sodium inj 2gm</i>	2	MO GC
<i>neomycin sulfate tabs</i>	2	MO GC
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate</i>	3	MO
<i>nitrofurantoin susp</i>	4	MO
<i>ofloxacin tabs 400mg</i>	2	MO GC
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
<i>paromomycin sulfate</i>	4	MO
PCE	4	MO GC
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	MO
<i>penicillin g procaine</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO GC
<i>piperacillin sodium/ tazobactam sodium</i>	4	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	4	
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate inj</i>	2	MO GC
<i>sulfadiazine tabs</i>	2	MO GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim inj, tabs</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim susp</i>	3	MO
<i>sulfatrim pediatric</i>	3	
SUPRAX CAPS	4	MO GC
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX SUSR 500MG/5ML	4	GC
SYNERCID	5	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	GC
TEFLARO	4	GC
<i>tetracycline hcl caps</i>	2	MO GC
<i>tinidazole</i>	3	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	2	GC
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>trimethoprim tabs</i>	1	MO GC
TYGACIL	5	
<i>vancomycin hcl in dextrose</i>	2	GC
<i>vancomycin hcl caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hcl caps 250mg</i>	5	MO
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	4	
<i>vancomycin hcl inj 500mg</i>	4	MO
<i>vandazole</i>	3	MO
VIBRAMYCIN SYRP	4	ST MO
XIFAXAN TABS 200MG	4	QL (9 EA per 3 days) PA MO
XIFAXAN TABS 550MG	5	QL (90 EA per 30 days) PA MO

Anticonvulsants

APTiom TABS 200MG, 400MG, 800MG	4	QL (30 EA per 30 days) PA MO GC
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
APTIOM TABS 600MG	4	QL (60 EA per 30 days) PA MO GC
BANZEL TABS	4	PA MO
BANZEL SUSP	5	PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA
BRIVIACT TABS 10MG, 25MG, 75MG	5	QL (60 EA per 30 days) PA
BRIVIACT TABS 100MG, 50MG	5	QL (60 EA per 30 days) PA MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine chew, susp, tabs</i>	2	MO GC
CELONTIN	4	MO
<i>clonazepam odt tbdp 1mg</i>	3	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO GC
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	3	MO
DILANTIN CAPS 30MG	4	MO
<i>divalproex sodium</i>	3	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>epitol</i>	4	
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	3	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	3	MO
FYCOMPA SUSP	5	QL (1020 ML per 30 days) PA
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO GC
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO GC
<i>gabapentin caps, tabs</i>	2	MO GC
<i>gabapentin soln</i>	3	MO
GABITRIL TABS 12MG, 16MG	4	MO
<i>lamotrigine immediate release tabs, chew</i>	2	MO GC
<i>levetiracetam oral soln, immediate release tabs</i>	2	MO GC
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	3	
<i>levetiracetam inj 500mg/5ml</i>	3	MO

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Drug name	Drug tier	Requirements/Limits
LYRICA SOLN	4	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	4	QL (90 EA per 30 days) PA MO
MYSOLINE	4	MO
ONFI SUSP	4	MO
ONFI TABS 10MG, 20MG	4	MO
<i>oxcarbazepine tabs</i>	3	MO
<i>oxcarbazepine susp</i>	4	MO
PEGANONE	4	MO GC
<i>phenobarbital tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	3	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin sodium extended</i>	3	MO
<i>phenytoin sodium inj</i>	3	
<i>phenytoin chew, susp</i>	3	MO
POTIGA TABS 50MG	4	QL (270 EA per 30 days) MO GC
POTIGA TABS 200MG, 300MG, 400MG	4	QL (90 EA per 30 days) MO GC
<i>primidone tabs</i>	2	MO GC
<i>roweepra</i>	2	GC
SABRIL	5	PA LA
SPRITAM TB3D 750MG	4	QL (120 EA per 30 days) PA
SPRITAM TB3D 250MG, 500MG	4	QL (60 EA per 30 days) PA
SPRITAM TB3D 1000MG	4	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
<i>topiramate i.r. tabs, i.r. capsule sprinkles</i>	2	MO GC
<i>valproate sodium inj</i>	3	
<i>valproic acid caps, syrp</i>	2	MO GC
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	MO
VIMPAT TABS 50MG	4	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
<i>zonisamide</i>	2	MO GC
Antidementia Agents		
<i>donepezil hcl tbdp</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 23mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO GC
<i>ergoloid mesylates tabs</i>	2	PA MO GC
<i>galantamine hydrobromide soln</i>	2	QL (200 ML per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>galantamine hydrobromide cp24</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl</i>	3	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO GC
NAMENDA XR	3	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	3	QL (56 EA per 365 days) PA MO
NAMENDA SOLN	4	QL (360 ML per 30 days) PA MO
<i>rivastigmine tartrate</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
Antidepressants		
<i>amitriptyline hcl tabs</i>	2	PA MO GC
<i>amoxapine</i>	2	MO GC
BRINTELLIX	4	QL (30 EA per 30 days) ST MO
<i>bupropion hcl er</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	3	QL (180 EA per 30 days) MO
CHLORDIAZEPOXIDE/AMITRIPTYLINE	4	MO
<i>citalopram hydrobromide soln</i>	3	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO GC
<i>clomipramine hcl caps</i>	4	PA MO
CYMBALTA CPEP 20MG, 60MG	4	QL (60 EA per 30 days) ST MO
CYMBALTA CPEP 30MG	4	QL (90 EA per 30 days) ST MO
<i>desipramine hcl tabs</i>	4	MO
<i>desvenlafaxine er tb24 100mg, 50mg</i>	3	QL (30 EA per 30 days) ST
<i>doxepin hcl caps, conc</i>	3	PA MO
<i>duloxetine hcl cpep 20mg, 40mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	3	QL (90 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) ST MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA	4	QL (30 EA per 30 days) ST MO
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST MO
<i>fluoxetine dr</i>	3	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps, soln, tabs</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>fluvoxamine maleate immediate release tabs</i>	3	MO
<i>imipramine hcl tabs</i>	2	PA MO GC
KHEDEZLA	4	QL (30 EA per 30 days) ST MO
<i>maprotiline hcl</i>	3	MO
MARPLAN	4	MO
<i>mirtazapine</i>	2	MO GC
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hcl</i>	3	MO
<i>nortriptyline hcl caps, soln</i>	2	MO GC
<i>olanzapine/fluoxetine</i>	4	QL (30 EA per 30 days) MO
OLEPTRO TB24 300MG	4	QL (30 EA per 30 days) ST MO
OLEPTRO TB24 150MG	4	QL (75 EA per 30 days) ST MO
<i>paroxetine hcl immediate release tabs</i>	2	MO GC
PAXIL SUSP	4	MO
<i>perphenazine/amitriptyline</i>	3	MO
<i>phenelzine sulfate</i>	3	MO
PRISTIQ TB24 25MG	4	QL (120 EA per 30 days) ST MO
<i>protriptyline hcl</i>	4	MO
<i>sertraline hcl tabs</i>	1	MO GC
<i>sertraline hcl conc</i>	3	MO
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hcl tabs</i>	2	MO GC
<i>trimipramine maleate caps</i>	4	PA MO
TRINTELLIX	4	QL (30 EA per 30 days) ST MO
<i>venlafaxine hcl</i>	3	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	3	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days) MO
VIIBRYD TABS	4	QL (30 EA per 30 days) MO
VIIBRYD KIT	4	QL (60 EA per 365 days) MO
Antiemetics		
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D MO
EMEND PAK 125MG, 80MG	4	QL (6 EA per 30 days) B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs</i>	2	MO GC
<i>ondansetron hcl tabs</i>	2	B/D MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	MO GC
<i>ondansetron odt</i>	2	B/D MO GC
<i>phenadoz supp 25mg</i>	2	PA GC
<i>phenadoz supp 12.5mg</i>	2	PA MO GC
<i>phenergan supp</i>	2	PA GC
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	2	PA MO GC
<i>promethegan supp 12.5mg, 25mg</i>	2	PA GC
<i>promethegan supp 50mg</i>	2	PA MO GC
TRANSDERM-SCOP	4	MO GC
Antifungals		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	2	B/D MO GC
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>ciclodan crea</i>	2	GC
<i>ciclodan soln</i>	3	
<i>ciclopirox</i>	3	MO
<i>ciclopirox nail lacquer</i>	3	MO
<i>ciclopirox olamine crea</i>	2	MO GC
<i>clotrimazole/betamethasone dipropionate crea</i>	3	MO
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	MO
<i>clotrimazole crea, soln, troc</i>	3	MO
<i>econazole nitrate crea</i>	4	MO
ERAXIS	5	PA
EXELDERM	4	MO
<i>fluconazole in dextrose</i>	2	GC
<i>fluconazole in nacl</i>	2	GC
<i>fluconazole tabs</i>	2	MO GC
<i>fluconazole susr</i>	3	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO GC
<i>griseofulvin ultramicrosize</i>	2	MO GC
<i>itraconazole caps</i>	2	PA MO GC
<i>ketoconazole sham, tabs</i>	2	MO GC
<i>ketoconazole crea</i>	3	MO
LAMISIL PACK	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LAMISIL TABS	4	ST MO
MENTAX	4	MO
NAFTIN	4	MO
NOXAFIL INJ	5	PA
NOXAFIL SUSP, TBEC	5	PA MO
<i>nyamyc</i>	3	
<i>nystatin crea</i>	2	MO GC
<i>nystatin oint, powd, susp, tabs</i>	3	MO
<i>nystop</i>	3	MO
<i>oxiconazole nitrate</i>	4	MO
OXISTAT	4	MO
SPORANOX SOLN	5	PA MO
<i>terbinafine hcl tabs</i>	2	MO GC
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
<i>voriconazole inj</i>	4	
<i>voriconazole susr, tabs</i>	4	MO
<i>zazole crea</i>	3	
<i>zazole supp</i>	4	
Antigout Agents		
<i>allopurinol tabs</i>	1	MO GC
<i>colchicine caps, tabs</i>	2	MO GC
COLCRYS	4	ST MO
<i>probenecid/colchicine</i>	3	MO
<i>probenecid tabs</i>	3	MO
ULORIC	3	ST MO
ZYLOPRIM	4	MO
Antimigraine Agents		
CAFERGOT	4	QL (40 EA per 28 days) MO
<i>dihydroergotamine mesylate inj</i>	2	MO GC
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 28 days) MO
ERGOMAR	3	
FROVA	4	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
MIGERGOT	4	QL (20 EA per 28 days) MO
MIGRANAL	4	QL (8 ML per 28 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
RELPAX	4	QL (6 EA per 30 days) ST MO
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO GC
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO GC
<i>sumatriptan succinate prefill syringe 6mg/0.5ml</i>	2	QL (4 ML per 30 days) GC
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan soln</i>	2	QL (12 EA per 30 days) MO GC
SUMAVEL DOSEPRO	5	QL (4 ML per 30 days) MO
TREXIMET	4	QL (10 EA per 30 days) ST MO
ZOMIG NASAL SPRAY	4	QL (12 EA per 30 days) ST MO
ZOMIG SOLN 2.5MG	4	QL (12 EA per 30 days) ST MO
Antimyasthenic Agents		
<i>guanidine hcl</i>	2	GC
MESTINON SYRP	4	MO
<i>pyridostigmine bromide tabs, tbcr</i>	3	MO
Antimycobacterials		
CAPASTAT SULFATE	4	GC
<i>cycloserine</i>	4	MO
<i>dapsone tabs</i>	2	MO GC
<i>ethambutol hcl</i>	3	MO
<i>isoniazid tabs</i>	1	MO GC
<i>isoniazid inj</i>	2	GC
<i>isoniazid syrp</i>	2	MO GC
PASER	4	MO
PRIFTIN	4	MO
<i>pyrazinamide tabs</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin inj</i>	2	MO GC
<i>rifampin caps</i>	3	MO
RIFATER	4	MO GC
SIRTURO	5	QL (188 EA per 365 days) PA
TRECTOR	4	MO GC
Antineoplastics		
ABRAXANE	5	
<i>adrucil</i>	3	B/D
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	5	QL (60 EA per 30 days) PA
ALECENSA	5	QL (240 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ALIMTA	5	PA
ALKERAN TABS	4	B/D MO
ALKERAN INJ	5	
<i>amifostine</i>	5	
<i>anastrozole tabs</i>	2	MO GC
ARRANON	5	
ARZERRA	5	PA LA
AVASTIN	5	PA
<i>azacitidine</i>	5	PA
BELEODAQ	5	PA LA
BENDEKA	5	
<i>bexarotene</i>	5	PA
<i>bicalutamide</i>	3	MO
BICNU	4	
<i>bleomycin sulfate</i>	3	B/D
BLINCYTO	5	PA LA
BOSULIF	5	PA
BUSULFEX	5	
<i>cabometyx</i>	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
<i>carboplatin</i>	3	
<i>cisplatin</i>	3	
<i>cladribine</i>	2	B/D GC
CLOLAR	5	
COMETRIQ KIT 0, 20MG	5	PA
COMETRIQ KIT 0	5	PA MO
COSMEGEN	5	
COTELLIC	5	QL (63 EA per 28 days) PA LA
<i>cyclophosphamide caps</i>	3	B/D MO
<i>cyclophosphamide inj</i>	4	
CYRAMZA	5	PA
<i>cytarabine aqueous</i>	3	B/D
<i>dacarbazine</i>	2	GC
DARZALEX	5	PA LA
<i>daunorubicin hcl</i>	2	GC
DAUNOXOME	5	
<i>decitabine</i>	3	
DEPOCYT	4	
<i>dexrazoxane</i>	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DOCEFREZ INJ 20MG	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml</i>	5	
<i>doxorubicin hcl liposome</i>	4	
<i>doxorubicin hcl inj 10mg, 50mg</i>	3	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	4	B/D
DROXIA	4	MO GC
ELITEK	5	PA
EMCYT	4	MO
EMPLICITI	5	PA
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	3	
ERBITUX	5	PA
ERIVEDGE	5	QL (30 EA per 30 days) PA LA
ERWINAZE	5	PA
<i>etoposide inj</i>	3	
<i>exemestane</i>	4	MO
FARESTON	5	MO
FARYDAK	5	QL (6 EA per 21 days) PA LA
FASLODEX	5	PA
<i>fludarabine phosphate</i>	3	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml</i>	3	B/D
<i>flutamide</i>	4	MO
FOLOTYN	5	
FUSILEV	5	
GAZYVA	5	PA LA
<i>gemcitabine hcl inj i.v. soln 200mg/5.26ml, 1g/26.3ml, 2gm/52.6ml</i>	5	
<i>gemcitabine hcl inj 1gm, 200mg</i>	4	
<i>gemcitabine hcl inj 2gm</i>	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
GLEOSTINE CAPS 5MG	4	
HALAVEN	5	PA
HERCEPTIN	5	PA
HEXALEN	5	MO
<i>hydroxyurea caps</i>	2	MO GC
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>idarubicin hcl</i>	2	GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ifosfamide</i>	3	
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA	5	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (240 EA per 30 days) PA LA
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	5	PA
INTRON A INJ 18MU, 50MU	5	PA LA
IRESSA	5	QL (30 EA per 30 days) PA
<i>irinotecan</i>	3	
ISTODAX	5	PA
IXEMPRA KIT	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA LA
JEVTANA	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA LA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
<i>letrozole</i>	1	MO GC
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
LEUKERAN	4	MO
<i>levoleucovorin calcium</i>	5	
<i>levoleucovorin inj 250mg/25ml</i>	5	
<i>lomustine</i>	3	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
LYNPARZA	5	QL (448 EA per 28 days) PA
MARQIBO	5	PA
MATULANE	5	
MEKINIST TABS 0.5MG	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
<i>melphalan hydrochloride</i>	5	
<i>mercaptopurine tabs</i>	4	MO
<i>mesna</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MESNEX TABS	4	MO GC
<i>mitomycin inj 20mg, 5mg</i>	3	
<i>mitomycin inj 40mg</i>	5	
<i>mitoxantrone hcl</i>	3	
MUSTARGEN	4	
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NILANDRON	5	MO
NINLARO	5	QL (3 EA per 28 days) PA
NIPENT	5	
ODOMZO	5	QL (30 EA per 30 days) PA LA
ONCASPAR	5	
OPDIVO	5	PA LA
<i>oxaliplatin</i>	4	
<i>paclitaxel inj 150mg/25ml</i>	3	
<i>paclitaxel inj 100mg/16.7ml, 300mg/50ml, 30mg/5ml</i>	4	
PANRETIN	5	MO
PERJETA	5	PA LA
POMALYST	5	QL (21 EA per 28 days) PA LA
PORTRAZZA	5	PA
PROLEUKIN	5	
PURIXAN	5	PA
REVLIMID	5	QL (30 EA per 30 days) PA LA
RITUXAN	5	PA
SOLTAMOX	4	PA MO
SPRYCEL TABS 100MG, 140MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	5	QL (60 EA per 30 days) PA
STIVARGA	5	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 37.5MG, 50MG	5	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	5	QL (90 EA per 30 days) PA
SYLATRON INJ 200MCG, 300MCG, 600MCG	5	PA
SYLATRON 4-PACK INJ 200MCG, 300MCG	5	PA LA
SYNRIBO	5	PA
TABLOID	4	MO GC
TAFINLAR CAPS 75MG	5	QL (120 EA per 30 days) PA LA
TAFINLAR CAPS 50MG	5	QL (180 EA per 30 days) PA LA
TAGRISO	5	QL (30 EA per 30 days) PA LA
<i>tamoxifen citrate tabs</i>	2	MO GC
TARCEVA TABS 25MG	5	QL (60 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	5	QL (90 EA per 30 days) PA LA
TARGRETIN GEL	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TASIGNA	5	QL (120 EA per 30 days) PA
TAXOTERE INJ 20MG/ML	4	
TAXOTERE INJ 80MG/4ML	5	
TECENTRIQ	5	PA
TEMODAR INJ	5	B/D
THALOMID CAPS 100MG, 150MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	5	QL (56 EA per 28 days) PA
THERACYS	4	
THIOTEPA	5	
TICE BCG	4	
<i>toposar</i>	3	
<i>topotecan hcl</i>	5	
TORISEL	5	
TREANDA	5	
TRETINOIN CAPS 10MG	3	MO
TRISENOX	4	PA
TYKERB	5	QL (180 EA per 30 days) PA LA
UVADEX	4	GC
VALCHLOR	5	PA
VALSTAR	5	
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (84 EA per 365 days) PA
VENCLEXTA TABS 10MG, 50MG	4	QL (120 EA per 30 days) PA
VENCLEXTA TABS 100MG	5	QL (120 EA per 30 days) PA
<i>vinblastine sulfat inj 1mg/ml</i>	2	B/D GC
<i>vincasar pfs</i>	3	B/D
<i>vincristine sulfat</i>	3	B/D
<i>vinorelbine tartrate</i>	3	
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (60 EA per 30 days) PA LA
XTANDI	5	QL (120 EA per 30 days) PA LA
YERVOY	5	PA
YONDELIS	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA LA
ZANOSAR	4	
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZOLINZA	5	QL (120 EA per 30 days) PA
ZYDELIG	5	QL (60 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZYKADIA	5	QL (150 EA per 30 days) PA LA
ZYTIGA	5	QL (120 EA per 30 days) PA
Antiparasitics		
ALBENZA	4	MO GC
ALINIA	4	MO
<i>atovaquone</i>	4	PA MO
<i>atovaquone/proguanil hcl</i>	4	MO
BILTRICIDE	4	MO GC
<i>chloroquine phosphate tabs</i>	2	MO GC
COARTEM	4	MO GC
DARAPRIM	4	MO GC
<i>hydroxychloroquine sulfate tabs</i>	4	MO
<i>ivermectin tabs</i>	3	MO
<i>lindane lotn, sham</i>	2	MO GC
<i>malathion</i>	4	MO
<i>mefloquine hcl</i>	3	MO
NEBUPENT	4	B/D MO GC
PENTAM 300	4	MO GC
<i>permethrin crea</i>	4	MO
<i>primaquine phosphate tabs</i>	2	MO GC
<i>quinine sulfate</i>	4	PA MO
Antiparkinson Agents		
<i>amantadine hcl tabs</i>	2	MO GC
<i>amantadine hcl caps, syrp</i>	3	MO
APOKYN	5	PA LA
AZILECT	4	QL (30 EA per 30 days) MO
<i>benztropine mesylate inj, tabs</i>	2	PA MO GC
<i>bromocriptine mesylate caps, tabs</i>	4	MO
<i>carbidopa/levodopa</i>	2	MO GC
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>carbidopa/levodopa/entacapone</i>	2	MO GC
<i>carbidopa tabs</i>	5	MO
COGENTIN	4	PA
COMTAN	4	MO
<i>entacapone</i>	4	MO
MIRAPEX ER	3	QL (30 EA per 30 days) MO
NEUPRO	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride i.r. tabs</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
REQUIP	4	MO
<i>ropinirole hcl immediate release tabs</i>	2	MO GC
RYTARY	4	MO
<i>selegiline hcl caps, tabs</i>	2	MO GC
STALEVO 100	4	ST MO
STALEVO 150	4	ST MO
STALEVO 200	4	ST MO
<i>trihexyphenidyl hcl</i>	2	PA MO GC
Antipsychotics		
ABILIFY MAINTENA	4	MO
ABILIFY INJ	4	MO
<i>aripiprazole odt tbdp 15mg</i>	3	QL (60 EA per 30 days)
<i>aripiprazole odt tbdp 10mg</i>	3	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA	4	
<i>chlorpromazine hcl inj</i>	3	MO
<i>chlorpromazine hcl tabs</i>	4	MO
<i>clozapine</i>	3	
<i>clozapine odt</i>	3	
<i>compazine supp</i>	2	GC
<i>compro</i>	2	MO GC
FANAPT	4	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	4	QL (16 EA per 365 days) ST
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl conc, elix, inj, tabs</i>	2	MO GC
GEODON INJ	4	MO
<i>haloperidol decanoate</i>	3	MO
<i>haloperidol lactate</i>	3	MO
<i>haloperidol conc, tabs</i>	3	MO
INVEGA SUSTENNA	4	MO
INVEGA TRINZA	4	
LATUDA	4	QL (30 EA per 30 days) MO
<i>loxapine succinate</i>	3	MO
MOLINDONE HYDROCHLORIDE TABS 25MG	3	QL (270 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 10MG	3	QL (60 EA per 30 days) MO
MOLINDONE HYDROCHLORIDE TABS 5MG	3	QL (90 EA per 30 days) MO
NUPLAZID	5	QL (60 EA per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>perphenazine tabs</i>	4	MO
<i>pimozide</i>	4	MO
<i>prochlorperazine supp</i>	2	MO GC
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO GC
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI	4	QL (30 EA per 30 days) MO
RISPERDAL CONSTA	4	MO
<i>risperidone odt tbdp 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	MO GC
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO GC
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO GC
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO GC
SAPHRIS	4	QL (60 EA per 30 days) MO
SEROQUEL XR TB24 50MG	3	QL (180 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	3	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 300MG, 400MG	3	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO
<i>trifluoperazine hcl tabs</i>	4	MO
VERSACLOZ	5	ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST MO
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST MO
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	4	QL (2 EA per 28 days)
ZYPREXA TABS 10MG, 15MG, 20MG, 5MG, 7.5MG	4	QL (30 EA per 30 days) ST MO
ZYPREXA TABS 2.5MG	4	QL (60 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
Antispasticity Agents		
<i>baclofen tabs</i>	2	MO GC
<i>dantrolene sodium caps</i>	4	MO
<i>tizanidine hcl tabs</i>	2	MO GC
Antivirals		
<i>abacavir</i>	3	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	MO
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D GC
<i>acyclovir sodium inj 500mg</i>	2	B/D MO GC
<i>acyclovir caps, tabs</i>	1	MO GC
<i>acyclovir susp</i>	3	MO
<i>acyclovir oint</i>	4	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
ATRIPLA	5	QL (30 EA per 30 days) MO
BARACLUDGE SOLN	4	QL (630 ML per 30 days) MO
COMPLERA	5	QL (30 EA per 30 days) MO
CRIXIVAN	3	MO
DENAVIR	4	MO
DESCOVY	5	QL (30 EA per 30 days) MO
<i>didanosine</i>	4	MO
EDURANT	5	QL (30 EA per 30 days) MO
EMTRIVA	4	MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	4	MO
EPIVIR SOLN	4	MO
EPZICOM	5	MO
EVOTAZ	5	QL (30 EA per 30 days) MO
<i>famciclovir tabs 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
FUZEON	5	QL (60 EA per 30 days)
<i>ganciclovir inj</i>	2	B/D GC
GENVOYA	5	QL (30 EA per 30 days) MO
HARVONI	5	QL (30 EA per 30 days) PA
INTELENCE TABS 25MG	4	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	5	QL (60 EA per 30 days) MO
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ISENTRESS PACK	3	QL (300 EA per 30 days)
ISENTRESS TABS	5	QL (120 EA per 30 days) MO
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days) MO
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) MO
KALETRA SOLN	4	QL (390 ML per 30 days) MO
KALETRA TABS 200MG; 50MG	4	QL (120 EA per 30 days) MO
KALETRA TABS 100MG; 25MG	4	QL (240 EA per 30 days) MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lamivudine soln</i>	4	MO
<i>lamivudine tabs 100mg</i>	2	MO GC
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
<i>moderiba tabs</i>	3	
<i>nevirapine</i>	3	MO
<i>nevirapine er</i>	3	MO
NORVIR	4	MO
ODEFSEY	5	QL (30 EA per 30 days) MO
PEG-INTRON REDIPEN	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
PEGINTRON	5	PA
PREZCOBIX	5	QL (30 EA per 30 days) MO
PREZISTA SUSP	5	MO
PREZISTA TABS 75MG	4	MO
PREZISTA TABS 150MG, 600MG, 800MG	5	MO
RELENZA DISKHALER	4	QL (120 EA per 365 days) MO GC
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	4	
REYATAZ	5	MO
<i>ribasphere caps</i>	3	
<i>ribasphere tabs 200mg</i>	3	
<i>ribavirin</i>	3	
<i>rimantadine hcl</i>	2	MO GC
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) MO
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) MO
SOVALDI	5	QL (28 EA per 28 days) PA
<i>stavudine</i>	3	MO
STRIBILD	5	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SUSTIVA	4	MO
TAMIFLU SUSR	4	QL (1080 ML per 365 days) MO GC
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO GC
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO GC
TIVICAY TABS 10MG	4	QL (30 EA per 30 days)
TIVICAY TABS 25MG	5	QL (30 EA per 30 days)
TIVICAY TABS 50MG	5	QL (60 EA per 30 days) MO
TRIUMEQ	5	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG, 133MG; 200MG	5	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG, 200MG; 300MG	5	QL (30 EA per 30 days) MO
TYBOST	3	QL (30 EA per 30 days) MO
TYZEKA	4	QL (30 EA per 30 days) MO
<i>valacyclovir hcl</i>	2	MO GC
VALCYTE SOLR	5	MO
<i>valganciclovir</i>	5	MO
VIDEX PEDIATRIC	4	MO
VIRACEPT	5	MO
VIRAMUNE XR TB24 100MG	4	MO
VIRAMUNE SUSP	4	MO
VIRAZOLE	5	
VIREAD	4	MO
VITEKTA	5	QL (30 EA per 30 days)
ZEPATIER	5	QL (30 EA per 30 days) PA
ZIAGEN SOLN	4	MO
<i>zidovudine</i>	3	MO

Anxiolytics

<i>alprazolam i.r. tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>alprazolam i.r. tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>bupirone hcl tabs</i>	2	MO GC
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) MO
<i>diazepam intensol</i>	3	MO
<i>diazepam inj 5mg/ml</i>	2	QL (240 ML per 30 days) MO GC
<i>diazepam oral soln 1mg/ml</i>	3	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO GC
<i>lorazepam inj 4mg/ml</i>	2	QL (120 ML per 30 days) GC
<i>lorazepam inj 2mg/ml</i>	2	QL (120 ML per 30 days) MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO GC
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days) MO GC
<i>lorazepam tabs 1mg</i>	2	QL (180 EA per 30 days) MO GC
RESTORIL	4	QL (30 EA per 30 days) MO
<i>triazolam</i>	2	QL (60 EA per 30 days) MO GC
Bipolar Agents		
EQUETRO	4	MO
<i>lithium</i>	2	MO GC
<i>lithium carbonate er</i>	2	MO GC
<i>lithium carbonate caps, tabs</i>	1	MO GC
Blood Glucose Regulators		
<i>acarbose</i>	2	MO GC
ACTOS	4	QL (30 EA per 30 days) MO
APIDRA	4	ST MO
AVANDAMET TABS 1000MG; 2MG, 500MG; 4MG	4	QL (60 EA per 30 days) MO
AVANDARYL TABS 4MG; 8MG	4	QL (30 EA per 30 days) MO
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	4	QL (60 EA per 30 days) MO
AVANDIA TABS 8MG	4	QL (30 EA per 30 days) MO
AVANDIA TABS 2MG, 4MG	4	QL (60 EA per 30 days) MO
BYDUREON	4	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
CYCLOSET	4	QL (180 EA per 30 days) PA MO
FARXIGA	4	QL (30 EA per 30 days) MO
<i>glimpiride</i>	1	MO GC
<i>glipizide er</i>	2	MO GC
<i>glipizide xl</i>	2	MO GC
<i>glipizide/metformin hcl</i>	2	MO GC
<i>glipizide tabs</i>	1	MO GC
GLUCAGEN DIAGNOSTIC	3	QL (4 EA per 30 days) MO
GLUCAGEN HYPOKIT	3	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	3	QL (4 EA per 30 days) MO
GLUCOTROL	4	MO
<i>glyburide micronized</i>	2	PA MO GC
<i>glyburide/metformin hcl</i>	2	PA MO GC
<i>glyburide tabs</i>	2	PA MO GC
HUMALOG	4	ST MO
HUMALOG KWIKPEN	4	ST MO
HUMALOG MIX 50/50	4	ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN	4	ST MO
HUMALOG MIX 75/25	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	4	ST MO
HUMULIN 70/30	4	ST MO
HUMULIN 70/30 KWIKPEN	4	ST MO
HUMULIN N	4	ST MO
HUMULIN N KWIKPEN	4	ST MO
HUMULIN R	4	ST MO
HUMULIN R U-500 (CONCENTRATED)	4	ST MO
HUMULIN R U-500 KWIKPEN	4	ST MO
INVOKAMET	3	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	3	QL (60 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE	4	QL (30 EA per 30 days) MO
JENTADUETO	3	MO
JENTADUETO XR	3	
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	4	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	4	QL (60 EA per 30 days) ST MO
KORLYM	5	QL (120 EA per 30 days) PA
LANTUS	4	ST MO
LANTUS SOLOSTAR	4	ST MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>metformin hcl er (generic Fortamet and Glucophage XR)</i>	2	MO GC
<i>metformin hcl tabs</i>	1	MO GC
<i>nateglinide</i>	2	MO GC
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 RELION	3	MO
NOVOLIN N	3	MO
NOVOLIN N RELION	3	MO
NOVOLIN R	3	MO
NOVOLIN R RELION	3	MO
NOVOLOG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
ONGLYZA	4	QL (30 EA per 30 days) ST MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl/metformin hcl</i>	3	QL (90 EA per 30 days) MO
PROGLYCEM	4	MO
<i>repaglinide/metformin hydrochloride</i>	2	QL (150 EA per 30 days) MO GC
<i>repaglinide tabs 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) MO GC
<i>repaglinide tabs 2mg</i>	2	QL (240 EA per 30 days) MO GC
SYMLINPEN 120	4	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	4	QL (6 ML per 30 days) MO
SYNJARDY	4	QL (60 EA per 30 days) MO
TANZEUM	4	MO
<i>tolazamide</i>	3	MO
<i>tolbutamide</i>	2	MO GC
TRADJENTA	3	MO
TRESIBA FLEXTOUCH	3	MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR	4	QL (30 EA per 30 days) MO

Blood Products/Modifiers/Volume Expanders

AGGRENOX	4	QL (60 EA per 30 days) ST MO
<i>anagrelide hydrochloride</i>	3	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	5	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	5	QL (4 ML per 28 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>aspirin/dipyridamole</i>	4	QL (60 EA per 30 days) MO
BRILINTA	3	QL (60 EA per 30 days) MO
<i>cilostazol</i>	1	MO GC
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) GC
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO GC
CYKLOKAPRON	3	
EFFIENT	3	QL (30 EA per 30 days) MO
ELIQUIS TABS 2.5MG	4	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	4	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	MO
<i>heparin sodium/d5w</i>	2	GC
<i>heparin sodium/nacl 0.45%</i>	2	GC
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO GC
<i>jantoven</i>	1	MO GC
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
NEUMEGA	5	PA
NEUPOGEN	5	PA
PLETAL	4	MO
PRADAXA	3	QL (60 EA per 30 days) MO
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	5	QL (8 ML per 28 days) PA
PROMACTA	5	QL (30 EA per 30 days) PA LA
SAVAYSA	4	QL (30 EA per 30 days) MO
<i>ticlopidine hcl</i>	2	PA GC
<i>tranexamic acid inj</i>	2	GC
<i>tranexamic acid tabs</i>	4	QL (30 EA per 30 days) MO
<i>warfarin sodium tabs</i>	1	MO GC
XARELTO STARTER PACK	3	QL (102 EA per 365 days) MO
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
Cardiovascular Agents		
ACCUPRIL	4	MO
<i>acebutolol hcl caps</i>	2	MO GC
<i>acetazolamide er</i>	4	MO
<i>acetazolamide tabs</i>	3	MO
ADVICOR TB24 20MG; 500MG, 40MG; 1000MG	4	QL (30 EA per 30 days) MO
ADVICOR TB24 20MG; 1000MG, 20MG; 750MG	4	QL (60 EA per 30 days) MO
ALDACTAZIDE	4	MO
ALTOPREV	4	QL (30 EA per 30 days) ST MO
<i>amiloride hcl tabs</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
<i>amiodarone hcl tabs</i>	2	MO GC
<i>amlodipine besylate/atorvastatin calcium</i>	3	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate/valsartan</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine besylate tabs</i>	1	MO GC
<i>amlodipine/valsartan/hctz</i>	2	QL (30 EA per 30 days) MO GC
AMTURNIDE TABS 150MG; 5MG; 12.5MG	3	QL (30 EA per 30 days)
AMTURNIDE TABS 300MG; 10MG; 12.5MG, 300MG; 10MG; 25MG, 300MG; 5MG; 12.5MG, 300MG; 5MG; 25MG	3	QL (30 EA per 30 days) MO
ANTARA	3	MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) ST MO
<i>atenolol/chlorthalidone</i>	2	MO GC
<i>atenolol tabs</i>	1	MO GC
<i>atorvastatin calcium</i>	1	MO GC
AZOR	4	QL (30 EA per 30 days) ST MO
<i>benazepril hcl/hydrochlorothiazide</i>	2	MO GC
<i>benazepril hcl tabs</i>	1	MO GC
BENICAR	4	QL (30 EA per 30 days) MO
BENICAR HCT	4	QL (30 EA per 30 days) MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
BIDIL	4	MO
<i>bisoprolol fumarate</i>	2	MO GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO GC
<i>bumetanide inj</i>	2	MO GC
<i>bumetanide tabs</i>	3	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>candesartan cilexetil</i>	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	3	QL (60 EA per 30 days) MO
<i>captopril/hydrochlorothiazide</i>	1	MO GC
<i>captopril tabs</i>	3	MO
<i>cartia xt</i>	2	GC
<i>carvedilol</i>	1	MO GC
<i>chlorothiazide tabs</i>	3	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO GC
<i>cholestyramine light</i>	4	MO
<i>cholestyramine pack, powd</i>	4	MO
<i>clonidine hcl tabs</i>	2	MO GC
<i>clonidine hcl ptwk</i>	3	QL (8 EA per 28 days) MO
CLORPRES	4	MO
<i>colestipol hcl</i>	4	MO
COREG CR	4	QL (30 EA per 30 days) MO
CORLANOR	4	PA MO
CRESTOR	4	QL (30 EA per 30 days) ST MO
DEMSER	5	MO
DIBENZYLINE	3	MO
<i>digitek</i>	3	
<i>digox</i>	3	
<i>digoxin inj, oral soln</i>	2	MO GC
<i>digoxin tabs</i>	3	MO
<i>dilt-xr</i>	2	GC
<i>diltiazem cd cp24 180mg</i>	2	GC
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO GC
<i>diltiazem hcl cd</i>	2	MO GC
<i>diltiazem hcl er</i>	2	MO GC
<i>diltiazem hcl tabs</i>	2	MO GC
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	2	GC
DIOVAN HCT	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) ST MO
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	
<i>doxazosin</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	MO GC
DYRENIUM	4	MO
EDARBI	3	QL (30 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO GC
<i>enalapril maleate tabs</i>	2	MO GC
ENTRESTO	3	QL (60 EA per 30 days) PA MO
<i>eplerenone</i>	4	MO
<i>eprosartan mesylate</i>	2	QL (30 EA per 30 days) MO GC
EXFORGE	4	QL (30 EA per 30 days) MO
EXFORGE HCT	4	QL (30 EA per 30 days) MO
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps</i>	3	MO
<i>fenofibrate tabs 40mg</i>	3	MO
<i>fenofibrate tabs 120mg, 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibric acid</i>	2	MO GC
<i>fenofibric acid dr</i>	4	MO
FENOGLIDE	4	ST MO
<i>flecainide acetate</i>	3	MO
<i>fluvastatin</i>	2	MO GC
<i>fluvastatin sodium er</i>	2	QL (30 EA per 30 days) MO GC
<i>fosinopril sodium</i>	1	MO GC
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO GC
<i>furosemide oral soln, tabs</i>	1	MO GC
<i>furosemide inj</i>	2	MO GC
<i>gemfibrozil tabs</i>	2	MO GC
<i>hydralazine hcl inj, tabs</i>	2	MO GC
<i>hydrochlorothiazide caps, tabs</i>	1	MO GC
HYZAAR	4	QL (30 EA per 30 days) ST MO
<i>indapamide</i>	2	MO GC
INNOPRAN XL	4	MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO GC
<i>irbesartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
ISORDIL TITRADOSE	4	MO
<i>isosorbide dinitrate er</i>	2	MO GC
<i>isosorbide dinitrate tabs</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	2	MO GC
<i>isradipine</i>	2	MO GC
KYNAMRO	5	PA LA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>labetalol hcl inj</i>	2	MO GC
<i>labetalol hcl tabs</i>	3	MO
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	2	MO GC
LIPITOR	4	QL (30 EA per 30 days) MO
LIPOFEN	3	MO
<i>lisinopril</i>	1	MO GC
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC
LIVALO	4	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>lovastatin</i>	1	MO GC
<i>matzim la</i>	2	MO GC
<i>methazolamide</i>	4	MO
<i>methyclothiazide tabs</i>	2	MO GC
<i>metolazone</i>	3	MO
<i>metoprolol succinate er</i>	2	MO GC
<i>metoprolol tartrate inj, tabs</i>	1	MO GC
<i>metoprolol/hydrochlorothiazide</i>	2	MO GC
<i>mexiletine hcl</i>	3	MO
MICARDIS	4	QL (30 EA per 30 days) ST MO
MICARDIS HCT	4	QL (30 EA per 30 days) ST MO
<i>midodrine hcl</i>	3	MO
<i>minitran</i>	3	
<i>minoxidil tabs</i>	2	MO GC
<i>moexipril hcl</i>	1	MO GC
<i>moexipril/hydrochlorothiazide</i>	1	MO GC
MULTAQ	3	MO
<i>nadolol/bendroflumethiazide</i>	3	MO
<i>nadolol tabs</i>	4	MO
<i>niacin er</i>	2	MO GC
NIASPAN	4	ST MO
<i>nicardipine hcl caps</i>	4	MO
<i>nisoldipine</i>	2	MO GC
<i>nisoldipine er</i>	2	MO GC
<i>nitroglycerin lingual aers</i>	2	MO GC
<i>nitroglycerin lingual soln</i>	4	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin inj</i>	2	GC
NITROLINGUAL PUMPSPRAY	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NITROMIST	4	MO
NITROSTAT	4	MO
NORTHERA	5	PA LA
NYMALIZE	5	PA
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) MO
<i>pacerone</i>	2	GC
<i>pentoxifylline cr</i>	2	MO GC
<i>pentoxifylline er</i>	2	MO GC
<i>perindopril erbumine</i>	2	MO GC
<i>pindolol</i>	3	MO
PRALUENT	5	QL (2 ML per 28 days) PA MO
<i>pravastatin sodium</i>	1	MO GC
<i>prazosin hcl</i>	3	MO
<i>prevalite</i>	4	MO
PROCARDIA XL	4	MO
<i>propafenone hcl</i>	3	MO
<i>propafenone hcl er</i>	4	MO
<i>propranolol hcl er</i>	4	MO
<i>propranolol hcl inj</i>	2	GC
<i>propranolol hcl oral soln, tabs</i>	2	MO GC
<i>propranolol/hydrochlorothiazide</i>	2	MO GC
<i>quinapril hcl</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	2	MO GC
<i>quinidine gluconate cr</i>	2	MO GC
<i>quinidine gluconate er</i>	2	MO GC
<i>quinidine sulfate</i>	2	MO GC
<i>quinidine sulfate er</i>	2	MO GC
<i>ramipril</i>	1	MO GC
RANEXA	4	QL (60 EA per 30 days) MO
REPATHA	5	QL (3 ML per 28 days) PA
REPATHA SURECLICK	5	QL (3 ML per 28 days) PA MO
<i>rosuvastatin calcium</i>	3	QL (30 EA per 30 days) MO
SIMCOR TB24 1000MG; 40MG, 500MG; 40MG	4	QL (30 EA per 30 days) ST MO
SIMCOR TB24 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG	4	QL (60 EA per 30 days) ST MO
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	MO GC
<i>simvastatin tabs 80mg</i>	1	QL (30 EA per 30 days) MO GC
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	MO GC
<i>sotalol hcl (af)</i>	1	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>spironolactone tabs</i>	1	MO GC
<i>taztia xt</i>	2	GC
TEKAMLO TABS 300MG; 10MG, 300MG; 5MG	3	QL (30 EA per 30 days)
TEKAMLO TABS 150MG; 10MG, 150MG; 5MG	3	QL (30 EA per 30 days) MO
TEKTURNA	3	QL (30 EA per 30 days) MO
TEKTURNA HCT	3	QL (30 EA per 30 days) MO
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide</i>	3	QL (30 EA per 30 days) MO
<i>terazosin hcl</i>	1	MO GC
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO GC
TOPROL XL	4	MO
<i>toremide tabs</i>	2	MO GC
<i>trandolapril</i>	1	MO GC
<i>trandolapril/verapamil hcl</i>	1	MO GC
<i>trandolapril/verapamil hcl er</i>	1	MO GC
<i>triamterene/hydrochlorothiazide</i>	1	MO GC
TRIBENZOR	4	QL (30 EA per 30 days) ST MO
<i>valsartan</i>	2	MO GC
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
VASCEPA	4	MO
<i>verapamil hcl er</i>	2	MO GC
<i>verapamil hcl sr cp24</i>	3	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO GC
<i>verapamil hcl tabs</i>	1	MO GC
<i>verapamil hcl inj</i>	4	MO
VYTORIN	4	QL (30 EA per 30 days) ST MO
WELCHOL	4	MO
ZETIA	4	QL (30 EA per 30 days) MO

Central Nervous System Agents

<i>amphetamine/dextroamphetamine cp24 30mg</i>	3	QL (60 EA per 30 days) PA MO
AMPYRA	5	QL (60 EA per 30 days) PA LA
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dexedrine tabs</i>	4	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA MO
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatopa</i>	5	QL (30 ML per 30 days) PA
<i>guanfacine er</i>	3	QL (30 EA per 30 days) MO
<i>metadate er</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl er cp24 20mg, 40mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tbcx 20mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl er tbcx 10mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl SR 20mg tab</i>	2	QL (90 EA per 30 days) PA MO GC
<i>methylphenidate hcl i.r. tab 5mg, 10mg, 20mg</i>	3	PA MO
NAMZARIC	3	QL (30 EA per 30 days) PA MO
NUDEXTA	3	QL (60 EA per 30 days) MO
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
<i>riluzole</i>	4	MO
SAVELLA	4	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	4	QL (110 EA per 365 days) PA MO
STRATTERA CAPS 100MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG	4	QL (60 EA per 30 days) MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA
TYSABRI	5	QL (15 ML per 28 days) PA LA
XENAZINE TABS 25MG	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	5	QL (90 EA per 30 days) PA LA
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days) PA
Dental and Oral Agents		
<i>chlorhexidine gluconate oral rinse</i>	2	MO GC
<i>clinpro 5000</i>	1	MO GC
<i>dentagel</i>	1	MO GC
<i>fluoridex daily defense</i>	1	MO GC
<i>oralone</i>	4	
<i>paroex</i>	1	GC
<i>periogard</i>	1	GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>phos-flur</i>	1	GC
<i>pilocarpine hcl tabs 7.5mg</i>	4	MO
<i>pilocarpine hydrochloride</i>	4	MO
<i>sf gel 1.1%</i>	1	MO GC
<i>triamcinolone acetonide pste 0.1%</i>	4	MO
<i>triamcinolone in orabase</i>	4	MO
Dermatological Agents		
8-MOP	4	GC
<i>acitretin</i>	4	PA MO
<i>adapalene crea, gel</i>	4	PA MO
ALDARA	4	MO
ALTABAX	4	MO
<i>ammonium lactate crea</i>	2	MO GC
<i>ammonium lactate lotn</i>	3	MO
<i>amnesteem</i>	4	
<i>avita crea</i>	4	PA
<i>avita gel</i>	4	PA MO
AZELEX	4	MO
BACTROBAN	4	MO
<i>calcipotriene</i>	4	MO
<i>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 28 days) MO
<i>calcitrene</i>	4	MO
CARAC	5	MO
<i>claravis</i>	4	
<i>clindacin etz pledgets</i>	2	MO GC
<i>clindacin-p</i>	2	MO GC
<i>clindamax</i>	3	
<i>clindamycin phosphate foam 1%</i>	3	MO
<i>clindamycin phosphate gel 1%</i>	3	MO
<i>clindamycin phosphate lotn 1%</i>	4	MO
<i>clindamycin phosphate external soln 1%</i>	3	MO
<i>clindamycin phosphate swab 1%</i>	2	MO GC
<i>clindamycin/benzoyl peroxide</i>	4	MO
<i>doxepin hydrochloride cream</i>	4	MO
ELIDEL	4	QL (60 GM per 30 days) ST MO
<i>ery acne pads</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	2	MO GC
<i>erythromycin gel 2%</i>	2	MO GC
<i>erythromycin pads 2%</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>erythromycin soln 2%</i>	2	MO GC
FINACEA GEL	4	MO
<i>fluocinolone acetonide body</i>	4	MO
<i>fluocinolone acetonide scalp</i>	4	MO
<i>fluorouracil crea 0.5%, 5%</i>	3	MO
<i>fluorouracil external soln 2%, 5%</i>	3	MO
<i>gentamicin sulfate crea 0.1%</i>	2	MO GC
<i>gentamicin sulfate external oint 0.1%</i>	2	MO GC
<i>imiquimod crea</i>	4	MO
<i>methoxsalen caps</i>	4	MO
<i>metronidazole crea 0.75%</i>	4	MO
<i>metronidazole gel 0.75%</i>	3	MO
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
<i>mupirocin</i>	2	MO GC
<i>mupirocin calcium</i>	2	MO GC
<i>myorisan</i>	4	
<i>neuac gel 1.2%; 5%</i>	4	MO
NORITATE	4	MO
OXSORALEN	4	MO
<i>podofilox soln</i>	3	MO
REGRANEX	5	QL (15 GM per 30 days) PA MO
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
SANTYL	3	MO
<i>selenium sulfide lotn</i>	2	MO GC
<i>silver sulfadiazine</i>	2	MO GC
<i>sodium sulfacetamide lotn 10%</i>	2	MO GC
<i>ssd</i>	2	GC
<i>sulfacetamide sodium susp 10%</i>	2	MO GC
SULFAMYLON CREAM	4	MO
TAZORAC	4	MO
<i>tretinoin microsphere</i>	4	PA MO
<i>tretinoin microsphere pump</i>	4	PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA MO
VEREGEN	4	MO
<i>zenatane</i>	4	
ZYCLARA	4	QL (56 EA per 28 days) MO
ZYCLARA PUMP	4	QL (15 GM per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
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Enzyme Replacement/Modifiers

ADAGEN	5	PA
ALDURAZYME	5	PA LA
BUPHENYL TABS	5	PA
CARBAGLU	4	
CEREZYME	5	PA LA
CREON	3	MO
CYSTADANE	5	
CYSTAGON	4	PA LA GC
FABRAZYME	5	PA LA
KUVAN TBSO	5	PA LA
KUVAN PACK 500MG	5	PA
KUVAN PACK 100MG	5	PA LA
LUMIZYME	5	LA
NAGLAZYME	5	PA LA
ORFADIN CAPS 10MG, 2MG, 5MG	5	PA
<i>pancrelipase</i>	2	MO GC
RAVICTI	5	PA LA
<i>sodium phenylbutyrate powd</i>	5	PA
VPRIV	5	PA
ZAVESCA	5	PA
ZENPEP	3	MO

Gastrointestinal Agents

ACIPHEX	4	ST MO
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) MO
AMITIZA	3	QL (60 EA per 30 days) MO
CANTIL	4	MO
<i>cimetidine hcl</i>	3	MO
<i>cimetidine tabs</i>	3	MO
<i>constulose</i>	2	GC
<i>cromolyn sodium conc 100mg/5ml</i>	4	MO
DEXILANT	4	QL (30 EA per 30 days) ST MO
<i>dicyclomine hcl caps, tabs</i>	1	PA MO GC
<i>dicyclomine hcl oral soln</i>	3	PA MO
<i>diphenatol</i>	3	
<i>diphenoxylate/atropine liqd</i>	2	MO GC
<i>diphenoxylate/atropine tabs</i>	3	MO
<i>enulose</i>	2	GC
<i>esomeprazole magnesium cpdr</i>	3	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>esomeprazole sodium inj</i>	3	
<i>famotidine premixed</i>	2	GC
<i>famotidine susr</i>	3	MO
<i>famotidine inj 200mg/20ml</i>	2	GC
<i>famotidine inj 20mg/2ml, 40mg/4ml</i>	2	MO GC
<i>famotidine tabs 20mg, 40mg</i>	1	MO GC
GATTEX	5	PA LA
<i>gavilyte-c</i>	2	MO GC
<i>gavilyte-g</i>	2	MO GC
<i>gavilyte-h</i>	2	MO GC
<i>gavilyte-n/flavor pack</i>	2	MO GC
<i>generlac</i>	2	MO GC
<i>glycopyrrolate tabs</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	MO
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	ST MO
GOLYTELY SOLR 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	4	ST MO GC
KRISTALOSE	4	MO
<i>lactulose soln</i>	2	MO GC
LINZESS	3	QL (30 EA per 30 days) MO
LOMOTIL	4	MO
<i>loperamide hcl caps</i>	3	MO
<i>methscopolamine bromide</i>	4	MO
<i>metoclopramide hcl immediate release tabs</i>	2	MO GC
<i>metoclopramide hcl inj, oral soln</i>	3	MO
<i>misoprostol</i>	3	MO
MOVIPREP	4	MO GC
NEXIUM CAPSULES, PACKS	4	QL (30 EA per 30 days) ST MO
<i>omeprazole cpdr 20mg</i>	1	MO GC
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO GC
OSMOPREP	4	ST MO GC
<i>pantoprazole sodium inj</i>	1	GC
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>peg 3350/electrolytes</i>	2	MO GC
<i>peg-3350/electrolytes</i>	2	MO GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>polyethylene glycol 3350 pack, powd</i>	2	MO GC
PREPOPIK	4	MO GC
PRILOSEC CPDR 10MG, 20MG	4	QL (30 EA per 30 days) ST MO
<i>propantheline bromide</i>	2	MO GC
<i>ranitidine hcl caps, syrps</i>	2	MO GC
<i>ranitidine hcl inj 150mg/6ml</i>	2	GC
<i>ranitidine hcl inj 50mg/2ml</i>	2	MO GC
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO GC
REGLAN TABS 5MG	4	MO
REGLAN TABS 10MG	4	MO GC
RELISTOR KIT 12MG/0.6ML	4	PA
RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML	4	PA MO
SUCLEAR	4	MO
<i>sucralfate susp, tabs</i>	2	MO GC
SUPREP BOWEL PREP	4	MO GC
<i>trilyte</i>	2	MO GC
<i>ursodiol caps, tabs</i>	4	MO
ZEGERID	4	QL (30 EA per 30 days) ST MO

Genitourinary Agents

<i>acetic acid 0.25%</i>	3	MO
AURYXIA	4	MO
AVODART	3	QL (30 EA per 30 days) MO
<i>bethanechol chloride tabs</i>	3	MO
<i>calcium acetate caps</i>	4	MO
<i>calcium acetate tabs 667mg</i>	4	MO
DETROL LA	4	QL (30 EA per 30 days) ST MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
ELMIRON	4	MO
ENABLEX	4	QL (30 EA per 30 days) ST MO
<i>finasteride tabs 5mg</i>	1	MO GC
FOSRENOL CHEW	4	MO
FOSRENOL PACK 750MG	4	
FOSRENOL PACK 1000MG	4	MO
GELNIQUE GEL 10%	4	QL (30 GM per 30 days) ST MO
GELNIQUE GEL 3%	4	QL (92 GM per 30 days) ST MO
<i>methylergonovine maleate tabs</i>	5	MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO GC
<i>oxybutynin chloride syrp</i>	2	QL (600 ML per 30 days) MO GC
OXYTROL	4	QL (8 EA per 28 days) ST MO
RAPAFLO	4	QL (30 EA per 30 days) MO
RENAGEL	4	ST MO
RENVELA	3	MO
<i>sodium chloride 0.9% GU irrigant</i>	1	MO GC
<i>tamsulosin hcl</i>	2	MO GC
THIOLA	3	
<i>tolterodine tartrate immediate release tabs</i>	4	QL (60 EA per 30 days) MO
TOVIAZ	4	QL (30 EA per 30 days) ST MO
UROXATRAL	4	QL (30 EA per 30 days) MO
VELPHORO	4	MO
VESICARE	3	QL (30 EA per 30 days) MO

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

<i>a-hydrocort</i>	2	MO GC
<i>ala cort</i>	1	GC
<i>alclometasone dipropionate</i>	4	MO
<i>amcinonide</i>	2	MO GC
APEXICON E	4	MO
<i>augmented betamethasone dipropionate crea</i>	2	MO GC
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>baycadron</i>	3	
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>budesonide cpep 3mg</i>	4	MO
CAPEX	3	MO
<i>clobetasol propionate e</i>	4	MO
<i>clobetasol propionate emollient foam</i>	4	MO
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln</i>	4	MO
<i>clodan shampoo</i>	4	
<i>colocort</i>	2	GC
CORDRAN TAPE	4	MO
<i>cormax scalp application</i>	4	
CORTIFOAM	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>cortisone acetate tabs</i>	2	MO GC
<i>deltasone</i>	1	GC
<i>desonide crea, lotn, oint</i>	4	MO
<i>desoximetasone crea 0.05%</i>	2	MO GC
<i>desoximetasone crea 0.25%</i>	4	MO
<i>desoximetasone gel</i>	4	MO
<i>desoximetasone oint 0.05%</i>	2	MO GC
<i>desoximetasone oint 0.25%</i>	4	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml</i>	2	GC
<i>dexamethasone sodium phosphate inj 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	MO GC
<i>dexamethasone elix, soln, tabs</i>	2	MO GC
<i>diflorasone diacetate</i>	2	MO GC
<i>fludrocortisone acetate tabs</i>	2	MO GC
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	MO
<i>fluocinolone acetonide oint 0.025%</i>	4	MO
<i>fluocinolone acetonide soln 0.01%</i>	4	MO
<i>fluocinonide-e</i>	4	MO
<i>fluocinonide crea, gel, oint, soln</i>	4	MO
<i>fluticasone propionate crea 0.05%</i>	2	MO GC
<i>fluticasone propionate lotn 0.05%</i>	4	MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate</i>	4	MO
HALOG	4	MO GC
<i>hydrocortisone butyrate (lipophilic)</i>	4	MO
<i>hydrocortisone butyrate crea, oint, soln</i>	4	MO
<i>hydrocortisone in absorbbase</i>	1	MO GC
<i>hydrocortisone valerate cream, oint</i>	4	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO GC
<i>hydrocortisone enem</i>	2	MO GC
<i>hydrocortisone tabs</i>	3	MO
<i>hydrocortisone lotn 2.5%</i>	2	MO GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO GC
LOCOID CREA	4	MO
<i>lokara</i>	4	
<i>methylprednisolone acetate inj</i>	2	MO GC
<i>methylprednisolone dose pack</i>	2	MO GC
<i>methylprednisolone sodium succinate inj</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methylprednisolone tabs</i>	2	MO GC
MILLIPRED	4	MO
MILLIPRED DP	4	MO
<i>mometasone furoate crea, oint</i>	2	MO GC
<i>mometasone furoate soln</i>	3	MO
<i>prednicarbate oint</i>	3	MO
<i>prednicarbate crea</i>	4	MO
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	MO GC
<i>prednisolone soln, syrp</i>	2	MO GC
PREDNISON INTENSOL	4	MO
<i>prednisone soln, tabs, tbpk</i>	1	MO GC
<i>procto-med hc</i>	4	
<i>procto-pak</i>	2	MO GC
<i>proctosol hc</i>	4	MO
<i>proctozone-hc</i>	4	MO
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	MO GC
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO GC
TRIANEX	4	MO
<i>triderm</i>	2	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate inj, nasal soln, tabs</i>	2	MO GC
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA LA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA LA
INCRELEX	5	PA LA
NORDITROPIN FLEXPPO	5	PA
VASOSTRICT	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	2	GC
<i>amethia</i>	2	GC
<i>amethia lo</i>	2	GC
<i>amethyst</i>	2	GC
ANADROL-50	5	MO
ANDROGEL PUMP GEL 1.62%	3	PA MO
ANDROGEL PUMP GEL 1%	3	QL (300 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) PA MO
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>ashlyna</i>	2	GC
<i>aubra</i>	2	GC
<i>aviane</i>	2	GC
<i>azurette</i>	2	GC
<i>balziva</i>	2	GC
<i>bekyree</i>	2	GC
<i>blisovi 24 fe</i>	2	MO GC
<i>blisovi fe 1.5/30</i>	2	GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i>	2	GC
<i>camrese</i>	2	GC
<i>camrese lo</i>	2	GC
<i>caziant</i>	2	GC
<i>chateal</i>	2	GC
<i>cryselle-28</i>	2	MO GC
<i>cyclafem 1/35</i>	2	MO GC
<i>cyclafem 7/7/7</i>	2	MO GC
<i>cyred</i>	2	GC
<i>danazol caps</i>	4	MO
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>daysee</i>	2	MO GC
<i>deblitane</i>	2	GC
<i>delyla</i>	2	GC
DEPO-ESTRADIOL	4	MO
DEPO-PROVERA 400MG/ML	4	MO
DEPO-TESTOSTERONE	4	PA MO
<i>desogestrel/ethinyl estradiol</i>	2	MO GC
DIVIGEL	4	MO
<i>drospirenone/ethinyl estradiol</i>	2	MO GC
ELESTRIN	4	MO
<i>elinest</i>	2	GC
ELLA	3	
<i>emoquette</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>errin</i>	2	GC
<i>estarylla</i>	2	GC
ESTRACE CREA	4	MO
<i>estradiol/norethindrone acetate</i>	2	PA MO GC
<i>estradiol tabs</i>	2	PA MO GC
<i>estradiol ptwk</i>	3	QL (4 EA per 28 days) PA MO
<i>estradiol pttw</i>	3	QL (8 EA per 28 days) PA MO
ESTRING	4	QL (1 EA per 90 days) MO
EVAMIST	4	QL (16.2 ML per 30 days) MO
EVISTA	4	MO
<i>falmina</i>	2	GC
FEMRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	PA GC
<i>gianvi</i>	2	GC
<i>gildagia</i>	2	GC
<i>gildess 1.5/30</i>	2	MO GC
<i>gildess 1/20</i>	2	MO GC
<i>gildess 24 fe</i>	2	GC
<i>gildess fe 1.5/30</i>	2	GC
<i>gildess fe 1/20</i>	2	GC
<i>heather</i>	2	MO GC
<i>hydroxyprogesterone caproate inj</i>	5	PA
<i>introvale</i>	2	GC
<i>jencycla</i>	2	GC
<i>jevantique lo</i>	4	PA
<i>jinteli</i>	2	PA MO GC
<i>jolessa</i>	2	GC
<i>jolivette</i>	2	GC
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	MO GC
<i>junel fe 1/20</i>	2	MO GC
<i>junel fe 24</i>	2	GC
<i>kaitlib fe</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	MO GC
<i>kimidess</i>	2	GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>layolis fe</i>	2	GC
<i>leena</i>	2	MO GC
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel</i>	2	GC
<i>levonorgestrel/ethinyl estradiol</i>	2	MO GC
<i>levora 0.15/30-28</i>	2	GC
<i>lomedica 24 fe</i>	2	MO GC
<i>lopreeza</i>	2	PA GC
<i>loryna</i>	2	MO GC
<i>low-ogestrel</i>	2	GC
<i>lutra</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa</i>	2	MO GC
<i>medroxyprogesterone acetate tabs</i>	2	MO GC
<i>medroxyprogesterone acetate inj</i>	3	MO
<i>megestrol acetate tabs</i>	3	PA MO
<i>megestrol acetate susp 40mg/ml</i>	3	PA MO
MENEST	4	PA MO
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin 24 fe</i>	2	GC
<i>microgestin fe</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>mimvey</i>	2	PA MO GC
<i>mimvey lo</i>	2	PA MO GC
<i>mono-linyah</i>	2	GC
<i>mononessa</i>	2	GC
<i>myzilra</i>	2	MO GC
<i>necon 0.5/35-28</i>	2	GC
<i>necon 1/35</i>	2	GC
<i>necon 1/50-28</i>	2	MO GC
<i>necon 10/11-28</i>	2	MO GC
<i>necon 7/7/7</i>	2	GC
<i>nikki</i>	2	GC
<i>nora-be</i>	2	GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	PA MO GC
<i>norethindrone acetate tabs</i>	2	MO GC
<i>norethindrone tabs</i>	2	MO GC
<i>norgestimate/ethinyl estradiol</i>	2	MO GC
<i>norlyroc</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	MO GC
<i>nortrel 1/35</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
NUVARING	4	MO
<i>ocella</i>	2	GC
<i>ogestrel</i>	2	MO GC
<i>orsythia</i>	2	GC
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA MO
<i>philith</i>	2	GC
<i>pimtreea</i>	2	GC
<i>pirmella 1/35</i>	2	GC
<i>pirmella 7/7/7</i>	2	GC
<i>portia-28</i>	2	MO GC
PREMARIN CREA	3	MO
<i>previfem</i>	2	MO GC
<i>progesterone caps, inj</i>	3	MO
<i>quasense</i>	2	GC
<i>raloxifene hydrochloride</i>	2	MO GC
<i>reclipsen</i>	2	GC
<i>setlakin</i>	2	GC
<i>sharobel</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	MO GC
<i>syeda</i>	2	GC
<i>tarina fe 1/20</i>	2	GC
TESTIM	4	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	MO
<i>testosterone enanthate inj</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	QL (300 GM per 30 days) PA MO
<i>tilia fe</i>	2	GC
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	MO GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-sprintec</i>	2	MO GC
<i>tri-previfem</i>	2	GC
<i>tri-sprintec</i>	2	MO GC
<i>trinessa</i>	2	GC
<i>trinessa lo</i>	2	GC
<i>trivora-28</i>	2	GC
VAGIFEM	3	MO
<i>velivet</i>	2	MO GC
<i>vestura</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	MO GC
<i>vyfemla</i>	2	MO GC
<i>wera</i>	2	GC
<i>wymzya fe</i>	2	MO GC
<i>xulane</i>	2	MO GC
<i>zarah</i>	2	GC
<i>zenchent</i>	2	GC
<i>zenchent fe</i>	2	GC
<i>zovia 1/35e</i>	2	GC
<i>zovia 1/50e</i>	2	MO GC

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

<i>levothyroxine sodium inj, tabs</i>	1	MO GC
<i>levoxyl</i>	2	MO GC
<i>liothyronine sodium tabs</i>	3	MO
SYNTHROID	3	MO
THYROLAR-1	4	MO GC
THYROLAR-1/2	4	MO GC
THYROLAR-1/4	4	MO GC
THYROLAR-2	4	MO GC
THYROLAR-3	4	MO GC
<i>unithroid</i>	2	GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	MO
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG	3	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	4	MO
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	5	PA
<i>leuprolide acetate inj</i>	3	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate</i>	4	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SOMAVERT	5	PA LA
SYNAREL	5	MO
TRELSTAR MIXJECT	5	PA
VANTAS	4	
ZOLADEX	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tabs</i>	2	MO GC
<i>propylthiouracil tabs</i>	3	MO
Immunological Agents		
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTHIB	4	GC
ACTIMMUNE	5	PA LA
ADACEL	4	GC
ARCALYST	5	PA LA
ATGAM	5	B/D
AZASAN	4	B/D MO
<i>azathioprine tabs</i>	3	B/D MO
<i>azathioprine inj</i>	4	B/D
<i>bcg vaccine</i>	2	GC
BENLYSTA	5	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BEXSERO	4	GC
BOOSTRIX	4	GC
CELLCEPT INTRAVENOUS	4	B/D
CERVARIX	4	GC
CINRYZE	5	PA LA
COMVAX	4	
<i>cyclosporine modified</i>	4	PA MO
<i>cyclosporine inj</i>	3	PA
<i>cyclosporine caps</i>	4	PA MO
DAPTACEL	4	GC
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	GC
ENBREL SURECLICK	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	5	QL (4.08 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (7.84 ML per 28 days) PA
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA
ENGERIX-B	3	B/D
ENVARISUS XR	4	B/D MO
FIRAZYR	5	QL (270 ML per 30 days) PA LA
GAMASTAN S/D	3	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML	5	PA LA
GAMUNEX-C	5	PA
GARDASIL	4	GC
GARDASIL 9	4	GC
<i>gengraf caps 100mg, 25mg</i>	4	PA
<i>gengraf soln</i>	4	PA MO
HAVRIX	4	GC
<i>hecoria</i>	4	B/D
HIBERIX	4	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	QL (6 EA per 28 days) PA
HUMIRA PEN	5	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASE STARTER	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ILARIS	5	QL (2 EA per 28 days) PA LA
IMOVAX RABIES (H.D.C.V.)	4	B/D GC
INFANRIX	4	GC

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Drug name	Drug tier	Requirements/Limits
IPOL INACTIVATED IPV	3	
IXIARO	4	GC
KINRIX	4	
<i>leflunomide</i>	3	MO
M-M-R II	3	
MENACTRA	4	GC
MENHIBRIX	4	GC
MENOMUNE-A/C/Y/W-135	3	
MENVEO	4	GC
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml</i>	2	GC
<i>methotrexate tabs</i>	2	MO GC
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil susr</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	PA
OTREXUP INJ 10MG/0.4ML, 15MG/0.4ML, 20MG/0.4ML, 25MG/0.4ML, 7.5MG/0.4ML	4	ST
PEDIARIX	4	
PEDVAX HIB	4	GC
PENTACEL	4	
PROGRAF INJ	4	B/D
PROQUAD	4	GC
QUADRACEL	4	GC
RABAVERT	4	B/D GC
RAPAMUNE SOLN	4	B/D MO
RASUVO	4	ST
RECOMBIVAX HB	4	B/D GC
REMICADE	5	PA
RIDAURA	4	MO
ROTARIX	4	GC
ROTATEQ	3	
SANDIMMUNE SOLN	4	PA MO
SIMULECT	5	B/D
<i>sirolimus tabs</i>	4	B/D MO
SYNAGIS	5	PA
<i>tacrolimus caps</i>	4	B/D MO
TENIVAC	4	GC
<i>tetanus/diphtheria toxoids-adsorbed</i>	2	GC
THYMOGLOBULIN	5	B/D

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Drug name	Drug tier	Requirements/Limits
TREXALL	4	B/D MO
TRUMENBA	4	GC
TWINRIX	4	GC
TYPHIM VI	4	GC
VAQTA	4	GC
VARIVAX	3	
YF-VAX	3	
ZORTRESS TABS 0.25MG	4	PA MO GC
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO
ZOSTAVAX	4	QL (1 EA per 365 days) GC
Inflammatory Bowel Disease Agents		
APRISO	3	MO
ASACOL HD	4	MO
<i>balsalazide disodium</i>	4	MO
DELZICOL	4	MO
DIPENTUM	4	MO
LIALDA	4	MO
<i>mesalamine enem, kit</i>	4	MO
PENTASA	4	MO
<i>sulfasalazine tabs, tbec</i>	3	MO
Metabolic Bone Disease Agents		
<i>alendronate sodium soln</i>	1	MO GC
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO GC
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO GC
BONIVA TABS	4	QL (1 EA per 30 days) MO
BONIVA INJ	4	QL (3 ML per 90 days) MO
<i>calcitonin-salmon</i>	3	MO
<i>calcitriol caps</i>	2	MO GC
<i>calcitriol inj</i>	3	
<i>calcitriol oral soln</i>	3	MO
<i>doxercalciferol caps</i>	4	MO
<i>etidronate disodium</i>	2	MO GC
FORTEO	5	QL (2.4 ML per 28 days) PA
FORTICAL	4	MO
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST MO
HECTOROL CAPS	4	MO
HECTOROL INJ 2MCG/ML	4	
HECTOROL INJ 4MCG/2ML	4	MO
<i>ibandronate sodium tabs</i>	3	QL (1 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MIACALCIN INJ	4	MO
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	3	
<i>pamidronate disodium inj 30mg, 90mg</i>	4	
<i>paricalcitol inj</i>	2	GC
<i>paricalcitol caps</i>	4	MO
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days) MO GC
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO GC
<i>risedronate sodium tabs 35mg</i>	2	QL (12 EA per 84 days) MO GC
<i>risedronate sodium tabs 30mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
XGEVA	5	PA
<i>zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/ 31G X 5/16"	3	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/ 30G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16"	3	MO
BD PEN NEEDLE/ULTRAFINE/ 29G X 12.7M	3	MO
BOTOX INJ 200UNIT	4	QL (2 EA per 84 days) PA
BOTOX INJ 100UNIT	4	QL (4 EA per 84 days) PA
CURITY GAUZE PADS 2"X2"	3	MO
FERRIPROX SOLN 100MG/ML	5	PA
NATPARA	5	QL (2 EA per 28 days) PA
ORFADIN SUSP 4MG/ML	5	PA
SYLVANT	5	PA
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
Ophthalmic Agents		
ACUVAIL	4	MO
<i>ak-poly-bac</i>	2	GC
ALOCRIAL	4	ST MO
ALPHAGAN P SOLN 0.1%	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ALREX	3	MO
<i>apraclonidine</i>	3	MO
<i>atropine sulfate soln</i>	3	MO
AZASITE	3	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
AZOPT	4	MO
<i>bacitracin/neomycin/polymyxin</i>	3	MO
<i>bacitracin/polymyxin b</i>	2	MO GC
<i>bacitracin oint 500unit/gm</i>	2	MO GC
BESIVANCE	4	MO GC
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETIMOL	4	MO
BETOPTIC-S	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine tartrate</i>	3	MO
<i>bromfenac</i>	2	MO GC
<i>carteolol hcl</i>	1	MO GC
CILOXAN OINTMENT	4	MO
<i>ciprofloxacin hcl soln 0.3%</i>	2	MO GC
COMBIGAN	3	MO
COSOPT	4	MO
<i>cromolyn sodium soln 4%</i>	4	MO
CYSTARAN	5	QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO GC
<i>diclofenac sodium</i>	2	MO GC
<i>dorzolamide hcl</i>	1	MO GC
<i>dorzolamide hcl/timolol maleate</i>	1	MO GC
DUREZOL	4	MO
<i>epinastine hcl</i>	3	MO
<i>erythromycin oint 5mg/gm</i>	2	MO GC
FLAREX	4	MO
<i>fluorometholone</i>	3	MO
<i>flurbiprofen sodium</i>	2	MO GC
FML OINTMENT	4	MO
FML FORTE	4	MO
<i>gentak</i>	2	MO GC
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	2	MO GC
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	MO GC

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Drug name	Drug tier	Requirements/Limits
ILEVRO	4	MO
<i>ilofycin</i>	2	GC
ISTALOL	3	MO
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	2	MO GC
LACRISERT	4	MO
<i>latanoprost</i>	2	MO GC
<i>levobunolol hcl</i>	2	MO GC
<i>levofloxacin ophthalmic soln 0.5%</i>	3	MO
LOTEMAX	3	MO
LUMIGAN	3	MO
MAXIDEX	3	MO
<i>metipranolol</i>	1	MO GC
MOXEZA	4	MO GC
<i>naphazoline hcl</i>	2	MO GC
NATACYN	3	MO
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	4	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO GC
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO GC
NEVANAC	4	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
OMNIPRED	4	MO
PATADAY	4	MO GC
PAZEO	4	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	4	MO
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO GC
PRED MILD	4	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
<i>prednisolone acetate</i>	2	MO GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	MO GC
PROLENSA	4	MO
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SIMBRINZA	4	MO
<i>sodium sulfacetamide soln 10%</i>	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO GC
<i>sulfacetamide sodium oint 10%</i>	2	MO GC
<i>sulfacetamide sodium soln 10%</i>	3	MO
<i>timolol maleate ophthalmic gel forming</i>	4	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO GC
TIMOPTIC-XE	4	MO
TOBRADEX	4	MO
TOBRADEX ST	4	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	MO GC
<i>tobramycin/dexamethasone</i>	4	MO
TOBEX OINTMENT	4	MO
TRAVATAN Z	4	MO
<i>travoprost</i>	2	MO GC
<i>trifluridine</i>	4	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO GC
<i>triple antibiotic</i>	3	
VEXOL	4	MO GC
VIGAMOX	4	MO GC
ZIRGAN	4	MO
ZYLET	3	MO

Otic Agents

<i>acetazol hc</i>	4	
<i>acetic acid</i>	3	MO
<i>acetic acid/aluminum acetate</i>	2	MO GC
<i>antibiotic ear</i>	4	
CIPRO HC	4	MO
CIPRODEX	4	MO
COLY-MYCIN S	4	MO
<i>fluocinolone acetonide oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hc</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

Respiratory Tract/Pulmonary Agents

ACCOLATE	4	QL (60 EA per 30 days) MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>acetylcysteine inhalation soln</i>	2	B/D MO GC
<i>acetylcysteine inj</i>	4	
ADEMPAS	5	QL (90 EA per 30 days) PA LA
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
<i>albuterol sulfate er</i>	4	MO
<i>albuterol sulfate nebu</i>	2	B/D MO GC
<i>albuterol sulfate syrp</i>	2	MO GC
<i>albuterol sulfate tabs</i>	3	MO
<i>aminophylline</i>	2	MO GC
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
ARCAPTA NEOHALER	4	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA	4	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (4 EA per 28 days) MO
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
ATROVENT SOLN 0.03%	4	QL (30 ML per 30 days) MO
ATROVENT SOLN 0.06%	4	QL (45 ML per 30 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	3	MO
<i>azelastine hcl nasal soln 0.1%</i>	3	QL (30 ML per 25 days) MO
BECONASE AQ	4	QL (50 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
BROVANA	4	QL (120 ML per 30 days) B/D MO
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
<i>budesonide nasal susp 32mcg/act</i>	4	QL (17.2 GM per 30 days) MO
CAYSTON	5	QL (84 ML per 56 days)
<i>clemastine fumarate syrp</i>	2	PA GC
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO GC
CYPROHEPTADINE HCL TABS	4	PA MO
DALIRESP	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	4	PA MO
DULERA	4	QL (13 GM per 30 days) ST MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
<i>epoprostenol sodium</i>	3	PA LA
ESBRIET	5	QL (270 EA per 30 days) PA LA
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	4	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL (24 GM per 30 days) MO
<i>flunisolide</i>	3	MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO GC
FORADIL AEROLIZER	4	QL (60 EA per 30 days) MO
<i>hydroxyzine hcl inj</i>	2	PA MO GC
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO GC
<i>ipratropium bromide inhalation soln</i>	2	B/D MO GC
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO GC
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO GC
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
<i>levalbuterol hcl nebu</i>	2	B/D MO GC
<i>levalbuterol nebu</i>	2	B/D MO GC
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>levocetirizine dihydrochloride soln</i>	3	QL (300 ML per 30 days) MO
<i>metaproterenol sulfate syrup, tabs</i>	2	MO GC
<i>montelukast sodium chew, tabs</i>	1	QL (30 EA per 30 days) MO GC
<i>montelukast sodium pack</i>	3	QL (30 EA per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) MO
OFEV	5	QL (60 EA per 30 days) PA
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
OMNARIS	4	QL (12.5 GM per 30 days) MO
OPSUMIT	5	QL (30 EA per 30 days) PA LA
ORKAMBI	5	QL (112 EA per 28 days) PA
PATANASE	4	QL (30.5 GM per 30 days) MO GC
PERFOROMIST	4	QL (120 ML per 30 days) B/D MO
PROAIR HFA	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
PROLASTIN-C	5	PA MO
<i>promethazine hcl syrup 6.25mg/5ml</i>	2	PA MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i>	2	PA MO GC
PROVENTIL HFA	4	QL (13.4 GM per 30 days) ST MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
PULMOZYME	5	B/D
QNASL	4	QL (8.7 GM per 30 days) MO
QNASL CHILDRENS	4	QL (4.9 GM per 30 days) MO
QVAR	3	QL (17.4 GM per 30 days) MO
RHINOCORT AQUA	4	QL (17.2 GM per 30 days) MO
SEREVENT DISKUS	4	QL (60 EA per 30 days) MO
<i>sildenafil tabs 20mg</i>	3	QL (90 EA per 30 days) PA
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
SYMBICORT	4	QL (10.2 GM per 30 days) ST MO
<i>terbutaline sulfate tabs</i>	4	MO
THEO-24	4	MO
<i>theophylline cr tb12 100mg, 200mg</i>	3	MO
<i>theophylline er</i>	3	MO
<i>theophylline elix</i>	2	MO GC
<i>theophylline soln</i>	3	MO
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebu</i>	3	QL (280 ML per 56 days) B/D
TRACLEER	5	QL (60 EA per 30 days) PA LA
<i>triamcinolone acetonide aero 55mcg/act</i>	4	MO
TYZINE PEDIATRIC NASAL DROPS	4	
VENTAVIS	5	PA LA
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
VERAMYST	4	QL (10 GM per 30 days) MO
XOLAIR	5	QL (6 EA per 28 days) PA LA
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
ZYFLO IMMEDIATE RELEASE TABS	5	QL (120 EA per 30 days) MO

Skeletal Muscle Relaxants

<i>chlorzoxazone</i>	2	QL (180 EA per 30 days) PA MO GC
<i>cyclobenzaprine hcl tabs</i>	2	QL (90 EA per 30 days) PA MO GC

Sleep Disorder Agents

<i>armodafinil</i>	3	QL (30 EA per 30 days) PA
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HETLIOZ	5	QL (30 EA per 30 days) PA
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
NUVIGIL	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 100MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 200MG	4	QL (60 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
SILENOR	4	QL (30 EA per 30 days) MO
XYREM	5	QL (540 ML per 30 days) PA
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>zolpidem tartrate immediate release tabs</i>	2	QL (30 EA per 30 days) PA MO GC

Therapeutic Nutrients/Minerals/Electrolytes

AMINOSYN	4	B/D GC
AMINOSYN 7%/ELECTROLYTES	4	B/D GC
<i>aminosyn 8.5%/electrolytes</i>	2	B/D GC
AMINOSYN II	4	B/D GC
<i>aminosyn ii 8.5%/electrolytes</i>	2	B/D GC
AMINOSYN M	4	B/D GC
AMINOSYN-HBC	4	B/D GC
AMINOSYN-PF	4	B/D GC
AMINOSYN-PF 7%	4	B/D GC
AMINOSYN-RF	4	B/D GC
BAL-CARE DHA	4	MO
CALCIUM PNV	4	MO
CITRANATAL 90 DHA	4	MO
CITRANATAL ASSURE	4	MO
CITRANATAL B-CALM	4	MO
CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	4	MO
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	4	MO
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D GC
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D GC
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D GC
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D GC
CLINIMIX 5%/DEXTROSE 15%	4	B/D GC
CLINIMIX 5%/DEXTROSE 20%	4	B/D GC
CLINIMIX 5%/DEXTROSE 25%	4	B/D GC
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D GC
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D GC
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D GC
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D GC
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D GC
CLINIMIX E 5%/DEXTROSE 15%	4	B/D GC
CLINIMIX E 5%/DEXTROSE 20%	4	B/D GC
CLINIMIX E 5%/DEXTROSE 25%	4	B/D GC
<i>clinisol sf 15%</i>	2	B/D GC
<i>completenate</i>	2	MO GC
CONCEPT DHA	4	MO
CONCEPT OB	4	MO
CUPRIMINE	5	MO
DEPEN TITRATABS	4	MO
<i>dextrose 10%/nacl 0.45%</i>	2	GC
<i>dextrose 5% /electrolyte #48 viaflex</i>	2	GC
<i>dextrose 10%</i>	2	B/D GC
<i>dextrose 10% flex container</i>	2	B/D GC
<i>dextrose 10%/nacl 0.2%</i>	2	GC
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	GC
<i>dextrose 20%</i>	2	B/D GC
<i>dextrose 25%</i>	2	B/D GC
<i>dextrose 30%</i>	2	B/D GC
<i>dextrose 40%</i>	2	B/D GC
<i>dextrose 5%</i>	2	B/D MO GC
<i>dextrose 5%/nacl 0.2%</i>	2	GC
<i>dextrose 5%/nacl 0.225%</i>	2	GC
<i>dextrose 5%/nacl 0.3%</i>	2	GC
<i>dextrose 5%/nacl 0.33%</i>	2	GC
<i>dextrose 5%/nacl 0.45%</i>	2	GC
<i>dextrose 5%/nacl 0.9%</i>	2	MO GC
<i>dextrose 5%/potassium chloride 0.15%</i>	2	GC
<i>dextrose 50%</i>	2	B/D GC
<i>dextrose 70%</i>	2	B/D GC
ESCAVITE D	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ESCAVITE LQ	4	
EXJADE	5	PA LA
EXTRA-VIRT PLUS DHA	4	MO
FERRIPROX TABS 500MG	5	PA
FLORIVA LIQD	4	MO
<i>floriva chew</i>	2	GC
<i>fluor-a-day soln</i>	2	GC
<i>fluoride chew 1.1mg, 2.2mg</i>	1	MO GC
<i>fluoritab chew 0.5mg, 1mg, 2.2mg</i>	1	GC
<i>fluoritab soln</i>	2	GC
FLURA-DROPS SOLN 0.25MG/DROP	4	MO
FOCALGIN 90 DHA	4	MO
FOCALGIN CA	4	MO
FOCALGIN-B	4	
FOLCAL DHA	4	MO
FOLCAPS OMEGA 3	4	MO
FOLET ONE	4	MO
FOLIVANE-OB	4	MO
FOLIVANE-PRX DHA NF	4	MO
<i>fomepizole</i>	5	
HEMENATAL OB	4	MO
HEMENATAL OB + DHA	4	MO
<i>hepatamine</i>	2	B/D GC
<i>inatal advance</i>	2	GC
<i>inatal ultra</i>	2	GC
INTRALIPID INJ 30GM/100ML	4	B/D GC
<i>intralipid inj 20gm/100ml</i>	2	B/D GC
<i>k-sol</i>	4	MO
KABIVEN	4	B/D
KAYEXALATE	4	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.15%/d5w/lr</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	GC
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2	GC
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	GC
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	GC
<i>kionex powd</i>	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>kionex susp</i>	3	MO
<i>klor-con</i>	2	MO GC
<i>klor-con 10</i>	2	MO GC
KLOR-CON 25	4	MO
<i>klor-con 8</i>	2	MO GC
<i>klor-con m10</i>	2	GC
KLOR-CON M15	4	MO
<i>klor-con m20</i>	2	MO GC
<i>klor-con sprinkle cpcr 10meq</i>	2	GC
<i>klor-con sprinkle cpcr 8meq</i>	2	MO GC
<i>klor-con/ef</i>	3	MO
<i>lactated ringers dextrose 5% viaflex</i>	2	GC
<i>lactated ringers viaflex</i>	2	GC
<i>levocarnitine soln, tabs</i>	4	MO
LIPOSYN III	4	B/D
<i>ludent chew 0.5mg, 1mg</i>	1	MO GC
<i>magnesium sulfate inj 50%</i>	4	MO
<i>mult-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	2	MO GC
<i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	2	MO GC
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i>	2	MO GC
<i>multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 5unit/ml</i>	2	MO GC
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	2	MO GC
<i>mvc-fluoride</i>	2	MO GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	4	
NATALVIRT 90 DHA	4	MO
NATALVIRT CA	4	MO
NATELLE ONE	4	MO
NEPHRAMINE	4	B/D GC
NESTABS	4	MO
NESTABS DHA	4	MO
NEXA PLUS	4	MO
NIVA-PLUS	4	MO
O-CAL PRENATAL	4	MO
OB COMPLETE GOLD	4	MO
OB COMPLETE ONE	4	MO
OB COMPLETE PETITE	4	MO
OB COMPLETE PREMIER	4	MO
OB COMPLETE/DHA	4	MO
PAIRE OB	4	MO
PERIKABIVEN	4	B/D
<i>plenamine</i>	2	B/D GC
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	4	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	4	MO
PNV OB+DHA	4	
PNV PRENATAL PLUS MULTIVITAMIN	4	MO
PNV TABS 29-1	4	MO
<i>pnv-dha</i>	2	MO GC
<i>pnv-select</i>	2	MO GC
PNV-VP-U	4	MO
<i>poly-vitamin/fluoride chew</i>	2	GC
<i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i>	2	GC
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	2	GC
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	GC
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2	GC
<i>potassium chloride 0.15%/nacl 0.9%</i>	2	MO GC
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	GC
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	2	GC
<i>potassium chloride 0.3%/ nacl 0.9%</i>	2	GC
<i>potassium chloride 0.3%/d5w</i>	2	GC

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride cr tbcr 10meq, 20meq</i>	2	MO GC
<i>potassium chloride er</i>	2	MO GC
<i>potassium chloride sr</i>	2	MO GC
<i>potassium chloride oral soln</i>	4	MO
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	GC
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	2	MO GC
<i>potassium citrate er</i>	4	MO
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	4	MO
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	4	
PREFERAOB ONE	4	MO
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	2	B/D GC
PRENAISSANCE	4	MO
PRENAISSANCE PLUS	4	MO
PRENATA	4	MO
<i>prenatabs fa</i>	2	MO GC
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	4	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	4	MO
PRENATE AM	4	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	4	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	4	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	4	
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	4	
PRENATE PIXIE	4	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	4	MO
PREQUE 10	4	MO
PRETAB	4	
PUREFE OB PLUS	4	
QUFLORA PEDIATRIC SOLN 0.5MG/ML	4	
QUFLORA PEDIATRIC SOLN 0.25MG/ML	4	MO
RELNATE DHA	4	MO
<i>ringers injection</i>	2	GC
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA
<i>se-natal 19</i>	2	MO GC
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	4	MO
<i>sodium bicarbonate inj 4.2%</i>	2	MO GC
<i>sodium bicarbonate inj 8.4%</i>	2	MO GC
<i>sodium chloride 0.45% viaflex</i>	2	GC
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	2	MO GC
<i>sodium fluoride chew 0.5mg, 1.1mg</i>	1	MO GC
<i>sodium polystyrene sulfonate rectal susp</i>	2	GC
<i>sodium polystyrene sulfonate powd, oral susp</i>	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>sps</i>	3	
<i>sterile water irrigation</i>	2	MO GC
SYPRINE	5	MO
TARON-PREX	4	MO
THRIVITE RX	4	MO
TL FOLATE	4	
TL-CARE DHA	4	MO
TL-SELECT	4	MO
<i>tpn electrolytes</i>	2	GC
<i>tri-vit/fluoride</i>	2	MO GC
TRI-VIT/FLUORIDE/IRON	4	MO
<i>tri-vitamin/fluoride</i>	2	MO GC
<i>triadvance</i>	2	GC
<i>tricare</i>	2	MO GC
TRICARE PRENATAL COMPLEAT	4	MO
TRICARE PRENATAL DHA ONE	4	MO
TRINATAL GT	4	MO
<i>trinatal rx 1</i>	2	MO GC
<i>triple-vitamin/fluoride</i>	2	MO GC
TRISTART DHA	4	MO
TRIVEEN-PRX RNF	4	MO
<i>ultimatecare one nf</i>	2	MO GC
VEMAVITE-PRX 2	4	MO
VENA-BAL DHA	4	MO
VIRT-ADVANCE	4	MO
VIRT-C DHA	4	MO
VIRT-CARE ONE	4	MO
VIRT-PN	4	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	4	MO
VIRT-PN PLUS	4	MO
VIRT-SELECT	4	MO
VITAFOL FE+	4	MO
VITAFOL-ONE	4	MO
VITAMEDMD ONE RX/QUATREFOLIC	4	MO
VITAMEDMD PLUS RX/QUATRE FOLIC	4	MO
<i>vitamins a/d/c/fluoride</i>	2	GC
VOL-NATE	4	MO
VOL-PLUS	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VP-CH-ULTRA	4	MO
VP-CH-PNV	4	MO
VP-HEME-OB	4	MO
VP-HEME-ONE	4	MO
VP-PNV-DHA	4	MO GC
ZATEAN-CH	4	MO
ZATEAN-PN	4	MO
ZATEAN-PN-DHA	4	MO
ZATEAN-PN-PLUS	4	MO
Unclassified		
ENBRACE-HR	4	MO
PREFERAOB +DHA	4	MO
PROVIDA-DHA	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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Drug name	Page	Drug name	Page	Drug name	Page
8-MOP	48	<i>adrucil</i>	25	<i>amethia lo</i>	55
<i>abacavir</i>	34	ADVAIR DISKUS	69	<i>amethyst</i>	55
<i>abacavir sulfate/</i>	34	ADVAIR HFA	69	<i>amifostine</i>	26
<i>lamivudine/zidovudine</i>		ADVICOR	41	<i>amikacin sulfate</i>	14
ABELCET	23	AFINITOR	25	<i>amiloride hcl</i>	41
ABILIFY	32	AFINITOR DISPERS	25	<i>amiloride/</i>	41
ABILIFY MAINTENA	32	AGGRENOX	39	<i>hydrochlorothiazide</i>	
ABRAXANE	25	<i>a-hydrocort</i>	53	<i>aminophylline</i>	69
<i>acamprosate calcium dr</i>	13	<i>ak-poly-bac</i>	65	AMINOSYN	72
<i>acarbose</i>	37	<i>ala cort</i>	53	AMINOSYN 7%/	72
ACCOLATE	68	ALBENZA	31	ELECTROLYTES	
ACCUPRIL	41	<i>albuterol sulfate</i>	69	<i>aminosyn 8.5%/</i>	72
<i>acebutolol hcl</i>	41	<i>albuterol sulfate er</i>	69	<i>electrolytes</i>	
<i>acetaminophen/codeine</i>	10	<i>alclometasone</i>	53	AMINOSYN II	72
<i>acetaminophen/codeine</i>	10	<i>dipropionate</i>		<i>aminosyn ii 8.5%/</i>	72
#3		ALCOHOL PREP PADS	65	<i>electrolytes</i>	
<i>acetazol hc</i>	68	ALDACTAZIDE	41	AMINOSYN M	72
<i>acetazolamide</i>	41	ALDARA	48	AMINOSYN-HBC	72
<i>acetazolamide er</i>	41	ALDURAZYME	50	AMINOSYN-PF	72
<i>acetic acid</i>	68	ALECENSA	25	AMINOSYN-PF 7%	72
<i>acetic acid 0.25%</i>	52	<i>alendronate sodium</i>	64	AMINOSYN-RF	72
<i>acetic acid/aluminum</i>	68	ALIMTA	26	<i>amiodarone hcl</i>	41
<i>acetate</i>		ALINIA	31	AMITIZA	50
<i>acetylcysteine</i>	69	ALKERAN	26	<i>amitriptyline hcl</i>	21
ACIPHEX	50	<i>allopurinol</i>	24	<i>amlodipine besylate</i>	41
<i>acitretin</i>	48	ALOCRIAL	65	<i>amlodipine besylate/</i>	41
ACTEMRA	61	<i>alosectron hydrochloride</i>	50	<i>atorvastatin calcium</i>	
ACTHIB	61	ALPHAGAN P	65	<i>amlodipine besylate/</i>	41
ACTIMMUNE	61	<i>alprazolam</i>	36	<i>benazepril hydrochloride</i>	
ACTOS	37	ALREX	66	<i>amlodipine besylate/</i>	41
ACUVAIL	65	ALTABAX	48	<i>valsartan</i>	
<i>acyclovir</i>	34	ALTOPREV	41	<i>amlodipine/valsartan/</i>	41
<i>acyclovir sodium</i>	34	<i>alyacen 1/35</i>	55	<i>hctz</i>	
ADACEL	61	<i>alyacen 7/7/7</i>	55	<i>ammonium lactate</i>	48
ADAGEN	50	<i>amantadine hcl</i>	31	<i>amnestem</i>	48
<i>adapalene</i>	48	AMBISOME	23	<i>amoxapine</i>	21
<i>adefovir dipivoxil</i>	34	<i>amcinonide</i>	53	<i>amoxicillin</i>	14
ADEMPAS	69	<i>amethia</i>	55	<i>amoxicillin/clavulanate</i>	14
				<i>potassium</i>	

Drug name	Page	Drug name	Page	Drug name	Page
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<i>potassium er</i>		TWISTHALER 120		AZASAN	61
<i>amphetamine/</i>	46	METERED DOSES		AZASITE	66
<i>dextroamphetamine</i>		ASMANEX	69	<i>azathioprine</i>	61
<i>amphotericin b</i>	23	TWISTHALER 14		<i>azelastine hcl</i>	66
<i>ampicillin</i>	14	METERED DOSES		<i>azelastine hcl</i>	69
<i>ampicillin sodium</i>	14	ASMANEX	69	AZELEX	48
<i>ampicillin-sulbactam</i>	14	TWISTHALER 30		AZILECT	31
AMPYRA	46	METERED DOSES		<i>azithromycin</i>	14
AMTURNIDE	41	ASMANEX	69	AZOPT	66
ANADROL-50	55	TWISTHALER 60		AZOR	41
<i>anagrelide hydrochloride</i>	39	METERED DOSES		<i>aztreonam</i>	14
<i>anastrozole</i>	26	ASMANEX	69	<i>azurette</i>	56
ANDROGEL	55	TWISTHALER 7		<i>baciim</i>	14
ANDROGEL PUMP	55	METERED DOSES		<i>bacitracin</i>	14
ANORO ELLIPTA	69	<i>aspirin/dipyridamole</i>	40	<i>bacitracin</i>	66
ANTARA	41	ATACAND HCT	41	<i>bacitracin/neomycin/</i>	66
<i>antibiotic ear</i>	68	<i>atenolol</i>	41	<i>polymyxin</i>	
APEXICON E	53	<i>atenolol/chlorthalidone</i>	41	<i>bacitracin/polymyxin b</i>	66
APIDRA	37	ATGAM	61	<i>baclofen</i>	34
APOKYN	31	<i>atorvastatin calcium</i>	41	BACTOCILL IN	14
<i>apraclonidine</i>	66	<i>atovaquone</i>	31	DEXTROSE	
<i>apri</i>	56	<i>atovaquone/proguanil</i>	31	BACTROBAN	48
APRISO	64	<i>hcl</i>		BACTROBAN NASAL	14
APTIOM	18	ATRIPLA	34	BAL-CARE DHA	72
APTIVUS	34	<i>atropine sulfate</i>	66	<i>balsalazide disodium</i>	64
<i>aranelle</i>	56	ATROVENT	69	<i>balziva</i>	56
ARANESP ALBUMIN	39	ATROVENT HFA	69	BANZEL	19
FREE		<i>aubra</i>	56	BARACLUDE	34
ARCALYST	61	<i>augmented</i>	53	<i>baycadron</i>	53
ARCAPTA NEOHALER	69	<i>betamethasone</i>		<i>bcg vaccine</i>	61
<i>aripiprazole</i>	32	<i>dipropionate</i>		BD INSULIN SYRINGE	65
<i>aripiprazole odt</i>	32	AUGMENTIN	14	SAFETYGLIDE/1ML/ 29G X 1/2"	
ARISTADA	32	AURYXIA	52	BD INSULIN SYRINGE	65
<i>armodafinil</i>	71	AVANDAMET	37	ULTRAFINE/0.3ML/ 31G X 5/16"	
ARNUITY ELLIPTA	69	AVANDARYL	37	BD INSULIN SYRINGE	65
ARRANON	26	AVANDIA	37	ULTRAFINE/0.5ML/ 30G X 1/2"	
ARZERRA	26	AVASTIN	26	BD INSULIN SYRINGE	65
ASACOL HD	64	<i>aviane</i>	56	ULTRAFINE/1ML/ 31G X 5/16"	
<i>ascomp/codeine</i>	10	<i>avita</i>	48	BD INSULIN SYRINGE	65
<i>ashlyna</i>	56	AVODART	52	ULTRAFINE/1ML/ 31G X 5/16"	
ASMANEX HFA	69	AVONEX	46		
		AVONEX PEN	46		

Drug name	Page	Drug name	Page	Drug name	Page
BD PEN NEEDLE/	65	BOSULIF	26	CAFERGOT	24
ULTRAFINE/		BOTOX	65	<i>calcipotriene</i>	48
29G X 12.7M		BREO ELLIPTA	69	<i>calcipotriene/</i>	48
BECONASE AQ	69	<i>briellyn</i>	56	<i>betamethasone</i>	
<i>bekyree</i>	56	BRILINTA	40	<i>dipropionate</i>	
BELEODAQ	26	<i>brimonidine tartrate</i>	66	<i>calcitonin-salmon</i>	64
<i>benazepril hcl</i>	41	BRINTELLIX	21	<i>calcitrene</i>	48
<i>benazepril hcl/</i>	41	BRIVIACT	19	<i>calcitriol</i>	64
<i>hydrochlorothiazide</i>		<i>bromfenac</i>	66	<i>calcium acetate</i>	52
BENDEKA	26	<i>bromocriptine mesylate</i>	31	CALCIUM PNV	72
BENICAR	41	BROVANA	69	<i>camila</i>	56
BENICAR HCT	41	<i>budesonide</i>	53	<i>camrese</i>	56
BENLYSTA	61	<i>budesonide</i>	69	<i>camrese lo</i>	56
<i>benztropine mesylate</i>	31	<i>bumetanide</i>	41	CANCIDAS	23
BESIVANCE	66	BUPHENYL	50	<i>candesartan cilexetil</i>	42
<i>betamethasone</i>	53	<i>buprenorphine hcl</i>	13	<i>candesartan cilexetil/</i>	42
<i>dipropionate</i>		<i>buprenorphine hcl/</i>	13	<i>hydrochlorothiazide</i>	
<i>betamethasone valerate</i>	53	<i>naloxone hcl</i>		CANTIL	50
<i>betaxolol hcl</i>	41	<i>buproban</i>	13	<i>capacet</i>	10
<i>betaxolol hcl</i>	66	<i>bupropion hcl</i>	21	CAPASTAT SULFATE	25
<i>bethanechol chloride</i>	52	<i>bupropion hcl er</i>	21	CAPEX	53
BETIMOL	66	<i>bupropion hcl sr</i>	13	CAPRELSA	26
BETOPTIC-S	66	<i>bupropion hcl sr</i>	21	<i>captopril</i>	42
<i>bexarotene</i>	26	<i>bupropion hcl xl</i>	21	<i>captopril/</i>	42
BEXSERO	62	<i>bupirone hcl</i>	36	<i>hydrochlorothiazide</i>	
<i>bicalutamide</i>	26	BUSULFEX	26	CARAC	48
BICILLIN L-A	14	<i>butalbital compound/</i>	10	CARBAGLU	50
BICNU	26	<i>codeine</i>		<i>carbamazepine</i>	19
BIDIL	41	<i>butalbital/</i>	10	<i>carbamazepine er</i>	19
BILTRICIDE	31	<i>acetaminophen/caffeine</i>		<i>carbidopa</i>	31
<i>bisoprolol fumarate</i>	41	<i>butalbital/</i>	10	<i>carbidopa/levodopa</i>	31
<i>bisoprolol fumarate/</i>	41	<i>acetaminophen/caffeine/</i>		<i>carbidopa/levodopa er</i>	31
<i>hydrochlorothiazide</i>		<i>codeine</i>		<i>carbidopa/levodopa odt</i>	31
<i>bleomycin sulfate</i>	26	<i>butalbital/aspirin/caffeine</i>	10	<i>carbidopa/levodopa/</i>	31
BLEPHAMIDE	66	<i>butalbital/aspirin/</i>	10	<i>entacapone</i>	
BLEPHAMIDE S.O.P.	66	<i>caffeine/codeine</i>		<i>carboplatin</i>	26
BLINCYTO	26	BUTRANS	10	<i>carteolol hcl</i>	66
<i>blisovi 24 fe</i>	56	BYDUREON	37	<i>cartia xt</i>	42
<i>blisovi fe 1.5/30</i>	56	BYETTA	37	<i>carvedilol</i>	42
<i>blisovi fe 1/20</i>	56	BYSTOLIC	41	CAYSTON	69
BONIVA	64	<i>cabergoline</i>	61	<i>caziant</i>	56
BOOSTRIX	62	<i>cabometyx</i>	26	<i>cefaclor</i>	14

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<i>cefadroxil</i>	14	<i>oral rinse</i>		<i>hcl</i>	
<i>cefazolin</i>	14	<i>chloroquine phosphate</i>	31	<i>clindamycin phosphate</i>	16
<i>cefazolin sodium</i>	15	<i>chlorothiazide</i>	42	<i>clindamycin phosphate</i>	48
<i>cefazolin sodium/</i>	14	<i>chlorpromazine hcl</i>	32	<i>clindamycin phosphate</i>	16
<i>dextrose</i>		<i>chlorthalidone</i>	42	<i>add-vantage</i>	
<i>cefdinir</i>	15	<i>chlorzoxazone</i>	71	<i>clindamycin phosphate</i>	16
<i>cefepime</i>	15	<i>cholestyramine</i>	42	<i>in d5w</i>	
<i>cefixime</i>	15	<i>cholestyramine light</i>	42	<i>clindamycin/benzoyl</i>	48
<i>cefotaxime sodium</i>	15	<i>ciclodan</i>	23	<i>peroxide</i>	
<i>cefotetan</i>	15	<i>ciclopirox</i>	23	CLINIMIX 2.75%/	72
<i>cefotetan/dextrose</i>	15	<i>ciclopirox nail lacquer</i>	23	DEXTROSE 5%	
<i>cefoxitin sodium</i>	15	<i>ciclopirox olamine</i>	23	CLINIMIX 4.25%/	72
<i>cefpodoxime proxetil</i>	15	<i>cilostazol</i>	40	DEXTROSE 10%	
<i>cefprozil</i>	15	CILOXAN	66	CLINIMIX 4.25%/	72
<i>ceftazidime</i>	15	<i>cimetidine</i>	50	DEXTROSE 20%	
<i>ceftazidime/dextrose</i>	15	<i>cimetidine hcl</i>	50	CLINIMIX 4.25%/	73
<i>ceftriaxone in iso-</i>	15	CINRYZE	62	DEXTROSE 25%	
<i>osmotic dextrose</i>		CIPRO HC	68	CLINIMIX 4.25%/	73
<i>ceftriaxone sodium</i>	15	CIPRODEX	68	DEXTROSE 5%	
<i>ceftriaxone/dextrose</i>	15	<i>ciprofloxacin</i>	15	CLINIMIX 5%/	73
<i>cefuroxime axetil</i>	15	<i>ciprofloxacin er</i>	15	DEXTROSE 15%	
<i>cefuroxime sodium</i>	15	<i>ciprofloxacin hcl</i>	15	CLINIMIX 5%/	73
<i>cefuroxime/dextrose</i>	15	<i>ciprofloxacin hcl</i>	66	DEXTROSE 20%	
CELEBREX	10	<i>ciprofloxacin i.v.-in d5w</i>	15	CLINIMIX 5%/	73
<i>celecoxib</i>	10	<i>cisplatin</i>	26	DEXTROSE 25%	
CELLCEPT	62	<i>citalopram hydrobromide</i>	21	CLINIMIX E 2.75%/	73
INTRAVENOUS		CITRANATAL 90 DHA	72	DEXTROSE 10%	
CELONTIN	19	CITRANATAL ASSURE	72	CLINIMIX E 2.75%/	73
<i>cephalexin</i>	15	CITRANATAL B-CALM	72	DEXTROSE 5%	
CEREZYME	50	CITRANATAL DHA	72	CLINIMIX E 4.25%/	73
CERVARIX	62	CITRANATAL RX	72	DEXTROSE 10%	
CHANTIX	13	<i>cladribine</i>	26	CLINIMIX E 4.25%/	73
CHANTIX CONTINUING	13	<i>claravis</i>	48	DEXTROSE 25%	
MONTH PAK		<i>clarithromycin</i>	15	CLINIMIX E 4.25%/	73
CHANTIX STARTING	13	<i>clemastine fumarate</i>	69	DEXTROSE 5%	
MONTH PAK		CLEOCIN	15	CLINIMIX E 5%/	73
<i>chateal</i>	56	<i>clindacin etz pledgets</i>	48	DEXTROSE 20%	
<i>chloramphenicol sodium</i>	15	<i>clindacin-p</i>	48	CLINIMIX E 5%/	73
<i>succinate</i>		<i>clindamax</i>	48	DEXTROSE 25%	
CHLORDIAZEPOXIDE/	21	<i>clindamycin hcl</i>	15	<i>clinisol sf 15%</i>	73
AMITRIPTYLINE				<i>clinpro 5000</i>	47
				<i>clobetasol propionate</i>	53

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<i>clodan</i>	53	CORTIFOAM	53	DARZALEX	26
CLOLAR	26	<i>cortisone acetate</i>	54	<i>dasetta 1/35</i>	56
<i>clomipramine hcl</i>	21	COSMEGEN	26	<i>dasetta 7/7/7</i>	56
<i>clonazepam</i>	19	COSOFT	66	<i>daunorubicin hcl</i>	26
<i>clonazepam odt</i>	19	COTELLIC	26	DAUNOXOME	26
<i>clonidine hcl</i>	42	CREON	50	<i>daysee</i>	56
<i>clopidogrel</i>	40	CRESTOR	42	<i>deblitane</i>	56
<i>clorazepate dipotassium</i>	36	CRIXIVAN	34	<i>decitabine</i>	26
CLORPRES	42	<i>cromolyn sodium</i>	50	<i>deltasone</i>	54
<i>clotrimazole</i>	23	<i>cromolyn sodium</i>	66	<i>delyla</i>	56
<i>clotrimazole/ betamethasone dipropionate</i>	23	<i>cromolyn sodium</i>	69	DELZICOL	64
<i>clozapine</i>	32	<i>cryselle-28</i>	56	DEMSEER	42
<i>clozapine odt</i>	32	CUBICIN	16	DENAVIR	34
COARTEM	31	CUPRIMINE	73	<i>dentagel</i>	47
<i>codeine sulfate</i>	10	CURITY GAUZE PADS 2"X2"	65	DEPEN TITRATABS	73
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<i>colocort</i>	53	CYCLOSET	37	<i>desipramine hcl</i>	21
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<i>dextrose 5% /electrolyte #48 viaflex</i>	73	<i>dihydroergotamine mesylate</i>	24	<i>dronabinol</i>	22
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<i>dextrose 10% flex container</i>	73	<i>diltiazem cd</i>	42	DROXIA	27
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<i>dextrose 2.5%/sodium chloride 0.45%</i>	73	<i>diltiazem hcl cd</i>	42	<i>duloxetine hcl</i>	21
<i>dextrose 20%</i>	73	<i>diltiazem hcl er</i>	42	<i>duramorph</i>	10
<i>dextrose 25%</i>	73	<i>dilt-xr</i>	42	DUREZOL	66
<i>dextrose 30%</i>	73	DIOVAN	42	<i>dutasteride</i>	52
<i>dextrose 40%</i>	73	DIOVAN HCT	42	<i>dutasteride/tamsulosin hydrochloride</i>	52
<i>dextrose 5%</i>	73	DIPENTUM	64	DYRENIUM	43
<i>dextrose 5%/nacl 0.2%</i>	73	<i>diphenatol</i>	50	E.E.S. GRANULES	16
<i>dextrose 5%/nacl 0.225%</i>	73	<i>diphenhydramine hcl</i>	69	<i>econazole nitrate</i>	23
<i>dextrose 5%/nacl 0.3%</i>	73	<i>diphenoxylate/atropine</i>	50	EDARBI	43
<i>dextrose 5%/nacl 0.33%</i>	73	<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	62	EDARBYCLOR	43
<i>dextrose 5%/nacl 0.45%</i>	73	<i>disopyramide phosphate</i>	42	EDURANT	34
<i>dextrose 5%/nacl 0.9%</i>	73	<i>disulfiram</i>	14	EFFIENT	40
<i>dextrose 5%/potassium chloride 0.15%</i>	73	<i>divalproex sodium</i>	19	EGRIFTA	55
<i>dextrose 50%</i>	73	<i>divalproex sodium dr</i>	19	ELESTRIN	56
<i>dextrose 70%</i>	73	<i>divalproex sodium er</i>	19	ELIDEL	48
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<i>diclofenac sodium</i>	66	<i>dorzolamide hcl</i>	66	EMBEDA	11
<i>diclofenac sodium dr</i>	10	<i>dorzolamide hcl/timolol maleate</i>	66	EMCYT	27
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<i>dicloxacillin sodium</i>	16	<i>doxazosin mesylate</i>	43	<i>emoquette</i>	56
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<i>enoxaparin sodium</i>	40	<i>erythromycin/benzoyl peroxide</i>	48	FASLODEX	27
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<i>entecavir</i>	34	<i>escitalopram oxalate</i>	21	<i>fenofibrate micronized</i>	43
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<i>enulose</i>	50	<i>esomeprazole</i>	50	<i>fenofibric acid dr</i>	43
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<i>epinastine hcl</i>	66	<i>esomeprazole sodium</i>	51	<i>fentanyl</i>	11
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<i>epoprostenol sodium</i>	70	<i>etidronate disodium</i>	64	FIORICET	11
<i>eprosartan mesylate</i>	43	<i>etodolac</i>	11	FIRAZYR	62
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<i>fluorouracil</i>	49	<i>fyavolv</i>	57	GILENYA	47
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<i>fluoxetine hcl</i>	21	<i>gabapentin</i>	19	<i>glatopa</i>	47
<i>fluphenazine decanoate</i>	32	GABITRIL	19	GLEOSTINE	27
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<i>fondaparinux sodium</i>	40	<i>gentamicin sulfate</i>	66	<i>guanidine hcl</i>	25
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<i>0.45%</i>		<i>lactated ringers dextrose</i>	75	LEVEMIR	38
<i>kcl 0.15%/d5w/lr</i>	74	<i>5% viaflex</i>		LEVEMIR FLEXTOUCH	38
<i>kcl 0.15%/d5w/nacl 0.2%</i>	74	<i>lactated ringers viaflex</i>	75	<i>levetiracetam</i>	19
<i>kcl 0.15%/d5w/nacl</i>	74	<i>lactulose</i>	51	<i>levobunolol hcl</i>	67
<i>0.225%</i>		LAMISIL	23	<i>levocarnitine</i>	75
<i>kcl 0.15%/d5w/nacl</i>	74	<i>lamivudine</i>	35	<i>levocetirizine</i>	70
<i>0.45%</i>		<i>lamivudine/zidovudine</i>	35	<i>dihydrochloride</i>	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	74	<i>lamotrigine</i>	19	<i>levofloxacin</i>	17
<i>kcl 0.3%/d5w/lr iv lac</i>	74	LANTUS	38	<i>levofloxacin</i>	67
<i>ring</i>		LANTUS SOLOSTAR	38	<i>levofloxacin in d5w</i>	17
<i>kcl 0.3%/d5w/nacl 0.45%</i>	74	<i>larin 1.5/30</i>	57	<i>levoleucovorin</i>	28
<i>kcl 0.3%/d5w/nacl 0.9%</i>	74			<i>levoleucovorin calcium</i>	28

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<i>levonorgestrel</i>	58	<i>lortab</i>	11	<i>hydrochloride</i>	
<i>levonorgestrel/ethinyl estradiol</i>	58	<i>loryna</i>	58	MENACTRA	63
<i>levora 0.15/30-28</i>	58	<i>losartan potassium</i>	44	MENEST	58
<i>levothyroxine sodium</i>	60	<i>losartan potassium/hydrochlorothiazide</i>	44	MENHIBRIX	63
<i>levoxyl</i>	60	LOTEMAX	67	MENOMUNE-A/C/Y/W-135	63
LEXIVA	35	<i>lovastatin</i>	44	MENTAX	24
LIALDA	64	<i>low-ogestrel</i>	58	MENVEO	63
<i>lidocaine</i>	13	<i>loxapine succinate</i>	32	<i>mercaptapurine</i>	28
<i>lidocaine hcl</i>	13	<i>ludent</i>	75	<i>meropenem</i>	17
<i>lidocaine hcl</i>	44	LUMIGAN	67	<i>meropenem/sodium chloride</i>	17
<i>lidocaine hcl jelly</i>	13	LUMIZYME	50	<i>mesalamine</i>	64
<i>lidocaine viscous</i>	13	LUPRON DEPOT	61	<i>mesna</i>	28
<i>lidocaine/prilocaine</i>	13	LUPRON DEPOT-PED	61	MESNEX	29
LIDODERM	13	<i>lutea</i>	58	MESTINON	25
<i>lindane</i>	31	LYNPARZA	28	<i>metadate er</i>	47
<i>linezolid</i>	17	LYRICA	20	<i>metaproterenol sulfate</i>	70
LINZESS	51	LYSODREN	61	<i>metformin hcl</i>	38
<i>liothyronine sodium</i>	60	<i>lyza</i>	58	<i>metformin hcl er</i>	38
LIPITOR	44	<i>magnesium sulfate</i>	75	<i>methadone hcl</i>	11
LIPOFEN	44	<i>malathion</i>	31	<i>methadose</i>	12
LIPOSYN III	75	<i>maprotiline hcl</i>	22	<i>methazolamide</i>	44
<i>lisinopril</i>	44	<i>margesic</i>	11	<i>methenamine hippurate</i>	17
<i>lisinopril/hydrochlorothiazide</i>	44	<i>marlissa</i>	58	<i>methimazole</i>	61
<i>lithium</i>	37	MARPLAN	22	<i>methotrexate</i>	63
<i>lithium carbonate</i>	37	MARQIBO	28	<i>methotrexate sodium</i>	63
<i>lithium carbonate er</i>	37	MATULANE	28	<i>methoxsalen</i>	49
LIVALO	44	<i>matzim la</i>	44	<i>methscopolamine bromide</i>	51
LOCOID	54	MAXIDEX	67	<i>methyclothiazide</i>	44
<i>lokara</i>	54	<i>meclizine hcl</i>	22	<i>methylergonovine maleate</i>	52
<i>lomedina 24 fe</i>	58	<i>meclofenamate sodium</i>	11	<i>methylphenidate hcl</i>	47
LOMOTIL	51	<i>medroxyprogesterone acetate</i>	58	<i>methylphenidate hcl er</i>	47
<i>lomustine</i>	28	<i>mefloquine hcl</i>	31	<i>methylphenidate hcl sr</i>	47
LONSURF	28	<i>megestrol acetate</i>	58	<i>methylprednisolone</i>	55
<i>loperamide hcl</i>	51	MEKINIST	28	<i>methylprednisolone acetate</i>	54
<i>lopreeza</i>	58	<i>meloxicam</i>	11	<i>methylprednisolone dose pack</i>	54
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<i>lorazepam intensol</i>	36	<i>memantine hcl</i>	21		
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<i>lorcet hd</i>	11				

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<i>sodiumsuccinate</i>		<i>moderiba</i>	35	<i>bendroflumethiazide</i>	
<i>metipranolol</i>	67	<i>moexipril hcl</i>	44	NAFCILLIN	17
<i>metoclopramide hcl</i>	51	<i>moexipril/</i>	44	<i>nafcillin sodium</i>	17
<i>metolazone</i>	44	<i>hydrochlorothiazide</i>		NAFTIN	24
<i>metoprolol succinate er</i>	44	MOLINDONE	32	NAGLAZYME	50
<i>metoprolol tartrate</i>	44	HYDROCHLORIDE		<i>nalbuphine hcl</i>	12
<i>metoprolol/</i>	44	<i>mometasone furoate</i>	55	<i>naloxone hcl</i>	14
<i>hydrochlorothiazide</i>		<i>mono-lyyah</i>	58	<i>naltrexone hcl</i>	14
METRO IV	17	<i>mononessa</i>	58	NAMENDA	21
<i>metronidazole</i>	17	<i>montelukast sodium</i>	70	NAMENDA XR	21
<i>metronidazole</i>	49	<i>morgidox 1x100mg</i>	17	NAMENDA XR	21
<i>metronidazole in nacl</i>	17	<i>morgidox 2x100mg</i>	17	TITRATION PACK	
<i>0.79%</i>		<i>morphine sulfate</i>	12	NAMZARIC	47
<i>metronidazole vaginal</i>	17	<i>morphine sulfate er</i>	12	<i>naphazoline hcl</i>	67
<i>mexiletine hcl</i>	44	MOVIPREP	51	<i>naproxen</i>	12
MIACALCIN	65	MOXATAG	17	<i>naproxen dr</i>	12
MICARDIS	44	MOXEZA	67	<i>naproxen sodium</i>	12
MICARDIS HCT	44	<i>moxifloxacin hcl</i>	17	<i>naratriptan hcl</i>	24
<i>microgestin 1.5/30</i>	58	MOZOBIL	40	NARCAN	14
<i>microgestin 1/20</i>	58	MULTAQ	44	NASONEX	70
<i>microgestin 24 fe</i>	58	<i>multi vitamin/fluoride</i>	75	NATACHEW	76
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<i>microgestin fe 1.5/30</i>	58	<i>multi-vit/iron/fluoride</i>	75	NATALVIRT 90 DHA	76
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<i>mirtazapine</i>	22	<i>myorisan</i>	49	<i>neomycin sulfate</i>	17
<i>mirtazapine odt</i>	22	MYRBETRIQ	52	<i>neomycin/bacitracin/</i>	67
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<i>neuac</i>	49	FLEXPRO		<i>nystop</i>	24
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ORFADIN	50	PEDVAX HIB	63	<i>pilocarpine hydrochloride</i>	48
ORFADIN	65	<i>peg 3350/electrolytes</i>	51	<i>pimozide</i>	33
ORKAMBI	70	<i>peg-3350/electrolytes</i>	51	<i>pimtree</i>	59
<i>orsythia</i>	59	<i>peg-3350/nacl/na bicarbonate/kcl</i>	51	<i>pinadolol</i>	45
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<i>oxandrolone</i>	59	PEG-INTRON REDIPEN	35	<i>piperacillin sodium/ tazobactam sodium</i>	18
<i>oxaprozin</i>	12	<i>penicillin g potassium</i>	17	<i>piperacillin/tazobactam</i>	18
<i>oxcarbazepine</i>	20	<i>penicillin g procaine</i>	17	<i>pirmella 1/35</i>	59
<i>oxiconazole nitrate</i>	24	<i>penicillin g sodium</i>	18	<i>pirmella 7/7/7</i>	59
OXISTAT	24	<i>penicillin v potassium</i>	18	<i>piroxicam</i>	12
OXSORALEN	49	PENTACEL	63	<i>plenamine</i>	76
<i>oxybutynin chloride</i>	53	PENTAM 300	31	PLETAL	40
<i>oxybutynin chloride er</i>	52	PENTASA	64	PNV FERROUS FUMARATE/	
<i>oxycodone hcl</i>	12	<i>pentoxifylline cr</i>	45	DOCUSATE/FOLIC ACID	
<i>oxycodone/ acetaminophen</i>	12	<i>pentoxifylline er</i>	45	PNV FOLIC ACID +	76
<i>oxycodone/aspirin</i>	12	PERFOROMIST	70	IRON MULTIVITAMIN	
<i>oxycodone/ibuprofen</i>	12	PERIKABIVEN	76	PNV OB+DHA	76
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<i>pantoprazole sodium</i>	51	<i>phenergan</i>	23	<i>polyethylene glycol 3350</i>	52
<i>paricalcitol</i>	65	<i>phenobarbital</i>	20	<i>polymyxin b sulfate/ trimethoprim sulfate</i>	67
<i>paroex</i>	47	PHENYTEK	20	<i>poly-vitamin/fluoride</i>	76
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<i>potassium chloride</i>	76	PREFERAOB +DHA	80	<i>procto-pak</i>	55
0.15% /nacl 0.45% <i>viaflex</i>		PREFERAOB ONE	77	<i>proctosol hc</i>	55
<i>potassium chloride</i>	76	PREMARIN	59	<i>proctozone-hc</i>	55
0.15% d5w/nacl 0.33%		PREMASOL	77	<i>progesterone</i>	59
<i>potassium chloride</i>	76	PRENAISSANCE	77	PROGLYCEM	39
0.15% d5w/nacl 0.45%		PRENAISSANCE PLUS	77	PROGRAF	63
<i>potassium chloride</i>	76	PRENATA	77	PROLASTIN-C	70
0.15%/nacl 0.9%		<i>prenatabs fa</i>	77	PROLENSA	67
<i>potassium chloride</i>	76	PRENATAL 19	77	PROLEUKIN	29
0.22% d5w/nacl 0.45%		PRENATAL PLUS	78	PROLIA	65
<i>potassium chloride</i>	76	PRENATAL PLUS IRON	77	PROMACTA	40
0.224%d5w/nacl 0.45%		PRENATE AM	78	<i>promethazine hcl</i>	23
<i>viaflex</i>		PRENATE DHA	78	<i>promethazine hcl</i>	70
<i>potassium chloride</i>	76	PRENATE ELITE	78	<i>promethegan</i>	23
0.3%/ nacl 0.9%		PRENATE ESSENTIAL	78	<i>propafenone hcl</i>	45
<i>potassium chloride</i>	76	PRENATE MINI	78	<i>propafenone hcl er</i>	45
0.3%/d5w		PRENATE PIXIE	78	<i>propantheline bromide</i>	52
<i>potassium chloride cr</i>	77	PREPLUS	78	<i>proparacaine hcl</i>	67
<i>potassium chloride er</i>	77	PREPOPIK	52	<i>propranolol hcl</i>	45
<i>potassium chloride sr</i>	77	PREQUE 10	78	<i>propranolol hcl er</i>	45
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<i>pramipexole</i>	31	PREZISTA	35	<i>protriptyline hcl</i>	22
<i>dihydrochloride</i>		PRIFTIN	25	PROVENTIL HFA	71
<i>pravastatin sodium</i>	45	PRILOSEC	52	PROVIDA DHA	80
<i>prazosin hcl</i>	45	<i>primaquine phosphate</i>	31	PROVIGIL	72
PRED MILD	67	<i>primidone</i>	20	PULMICORT	71
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PRED-G S.O.P.	67	PROAIR HFA	70	PULMOZYME	71
<i>prednicarbate</i>	55	PROAIR RESPICLICK	70	PUREFE OB PLUS	78
<i>prednisolone</i>	55	<i>probenecid</i>	24	PURIXAN	29
<i>prednisolone acetate</i>	67	<i>probenecid/colchicine</i>	24	<i>pyrazinamide</i>	25
<i>prednisolone sodium</i>	55	PROCARDIA XL	45	<i>pyridostigmine bromide</i>	25
<i>phosphate</i>		<i>prochlorperazine</i>	33	QNASL	71
<i>prednisolone sodium</i>	67	<i>prochlorperazine</i>	33	QNASL CHILDRENS	71
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<i>prednisone</i>	55	<i>prochlorperazine</i>	33	<i>quasense</i>	59
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<i>hydrochlorothiazide</i>		RETROVIR IV INFUSION	35	SAVELLA TITRATION	47
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<i>quinidine gluconate er</i>	45	REXULTI	33	SELECT-OB	78
<i>quinidine sulfate</i>	45	REYATAZ	35	<i>selegiline hcl</i>	32
<i>quinidine sulfate er</i>	45	RHINOCORT AQUA	71	<i>selenium sulfide</i>	49
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<i>ranitidine hcl</i>	52	<i>riluzole</i>	47	<i>setlakin</i>	59
RAPAFLO	53	<i>rimantadine hcl</i>	35	<i>sf</i>	48
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REGLAN	52	<i>rizatriptan benzoate</i>	24	SIRTURO	25
REGRANEX	49	<i>rizatriptan benzoate odt</i>	25	SIVEXTRO	18
RELENZA DISKHALER	35	<i>ropinirole hcl</i>	32	<i>sodium bicarbonate</i>	78
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REPATHA SURECLICK	45	SANDIMMUNE	63	<i>sodium sulfacetamide</i>	49
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<i>sotalol hcl (af)</i>	45	<i>sumatriptan</i>	25	TEKAMLO	46
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<i>spironolactone</i>	46	SUMAVEL DOSEPRO	25	<i>telmisartan/amlodipine</i>	46
<i>spironolactone/</i>	46	SUPRAX	18	<i>telmisartan/</i>	46
<i>hydrochlorothiazide</i>		SUPREP BOWEL PREP	52	<i>hydrochlorothiazide</i>	
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SPRITAM	20	<i>syeda</i>	59	<i>terazosin hcl</i>	46
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<i>sronyx</i>	59	SYMBICORT	71	<i>terconazole</i>	24
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STALEVO 200	32	SYNAREL	61	<i>testosterone enanthate</i>	59
<i>stavudine</i>	35	SYNERCID	18	<i>tetanus/diphtheria</i>	63
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<i>sulfacetamide sodium</i>	68	TANZEUM	39	THIOTEPA	30
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<i>phosphate</i>		<i>tarina fe 1/20</i>	59	THYMOGLOBULIN	63
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<i>sulfamethoxazole/</i>	18	TASIGNA	30	THYROLAR-1/2	60
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<i>sulfamethoxazole/</i>	18	<i>tazicef</i>	18	THYROLAR-2	60
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<i>tilia fe</i>	60	<i>trandolapril/verapamil</i>	46	<i>tri-linyah</i>	60
<i>timolol maleate</i>	46	<i>hcl</i>		<i>tri-lo-estarylla</i>	60
<i>timolol maleate</i>	68	<i>trandolapril/verapamil</i>	46	<i>tri-lo-marzia</i>	60
<i>timolol maleate</i>	68	<i>hcl er</i>		<i>tri- lo-sprintec</i>	60
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<i>tizanidine hcl</i>	34	<i>travoprost</i>	68	<i>trimipramine maleate</i>	22
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VALCHLOR	30	V-GO 40	65	VOTRIENT	30
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<i>valproate sodium</i>	20	<i>vicodin es</i>	13	VP-HEME OB	80
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VASOSTRICT	55	<i>vincristine sulfate</i>	30	XARELTO	40
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ZATEAN-PN DHA	80		
ZATEAN-PN PLUS	80		
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<i>zazole</i>	24		
<i>zebutal</i>	13		
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<i>zenatane</i>	49		
<i>zenchent</i>	60		
<i>zenchent fe</i>	60		
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<i>zenzedi</i>	47		
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<i>zidovudine</i>	36		
<i>ziprasidone hcl</i>	33		
ZIRGAN	68		
ZOLADEX	61		
<i>zoledronic acid</i>	65		
ZOLINZA	30		
<i>zolpidem tartrate</i>	72		
ZOMIG	25		
ZOMIG NASAL SPRAY	25		
<i>zonisamide</i>	20		
ZORTRESS	64		
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<i>zovia 1/50e</i>	60		
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TTY: 711

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This formulary was updated on 10/01/2016. For more recent information or other questions, please contact First Health Part D Member Services at **1-844-233-1938** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **<https://www.coventry-medicare.com/formulary>**.

Contract/PBP: S5768-164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 199

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