



C&O Employees Hospital Association (COEHA)

2016 Abridged Formulary

(List of Covered Drugs)

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

This abridged formulary was updated on 10/01/2015. For more recent information or other questions, please contact our COEHA Member Services number Monday - Friday 8:30 am to 5:00 pm (EST) at 1-800-679-9135 or for local residents in the Clifton Forge, VA area call 540-862-5728 for additional information or visit www.coeha.com. TTY users should call 711. After hours and on weekends please contact Navitus Customer Care at 1-866-270-3877.

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 C&O Employees Hospital Association. When it refers to “plan” or “our plan,” it means C and O Employees’ Hospital Association Medicare Part D Prescription Drug Plan.

This document includes a partial list of the drugs (formulary) for our plan which is current as of on 10/01/2015. For a complete 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, premium and/or copayments/coinsurance may change on January 1, 2017.

The COEHA has a contract with the Federal Government to provide our members with an enhanced Medicare Part D Prescription Drug Plan. Enrollment in C and O Employees’ Hospital Association Medicare Part D Prescription Drug Plan depends upon contract renewal.

What is the COEHA Abridged Formulary?

A formulary is a list of covered drugs selected by COEHA 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. COEHA will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a COEHA network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by COEHA. For a complete listing of all prescription drugs covered by COEHA, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of 10/01/2015. To get updated information about the drugs covered by COEHA, please contact us. Our contact information appears on the front and back cover pages.

In the event that COEHA has CMS-approved non-maintenance changes to the formulary throughout the plan year (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), COEHA will update our formulary and post in on our website. You will also be notified in writing if you are affected by the changes via errata sheets.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 47. 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?

COEHA 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 (PA):** COEHA requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from COEHA before you fill your prescriptions. If you don't get approval, COEHA may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA BvD):** This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from COEHA to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, COEHA may not cover this drug.
- **Prior Authorization Restriction for New Starts Only (PA NSO):** If you are a new member, you (or your physician) are required to get prior authorization from COEHA before you fill your prescription for this drug. Without prior approval, COEHA may not cover this drug.
- **Quantity Limits:** For certain drugs, COEHA limits the amount of the drug that COEHA will cover. For example, COEHA provides 60 capsules per prescription for Celebrex. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, COEHA 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, COEHA may not cover Drug B unless you try Drug A first. If Drug A does not work for you, COEHA will then cover Drug B.
- **Non-Mail-Order Drug (NM):** You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs not available via your mail-order benefit are noted with “NM” in the notes column of your Formulary.

- **Limited Distribution (LD):** The symbol (LD) next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs. You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted a document on the website that explains 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 COEHA 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 COEHA’s formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact COEHA Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so COEHA may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You can also obtain a list of alternatives or apply for exceptions to coverage rules. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Member Services for a list of similar drugs that are covered by COEHA. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by COEHA.
- You can ask COEHA 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 COEHA Formulary?

You can ask COEHA 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 COEHA 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, COEHA 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, tiering 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 is covered or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

We will provide a one-time 31-day transition supply per drug, which will cover a temporary supply if you have a change in your medications due to a level-of-care change. A level of care change may include:

- Entering or leaving a LTC facility
- Discharged from a hospital to a home
- End a Medicare Part A skilled nursing facility stay
- Give up Hospice status and revert back to standard Medicare benefits
- End an LTC facility stay and return to their home

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

For more information

For more detailed information about your COEHA prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about COEHA, 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 www.medicare.gov.

COEHA's Formulary

The abridged formulary that begins on page 7 provides coverage information about the drugs covered by COEHA. If you have trouble finding your drug in the list, turn to the Index that begins on page 47.

Remember: This is only a partial list of drugs covered by COEHA. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

The second column of the chart lists the Drug Tier.

- Tier \$0 includes drugs covered at \$0.00 copay
- Tier 1 includes Covered Generic Drugs
- Tier 2 includes Preferred Brand Drugs
- Tier 3 includes Non-Preferred Brand Drugs
- Tier M includes products only covered by the plan's Medicare Coverage. These products are not covered by the plan's Supplemental Wrap Coverage.

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

- The symbol **LD** in the Notes column next to a drug name indicates that the drug has been noted as being restricted to certain pharmacies by the Food and Drug Administration. These drugs can only be obtained at specialty designated pharmacies able to appropriately handle the drugs.
- The symbol **PA** in the Notes column indicates that prior authorization may apply.
- The symbol **PA BvD** in the Notes column indicates that prior authorization may apply for medications that could be eligible for payment under either Medicare Part B or Part D.
- The symbol **PA NSO** in the Notes column indicates that prior authorization may apply on certain medications for new members of the plan.
- The symbol **QL** in the Notes column indicates that quantities dispensed may be limited.
- The symbol **ST** in the Notes column indicates that step therapy may apply.
- The symbol **NM** in the Notes column indicates that the drug is not available via your mail-order benefit.

The * symbol after the tier indicates that the drug is covered by the plan's supplemental wrap coverage only. Payments for these drugs do not count toward your Medicare Part D "out-of-pocket costs" or your

“total drug costs” because they are for drugs that are not generally covered by Medicare. In addition, if you are receiving extra help to pay for your prescriptions through a program like Low Income Subsidy (LIS), you will not get any extra help to pay for this drug.

Index of Drugs

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS		
ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>guanfacine ER tab 1mg, 2mg, 3mg, 4mg</i>	1	PA
INTUNIV TAB 1MG, 2MG, 3MG, 4MG	3	PA
STRATTERA CAP 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	2	QL=60 Quantity/30 Days
STIMULANTS - MISC.		
<i>modafinil tab 100mg, 200mg</i>	1	PA QL=60 Quantity/30 Days
NUVIGIL TAB 50MG, 150MG, 200MG, 250MG	2	PA QL=30 Quantity/30 Days
PROVIGIL TAB 100MG, 200MG	3	PA QL=60 Quantity/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin sulfate inj 250mg/ ml</i>	1	PA_BvD
<i>gentamicin inj 10mg/ ml, 40mg/ ml</i>	1	PA_BvD
<i>gentamicin/ nacl inj 0.8mg/ ml, 1mg/ ml, 1.2mg/ ml, 1.6mg/ ml</i>	1	PA_BvD
GENTAMICIN/ NAACL INJ 0.9MG/ ML, 1.4MG/ ML	2	PA_BvD
STREPTOMYCIN INJ 1GM	2	PA_BvD
TOBI NEB 300MG/ 5ML	3	NM PA
TOBI PODHALER 28MG	2	NM PA
<i>tobramycin inj 10mg/ ml, 80mg/ 2ml</i>	1	PA_BvD
<i>tobramycin neb 300mg/ 5ml</i>	1	NM PA
TOBRAMYCIN/ NAACL INJ 0.8MG/ ML	2	PA_BvD
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ TAB 5MG	2	NM PA QL=60 Quantity/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ KIT 10MG/ 0.2ML, 20MG/ 0.4ML, 40MG/ 0.8ML	2	NM PA
SIMPONI ARIA IV SOLN 50MG/ 4ML	2	NM PA
SIMPONI INJ 50MG/ 0.5ML, 100MG/ ML	2	NM PA
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	2	NM PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ 100MG/ 0.67ML	2	NM PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 180MG	2	NM PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA IV INJ 200MG/ 10ML	2	NM PA
ACTEMRA SC INJ 162MG/ 0.9ML	2	NM PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
CELEBREX CAP 50MG, 100MG, 200MG, 400MG	3	QL=60 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>celecoxib cap 50mg, 100mg, 200mg, 400mg</i>	1	QL=60 Quantity/30 Days
INDOCIN SUSP 25MG/ 5ML	2	PA
<i>indomethacin cap 25mg, 50mg</i>	1	PA
<i>indomethacin ER cap 75mg</i>	1	PA
<i>ketorolac inj 15mg/ ml, 30mg/ ml</i>	1	PA
<i>ketorolac tab 10mg</i>	1	PA QL=20 Quantity/5 Days
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 30MG	2	NM PA QL=60 Quantity/30 Days
OTEZLA TAB STARTER PACK	2	NM PA QL=60 Quantity/30 Days
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ 250MG	2	NM PA
ORENCIA SC INJ 125MG/ ML	2	NM PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG, 50MG	2	NM PA
ENBREL SURECLICK INJ 50MG	2	NM PA
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>salsalate tab 500mg, 750mg</i>	1*	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
ABSTRAL TAB 100MG, 200MG, 300MG, 400MG, 600MG, 800MG	2	PA QL=120 Quantity/30 Days
ACTIQ LOZENGE 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG, 1600MCG	3	PA QL=120 Quantity/30 Days
AVINZA CAP 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	3	QL=60 Quantity/30 Days
<i>codeine sulfate tab 15mg, 30mg, 60mg</i>	1	QL=240 Quantity/30 Days
DEMEROL INJ 50MG/ ML	3	PA
DEMEROL TAB 100MG	3	PA QL=360 Quantity/30 Days
DEMEROL TAB 50MG	3	PA QL=720 Quantity/30 Days
DILAUDID INJ 1MG/ ML, 2MG/ ML, 4MG/ ML, 10MG/ ML	3	PA_BvD
DILAUDID LIQUID 1MG/ ML	3	QL=2400 Quantity/30 Days
DILAUDID TAB 2MG	3	QL=450 Quantity/30 Days
DILAUDID TAB 4MG	3	QL=240 Quantity/30 Days
DILAUDID TAB 8MG	3	QL=120 Quantity/30 Days
DOLOPHINE TAB 5MG, 10MG	3	QL=360 Quantity/30 Days
DURAGESIC PATCH 12MCG, 25MCG, 50MCG, 75MCG, 100MCG	3	QL=10 Quantity/30 Days
EMBEDA CAP 20-0.8MG, 30-1.2MG, 50-2MG, 60-2.4MG, 80-3.2MG, 100-4MG	2	QL=60 Quantity/30 Days
EXALGO TAB 8MG, 12MG, 16MG	3	QL=60 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fentanyl lollipop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA QL=120 Quantity/30 Days
<i>fentanyl patch 12mcg, 25mcg, 50mcg, 75mcg, 100mcg</i>	1	QL=10 Quantity/30 Days
FENTORA TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	2	PA QL=120 Quantity/30 Days
HYDROMORPHONE ER TAB 32MG	2	QL=60 Quantity/30 Days
<i>hydromorphone ER tab 8mg, 12mg, 16mg</i>	1	QL=60 Quantity/30 Days
<i>hydromorphone inj 1mg/ ml, 2mg/ ml, 10mg/ ml</i>	1	PA_BvD
<i>hydromorphone susp 1mg/ ml</i>	1	QL=2400 Quantity/30 Days
<i>hydromorphone tab 2mg</i>	1	QL=450 Quantity/30 Days
<i>hydromorphone tab 4mg</i>	1	QL=240 Quantity/30 Days
<i>hydromorphone tab 8mg</i>	1	QL=120 Quantity/30 Days
HYSINGLA ER TAB 20MG, 30MG, 40MG, 60MG, 80MG, 100MG, 120MG	2	QL=30 Quantity/30 Days
KADIAN ER CAP 10MG, 20MG, 30MG, 50MG, 60MG, 80MG, 100MG	3	QL=60 Quantity/30 Days
KADIAN ER CAP 40MG, 200MG	2	QL=60 Quantity/30 Days
LAZANDA NASAL SPRAY 100MCG, 400MCG	2	PA QL=30 Quantity/30 Days
LEVORPHANOL TAB 2MG	2	QL=240 Quantity/30 Days
<i>meperidine inj 25mg/ ml, 50mg/ ml, 100mg/ ml</i>	1	PA
MEPERIDINE SOLN 50MG/ 5ML	2	PA
<i>meperitab tab 100mg</i>	1	PA QL=360 Quantity/30 Days
<i>meperitab tab 50mg</i>	1	PA QL=720 Quantity/30 Days
METHADONE INJ 10MG/ ML	2	PA_BvD
METHADONE ORAL SOLN 10MG/ 5ML	2	QL=1800 Quantity/30 Days
METHADONE ORAL SOLN 5MG/ 5ML	2	QL=3600 Quantity/30 Days
<i>methadone soln 10mg/ 5ml</i>	1	QL=1800 Quantity/30 Days
<i>methadone soln 5mg/ 5ml</i>	1	QL=3600 Quantity/30 Days
<i>methadone tab 5mg, 10mg</i>	1	QL=360 Quantity/30 Days
<i>morphine sulfate conc soln 20mg/ ml</i>	1	QL=180 Quantity/30 Days
MORPHINE SULFATE ER BEADS 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	1	QL=60 Quantity/30 Days
<i>morphine sulfate ER cap 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</i>	1	QL=60 Quantity/30 Days
<i>morphine sulfate ER tab 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	QL=120 Quantity/30 Days
MORPHINE SULFATE INJ 2MG, 4MG, 5MG, 25MG, 50MG	2	PA_BvD
<i>morphine sulfate inj 8mg, 10mg, 15mg</i>	1	PA_BvD
<i>morphine sulfate IV inj 1mg/ ml</i>	1	PA_BvD
<i>morphine sulfate PF inj 0.5mg/ ml, 1mg/ ml</i>	1	PA_BvD
MORPHINE SULFATE PF INJ 2MG/ ML, 4MG/ ML, 8MG/ ML, 10MG/ ML	2	PA_BvD
<i>morphine sulfate soln 10mg/ 5ml</i>	1	QL=1800 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate soln 20mg/ 5ml</i>	1	QL=900 Quantity/30 Days
<i>morphine sulfate tab 15mg, 30mg</i>	1	QL=180 Quantity/30 Days
MS CONTIN TAB 15MG, 30MG, 60MG, 100MG, 200MG	3	QL=120 Quantity/30 Days
NUCYNTA ER TAB 50MG, 100MG, 150MG, 200MG, 250MG	2	QL=60 Quantity/30 Days
NUCYNTA TAB 50MG	2	QL=360 Quantity/30 Days
NUCYNTA TAB 75MG, 100MG	2	QL=180 Quantity/30 Days
OPANA ER (CRUSH RESISTANT) TAB 5MG, 7.5MG, 10MG, 15MG, 20MG, 30MG, 40MG	2	QL=60 Quantity/30 Days
OPANA TAB 5MG, 10MG	3	QL=360 Quantity/30 Days
<i>oxycodone cap 5mg</i>	1	QL=360 Quantity/30 Days
<i>oxycodone conc 100mg/ 5ml</i>	1	QL=270 Quantity/30 Days
<i>oxycodone soln 5mg/ 5ml</i>	1	QL=5400 Quantity/30 Days
<i>oxycodone tab 10mg, 15mg, 20mg, 30mg</i>	1	QL=180 Quantity/30 Days
<i>oxycodone tab 5mg</i>	1	QL=360 Quantity/30 Days
<i>oxycodone/ acetaminophen tab 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg</i>	1	QL=360 Quantity/30 Days
OXYCONTIN TAB 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	2	QL=60 Quantity/30 Days
OXYCONTIN TAB 80MG	2	QL=120 Quantity/30 Days
<i>oxymorphone ER tab 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	1	QL=60 Quantity/30 Days
<i>oxymorphone tab 5mg, 10mg</i>	1	QL=360 Quantity/30 Days
ROXICODONE SOLN 5MG/ 5ML	3	QL=5400 Quantity/30 Days
ROXICODONE TAB 15MG, 30MG	3	QL=180 Quantity/30 Days
ROXICODONE TAB 5MG	3	QL=360 Quantity/30 Days
<i>tramadol biphasic ER tab 100mg, 200mg, 300mg</i>	1	QL=60 Quantity/30 Days
<i>tramadol ER tab 100mg, 200mg, 300mg</i>	1	QL=60 Quantity/30 Days
<i>tramadol tab 50mg</i>	1	QL=240 Quantity/30 Days
ULTRAM ER TAB 100MG, 200MG, 300MG	3	QL=60 Quantity/30 Days
ULTRAM TAB 50MG	3	QL=240 Quantity/30 Days
OPIOID COMBINATIONS		
<i>acetaminophen/ codeine soln 120-12mg/ 5ml</i>	1	QL=4980 Quantity/30 Days
<i>acetaminophen/ codeine tab 300-15mg, 300-30mg, 300-60mg</i>	1	QL=390 Quantity/30 Days
CAPITAL/ CODEINE SUSP 120-12MG/ 5ML	2	QL=4980 Quantity/30 Days
HYCET SOLN 7.5-325MG/ 15ML	3	QL=5400 Quantity/30 Days
<i>hydrocodone/ acetaminophen soln 7.5-325mg/ 15ml</i>	1	QL=5400 Quantity/30 Days
<i>hydrocodone/ acetaminophen tab 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg</i>	1	QL=360 Quantity/30 Days
<i>hydrocodone/ acetaminophen tab 5-300mg, 7.5-300mg, 10-300mg</i>	1	QL=390 Quantity/30 Days
<i>hydrocodone/ ibuprofen tab 7.5-200mg, 10-200mg</i>	1	QL=480 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORCO TAB 5-325MG, 7.5-325MG, 10-325MG	3	QL=360 Quantity/30 Days
<i>oxycodone/ acetaminophen tab 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg</i>	1	QL=360 Quantity/30 Days
<i>oxycodone/ aspirin tab 4.8355-325mg</i>	1	QL=360 Quantity/30 Days
<i>oxycodone/ ibuprofen tab 5-400mg</i>	1	QL=240 Quantity/30 Days
PERCOCET TAB 2.5-325MG, 5-325MG, 7.5-325MG, 10-325MG	3	QL=360 Quantity/30 Days
PERCODAN TAB 4.8355-325MG	3	QL=360 Quantity/30 Days
PRIMLEV TAB 5-300MG, 7.5-300MG, 10-300MG	2	QL=390 Quantity/30 Days
REPREXAIN TAB 2.5-200MG, 5-200MG, 7.5-200MG, 10-200MG	3	QL=480 Quantity/30 Days
ROXICET SOLN 5-325MG	2	QL=1800 Quantity/30 Days
SYNALGOS-DC CAP 356.4-30-16MG	2	QL=330 Quantity/30 Days
<i>tramadol/ acetaminophen tab 37.5-325mg</i>	1	QL=360 Quantity/30 Days
TYLENOL/ CODEINE TAB 300-30MG, 300-60MG	3	QL=390 Quantity/30 Days
ULTRACET TAB 37.5-325MG	3	QL=360 Quantity/30 Days
XODOL TAB 5-300MG, 7.5-300MG, 10-300MG	3	QL=390 Quantity/30 Days
ZAMICET SOLN 10-325MG/ 15ML	2	QL=5400 Quantity/30 Days
OPIOID PARTIAL AGONISTS		
BUPRENEX INJ 0.3MG/ ML	3	PA_BvD
<i>buprenorphine inj 0.3mg/ ml</i>	1	PA_BvD
<i>butorphanol inj 1mg/ ml, 2mg/ ml</i>	1	PA_BvD
<i>butorphanol soln 10mg/ ml</i>	1	QL=4 Quantity/30 Days
BUTRANS PATCH 5MCG, 7.5MCG, 10MCG, 15MCG, 20MCG	2	QL=4 Quantity/28 Days
<i>pentazocine/ naloxone tab 50-0.5mg</i>	1	PA QL=360 Quantity/30 Days
SUBOXONE SL FILM 12-3MG	2	QL=60 Quantity/30 Days
SUBOXONE SL FILM 2-0.5MG, 4-1MG, 8-2MG	2	QL=90 Quantity/30 Days
ANDROGENS-ANABOLIC		
ANDROGENS		
ANDRODERM PATCH 2MG	2	PA QL=60 Quantity/30 Days
ANDRODERM PATCH 4MG	2	PA QL=30 Quantity/30 Days
ANDROGEL 1% (25MG)	2	PA QL=30 Quantity/30 Days
ANDROGEL 1% (50MG)	2	PA QL=60 Quantity/30 Days
ANDROGEL 1.62% (1.25GM)	2	PA QL=30 Quantity/30 Days
ANDROGEL 1.62% (2.5GM)	2	PA QL=60 Quantity/30 Days
ANDROGEL PUMP 1%	2	PA QL=4 Quantity/30 Days
ANDROGEL PUMP 1.62%	2	PA QL=2 Quantity/30 Days
ANDROID/ TESTRED CAP 10MG	2	PA
AXIRON SOLN 30MG	2	PA QL=2 Quantity/30 Days
DEPO-TESTOSTERONE INJ 100MG/ ML, 200MG/ ML	3	PA_BvD
METHITEST TAB 10MG	2	PA
TESTIM GEL 1%	2	PA QL=60 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone cypionate inj 100mg/ ml, 200mg/ ml</i>	1	PA_BvD
<i>testosterone enanthate inj 200mg/ ml</i>	1	PA_BvD
TESTOSTERONE GEL PUMP 1%	2	PA QL=4 Quantity/30 Days
TESTOSTERONE GEL PUMP 2%	2	PA QL=2 Quantity/30 Days
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
UCERIS RECTAL FOAM 2MG	2	PA
ANTIANSIETY AGENTS		
ANTIANSIETY AGENTS - MISC.		
HYDROXYZINE INJ 25MG/ ML	2	PA
<i>hydroxyzine inj 50mg/ ml</i>	1	PA
HYDROXYZINE PAMOATE CAP 100MG	2	PA
<i>hydroxyzine pamoate cap 25mg, 50mg</i>	1	PA
<i>hydroxyzine syrup 10mg/ 5ml</i>	1	PA
<i>hydroxyzine tab 10mg, 25mg, 50mg</i>	1	PA
<i>meprobamate tab 200mg, 400mg</i>	1	PA
VISTARIL CAP 25MG, 50MG	3	PA
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide cap 100mg, 150mg</i>	1	PA
NORPACE CAP 100MG, 150MG	3	PA
NORPACE CR CAP 100MG, 150MG	2	PA
PROCAINAMIDE INJ 100MG/ ML, 500MG/ ML	2	PA_BvD
QUINIDINE GLUCONATE INJ 80MG/ ML	2	PA_BvD
ANTIARRHYTHMICS TYPE III		
<i>amiodarone inj 150mg/ 3ml</i>	1	PA_BvD
NEXTERONE INJ 150MG/ 100ML, 360MG/ 200ML	2	PA_BvD
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 150MG	2	NM PA
ANTI-INFLAMMATORY AGENTS		
CROMOLYN NEB SOLN 20MG/ 2ML	2	PA_BvD
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium inhalation soln 0.02%</i>	1	PA_BvD
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER 100MCG, 200MCG	2	QL=1 Quantity/30 Days
ASMANEX HFA INHALER 100MCG, 200MCG	2	QL=1 Quantity/30 Days
ASMANEX INHALER 110MCG, 220MCG	2	QL=1 Quantity/30 Days
<i>budesonide neb 0.25mg/ 2ml, 0.5mg/ 2ml, 1mg/ 2ml</i>	1	PA_BvD QL=60 Quantity/30 Days
FLOVENT DISKUS 50MCG, 100MCG, 250MCG	2	QL=1 Quantity/30 Days
FLOVENT HFA INHALER 44MCG, 110MCG, 220MCG	2	QL=2 Quantity/30 Days
PULMICORT NEB 0.25MG/ 2ML, 0.5MG/ 2ML	3	PA_BvD QL=60 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMICORT NEB 1MG/ 2ML	2	PA_BvD QL=60 Quantity/30 Days
SYMPATHOMIMETICS		
ADVAIR DISKUS 100MCG, 250MCG, 500MCG	2	QL=1 Quantity/30 Days
ADVAIR HFA INHALER 45MCG, 115MCG, 230MCG	2	QL=1 Quantity/30 Days
<i>albuterol neb 0.63mg/ 3ml, 1.25mg/ 3ml, 2.5mg/ 3ml, 5mg/ ml</i>	1	PA_BvD
BREO ELLIPTA INHALER 100-25MCG, 200-25MCG	2	QL=1 Quantity/30 Days
BROVANA NEB 15MCG/ 2ML	2	PA_BvD
DULERA INHALER 100-5MCG, 200-5MCG	2	QL=1 Quantity/30 Days
<i>epinephrine inj 0.1mg/ ml</i>	1	PA_BvD
<i>ipratropium/ albuterol soln 0.5-2.5mg/ 3ml</i>	1	PA_BvD
<i>levalbuterol neb 0.31mg/ 3ml, 0.63mg/ 3ml, 1.25mg/ 3ml</i>	1	PA_BvD
<i>levalbuterol neb conc 1.25mg/ 0.5ml</i>	1	PA_BvD
PERFOROMIST NEB 20MCG/ 2ML	2	PA_BvD
<i>terbutaline inj 1mg/ ml</i>	1	PA_BvD
VENTOLIN HFA INHALER 108MCG	2	QL=4 Quantity/30 Days
XOPENEX HFA INHALER 45MCG	2	ST QL=4 Quantity/30 Days
XOPENEX NEB 0.31MG/ 3ML, 0.63MG/ 3ML, 1.25MG/ 3ML	3	PA_BvD
XOPENEX NEB CONC 1.25MG/ 0.5ML	3	PA_BvD
XANTHINES		
<i>aminophylline inj 25mg/ ml</i>	1	PA_BvD
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5MG/ 0.5ML	3	PA
ARIXTRA INJ 5MG/ 0.4ML, 7.5MG/ 0.6ML, 10MG/ 0.8ML	3	NM PA
<i>enoxaparin inj 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg, 300mg</i>	1	QL=34 Quantity/17 Days
<i>fondaparinux inj 2.5mg/ 0.5ml</i>	1	PA
<i>fondaparinux inj 5mg/ 0.4ml, 7.5mg/ 0.6ml, 10mg/ 0.8ml</i>	1	NM PA
FRAGMIN INJ 12500UNIT, 15000UNIT, 18000UNIT	2	NM PA_BvD
FRAGMIN INJ 2500UNIT, 5000UNIT, 10000UNIT	2	PA_BvD
FRAGMIN INJ 7500UNIT, 95000UNIT	2	NM
<i>heparin inj 1000unit, 5000unit, 10000unit, 20000unit</i>	1	PA_BvD
HEPARIN SODIUM INJ 2000UNIT, 2500UNIT	1	PA_BvD
HEPARIN SODIUM/ NAACL INJ 100UNIT-0.45%	1	PA_BvD
<i>heparin sodium/ nacl inj 2unit-0.9%</i>	1	PA_BvD
HEPARIN SODIUM/ NAACL INJ 50UNIT-0.45%	1	PA_BvD
<i>heparin/ d5w inj 40unit, 50unit, 100unit</i>	1	PA_BvD
LOVENOX INJ 30MG, 40MG, 60MG, 80MG, 100MG, 120MG, 150MG, 300MG	3	QL=34 Quantity/17 Days
THROMBIN INHIBITORS		
<i>argatroban inj 100mg/ ml</i>	1	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARGATROBAN INJ 125MG/ 125ML, 250MG/ 250ML	2	PA_BvD
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	PA_NSO
ANTICONVULSANTS - BENZODIAZEPINES		
ONFI SUSP 2.5MG/ ML	2	PA_NSO
ONFI TAB 10MG, 20MG	2	PA_NSO
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG, 400MG, 600MG, 800MG	2	PA_NSO
KEPPRA INJ 500MG/ 5ML	3	PA_BvD
<i>levetiracetam inj 500mg/ 5ml</i>	1	PA_BvD
LYRICA CAP 25MG, 50MG, 75MG, 100MG, 150MG, 200MG, 225MG, 300MG	2	PA_NSO
LYRICA SOLN 20MG/ ML	2	PA_NSO
POTIGA TAB 50MG, 200MG, 300MG, 400MG	2	PA_NSO QL=90 Quantity/30 Days
QUDEXY XR CAP 25MG, 50MG, 100MG, 150MG, 200MG	2	PA_NSO
TROKENDI XR CAP 25MG, 50MG, 100MG, 200MG	2	PA_NSO
VIMPAT INJ 10MG/ ML	2	PA_BvD
VIMPAT TAB 50MG, 100MG, 150MG, 200MG	2	QL=60 Quantity/30 Days
GABA MODULATORS		
SABRIL POWDER 500MG	2	NM
SABRIL TAB 500MG	2	NM
HYDANTOINS		
CEREBYX INJ 100MG/ 2ML, 500MG/ 10ML	3	PA_BvD
<i>fosphenytoin inj 100mg/ 2ml, 500mg/ 10ml</i>	1	PA_BvD
<i>phenytoin inj 50mg/ ml</i>	1	PA_BvD
VALPROIC ACID		
DEPACON INJ 100MG/ ML	3	PA_BvD
<i>valproic acid inj 100mg/ ml</i>	1	PA_BvD
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB 174MG, 348MG, 522MG	2	ST
MODIFIED CYCLICS		
BRINTELLIX TAB 5MG, 10MG, 20MG	2	ST QL=30 Quantity/30 Days
VIIBRYD TAB 10MG, 20MG, 40MG	2	ST
VIIBRYD TAB STARTER PACK	2	PA_NSO
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>fluvoxamine ER cap 100mg, 150mg</i>	1	ST
PEXEVA TAB 10MG, 20MG, 30MG, 40MG	2	ST
SEROTONIN MODULATORS		
<i>nefazodone tab 50mg</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG, 30MG, 60MG	3	QL=60 Quantity/30 Days
DESVENLAFAXINE ER TAB 50MG, 100MG	2	ST
<i>duloxetine cap 20mg, 30mg, 60mg</i>	1	QL=60 Quantity/30 Days
FETZIMA ER CAP 20MG, 40MG, 80MG, 120MG	2	ST QL=30 Quantity/30 Days
FETZIMA ER TITRATION PACK	2	ST QL=30 Quantity/30 Days
IRENKA CAP 40MG	2	ST QL=30 Quantity/30 Days
KHEDEZLA TAB 50MG, 100MG	2	ST
PRISTIQ TAB 25MG, 50MG, 100MG	2	ST
VENLAFAXINE ER TAB 225MG	2	
TRICYCLIC AGENTS		
<i>amitriptyline tab 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	PA_NSO
ANAFRANIL CAP 25MG, 50MG, 75MG	3	PA_NSO
<i>clomipramine cap 25mg, 50mg, 75mg</i>	1	PA_NSO
<i>doxepin cap 10mg, 25mg, 50mg, 100mg, 150mg</i>	1	PA_NSO
DOXEPIN CAP 75MG	2	PA_NSO
<i>doxepin conc 10mg/ ml</i>	1	PA_NSO
<i>imipramine pamoate 75mg, 100mg, 125mg, 150mg</i>	1	PA_NSO
<i>imipramine tab 10mg, 25mg, 50mg</i>	1	PA_NSO
SURMONTIL CAP 25MG, 50MG, 100MG	2	PA_NSO
TOFRANIL TAB 10MG, 25MG, 50MG	3	PA_NSO
TOFRANIL-PM CAP 75MG, 100MG, 125MG, 150MG	3	PA_NSO
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
GLUCOVANCE TAB 1.25-250MG, 2.5-500MG, 5-500MG	3	PA
<i>glyburide/ metformin tab 1.25-250mg, 2.5-500mg, 5-500mg</i>	1	PA
JANUMET TAB 50-500MG, 50-1000MG	2	QL=60 Quantity/30 Days
JANUMET XR TAB 50-500MG, 50-1000MG, 100-1000MG	2	QL=60 Quantity/30 Days
KOMBIGLYZE XR TAB 5-500MG, 2.5-1000MG, 5-1000MG	2	QL=30 Quantity/30 Days
XIGDUO XR TAB 5-1000MG	2	QL=60 Quantity/30 Days
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	2	QL=30 Quantity/30 Days
DIABETIC OTHER		
KORLYM TAB 300MG	2	NM PA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG, 50MG, 100MG	2	QL=30 Quantity/30 Days
ONGLYZA TAB 2.5MG, 5MG	2	QL=30 Quantity/30 Days
INSULIN		
NOVOLIN 70/ 30 INJ	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLIN MIX 70/ 30 VIAL	2	
NOVOLIN N INJ	2	
NOVOLIN N VIAL	2	
NOVOLIN R INJ	2	
NOVOLIN R VIAL	2	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG, 10MG	2	QL=30 Quantity/30 Days
JARDIANCE TAB 10MG, 25MG	2	QL=30 Quantity/30 Days
SULFONYLUREAS		
CHLORPROPAMIDE TAB 100MG, 250MG	2	PA
DIABETA TAB 1.25MG, 2.5MG, 5MG	2	PA
<i>glyburide micronized tab 1.5mg, 3mg, 6mg</i>	1	PA
<i>glyburide tab 1.25mg, 2.5mg, 5mg</i>	1	PA
GLYNASE MICRONIZED TAB 1.5MG, 3MG, 6MG	3	PA
ANTIDOTES		
ANTIDOTES		
ANTIZOL INJ 1GM/ ML	3	NM PA_BvD
<i>fomepizole inj 1gm/ ml</i>	1	PA_BvD
ANTIDOTES - CHELATING AGENTS		
EXJADE TAB 125MG, 250MG, 500MG	2	NM
FERRIPROX TAB 500MG	2	NM PA
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET INJ 20MG/ ML	2	PA_BvD
ANZEMET TAB 50MG, 100MG	2	PA_BvD QL=9 Quantity/2 Days
<i>granisetron inj 0.1mg/ ml, 1mg/ ml, 4mg/ 4ml</i>	1	PA_BvD
<i>granisetron tab 1mg</i>	1	PA_BvD QL=9 Quantity/2 Days
<i>ondansetron inj 4mg/ 2ml, 40mg/ 20ml</i>	1	PA_BvD
<i>ondansetron ODT 4mg, 8mg</i>	1	PA_BvD
<i>ondansetron soln 4mg/ 5ml</i>	1	PA_BvD
<i>ondansetron tab 4mg, 8mg, 24mg</i>	1	PA_BvD
SANCUSO PATCH 3.1MG	2	QL=4 Quantity/30 Days
ZOFRAN INJ 40MG/ 20ML	3	PA_BvD
ZOFRAN ODT 4MG, 8MG	3	PA_BvD
ZOFRAN SOLN 4MG/ 5ML	3	PA_BvD
ZOFRAN TAB 4MG, 8MG	3	PA_BvD
ANTIEMETICS - ANTICHOLINERGIC		
TIGAN CAP 300MG	3	PA
TIGAN INJ 100MG/ ML	2	PA
<i>trimethobenzamide cap 300mg</i>	1	PA
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5MG	2	NM PA_BvD QL=1 Quantity/7 Days
MARINOL CAP 2.5MG, 5MG, 10MG	3	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUBSTANCE P/ NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP 40MG, 80MG, 125MG	2	PA_BvD QL=3 Quantity/2 Days
EMEND CAP THERAPY PACK	2	PA_BvD QL=3 Quantity/2 Days
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS INJ 50MG, 70MG	2	NM PA_BvD
ERAXIS INJ 100MG	2	PA_BvD
MYCAMINE INJ 50MG, 100MG	2	PA_BvD
ANTIFUNGALS		
ABELCET INJ 5MG/ ML	2	PA_BvD
AMBISOME INJ 50MG	2	PA_BvD
AMPHOTERICIN B INJ 50MG	2	PA_BvD
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole/ dextrose inj 400mg/ 200ml</i>	1	PA_BvD
<i>itraconazole cap 100mg</i>	1	PA
NOXAFIL SUSP 40MG/ ML	2	PA
NOXAFIL TAB 100MG	2	NM PA
SPORANOX CAP 100MG	3	PA
SPORANOX SOLN 10MG/ ML	2	PA
VFEND IV INJ 200MG	3	PA
VFEND SUSP 40MG/ ML	3	NM PA
VFEND TAB 50MG, 200MG	3	NM PA
<i>voriconazole inj 200mg</i>	1	PA
<i>voriconazole susp 40mg/ ml</i>	1	PA
<i>voriconazole tab 50mg, 200mg</i>	1	NM PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - ETHANOLAMINES		
<i>carbinoxamine soln 4mg/ 5ml</i>	1	PA
<i>carbinoxamine tab 4mg</i>	1	PA
CLEMASTINE SYRUP 0.5mg/ 5ml	2	PA
<i>clemastine tab 2.68mg</i>	1	PA
<i>diphenhydramine elixir 12.5mg/ 5ml (Rx only)</i>	1	PA
<i>diphenhydramine inj 50mg/ ml</i>	1	PA_BvD
ANTIHIISTAMINES - NON-SEDATING		
ALLEGRA ODT (OTC ONLY)	\$0*	
ALLEGRA SYRUP (OTC ONLY)	\$0*	
ALLEGRA TAB (OTC ONLY)	\$0*	
<i>cetirizine cap (otc only)</i>	\$0*	
<i>cetirizine chew (otc only)</i>	\$0*	
<i>cetirizine syrup (otc only)</i>	\$0*	
<i>cetirizine tab (otc only)</i>	\$0*	
CLARITIN CAP (OTC ONLY)	\$0*	
CLARITIN CHEW TAB (OTC ONLY)	\$0*	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLARITIN REDITAB (OTC ONLY)	\$0*	
CLARITIN SYRUP (OTC ONLY)	\$0*	
CLARITIN TAB (OTC ONLY)	\$0*	
<i>fexofenadine syrup (otc only)</i>	\$0*	
<i>fexofenadine tab (otc only)</i>	\$0*	
<i>loratadine ODT (otc only)</i>	\$0*	
<i>loratadine syrup (otc only)</i>	\$0*	
<i>loratadine tab (otc only)</i>	\$0*	
ZYRTEC ALLERGY CAP (OTC ONLY)	\$0*	
ZYRTEC CHEW (OTC ONLY)	\$0*	
ZYRTEC SYRUP (OTC ONLY)	\$0*	
ZYRTEC TAB (OTC ONLY)	\$0*	
ANTI-HISTAMINES - PHENOTHIAZINES		
PHENERGAN INJ 25MG/ ML, 50MG/ ML	3	PA
<i>promethazine inj 25mg/ ml, 50mg/ ml</i>	1	PA
<i>promethazine supp 12.5mg, 25mg, 50mg</i>	1	PA
<i>promethazine syrup 6.25mg/ 5ml</i>	1	PA
<i>promethazine tab 12.5mg, 25mg, 50mg</i>	1	PA
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine syrup 2mg/ 5ml</i>	1	PA
<i>cyproheptadine tab 4mg</i>	1	PA
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
VYTORIN TAB 10-10MG, 10-20MG, 10-40MG, 10-80MG	2	QL=30 Quantity/30 Days
ANTIHYPERLIPIDEMICS - MISC.		
KYNAMRO INJ 200MG/ ML	2	NM PA
VASCEPA CAP 1GM	2	PA
HMG COA REDUCTASE INHIBITORS		
CRESTOR TAB 20MG	2	QL=45 Quantity/30 Days
CRESTOR TAB 5MG, 10MG, 40MG	2	QL=30 Quantity/30 Days
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB 10MG	2	QL=30 Quantity/30 Days
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG, 10MG, 20MG, 30MG, 40MG, 60MG	2	NM PA
ANTIHYPERTENSIVES		
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER CAP 250MG	2	NM
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>guanfacine IR tab 1mg, 2mg</i>	1	PA
<i>methyl dopa tab 250mg, 500mg</i>	1	PA
RESERPINE TAB 0.1MG	2	QL=30 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RESERPINE TAB 0.25MG	2	PA
TENEX TAB 1MG, 2MG	3	PA
ANTIHYPERTENSIVE COMBINATIONS		
<i>methyldopa/ hydrochlorothiazide tab 250-15mg, 250-25mg</i>	1	PA
VASODILATORS		
<i>hydralazine inj 20mg/ ml</i>	1	PA_BvD
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AZACTAM INJ 1GM, 2GM	3	PA_BvD
AZACTAM/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 50ML	2	PA_BvD
<i>aztreonam inj 1gm</i>	1	PA_BvD
<i>baciim inj 50000unit</i>	1	PA_BvD
BACITRACIN INJ 50000UNIT	3	PA_BvD
CAYSTON INHALATION SOLN 75MG	2	NM PA
<i>colistimethate inj 150mg</i>	1	PA_BvD
COLY-MYCIN M INJ 150MG	3	PA_BvD
DALVANCE INJ 500MG	2	NM PA_BvD
<i>metronidazole/ nacl inj 500mg/ 100ml</i>	1	PA_BvD
NEBUPENT NEB 300MG	2	PA_BvD
PENTAM INJ 300MG	2	PA_BvD
VANCOCIN CAP 125MG	3	ST QL=56 Quantity/10 Days
VANCOCIN CAP 250MG	3	NM ST QL=56 Quantity/10 Days
<i>vancomycin cap 125mg, 250mg</i>	1	ST QL=56 Quantity/10 Days
<i>vancomycin inj 500mg, 1000mg, 10gm</i>	1	PA_BvD
VANCOMYCIN/ DEXTROSE INJ 500MG/ 100ML, 750MG/ 150ML, 1GM/ 200ML	1	PA_BvD
XIFAXAN TAB 200MG	2	QL=9 Quantity/3 Days
XIFAXAN TAB 550MG	2	QL=60 Quantity/30 Days
ANTI-INFECTIVE MISC. - COMBINATIONS		
SULFAMETHOXAZOLE/ TRIMETHOPRIM INJ 400-80MG/ 5ML	2	PA_BvD
CARBAPENEMS		
DORIBAX INJ 500MG	2	PA_BvD
<i>imipenem/ cilastatin inj 250mg, 500mg</i>	1	PA_BvD
INVANZ INJ 1GM	2	PA_BvD
INVANZ IV INJ 1GM	2	PA_BvD
<i>meropenem inj 500mg, 1gm</i>	1	PA_BvD
MERREM INJ 500MG, 1GM	3	PA_BvD
PRIMAXIN INJ 250MG, 500MG	3	PA_BvD
CHLORAMPHENICOLS		
CHLORAMPHENICAL INJ 1GM	2	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYCLIC LIPOPEPTIDES		
CUBICIN INJ 500MG	2	NM PA_BvD
GLYCYLCYCLINES		
TYGACIL INJ 50MG	2	NM PA_BvD
LINCOSAMIDES		
CLEOCIN IV SOLN 300MG/ 2ML	2	PA_BvD
CLEOCIN PHOSPHATE INJ 300MG/ 2ML, 600MG/ 4ML, 900MG/ 6ML, 9GM/ 60ML	3	PA_BvD
CLEOCIN/ D5W INJ 300MG/ 50ML, 600MG/ 50ML, 900MG/ 50ML	3	PA_BvD
<i>clindamycin inj 300mg/ 2ml, 600mg/ 4ml, 900mg/ 6ml, 9gm/ 60ml</i>	1	PA_BvD
<i>clindamycin IV soln 600mg/ 4ml, 900mg/ 6ml</i>	1	PA_BvD
<i>clindamycin/ d5w inj 300mg/ 50ml, 600mg/ 50ml, 900mg/ 50ml</i>	1	PA_BvD
LINCOCIN INJ 300MG/ ML	2	PA_BvD
OXAZOLIDINONES		
<i>linezolid inj 2mg/ ml</i>	1	NM PA
<i>linezolid tab 600mg</i>	1	NM PA
SIVEXTRO INJ 200MG	2	NM PA QL=6 Quantity/15 Days
SIVEXTRO TAB 200MG	2	NM PA QL=6 Quantity/15 Days
ZYVOX INJ 2MG/ ML	3	NM PA
ZYVOX SUSP 100MG/ 5ML	2	NM PA
ZYVOX TAB 600MG	3	NM PA
POLYMYXINS		
<i>polymyxin B sulfate inj 500000unit</i>	1	PA_BvD
STREPTOGRAMINS		
SYNERCID INJ 500MG	2	NM PA_BvD
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT INJ 1GM	2	PA_BvD
RIFADIN INJ 600MG	3	PA_BvD
<i>rifampin inj 600mg</i>	1	PA_BvD
SIRTURO TAB 100MG	2	NM
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN INJ 50MG	3	NM PA_BvD
BICNU INJ 100MG	2	NM PA_BvD
BUSULFEX INJ 6MG/ ML	2	PA_BvD
<i>carboplatin inj 10mg/ ml</i>	1	PA_BvD
<i>cisplatin inj 1mg/ ml</i>	1	PA_BvD
CISPLATIN INJ 200MG/ 200ML	2	PA_BvD
CYCLOPHOSPHAMIDE CAP 25MG, 50MG	2	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELOXATIN INJ 50MG/ 10ML, 100MG/ 20ML	3	PA_BvD
HEXALEN CAP 50MG	2	NM
IFEX INJ 1GM	3	PA_BvD
IFEX INJ 3GM	2	PA_BvD
<i>ifosfamide inj 1gm</i>	1	PA_BvD
<i>ifosfamide inj 1gm/ 20ml, 3gm/ 60ml</i>	1	PA_BvD
IFOSFAMIDE INJ 1GM/ 20ML, 3GM/ 60ML	3	PA_BvD
<i>melphalan inj 50mg</i>	1	NM PA_BvD
MUSTARGEN INJ 10MG	2	PA_BvD
<i>oxaliplatin inj 50mg/ 10ml, 100mg/ 20ml</i>	1	PA_BvD
TREANDA INJ 45MG, 100MG, 180MG	2	NM PA_NSO
ZANOSAR INJ 1GM	2	PA_BvD
ANTIMETABOLITES		
ALIMTA INJ 500MG	2	NM PA_BvD
ARRANON INJ 5MG/ ML	2	PA_BvD
<i>azacitidine inj 100mg</i>	1	PA_BvD
<i>cladribine inj 1mg/ ml</i>	1	PA_BvD
CLOLAR INJ 1MG/ ML	2	PA_BvD
<i>cytarabine inj 20mg/ ml</i>	1	PA_BvD
<i>cytarabine PF inj 20mg/ ml, 100mg/ ml</i>	1	PA_BvD
DACOGEN INJ 50MG	3	NM PA_BvD
<i>decitabine inj 50mg</i>	1	NM PA_BvD
FLUDARA INJ 50MG	3	PA_BvD
<i>fludarabine inj 50mg</i>	1	PA_BvD
<i>fluorouracil inj 50mg/ ml</i>	1	PA_BvD
FOLOTYN INJ 40MG/ 2ML	2	NM PA_NSO
<i>gemcitabine inj 200mg, 1gm</i>	1	PA_BvD
GEMCITABINE INJ 200MG, 1GM, 2GM	2	PA_BvD
GEMZAR INJ 200MG, 1GM	3	PA_BvD
VIDAZA INJ 100MG	3	NM PA_BvD
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ 100MG/ 4ML	2	NM PA_BvD
ZALTRAP INJ 100MG/ 4ML, 200MG/ 8ML	2	NM PA_NSO
ANTINEOPLASTIC - ANTIBODIES		
ARZERRA INJ 100MG/ 5ML	2	NM PA_BvD
ERBITUX SOLN 100MG/ 50ML, 200MG/ 100ML	2	NM PA_BvD
GAZYVA INJ 25MG/ ML	2	NM PA_BvD
HERCEPTIN INJ 440MG	2	NM PA_BvD
KADCYLA INJ 100MG	2	NM PA_NSO
KEYTRUDA IV SOLN 50MG	2	NM PA_NSO
OPDIVO INJ 40MG/ 4ML	2	NM PA_NSO
PERJETA INJ 30MG/ ML	2	NM PA_NSO
RITUXAN INJ 100MG/ 10ML	2	NM PA_BvD
RITUXAN INJ 500MG/ 50ML	2	NM PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VECTIBIX INJ 100MG/ 5ML, 400MG/ 20ML	2	NM PA_BvD
YERVOY INJ 50MG/ 10ML	2	NM PA_NSO
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	2	NM PA_NSO
ANTINEOPLASTIC - HORMONAL AGENTS		
ELIGARD INJ 7.5MG, 22.5MG, 30MG, 45MG	2	PA_BvD
FASLODEX INJ 250MG/ 5ML	2	NM PA_BvD
<i>leuprolide inj 5mg/ ml</i>	1	PA_BvD
LUPRON DEPOT INJ 3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG, 45MG	2	NM PA_BvD
MEGACE ORAL SUSP 40MG/ ML	3	PA_NSO
<i>megestrol acetate susp 40mg/ ml</i>	1	PA_NSO
<i>megestrol acetate tab 20mg, 40mg</i>	1	PA_NSO
TRELSTAR MIXJECT INJ 3.75MG, 11.25MG, 22.5MG	2	NM PA_BvD
ZYTIGA TAB 250MG	2	NM PA_NSO
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
FIRMAGON INJ 120MG	2	NM PA_NSO
FIRMAGON INJ 80MG	2	PA_NSO
SOLTAMOX ORAL SOLN 10MG/ 5ML	2	PA_NSO
XTANDI CAP 40MG	2	NM PA_NSO QL=120 Quantity/30 Days
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG, 2MG, 3MG, 4MG	2	NM PA_NSO
ANTINEOPLASTIC ANTIBIOTICS		
<i>bleomycin sulfate inj 30unit</i>	1	PA_BvD
COSMEGEN INJ 0.5MG	2	NM PA_BvD
<i>daunorubicin inj 5mg/ ml</i>	1	PA_BvD
DOXIL INJ 2MG/ ML	3	NM PA_BvD
<i>doxorubicin inj 2mg/ ml</i>	1	PA_BvD
ELLEENCE INJ 2MG/ ML	3	PA_BvD
<i>epirubicin inj 2mg/ ml</i>	1	PA_BvD
IDAMYCIN PFS INJ 1MG/ ML	3	PA_BvD
<i>idarubicin inj 1mg/ ml</i>	1	PA_BvD
<i>lipodox inj 2mg/ ml</i>	1	NM PA_BvD
<i>mitomycin inj 20mg, 40mg</i>	1	PA_BvD
<i>mitoxantron inj 2mg/ ml</i>	1	PA_BvD
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ TAB 2MG, 3MG, 5MG	2	NM PA_NSO
AFINITOR TAB 2.5MG, 5MG, 7.5MG, 10MG	2	NM PA_NSO QL=30 Quantity/30 Days
BELEODAQ IV INJ 500MG	2	NM PA_NSO
BOSULIF TAB 100MG, 500MG	2	NM PA_NSO
CAPRELSA TAB 100MG, 300MG	2	NM PA_NSO
COMETRIQ CAP PACK	2	NM PA_NSO
FARYDAK CAP 10MG, 15MG, 20MG	2	NM PA_NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GILOTRIF TAB 20MG, 30MG, 40MG	2	NM PA_NSO QL=30 Quantity/30 Days
GLEEVEC TAB 100MG, 400MG	2	NM PA_NSO
IBRANCE CAP 75MG, 100MG, 125MG	2	NM PA_NSO
ICLUSIG TAB 15MG, 45MG	2	NM PA_NSO
IMBRUVICA CAP 140MG	2	NM PA_NSO QL=120 Quantity/30 Days
INLYTA TAB 1MG, 5MG	2	NM PA_NSO QL=240 Quantity/30 Days
ISTODAX INJ 10MG	2	NM PA_NSO
JAKAFI TAB 5MG, 10MG, 15MG, 20MG, 25MG	2	NM PA_NSO QL=60 Quantity/30 Days
KYPROLIS SOLN 60MG	2	NM PA_BvD
LENVIMA THERAPY PACK 10MG, 14MG, 20MG, 24MG	2	NM PA_NSO
LYNPARZA CAP 50MG	2	NM PA_NSO
MEKINIST TAB 0.5MG, 2MG	2	NM PA_NSO
NEXAVAR TAB 200MG	2	NM PA_NSO
SPRYCEL TAB 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	2	PA_NSO
STIVARGA TAB 40MG	2	NM PA_NSO QL=120 Quantity/30 Days
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG	2	NM PA_NSO
TAFINLAR CAP 50MG, 75MG	2	NM PA_NSO QL=120 Quantity/30 Days
TARCEVA TAB 25MG, 100MG, 150MG	2	NM PA_NSO
TASIGNA CAP 150MG, 200MG	2	NM PA_NSO
TORISEL SOLN 25MG/ ML	2	NM PA_BvD
TYKERB TAB 250MG	2	NM PA_NSO
VELCADE INJ 3.5MG	2	NM PA_BvD
VOTRIENT TAB 200MG	2	NM PA_NSO
XALKORI CAP 200MG, 250MG	2	NM PA_NSO
ZELBORAF TAB 240MG	2	NM PA_NSO
ZOLINZA CAP 100MG	2	NM PA_NSO
ZYDELIG TAB 100MG, 150MG	2	PA_NSO
ZYKADIA CAP 150MG	2	NM PA_NSO
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ 10000UNIT	2	NM PA_NSO
ONCASPAR INJ 750UNIT	2	NM PA_BvD
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 100MCG/ 0.5ML	2	NM PA_BvD
<i>bexarotene cap 75mg</i>	1	NM PA_NSO
<i>dacarbazine inj 200mg</i>	1	PA_BvD
INTRON-A INJ 18000000UNIT, 50000000UNIT	2	NM PA_BvD
INTRON-A INJ 6000000UNIT, 10000000UNIT	2	PA_BvD
PENTOSTATIN INJ 10MG	2	NM PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PHOTOFRIN INJ 75MG	2	PA_BvD
PROLEUKINE IV SOLN 22000000UNIT	2	NM PA_BvD
SYLATRON INJ 296MCG, 444MCG, 888MCG	2	NM PA_NSO
SYNRIBO INJ 3.5MG	2	NM PA_BvD
TARGRETIN CAP 75MG	2	NM PA_NSO
TRISENOX INJ 10MG/ 10ML	2	PA_BvD
UVADEX SOLN 20MCG/ ML	2	PA_BvD
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ 1.5MG	2	NM PA_BvD
KEPIVANCE INJ 6.25MG	2	NM PA_BvD
CHEMOTHERAPY RESCUE/ ANTIDOTE AGENTS		
<i>amifostine inj 500mg</i>	1	PA_BvD
<i>dexrazoxane inj 250mg, 500mg</i>	1	PA_BvD
ETHYOL INJ 500MG	3	PA_BvD
FUSILEV INJ 50MG	2	PA_BvD
<i>leucovorin inj 100mg, 350mg</i>	1	PA_BvD
LEVOLEUCOVORIN INJ 10MG/ ML	2	NM PA_BvD
<i>mesna inj 100mg/ ml</i>	1	PA_BvD
MESNEX INJ 100MG/ ML	3	PA_BvD
ZINECARD INJ 250MG	3	PA_BvD
MITOTIC INHIBITORS		
ABRAXANE IV SUSP 100MG	2	NM PA_BvD
DOCEFREZ INJ 20MG, 80MG	2	NM PA_BvD
DOCETAXEL INJ 10MG/ ML	2	PA_BvD
<i>docetaxel inj 20mg/ ml</i>	1	NM PA_BvD
DOCETAXEL INJ 20MG/ ML	2	NM PA_BvD
ETOPOPHOSPHATE INJ 100MG	2	PA_BvD
<i>etoposide inj 20mg/ ml</i>	1	PA_BvD
HALAVEN INJ 1MG/ 2ML	2	NM PA_BvD
IXEMPRA INJ 45MG	2	NM PA_BvD
JEVTANA INJ 60MG/ 1.5ML	2	NM PA_BvD
MARQIBO INJ 5MG/ 31ML	2	NM PA_BvD
NAVELBINE INJ 10MG/ ML	3	PA_BvD
<i>paclitaxel inj 6mg/ ml</i>	1	PA_BvD
TAXOL INJ 6MG/ ML	2	PA_BvD
TAXOTERE INJ 20MG/ ML	3	NM PA_BvD
TAXOTERE INJ 40MG/ ML	2	NM PA_BvD
VINBLASTINE INJ 1MG/ ML	2	PA_BvD
<i>vincristine inj 1mg/ ml</i>	1	PA_BvD
<i>vinorelbine inj 10mg/ ml</i>	1	PA_BvD
TOPOISOMERASE I INHIBITORS		
CAMPTOSTAR INJ 40MG/ 2ML, 100MG/ 5ML	3	PA_BvD
HYCAMTIN INJ 4MG	3	NM PA_BvD
IRINOTECAN HCL INJ 500 MG/ 25ML	2	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>irinotecan inj 20mg/ ml</i>	1	PA_BvD
<i>topotecan inj 4mg</i>	1	PA_BvD
ANTIPARKINSON AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine inj 1mg/ ml</i>	1	PA_BvD
<i>benztropine tab 0.5mg, 1mg, 2mg</i>	1	PA
COGENTIN INJ 1MG/ ML	3	PA_BvD
<i>trihexyphenidyl soln 0.4mg/ ml</i>	1	PA
<i>trihexyphenidyl tab 2mg, 5mg</i>	1	PA
ANTIPARKINSON DOPAMINERGICS		
APOKYN INJ 10MG/ ML	2	NM PA_BvD
ANTIPSYCHOTICS/ ANTIMANIC AGENTS		
ANTIPSYCHOTICS - MISC.		
GEODON INJ 20MG	2	PA_BvD
LATUDA TAB 20MG, 40MG, 60MG, 80MG, 120MG	2	PA_NSO QL=30 Quantity/30 Days
BENZISOXAZOLES		
FANAPT TAB 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	PA_NSO
FANAPT TAB TITRATION PACK	2	PA_NSO
INVEGA SUSTENNA INJ 39MG, 78MG, 117MG, 156MG, 234MG	2	PA_NSO
INVEGA TAB 1.5MG, 3MG, 6MG, 9MG	2	PA_NSO
<i>paliperidone SR tab 1.5mg, 3mg, 6mg, 9mg</i>	1	PA_NSO
RISPERDAL INJ 12.5MG, 25MG, 37.5MG, 50MG	2	PA_BvD
BUTYROPHENONES		
HALDOL DECANOATE INJ 50MG/ ML, 100MG/ ML	3	PA_BvD
HALDOL INJ 5MG/ ML	3	PA_BvD
<i>haloperidol decanoate inj 50mg/ ml, 100mg/ ml</i>	1	PA_BvD
<i>haloperidol inj 5mg/ ml</i>	1	PA_BvD
DIBENZAPINES		
<i>olanzapine inj 10mg</i>	1	PA_BvD
SAPHRIS SL TAB 2.5MG, 5MG, 10MG	2	PA_NSO QL=60 Quantity/30 Days
ZYPREXA INJ 10MG	3	PA_BvD
ZYPREXA ZYDIS TAB 15MG, 20MG	3	NM
PHENOTHIAZINES		
CHLORPROMAZINE INJ 25MG/ ML	2	PA_BvD
<i>fluphenazine decanoate inj 25mg/ ml</i>	1	PA_BvD
FLUPHENAZINE INJ 2.5MG/ ML	2	PA_BvD
<i>prochlorperazine inj 5mg/ ml</i>	1	PA_BvD
<i>thioridazine tab 10mg, 25mg, 50mg, 100mg</i>	1	PA_NSO
QUINOLINONE DERIVATIVES		
ABILIFY DISC TAB 10MG, 15MG	2	PA_NSO QL=60 Quantity/30 Days
ABILIFY INJ 7.5MG/ ML	2	PA_NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABILIFY MAINTENA INJ 300MG, 400MG	2	PA_NSO
ABILIFY TAB 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	3	PA_NSO QL=60 Quantity/30 Days
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL=60 Quantity/30 Days
ANTIVIRALS		
ANTIRETROVIRALS		
APTIVUS CAP 250MG	2	NM
APTIVUS SOLN 100MG/ ML	2	NM
ATRIPLA TAB 600-200-300MG	2	NM
COMBIVIR TAB 150-300MG	3	NM
COMPLERA TAB 200-25-300MG	2	NM
EDURANT TAB 25MG	2	NM
EPZICOM TAB 600-300MG	2	NM
EVOTAZ TAB 300-150MG	2	NM
FUZEON INJ 90MG	2	NM
INTELENCE TAB 100MG, 200MG	2	NM
INVIRASE TAB 500MG	2	NM
ISENTRESS CHEW TAB 100MG	2	NM
ISENTRESS TAB 400MG	2	NM
KALETRA SOLN 80-20MG/ ML	2	NM
KALETRA TAB 200-50MG	2	NM
<i>lamivudine/ zidovudine tab 150-300mg</i>	1	NM
LEXIVA TAB 700MG	2	NM
PREZCOBIX TAB 800-150MG	2	NM
PREZISTA TAB 600MG, 800MG	2	NM
REYATAZ CAP 150MG, 200MG, 300MG	2	NM
REYATAZ POWDER PACKET 50MG	2	NM
SELZENTRY TAB 150MG, 300MG	2	NM
STRIBILD TAB 150-150-200-300MG	2	NM
TIVICAY TAB 50MG	2	NM QL=60 Quantity/30 Days
TRIUMEQ TAB 600-50-300MG	2	NM
TRUVADA TAB 200-300MG	2	NM
VIRACEPT TAB 250MG, 625MG	2	NM
VIREAD TAB 150MG, 200MG, 250MG, 300MG	2	NM
VITEKTA TAB 85MG, 150MG	2	NM
CMV AGENTS		
<i>cidofovir inj 75mg/ ml</i>	1	PA_BvD
CYTOVENE INJ 500MG	3	PA_BvD
FOSCARNET INJ 24MG/ ML	2	PA_BvD
<i>ganciclovir inj 500mg</i>	1	PA_BvD
VALCYTE SOLN 50MG/ ML	2	NM
VALCYTE TAB 450MG	3	NM
<i>valganciclovir tab 450mg</i>	1	NM
VISTIDE INJ 75MG/ ML	3	NM PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEPATITIS AGENTS		
COPEGUS TAB 200MG	3	NM
HARVONI TAB 90-400MG	2	NM PA QL=30 Quantity/30 Days
MODERIBA TAB DOSE PACK 400MG, 600MG	2	NM
PEG-INTRON INJ (ALL STRENGTHS)	2	NM
PEGASYS INJ 135MCG/ 0.5ML, 180MCG/ 0.5ML, 180MCG/ ML	2	NM
REBETOL CAP 200MG	3	NM
REBETOL SOLN 40MG/ ML	2	NM
RIBAPAK TAB 600MG	1	NM
RIBAPAK TAB DOSE PACK	2	NM
<i>ribavirin tab 600mg</i>	1	NM
SOVALDI TAB 400MG	2	NM PA QL=30 Quantity/30 Days
HERPES AGENTS		
<i>acyclovir inj 500mg</i>	1	PA_BvD
<i>acyclovir inj 50mg/ ml</i>	1	PA_BvD
INFLUENZA AGENTS		
RELENZA DISKHALER 5MG	2	QL=56 Quantity/180 Days
TAMIFLU CAP 30MG	2	QL=84 Quantity/180 Days
TAMIFLU CAP 45MG, 75MG	2	QL=28 Quantity/180 Days
TAMIFLU SUSP 6MG/ ML	2	QL=9 Quantity/180 Days
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
VIRAZOLE SOLN 6GM	2	NM PA_BvD
ASSORTED CLASSES		
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	2	NM PA_NSO QL=30 Quantity/30 Days
THALOMID CAP 50MG, 100MG, 150MG, 200MG	2	NM PA_NSO
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG, 1MG, 5MG	2	PA_BvD
ATGAM INJ 50MG/ ML	2	NM PA_BvD
AZASAN TAB 75MG, 100MG	2	PA_BvD
<i>azathioprine tab 50mg</i>	1	PA_BvD
CELLCEPT CAP 250MG	3	PA_BvD
CELLCEPT IV INJ 500MG	2	PA_BvD
CELLCEPT SUSP 200MG/ ML	3	PA_BvD
CELLCEPT TAB 500MG	3	PA_BvD
<i>cyclosporine cap 25mg, 100mg</i>	1	PA_BvD
<i>cyclosporine inj 50mg/ ml</i>	1	PA_BvD
<i>cyclosporine modified cap 25mg, 100mg</i>	1	PA_BvD
CYCLOSPORINE MODIFIED CAP 50MG	2	PA_BvD
<i>cyclosporine modified soln 100mg/ ml</i>	1	PA_BvD
IMURAN TAB 50MG	3	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolate cap 250mg</i>	1	PA_BvD
<i>mycophenolate mofetil susp 200mg/ ml</i>	1	PA_BvD
<i>mycophenolate sodium tab 180mg, 360mg</i>	1	PA_BvD
<i>mycophenolate tab 500mg</i>	1	PA_BvD
MYFORTIC TAB 180MG, 360MG	3	PA_BvD
NEORAL CAP 25MG, 100MG	3	PA_BvD
NEORAL SOLN 100MG/ ML	3	PA_BvD
NULOJIX INJ 250MG	2	NM PA_BvD
PROGRAF CAP 0.5MG, 1MG, 5MG	3	PA_BvD
PROGRAF INJ 5MG/ ML	2	PA_BvD
RAPAMUNE SOLN 1MG/ ML	2	PA_BvD
RAPAMUNE TAB 0.5MG, 1MG, 2MG	3	PA_BvD
SANDIMMUNE CAP 25MG, 100MG	3	PA_BvD
SANDIMMUNE INJ 50MG/ ML	3	PA_BvD
SANDIMMUNE SOLN 100MG/ ML	2	PA_BvD
SIMULECT INJ 20MG	2	NM PA_BvD
<i>sirolimus tab 0.5mg, 1mg, 2mg</i>	1	PA_BvD
<i>tacrolimus cap 0.5mg, 1mg, 5mg</i>	1	PA_BvD
THYMOGLOBULIN INJ 25MG	2	NM PA_BvD
ZORTRESS TAB 0.25MG, 0.5MG, 0.75MG	2	PA_NSO
IRRIGATION SOLUTIONS		
<i>lactated ringers irrigation</i>	1	PA_BvD
<i>physiosol irrigation soln</i>	1	PA_BvD
<i>ringers irrigation</i>	1	PA_BvD
<i>sterile water irrigation</i>	1	PA_BvD
LYMPHATIC AGENTS		
SYLVANT INJ 100MG	2	NM PA_BvD
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 120MG	2	NM PA_BvD
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>labetalol inj 5mg/ ml</i>	1	PA_BvD
BETA BLOCKERS CARDIO-SELECTIVE		
LOPRESSOR INJ 1MG/ ML	3	PA_BvD
<i>metoprolol tartrate inj 1mg/ ml</i>	1	PA_BvD
BETA BLOCKERS NON-SELECTIVE		
<i>propranolol inj 1mg/ ml</i>	1	PA_BvD
SOTALOL INJ 150MG/ 10ML	2	PA_BvD
BIOLOGICALS MISC		
BIOLOGICALS MISC		
ADAGEN INJ 250UNIT	2	NM PA
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARDENE INJ 20MG/ 200ML, 40MG/ 200ML	2	PA_BvD
DILTIAZEM INJ 100MG	2	PA_BvD
<i>diltiazem inj 5mg/ ml</i>	1	PA_BvD
<i>nicardipine inj 2.5mg/ ml</i>	1	PA_BvD
<i>nifedipine cap 10mg, 20mg</i>	1	PA
PROCARDIA CAP 10MG	3	PA
<i>verapamil inj 2.5mg/ ml</i>	1	PA_BvD
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin inj 0.25mg/ ml</i>	1	PA
<i>digoxin oral soln 0.05mg/ ml</i>	1	PA
<i>digoxin tab 0.125mg</i>	1	QL=30 Quantity/30 Days
<i>digoxin tab 0.25mg</i>	1	PA
LANOXIN INJ 0.25MG/ ML	3	PA
LANOXIN TAB 0.125MG	3	QL=30 Quantity/30 Days
LANOXIN TAB 0.25MG	3	PA
CARDIOVASCULAR AGENTS - MISC.		
PROSTAGLANDIN VASODILATORS		
REMODULIN INJ 1MG/ ML, 2.5MG/ ML, 5MG/ ML, 10MG/ ML	2	NM PA_BvD
TYVASO INHALATION SOLN 0.6MG/ ML	2	NM PA
VENTAVIS INHALATION SOLN 10MCG/ ML, 20MCG/ ML	2	NM PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB 5MG, 10MG	2	NM PA QL=30 Quantity/30 Days
OPSUMIT TAB 10MG	2	NM PA
TRACLEER TAB 62.5MG, 125MG	2	NM PA QL=60 Quantity/30 Days
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	2	NM PA
REVATIO INJ 10MG/ 12.5ML	3	NM PA
REVATIO TAB 20MG	3	NM PA
<i>sildenafil inj 10mg/ 12.5ml</i>	1	NM PA
<i>sildenafil tab 20mg</i>	1	PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	2	NM PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefazolin inj 500mg, 1gm, 10gm, 20gm</i>	1	PA_BvD
CEFAZOLIN/ D5W INJ 1GM/ 50ML	2	PA_BvD
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ 1GM, 2GM, 10GM	2	PA_BvD
<i>cefoxitin inj 1gm, 2gm, 10gm</i>	1	PA_BvD
CEFOXITIN/ DEXTROSE INJ 1GM-4%, 2GM-2.2%	2	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefuroxime inj 750mg, 1.5gm, 7.5gm</i>	1	PA_BvD
ZINACEF INJ 750MG, 1.5GM, 7.5GM	3	PA_BvD
ZINACEF IV SOLN 750MG	2	PA_BvD
ZINACEF/ H2O INJ 1.5GM/ 50ML	2	PA_BvD
CEPHALOSPORINS - 3RD GENERATION		
CEFOTAXIME INJ 1GM, 2GM	2	PA_BvD
<i>cefotaxime inj 500mg, 1gm, 2gm, 10gm</i>	1	PA_BvD
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	PA_BvD
CEFTAZIDIME INJ 500MG	1	PA_BvD
CEFTAZIDIME/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 50ML	2	PA_BvD
<i>ceftriaxone inj 250mg, 500mg, 1gm, 2gm, 10gm</i>	1	PA_BvD
CEFTRIAXONE/ DEXTROSE INJ 2.22%, 3.74%	1	PA_BvD
CLAFORAN INJ 500MG, 1GM, 2GM, 10GM	3	PA_BvD
FORTAZ INJ 1GM, 2GM, 6GM	3	PA_BvD
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime inj 1gm, 2gm</i>	1	PA_BvD
MAXIPIME INJ 1MG, 2MG	3	PA_BvD
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ 400MG, 600MG	2	NM PA_BvD
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
LEVONORGESTREL TAB 0.75MG (RX ONLY)	2*	
<i>next choice tab (RX Only)</i>	1*	
PLAN-B (RX ONLY)	3*	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT INJ 100MG	2	PA_BvD
<i>budesonide EC cap 3mg</i>	1	NM
DEPO-MEDROL INJ 20MG/ ML	2	PA_BvD
DEPO-MEDROL INJ 40MG/ ML, 80MG/ ML	3	PA_BvD
DEXAMETHASONE INJ 10MG/ ML	2	PA_BvD
<i>dexamethasone inj 4mg/ ml, 20mg/ 5ml, 100mg/ 10ml, 120mg/ 30ml</i>	1	PA_BvD
ENTOCORT EC CAP 3MG	3	NM
KENALOG INJ 10MG/ ML, 40MG/ ML	2	PA_BvD
<i>methylprednisolone inj 40mg/ ml, 80mg/ ml</i>	1	PA_BvD
METHYLPREDNISOLONE PF INJ 40MG/ ML, 80MG/ ML, 100MG/ ML	1	PA_BvD
<i>methylprednisolone sodium succinate inj 40mg, 125mg, 1000mg</i>	1	PA_BvD
SOLU-CORTEF INJ 100MG, 250MG, 500MG, 1000MG	2	PA_BvD
SOLU-MEDROL INJ 2000MG	2	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOLU-MEDROL INJ 40MG, 125MG, 500MG	3	PA_BvD
UCERIS TAB 9MG	2	PA QL=30 Quantity/30 Days
COUGH/ COLD/ ALLERGY		
COUGH/ COLD/ ALLERGY COMBINATIONS		
ALLEGRA D 12 HOUR (OTC ONLY)	\$0*	
ALLEGRA D TAB (OTC ONLY)	\$0*	
<i>cetirizine-D tab (otc only)</i>	\$0*	
CLARITIN-D TAB (OTC ONLY)	\$0*	
<i>fexofenadine/ pseudoephedrine 12 hour tab (otc only)</i>	\$0*	
<i>fexofenadine/ pseudoephedrine 24 hour (otc only)</i>	\$0*	
<i>loratadine-D tab (otc only)</i>	\$0*	
<i>promethazine VC syrup 6.25-5mg/ 5ml</i>	2	PA
ZYRTEC-D TAB (OTC ONLY)	\$0*	
MUCOLYTICS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	1	PA_BvD
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%, 0.3%</i>	1	PA
ATRALIN GEL 0.05%	2	PA
AZELEX CREAM 20%	2	PA
DIFFERIN CREAM 0.1%	3	PA
DIFFERIN GEL 0.1%, 0.3%	3	PA
DIFFERIN LOTION 0.1%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
RETIN-A CREAM 0.025%, 0.05%, 0.1%	3	PA
RETIN-A GEL 0.025%, 0.01%	3	PA
RETIN-A MICRO GEL 0.04%, 0.1%	3	PA
RETIN-A MICRO GEL PUMP 0.08%	2	PA
TRETIN-X CREAM 0.0375%	2	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.025%, 0.01%</i>	1	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	1	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
FLECTOR PATCH 1.3%	2	PA QL=60 Quantity/30 Days
VOLTAREN GEL 1%	2	QL=5 Quantity/14 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
PANRETIN GEL 1%	2	NM
PICATO GEL 0.015%	2	NM QL=3 Quantity/10 Days
PICATO GEL 0.05%	2	NM QL=2 Quantity/10 Days
TARGRETIN GEL 1%	2	NM
VALCHLOR GEL 0.016%	2	NM PA_NSO QL=4 Quantity/30 Days
ANTIPSORIATICS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STELARA INJ 45MG/ 0.5ML	2	NM PA QL=1 Quantity/84 Days
STELARA INJ 90MG/ ML	2	NM PA
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine patch 5%</i>	1	PA QL=90 Quantity/30 Days
LIDODERM PATCH 5%	3	PA QL=90 Quantity/30 Days
ROSACEA AGENTS		
METROGEL 1%	3	ST
NORITATE CREAM 1%	2	ST
SCABICIDES & PEDICULICIDES		
SKLICE LOTION 0.5%	2	QL=1 Quantity/15 Days
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	2	NM QL=2 Quantity/15 Days
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
PANCREAZE CAP (ALL STRENGTHS)	2	ST
PERTZYE CAP (ALL STRENGTHS)	2	ST
ULTRESA CAP (ALL STRENGTHS)	2	ST
ZENPEP CAP (ALL STRENGTHS)	2	ST
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide inj 500mg</i>	1	PA_BvD
LOOP DIURETICS		
<i>bumetanide inj 0.25mg/ ml</i>	1	PA_BvD
<i>furosemide inj 10mg/ ml</i>	1	PA_BvD
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide inj 500mg</i>	1	PA_BvD
SODIUM DIURIL INJ 500MG	3	PA_BvD
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 5MG, 30MG, 35MG, 150MG	3	ST
AELVIA TAB 35MG	3	ST
BONIVA INJ 3MG/ 3ML	3	PA_BvD ST
BONIVA TAB 150MG	3	ST QL=1 Quantity/30 Days
FORTEO INJ 600MCG/ 2.4ML	2	NM PA
<i>ibandronate inj 3mg/ 3ml</i>	1	PA_BvD ST
<i>ibandronate tab 150mg</i>	1	ST QL=1 Quantity/30 Days
MIACALCIN INJ 200UNIT	2	PA_BvD
NATPARA INJ 25MCG, 50MCG, 75MCG, 100MCG	2	NM PA
<i>pamidronate inj 30mg, 90mg</i>	1	PA_BvD
<i>pamidronate inj 3mg/ ml, 9mg/ ml</i>	1	PA_BvD
PAMIDRONATE INJ 6MG/ ML	2	PA_BvD
PROLIA SOLN 60MG/ ML	2	PA_BvD
RECLAST INJ 5MG/ 100ML	3	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium DR tab 35mg</i>	1	ST
<i>risedronate sodium tab 5mg, 30mg, 35mg, 150mg</i>	1	ST
XGEVA INJ 120MG/ 1.7ML	2	NM PA
<i>zoledronic acid inj 5mg/ 100ml</i>	1	PA_BvD
<i>zoledronic acid inj conc 4mg/ 5ml</i>	1	PA_BvD
ZOLEDRONIC INJ 4MG	2	NM PA_BvD
ZOMETA INJ 4MG/ 100ML	2	NM PA_BvD
ZOMETA INJ 4MG/ 5ML	3	NM PA_BvD
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	2	NM PA_BvD
GROWTH HORMONES		
NORDITROPIN FLEXPRO INJ 5MG/ 1.5ML, 10MG/ 1.5ML, 15MG/ 1.5ML	2	NM PA
NORDITROPIN NORDIFLEX PEN 30MG/ 3ML	2	NM PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 10MG/ ML	2	NM PA
LHRH/ GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT PEDIATRIC INJ 11.25MG, 15MG, 30MG	2	NM PA_BvD
SYNAREL SOLN 2MG/ ML	2	NM
METABOLIC MODIFIERS		
ALDURAZYME INJ 2.9MG/ 5ML	2	NM PA_BvD
<i>calcitriol cap 0.25mcg, 0.5mcg</i>	1	PA_BvD
<i>calcitriol inj 1mcg/ ml</i>	1	PA_BvD
<i>calcitriol soln 1mcg/ ml</i>	1	PA_BvD
CARNITOR INJ 200MG/ ML	3	PA_BvD
CARNITOR SOLN 1GM/ 10ML	3	PA_BvD
CARNITOR TAB 330MG	3	PA_BvD
<i>doxercalciferol cap 0.5mcg, 1mcg, 2.5mcg</i>	1	PA_BvD
<i>doxercalciferol inj 2mcg/ ml</i>	1	PA_BvD
ELAPRASE INJ 2MG/ ML	2	NM PA_BvD
FABRAZYME INJ 35MG	2	NM PA_BvD
HECTOROL CAP 0.5MCG, 1MCG, 2.5MCG	3	PA_BvD
HECTOROL INJ 2MCG/ ML	2	PA_BvD
HECTOROL INJ 4MCG/ 2ML	3	PA_BvD
KUVAN POWDER PACKET 500MG	2	NM PA
KUVAN TAB 100MG	2	NM PA
<i>levocarnitine inj 200mg/ ml</i>	1	PA_BvD
<i>levocarnitine soln 1gm/ 10ml</i>	1	PA_BvD
<i>levocarnitine tab 330mg</i>	1	PA_BvD
LUMIZYME INJ 50MG	2	NM PA_BvD
NAGLAZYME INJ 1MG/ ML	2	NM PA_BvD
ORFADIN CAP 2MG, 5MG, 10MG	2	NM PA
<i>paricalcitol cap 1mcg, 2mcg, 4mcg</i>	1	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paricalcitol inj 2mcg/ ml, 5mcg/ ml</i>	2	PA_BvD
RAVICTI LIQUID 1.1GM/ ML	2	NM PA
ROCALTROL CAP 0.25MCG, 0.5MCG	3	PA_BvD
ROCALTROL SOLN 1MCG/ ML	3	PA_BvD
ZEMPLAR CAP 1MCG, 2MCG	3	PA_BvD
ZEMPLAR INJ 2MCG/ ML, 5MCG/ ML	2	PA_BvD
POSTERIOR PITUITARY HORMONES		
DDAVP INJ 4MCG/ ML	3	PA_BvD
<i>desmopressin inj 4mcg/ ml</i>	1	PA_BvD
SOMATOSTATIC AGENTS		
<i>octreotide inj 50mcg, 100mcg, 200mcg, 500mcg, 1000mg</i>	1	PA_BvD
SANDOSTATIN INJ 100MCG/ ML, 200MCG/ ML, 500MCG/ ML, 1000MCG/ ML	3	NM PA_BvD
SANDOSTATIN INJ 50MCG/ ML	3	PA_BvD
SANDOSTATIN LAR DEPOT INJ KIT 10MG, 20MG, 30MG	2	NM PA_BvD
SIGNIFOR INJ 0.3MG/ ML, 0.6MG/ ML, 0.9MG/ ML	2	NM PA QL=60 Quantity/30 Days
SOMATULINE DEPOT INJ 60MG/ 0.2ML, 90MG/ 0.3ML, 120MG/ 0.5ML	2	NM PA_BvD
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 0.5-0.1MG, 1-0.5MG	3	PA
ANGELIQ TAB 0.25-0.5MG, 0.5-1MG	2	PA
CLIMARA PRO PATCH 0.045-0.015MG	2	PA
COMBIPATCH 0.05-0.14MG, 0.05-0.25MG	2	PA
FEMHRT LOW DOSE TAB 0.5MG-2.5MCG	3	PA
<i>lopreeza tab 0.5-0.1mg, 1-0.5mg</i>	1	PA
<i>norethindrone acetate/ ethinyl estradiol tab 0.5mg-2.5mcg, 1mg-5mcg</i>	1	PA
PREFEST TAB 1-0.09MG	2	PA
PREMPHASE TAB 0.625-5MG	2	PA
PREMPRO TAB (ALL STRENGTHS)	2	PA
ESTROGENS		
CLIMARA PATCH 0.025MG, 0.0375MG, 0.05MG, 0.06MG, 0.075MG, 0.1MG	3	PA
DELESTROGEN INJ 10MG/ ML	2	PA_BvD
DELESTROGEN INJ 20MG/ ML, 40MG/ ML	3	PA_BvD
DEPO ESTRADIOL INJ 5MG/ ML	2	PA_BvD
ENJUVIA TAB 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	PA
ESTRACE TAB 0.5MG, 1MG, 2MG	3	PA
<i>estradiol tab 0.5mg, 1mg, 2mg</i>	1	PA
<i>estradiol twice weekly patch 0.025mg, 0.0375mg, 0.05mg, 0.075mg, 0.1mg</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol valerate inj 20mg/ ml, 40mg/ ml</i>	1	PA_BvD
<i>estradiol weekly patch 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg, 0.1mg</i>	1	PA
<i>estropipate tab 0.75mg, 1.5mg</i>	1	PA
ESTROPIPATE TAB 3MG	2	PA
EVAMIST SPRAY 1.53MG/ SPRAY	2	PA
MENEST TAB 0.3MG, 0.625MG, 1.25MG, 2.5MG	2	PA
MENOSTAR PATCH 14MCG	2	PA
MINIVELLE PATCH 0.025MG, 0.0375MG, 0.05MG, 0.075MG, 0.1MG	2	PA
PREMARIN INJ 25MG	2	PA_BvD
PREMARIN TAB 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	PA
VIVELLE-DOT PATCH 0.025MG, 0.0375MG, 0.05MG, 0.075MG, 0.1MG	3	PA
FLUOROQUINOLONES		
FLUOROQUINOLONES		
AVELOX INJ 400MG/ 250ML	2	PA_BvD
CIPRO/ D5W INJ 200MG/ 100ML, 400MG/ 200ML	3	PA_BvD
<i>ciprofloxacin inj 1%</i>	1	PA_BvD
<i>ciprofloxacin/ D5W inj 200mg/ 100ml, 400mg/ 200ml</i>	1	PA_BvD
LEVAQUIN/ D5W INJ 500MG/ 100ML, 750MG/ 150ML	3	PA_BvD
<i>levofloxacin inj 25mg/ ml</i>	1	PA_BvD
<i>levofloxacin/ d5w inj 25mg/ ml, 500mg/ 100ml, 750mg/ 150ml</i>	1	PA_BvD
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	2	NM
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG, 24MCG	2	PA
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide inj 5mg/ ml</i>	1	PA_BvD
INFLAMMATORY BOWEL AGENTS		
CIMZIA INJ 200MG/ ML	2	NM PA
PENTASA CAP 250MG, 500MG	2	ST
REMICADE INJ 100MG	2	NM PA
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP 145MCG, 290MCG	2	PA QL=30 Quantity/30 Days
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG, 25MG	2	PA
RELISTOR INJ 12MG/ 0.6ML	2	PA
RELISTOR INJ KIT 12MG/ 0.6ML	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX INJ 5MG	2	NM PA
GENITOURINARY AGENTS - MISCELLANEOUS		
GENITOURINARY IRRIGANTS		
<i>sodium chloride irrigation soln 0.9%</i>	1	PA_BvD
GOUT AGENTS		
GOUT AGENTS		
ULORIC TAB 40MG, 80MG	2	ST
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/ 3ML	2	NM PA
COMPLEMENT INHIBITORS		
BERINERT INJ KIT 500UNIT	2	NM PA
CINRYZE INJ 500UNIT	2	NM PA
RUCONEST INJ 2100UNIT	2	NM PA
PLATELET AGGREGATION INHIBITORS		
<i>dipyridamole tab 25mg, 50mg, 75mg</i>	1	PA
PERSANTINE TAB 25MG, 50MG, 75MG	3	PA
TICLOPIDINE TAB 250MG	1	PA
<i>ticlopidine tab 250mg</i>	1	PA
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ 400UNIT	2	NM PA_BvD
VPRIV INJ 400UNIT	2	NM PA_BvD
ZAVESCA CAP 100MG	2	NM
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 100MCG, 150MCG, 200MCG, 300MCG, 500MCG	2	NM PA_BvD ST
ARANESP INJ 10MCG, 25MCG, 40MCG, 60MCG	2	PA_BvD ST
EPOGEN INJ 2000UNIT, 3000UNIT, 4000UNIT, 10000UNIT, 20000UNIT	2	PA_BvD
GRANIX INJ 300MCG, 480MCG	2	NM PA_BvD
LEUKINE INJ 250MCG	2	NM PA_BvD
NEULASTA INJ 6MG/ 0.6ML	2	NM PA_BvD
NEUMEGA INJ 5MG	2	NM PA_BvD
NEUPOGEN INJ 300MCG/ 0.5ML, 480MCG/ 0.8ML	2	NM PA_BvD
PROCRIT INJ 2000UNIT, 3000UNIT, 4000UNIT, 10000UNIT, 20000UNIT, 40000UNIT	2	PA_BvD
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG	2	NM PA
STEM CELL MOBILIZERS		
MOZOBIL INJ 20MG/ ML	2	NM PA_BvD
HEMOSTATICS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEMOSTATICS - SYSTEMIC		
CYKLOKAPRON INJ 100MG/ ML	3	PA_BvD
<i>tranexamic acid inj 100mg/ ml</i>	1	PA_BvD
HYPNOTICS		
BARBITURATE HYPNOTICS		
BUTISOL TAB 30MG, 50MG	2	PA_NSO
<i>phenobarbital elixir 20mg/ 5ml</i>	1	PA_NSO
PHENOBARBITAL TAB 15MG, 30MG, 60MG, 100MG	2	PA_NSO
<i>phenobarbital tab 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	1	PA_NSO
SECONAL CAP 100MG	2	PA_NSO
NON-BARBITURATE HYPNOTICS		
AMBIEN TAB 5MG, 10MG	3	QL=90 Quantity/365 Days
<i>eszopiclone tab 1mg, 2mg, 3mg</i>	1	QL=30 Quantity/30 Days
LUNESTA TAB 1MG, 2MG, 3MG	3	QL=30 Quantity/30 Days
SONATA CAP 5MG, 10MG	3	QL=90 Quantity/365 Days
<i>zaleplon cap 5mg, 10mg</i>	1	QL=90 Quantity/365 Days
<i>zolpidem tab 5mg, 10mg</i>	1	QL=90 Quantity/365 Days
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	2	NM PA
ROZEREM TAB 8MG	2	PA QL=30 Quantity/30 Days
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
<i>lidocaine inj 0.5%, 1%, 2%</i>	1	PA_BvD
<i>lidocaine PF inj 0.5%, 1%</i>	1	PA_BvD
XYLOCAINE INJ 1%, 2%	3	PA_BvD
XYLOCAINE PF INJ 1%	3	PA_BvD
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin inj 500mg</i>	1	PA_BvD
ZITHROMAX INJ 500MG	3	PA_BvD
ERYTHROMYCINS		
ERYTHROCIN LACTOBIONATE INJ 500MG	2	PA_BvD
FIDAXOMICIN		
DIFICID TAB 200MG	2	NM ST QL=20 Quantity/5 Days
MEDICAL DEVICES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PAD	2	
MISC. DEVICES		
ALCOHOL SWABS	2	
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRINGE	2	
NOVOFINE/ NOVOTWIST PEN NEEDLE	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEN NEEDLE	2	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
D.H.E. INJ 1MG/ ML	3	PA_BvD
<i>dihydroergotamine mesylate inj 1mg/ml</i>	1	PA_BvD
MIGRANAL SPRAY 4MG/ ML	2	QL=16 Quantity/30 Days
SEROTONIN AGONISTS		
<i>almotriptan tab 6.25mg, 12.5mg</i>	1	QL=18 Quantity/30 Days
ALSUMA INJ 6MG/ 0.5ML	2	QL=8 Quantity/30 Days
AMERGE TAB 1MG, 2.5MG	3	QL=18 Quantity/30 Days
AXERT TAB 6.25MG, 12.5MG	2	QL=18 Quantity/30 Days
FROVA TAB 2.5MG	2	QL=18 Quantity/30 Days
IMITREX AUTO-INJECTOR 4MG/ 0.5ML, 6MG/ 0.5ML	3	QL=8 Quantity/30 Days
IMITREX CARTRIDGE INJ 4MG/ 0.5ML, 6MG/ 0.5ML	3	QL=8 Quantity/30 Days
IMITREX INJ 6MG/ 0.5ML	3	QL=10 Quantity/30 Days
IMITREX NASAL SPRAY 5MG, 20MG	2	QL=12 Quantity/30 Days
IMITREX TAB 25MG, 50MG, 100MG	3	QL=18 Quantity/30 Days
MAXALT TAB 5MG, 10MG	3	QL=36 Quantity/60 Days
MAXALT-MLT TAB 5MG, 10MG	3	QL=36 Quantity/60 Days
<i>naratriptan tab 1mg, 2.5mg</i>	1	QL=18 Quantity/30 Days
RELPAX TAB 20MG, 40MG	2	QL=18 Quantity/30 Days
<i>rizatriptan ODT 5mg, 10mg</i>	1	QL=36 Quantity/60 Days
<i>rizatriptan tab 5mg, 10mg</i>	1	QL=36 Quantity/60 Days
<i>sumatriptan auto-injector 4mg/ 0.5ml, 6mg/ 0.5ml</i>	1	QL=8 Quantity/30 Days
<i>sumatriptan cartridge inj 4mg/ 0.5ml, 6mg/ 0.5ml</i>	1	QL=8 Quantity/30 Days
<i>sumatriptan inj 4mg/ 0.5ml, 6mg/ 0.5ml</i>	1	QL=10 Quantity/30 Days
SUMATRIPTAN INJ 6MG/ 0.5ML	1	QL=10 Quantity/30 Days
<i>sumatriptan tab 25mg, 50mg, 100mg</i>	1	QL=18 Quantity/30 Days
SUMAVEL DOSEPRO 4MG/ 0.5ML, 6MG/ 0.5ML	2	QL=8 Quantity/30 Days
<i>zolmitriptan ODT 2.5mg, 5mg</i>	1	QL=18 Quantity/30 Days
<i>zolmitriptan tab 2.5mg, 5mg</i>	1	QL=18 Quantity/30 Days
ZOMIG NASAL SPRAY 2.5MG, 5MG	2	QL=12 Quantity/30 Days
ZOMIG TAB 2.5MG, 5MG	3	QL=18 Quantity/30 Days
ZOMIG ZMT 2.5MG, 5MG	3	QL=18 Quantity/30 Days
MINERALS & ELECTROLYTES		
BICARBONATES		
<i>sodium bicarbonate inj 7.5%, 8.4%</i>	1	PA_BvD
<i>sodium lactate inj 5meq/ml</i>	1	PA_BvD
CHLORIDE		
AMMONIUM CHLORIDE INJ 5MEQ/ ML	2	PA_BvD
ELECTROLYTE MIXTURES		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
D10W/ NACL INJ 0.2%, 0.45%	2	PA_BvD
<i>d2.5w/ nacl inj 0.45%</i>	1	PA_BvD
<i>d5w/ lactated ringers inj</i>	1	PA_BvD
<i>d5w/ nacl inj 0.2%, 0.33%, 0.45%, 0.9%</i>	1	PA_BvD
D5W/ NACL INJ 0.225%	2	PA_BvD
DEXTROSE/ ELECTROLYTES INJ	2	PA_BvD
IONOSOL-B/ D5W INJ	2	PA_BvD
IONOSOL-MB/ D5W INJ	2	PA_BvD
ISOLYTE-S INJ	2	PA_BvD
ISOLYTE/ D5W INJ	2	PA_BvD
KCL 0.15%/ D5W/ NACL 0.225%	2	PA_BvD
KCL 0.3%/ D5W/ NACL 0.9%	2	PA_BvD
KCL/ D5W/ LR 20MEQ	2	PA_BvD
KCL/ D5W/ LR INJ 0.3%	2	PA_BvD
<i>kcl/ d5w/ nacl inj (all strengths)</i>	1	PA_BvD
<i>lactated ringers soln</i>	1	PA_BvD
NORMOSOL-M/ D5W INJ	1	PA_BvD
NORMOSOL-R INJ	2	PA_BvD
NORMOSOL-R/ D5W INJ	2	PA_BvD
PLASMA-LYTE-148 INJ	2	PA_BvD
PLASMA-LYTE-56/ D5W INJ	2	PA_BvD
PLASMA-LYTE-A INJ	2	PA_BvD
<i>potassium chloride/ d5w inj 0.15%, 0.3%</i>	1	PA_BvD
<i>potassium chloride/ nacl inj 0.15%-0.45%, 0.15%-0.9%</i>	1	PA_BvD
POTASSIUM CHLORIDE/ NACL INJ 0.15%-0.45%, 0.15%-0.9%, 0.3%-0.9%	3	PA_BvD
<i>ringers injection</i>	1	PA_BvD
<i>tpn electrolytes soln</i>	1	PA_BvD
MAGNESIUM		
MAGNESIUM SULFATE INJ 2GM/ 50ML, 4GM/ 100ML, 20GM/ 500ML, 40GM/ 1000ML, 4GM/ 50ML	2	PA_BvD
<i>magnesium sulfate inj 50%</i>	1	PA_BvD
MAGNESIUM SULFATE/ D5W INJ 10MG/ ML	2	PA_BvD
POTASSIUM		
POTASSIUM CHLORIDE INJ 10MEQ/ 100ML, 20MEQ/ 100ML, 40MEQ/ 100ML	3	PA_BvD
POTASSIUM CHLORIDE INJ 10MEQ/ 50ML	2	PA_BvD
<i>potassium chloride inj 2meq, 10meq, 20meq</i>	1	PA_BvD
SODIUM		
<i>sodium chloride inj 0.45%, 0.9%, 3%, 5%, 14.6%, 23.4%</i>	1	PA_BvD
SODIUM CHLORIDE INJ 23.4%	3	PA_BvD
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>carisoprodol tab 350mg</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorzoxazone tab 500mg</i>	1	PA
<i>cyclobenzaprine tab 5mg, 7.5mg, 10mg</i>	1	PA
FEXMID TAB 7.5MG	3	PA
METAXALONE TAB 400MG	2	PA
<i>metaxalone tab 800mg</i>	1	PA
<i>methocarbamol tab 500mg, 750mg</i>	1	PA
<i>orphenadrine citrate inj 30mg/ ml</i>	1	PA
<i>orphenadrine ER tab 100mg</i>	1	PA
PARAFON FORTE TAB 500MG	3	PA
ROBAXIN TAB 500MG	3	PA
SKELAXIN TAB 800MG	3	PA
SOMA TAB 350MG	3	PA
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol/ aspirin tab 200-325mg</i>	1	PA
<i>carisoprodol/ aspirin/ codeine tab 200-325-16mg</i>	1	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
DYMISTA INHALER 137-50MCG	2	PA
NASAL STEROIDS		
BECONASE AQ NASAL SPRAY 42MCG	2	ST QL=2 Quantity/15 Days
<i>budesonide nasal inhaler 32mcg</i>	1	ST QL=2 Quantity/15 Days
FLONASE NASAL SPRAY 50MCG	3	QL=2 Quantity/15 Days
FLUNISOLIDE NASAL SOLN 25MCG	3	QL=2 Quantity/15 Days
<i>flunisolide nasal spray 25mcg</i>	3	QL=2 Quantity/15 Days
<i>fluticasone nasal spray 50mcg</i>	1	QL=2 Quantity/15 Days
NASONEX NASAL SPRAY 50MCG	2	QL=2 Quantity/15 Days
OMNARIS NASAL 50MCG	2	ST QL=2 Quantity/15 Days
QNASL CHILDRENS NASAL SPRAY 40MCG	2	ST QL=2 Quantity/15 Days
QNASL NASAL SPRAY 80MCG	2	ST QL=2 Quantity/15 Days
RHINOCORT AQUA NASAL SPRAY 32MCG	3	ST QL=2 Quantity/15 Days
<i>triamcinolone nasal spray 55mcg</i>	1	QL=2 Quantity/15 Days
VERAMYST NASAL SPRAY 27.5MCG	2	ST QL=2 Quantity/15 Days
ZETONNA NASAL SOLN 37MCG	2	ST QL=2 Quantity/15 Days
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	NM
NUTRIENTS		
CARBOHYDRATES		
<i>dextrose inj 5%, 10%</i>	1	PA_BvD
LIPIDS		
<i>intralipid inj 20%</i>	1	PA_BvD
INTRALIPID INJ 30%	2	PA_BvD
LIPOSYN III INJ 10%	2	PA_BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIPOSYN III INJ 20%	3	PA_BvD
PROTEINS		
AMINOSYN 7%/ ELECTROLYTES INJ	2	PA_BvD
<i>aminosyn 8.5%/ electrolyte inj</i>	1	PA_BvD
AMINOSYN II INJ 15%	3	PA_BvD
AMINOSYN II INJ 7%, 8.5%	2	PA_BvD
AMINOSYN M INJ	2	PA_BvD
AMINOSYN-RF INJ 5.2%	2	PA_BvD
CLINIMIX E INJ 2.75%, 4.25%, 5%	2	PA_BvD
CLINIMIX INJ 2.75%, 4.25%, 5%	2	PA_BvD
<i>clinisol sf inj 6%, 8%, 15%</i>	1	PA_BvD
FREAMINE HBC 6.9%	2	PA_BvD
NEPHRAMINE INJ 5.4%	2	PA_BvD
PREMASOL SOLN 10%	2	PA_BvD
PROCALAMINE INJ 3%	2	PA_BvD
PROSOL INJ 20%	2	PA_BvD
TROPHAMINE INJ 6%	3	PA_BvD
OPHTHALMIC AGENTS		
OPHTHALMIC ANTI-INFECTIVES		
BESIVANCE OPHTH SUSP 0.6%	2	ST
<i>gatifloxacin ophth soln 0.5%</i>	1	ST
ZYMAXID OPHTH SOLN 0.5%	3	ST
OPHTHALMICS - MISC.		
CYSTARAN OPHTH SOLN 0.44%	2	NM PA QL=4 Quantity/30 Days
PROSTAGLANDINS - OPHTHALMIC		
BIMATOPROST OPHTH SOLN 0.01%, 0.03%	2	QL=2 Quantity/30 Days
<i>latanoprost ophth soln 0.005%</i>	1	QL=2 Quantity/30 Days
TRAVATAN Z OPHTH SOLN 0.004%	2	QL=2 Quantity/30 Days
TRAVOPROST OPHTH SOLN 0.004%	2	QL=1 Quantity/30 Days
XALATAN OPHTH SOLN 0.005%	3	QL=2 Quantity/30 Days
ZIOPTAN OPHTH SOLN 0.0015%	2	ST QL=1 Quantity/30 Days
OXYTOCICS		
OXYTOCICS		
METHERGINE 0.2MG	3	QL=28 Quantity/365 Days
<i>methylergonovine tab 0.2mg</i>	1	QL=28 Quantity/365 Days
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
BIVIGAM INJ 10GM/ 100ML	2	NM PA
CARIMUNE INJ 6GM	2	NM PA
FLEBOGAMMA INJ 0.5GM/ 10ML, 20GM/ 400ML	2	NM PA
GAMASTAN S/ D INJ	2	PA
GAMMAGARD INJ 1GM, 2.5GM, 5GM, 10GM, 20GM, 30GM, 40GM	2	NM PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAPLEX INJ 1GM/ 20ML, 2.5GM/ 50ML, 5GM/ 100ML, 10GM/ 200ML	2	NM PA
HIZENTRA INJ 1GM/ 5ML, 2GM/ 10ML, 4GM/ 20ML, 10GM/ 50ML	2	NM PA_BvD
OCTAGAM INJ 2GM/ 20ML, 25GM/ 500ML	2	NM PA
PRIVIGEN INJ 20GM/ 200ML, 40GM/ 400ML	2	NM PA
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG/ 0.5ML, 100MG/ ML	2	NM PA
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ 125MG	2	PA_BvD
<i>ampicillin inj 1gm, 10gm</i>	1	PA_BvD
NATURAL PENICILLINS		
BICILLIN LA INJ 1200000UNIT, 2400000UNIT	2	PA_BvD
<i>penicillin g potassium inj 5000000unit</i>	1	PA_BvD
PENICILLIN G/ DEXTROSE INJ 40000UNIT, 60000UNIT	2	PA_BvD
PENICILLIN G/ PROCAINE INJ 600000UNIT	2	PA_BvD
PENICILLIN G/ SODIUM INJ 50000000UNIT	2	PA_BvD
<i>penicillin gk inj 20000000unit</i>	1	PA_BvD
PFIZERPEN-G INJ 5000000UNIT, 20000000UNIT	3	PA_BvD
PENICILLIN COMBINATIONS		
<i>ampicillin/ sulbactam inj 2-1gm, 10-5gm</i>	1	PA_BvD
AMPICILLIN/ SULBACTAM INJ 3GM	2	PA_BvD
BICILLIN C-R INJ 1200000UNIT	2	PA_BvD
<i>piperacillin/ tazobactam inj 2-0.25gm, 3-0.375gm, 4-0.5gm, 36-4.5gm</i>	1	PA_BvD
UNASYN INJ 2-1GM, 10-5GM	3	PA_BvD
ZOSYN INJ 2-0.25GM, 3-0.375GM, 4-0.5GM, 36-4.5GM	3	PA_BvD
ZOSYN/ DEXTROSE INJ 2-0.25GM, 3-0.375GM, 4-0.5GM	2	PA_BvD
PENICILLINASE-RESISTANT PENICILLINS		
<i>nafcillin inj 1gm, 10gm</i>	1	PA_BvD
NAFCILLIN/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 100ML	2	PA_BvD
<i>oxacillin inj 1gm, 2gm, 10gm</i>	1	PA_BvD
OXACILLIN/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 50ML	2	PA_BvD
PROGESTINS		
PROGESTINS		
MEGACE ES SUSP 625MG/ 5ML	2	PA
<i>megestrol ES susp 625mg/ 5ml</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN 500MG/ ML	2	NM QL=540 Quantity/30 Days
ANTIDEMENTIA AGENTS		
ARICEPT TAB 23MG	3	ST QL=30 Quantity/30 Days
ARICEPT TAB 5MG, 10MG	3	QL=60 Quantity/30 Days
<i>donepezil ODT 5mg, 10mg</i>	1	QL=30 Quantity/30 Days
<i>donepezil tab 23mg</i>	1	ST QL=30 Quantity/30 Days
<i>donepezil tab 5mg, 10mg</i>	1	QL=60 Quantity/30 Days
NAMENDA XR CAP 7MG, 14MG, 21MG, 28MG	2	QL=30 Quantity/30 Days
NAMENDA XR CAP PACK	2	QL=30 Quantity/30 Days
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide/ amitriptyline tab 5-12.5mg, 10-25mg</i>	1	PA_NSO
PERPHENAZINE/ AMITRIPTYLINE TAB 2-10MG, 2-25MG, 4-10MG, 4-25MG, 4-50MG	2	PA_NSO
FIBROMYALGIA AGENTS		
SAVELLA TAB 12.5MG, 25MG, 50MG, 100MG	2	QL=60 Quantity/30 Days
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5mg, 25mg</i>	1	NM PA
XENAZINE TAB 12.5MG, 25MG	2	NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	2	NM PA QL=60 Quantity/30 Days
AUBAGIO TAB 7MG, 14MG	2	NM PA QL=30 Quantity/30 Days
AVONEX INJ 30MCG	2	NM QL=4 Quantity/28 Days
COPAXONE INJ 20MG/ ML	2	NM QL=30 Quantity/30 Days
COPAXONE INJ 40MG/ ML	2	NM QL=12 Quantity/28 Days
EXTAVIA INJ 0.3MG	2	NM ST
GILENYA TAB 0.5MG	2	NM PA QL=30 Quantity/30 Days
REBIF INJ TITRATION PACK	2	NM QL=1 Quantity/28 Days
REBIF PREFILLED INJ 22MCG/ 0.5ML, 44MCG/ 0.5ML	2	NM QL=12 Quantity/28 Days
REBIF REBIDOSE INJ 22MCG/ 0.5ML, 44MCG/ 0.5ML	2	NM QL=12 Quantity/28 Days
REBIF REBIDOSE INJ TITRATION PACK	2	NM QL=1 Quantity/28 Days
TECFIDERA CAP 120MG, 240MG	2	NM
TECFIDERA CAP STARTER PACK	2	NM
TYSABRI INJ 20MG/ ML	2	NM PA_BvD
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	QL=60 Quantity/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1mg</i>	1	PA
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARALAST NP INJ 400MG	2	NM PA_BvD
GLASSIA INJ 1000MG/ 50ML	2	NM PA_BvD
PROLASTIN INJ 500MG	2	NM PA_BvD
PROLASTIN-C INJ 1000MG	2	NM PA_BvD
CYSTIC FIBROSIS AGENTS		
KALYDECO PACKET 50MG, 75MG	2	NM PA QL=60 Quantity/30 Days
KALYDECO TAB 150MG	2	NM PA QL=60 Quantity/30 Days
PULMOZYME SOLN 1MG/ ML	2	NM PA_BvD
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	2	NM PA
OFEV CAP 100MG, 150MG	2	NM PA
TETRACYCLINES		
TETRACYCLINES		
<i>doxycycline inj 100mg</i>	1	PA_BvD
THYROID AGENTS		
THYROID HORMONES		
ARMOUR THYROID TAB (ALL STRENGTHS)	1*	
<i>liothyronine inj 10mcg/ ml</i>	1	PA_BvD
<i>thyroid tab (all strengths)</i>	1*	
TRIOSTAT INJ 0.01MG/ ML	3	PA_BvD
TOXOIDS		
TOXOID COMBINATIONS		
PEDIARIX INJ	2	PA_BvD
ULCER DRUGS		
ANTISPASMODICS		
ATROPINE INJ 0.05MG/ ML	2	PA_BvD
<i>atropine inj 0.1mg/ ml</i>	1	PA_BvD
BENTYL INJ 10MG/ ML	2	PA_BvD
<i>glycopyrrolate inj 0.4mg/ 2ml, 1mg/ 5ml, 4mg/ 20ml</i>	1	PA_BvD
ROBINUL INJ 0.4MG/ 2ML, 1MG/ 5ML, 4MG/ 20ML	3	PA_BvD
H-2 ANTAGONISTS		
<i>famotidine inj 20mg/ 2ml, 40mg/ 4ml, 200mg/ 20ml</i>	1	PA_BvD
FAMOTIDINE INJ 500MG/ 50ML	2	PA_BvD
FAMOTIDINE/ NAACL INJ 0.9%-20MG/ 50ML	2	PA_BvD
<i>ranitidine inj 25mg/ ml</i>	1	PA_BvD
ZANTAC INJ 1000MG/ 40ML	2	PA_BvD
ZANTAC INJ 25MG/ ML	3	PA_BvD
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG, 60MG	2	ST QL=30 Quantity/30 Days
ESOMEPRAZOLE INJ 20MG	2	PA_BvD
<i>esomeprazole inj 20mg, 40mg</i>	1	PA_BvD
NEXIUM 24 HR (OTC ONLY)	\$0*	
NEXIUM INJ 40MG	3	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prilosec OTC tab 20mg</i>	\$0*	
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
FURADANTIN SUSP 25MG/ 5ML	3	PA
MACROBID CAP 100MG	3	QL=180 Quantity/365 Days
MACRODANTIN CAP 50MG, 100MG	3	QL=360 Quantity/365 Days
<i>nitrofurantoin macro cap 25mg, 50mg, 100mg</i>	1	QL=360 Quantity/365 Days
<i>nitrofurantoin mono cap 100mg</i>	1	QL=180 Quantity/365 Days
<i>nitrofurantoin susp 25mg/ 5ml</i>	1	PA
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
ENABLEX TAB 7.5MG, 15MG	2	ST
GELNIQUE GEL PUMP 3%	2	ST
OXYTROL PATCH 3.9MG	2	ST
TOVIAZ TAB 4MG, 8MG	2	ST
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS (NEW)		
URECHOLINE TAB 5MG, 10MG, 25MG, 50MG	3	ST
VACCINES		
BACTERIAL VACCINES		
BCG VACCINE INJ	2	PA_BvD
MENHIBRIX INJ	2	PA_BvD
VIRAL VACCINES		
CERVARIX INJ	2	PA
ENGERIX-B INJ	2	PA_BvD
GARDASIL 9 INJ	2	PA
GARDASIL INJ	2	PA
IMOVAX RABIES (H.D.C.V) INJ	2	PA_BvD
RABAVERT INJ	2	PA_BvD
RECOMBIVAX-HB INJ	2	PA_BvD
TWINRIX INJ	2	PA_BvD
VARIVAX INJ	2	PA
ZOSTAVAX INJ	2	PA
VAGINAL PRODUCTS		
VAGINAL PROGESTINS		
ENDOMETRIN SUPP 100MG	2	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.15MG, 0.3MG	2	ST QL=2 Quantity/15 Days
EPINEPHRINE INJ 0.15MG, 0.3MG	2	ST QL=2 Quantity/15 Days
EPIPEN INJ 0.3MG/ 0.3ML	2	QL=2 Quantity/15 Days
EPIPEN JR INJ 0.15MG/ 0.3ML	2	QL=2 Quantity/15 Days
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORTHERA CAP 100MG, 200MG, 300MG	2	NM PA

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

ALPHABETICAL LISTING OF DRUGS

A					
ABELCET INJ 5MG/ ML	17	ADEMPAS TAB 0.5MG, 1MG, 1.5MG, 2MG, 2.5MG	29	<i>amifostine inj 500mg</i>	24
ABILIFY DISC TAB 10MG, 15MG	25	ADVAIR DISKUS 100MCG, 250MCG, 500MCG	13	<i>amikacin sulfate inj 250mg/ ml</i>	7
ABILIFY INJ 7.5MG/ ML	25	ADVAIR HFA INHALER 45MCG, 115MCG, 230MCG	13	<i>aminophylline inj 25mg/ ml</i>	13
ABILIFY MAINTENA INJ 300MG, 400MG	26	AFINITOR DISPERZ TAB 2MG, 3MG, 5MG	22	AMINOSYN 7%/	41
ABILIFY TAB 2MG, 5MG, 10MG, 15MG, 20MG, 30MG	26	AFINITOR TAB 2.5MG, 5MG, 7.5MG, 10MG	22	ELECTROLYTES INJ	
ABRAXANE IV SUSP 100MG	24	A-HYDROCORT INJ 100MG	30	<i>aminosyn 8.5%/ electrolyte inj</i>	41
ABSTRAL TAB 100MG, 200MG, 300MG, 400MG, 600MG, 800MG	8	AKYNZEO CAP 300-0.5MG	16	AMINOSYN II INJ 15%	41
<i>acetaminophen/ codeine soln 120-12mg/ 5ml</i>	10	<i>albuterol neb 0.63mg/ 3ml, 1.25mg/ 3ml, 2.5mg/ 3ml, 5mg/ ml</i>	13	AMINOSYN II INJ 7%, 8.5%	41
<i>acetaminophen/ codeine tab 300-15mg, 300-30mg, 300-60mg</i>	10	ALCOHOL SWABS	37	AMINOSYN M INJ	41
<i>acetazolamide inj 500mg</i>	32	ALDURAZYME INJ 2.9MG/ 5ML	33	AMINOSYN-RF INJ 5.2%	41
<i>acetylcysteine inhalation soln 10%, 20%</i>	31	ALIMTA INJ 500MG	21	<i>amiodarone inj 150mg/ 3ml</i>	12
ACTEMRA IV INJ 200MG/ 10ML	7	ALKERAN INJ 50MG	20	AMITIZA CAP 8MCG, 24MCG	35
ACTEMRA SC INJ 162MG/ 0.9ML	7	ALLEGRA D 12 HOUR (OTC ONLY)	31	<i>amitriptyline tab 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	15
ACTIMMUNE INJ 100MCG/ 0.5ML	23	ALLEGRA D TAB (OTC ONLY)	31	AMMONIUM	38
ACTIQ LOZENGE 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG, 1600MCG	8	ALLEGRA ODT (OTC ONLY)	17	CHLORIDE INJ 5MEQ/ ML	
ACTIVELLA TAB 0.5-0.1MG, 1-0.5MG	34	ALLEGRA SYRUP (OTC ONLY)	17	AMPHOTERICIN B INJ 50MG	17
ACTONEL TAB 5MG, 30MG, 35MG, 150MG	32	ALLEGRA TAB (OTC ONLY)	17	AMPICILLIN INJ 125MG	42
<i>acyclovir inj 500mg</i>	27	<i>almotriptan tab 6.25mg, 12.5mg</i>	38	<i>ampicillin inj 1gm, 10gm</i>	42
<i>acyclovir inj 50mg/ ml</i>	27	ALSUMA INJ 6MG/ 0.5ML	38	<i>ampicillin/ sulbactam inj 2-1gm, 10-5gm</i>	42
ADAGEN INJ 250UNIT	28	AMBIEN TAB 5MG, 10MG	37	AMPICILLIN/ SULBACTAM INJ 3GM	42
<i>adapalene cream 0.1%</i>	31	AMBISOME INJ 50MG	17	AMPYRA TAB 10MG	43
<i>adapalene gel 0.1%, 0.3%</i>	31	AMERGE TAB 1MG, 2.5MG	38	ANAFRANIL CAP 25MG, 50MG, 75MG	15
ADCIRCA TAB 20MG	29			ANDRODERM PATCH 2MG	11
				ANDRODERM PATCH 4MG	11
				ANDROGEL 1% (25MG)	11
				ANDROGEL 1% (50MG)	11
				ANDROGEL 1.62% (1.25GM)	11
				ANDROGEL 1.62% (2.5GM)	11

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

ALPHABETICAL LISTING OF DRUGS

ANDROGEL PUMP 1%	11	ARNUITY ELLIPTA	12	<i>azathioprine tab 50mg</i>	27
ANDROGEL PUMP 1.62%	11	INHALER 100MCG, 200MCG		AZELEX CREAM 20%	31
ANDROID/ TESTRED CAP 10MG	11	ARRANON INJ 5MG/ ML	21	<i>azithromycin inj 500mg</i>	37
ANGELIQ TAB	34	ARZERRA INJ 100MG/ 5ML	21	<i>aztreonam inj 1gm</i>	19
0.25-0.5MG, 0.5-1MG		ASMANEX HFA	12	B	
ANTIZOL INJ 1GM/ ML	16	INHALER 100MCG, 200MCG		<i>baciim inj 50000unit</i>	19
ANZEMET INJ 20MG/ ML	16	ASMANEX INHALER	12	BACITRACIN INJ 50000UNIT	19
ANZEMET TAB 50MG, 100MG	16	110MCG, 220MCG		BCG VACCINE INJ	45
APLENZIN TAB 174MG, 348MG, 522MG	14	ASTAGRAF XL CAP	27	BECONASE AQ NASAL SPRAY 42MCG	40
APOKYN INJ 10MG/ ML	25	0.5MG, 1MG, 5MG		BELEODAQ IV INJ 500MG	22
APTIOM TAB 200MG, 400MG, 600MG, 800MG	14	ATELVIA TAB 35MG	32	BENLYSTA INJ 120MG	28
APTIVUS CAP 250MG	26	ATGAM INJ 50MG/ ML	27	BENTYL INJ 10MG/ ML	44
APTIVUS SOLN 100MG/ ML	26	ATRALIN GEL 0.05%	31	<i>benztropine inj 1mg/ ml</i>	25
ARALAST NP INJ 400MG	44	ATRIPLA TAB	26	<i>benztropine tab 0.5mg, 1mg, 2mg</i>	25
ARANESP INJ 100MCG, 150MCG, 200MCG, 300MCG, 500MCG	36	600-200-300MG		BERINERT INJ KIT 500UNIT	36
ARANESP INJ 10MCG, 25MCG, 40MCG, 60MCG	36	ATROPINE INJ 0.05MG/ ML	44	BESIVANCE OPHTH SUSP 0.6%	41
ARCALYST INJ 220MG	7	<i>atropine inj 0.1mg/ ml</i>	44	<i>bexarotene cap 75mg</i>	23
<i>argatroban inj 100mg/ ml</i>	13	AUBAGIO TAB 7MG, 14MG	43	BICILLIN C-R INJ 1200000UNIT	42
ARGATROBAN INJ 125MG/ 125ML, 250MG/ 250ML	14	AUVI-Q INJ 0.15MG, 0.3MG	45	BICILLIN LA INJ 1200000UNIT, 2400000UNIT	42
ARICEPT TAB 23MG	43	AVASTIN INJ 100MG/ 4ML	21	BICNU INJ 100MG	20
ARICEPT TAB 5MG, 10MG	43	AVELOX INJ 400MG/ 250ML	35	BIMATOPROST OPHTH SOLN 0.01%, 0.03%	41
<i>aripiprazole tab 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	26	AVINZA CAP 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	8	BIVIGAM INJ 10GM/ 100ML	41
ARIXTRA INJ 2.5MG/ 0.5ML	13	AVONEX INJ 30MCG	43	<i>bleomycin sulfate inj 30unit</i>	22
ARIXTRA INJ 5MG/ 0.4ML, 7.5MG/ 0.6ML, 10MG/ 0.8ML	13	AXERT TAB 6.25MG, 12.5MG	38	BONIVA INJ 3MG/ 3ML	32
ARMOUR THYROID TAB (ALL STRENGTHS)	44	AXIRON SOLN 30MG	11	BONIVA TAB 150MG	32
		<i>azacitidine inj 100mg</i>	21	BOSULIF TAB 100MG, 500MG	22
		AZACTAM INJ 1GM, 2GM	19	BREO ELLIPTA	13
		AZACTAM/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 50ML	19	INHALER 100-25MCG, 200-25MCG	
		AZASAN TAB 75MG, 100MG	27	BRINTELLIX TAB 5MG, 10MG, 20MG	14

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ALPHABETICAL LISTING OF DRUGS

BROVANA NEB 15MCG/ 2ML	13	<i>carisoprodol tab 350mg</i>	39	<i>celecoxib cap 50mg,</i>	8
<i>budesonide EC cap 3mg</i>	30	<i>carisoprodol/ aspirin tab</i>	40	<i>100mg, 200mg, 400mg</i>	
<i>budesonide nasal inhaler</i>	40	<i>200-325mg</i>		CELLCEPT CAP 250MG	27
<i>32mcg</i>		<i>carisoprodol/ aspirin/</i>	40	CELLCEPT IV INJ	27
<i>budesonide neb 0.25mg/</i>	12	<i>codeine tab 200-325-16mg</i>		500MG	
<i>2ml, 0.5mg/ 2ml, 1mg/ 2ml</i>		CARNITOR INJ 200MG/ ML	33	CELLCEPT SUSP	27
<i>bumetanide inj 0.25mg/ ml</i>	32	CARNITOR SOLN 1GM/ 10ML	33	CELLCEPT TAB 500MG	27
BUPRENEX INJ 0.3MG/ ML	11	CARNITOR TAB 330MG	33	CEREBYX INJ 100MG/ 2ML, 500MG/ 10ML	14
<i>buprenorphine inj 0.3mg/</i>	11	CAYSTON	19	CEREZYME INJ	36
<i>ml</i>		INHALATION SOLN		400UNIT	
BUSULFEX INJ 6MG/ ML	20	75MG		CERVARIX INJ	45
BUTISOL TAB 30MG, 50MG	37	<i>cefazolin inj 500mg, 1gm,</i>	29	<i>cetirizine cap (otc only)</i>	17
<i>butorphanol inj 1mg/ ml,</i>	11	<i>10gm, 20gm</i>		<i>cetirizine chew (otc only)</i>	17
<i>2mg/ ml</i>		CEFAZOLIN/ D5W INJ	29	<i>cetirizine syrup (otc only)</i>	17
<i>butorphanol soln 10mg/ ml</i>	11	1GM/ 50ML		<i>cetirizine tab (otc only)</i>	17
BUTRANS PATCH	11	<i>cefepime inj 1gm, 2gm</i>	30	<i>cetirizine-D tab (otc only)</i>	31
5MCG, 7.5MCG, 10MCG, 15MCG, 20MCG		CEFOTAXIME INJ 1GM, 2GM	30	CHENODAL TAB 250MG	35
		<i>cefotaxime inj 500mg, 1gm,</i>	30	CHLORAMPHENICAL	19
		<i>2gm, 10gm</i>		INJ 1GM	
		CEFOTETAN INJ 1GM, 2GM, 10GM	29	<i>chlordiazepoxide/</i>	43
C		<i>cefotaxime inj 500mg, 1gm,</i>	30	<i>amitriptyline tab 5-12.5mg,</i>	
<i>calcitriol cap 0.25mcg,</i>	33	<i>2gm, 10gm</i>		<i>10-25mg</i>	
<i>0.5mcg</i>		<i>cefoxitin inj 1gm, 2gm,</i>	29	<i>chlorothiazide inj 500mg</i>	32
<i>calcitriol inj 1mcg/ ml</i>	33	<i>10gm</i>		CHLORPROMAZINE INJ	25
<i>calcitriol soln 1mcg/ ml</i>	33	CEFOXITIN/ DEXTROSE	29	25MG/ ML	
CAMPTOSTAR INJ	24	INJ 1GM-4%, 2GM-2.2%		CHLORPROPAMIDE	16
40MG/ 2ML, 100MG/ 5ML		<i>ceftazidime inj 1gm, 2gm,</i>	30	TAB 100MG, 250MG	
CANCIDAS INJ 50MG, 70MG	17	<i>6gm</i>		<i>chlorzoxazone tab 500mg</i>	40
CAPASTAT INJ 1GM	20	CEFTAZIDIME INJ	30	<i>cidofovir inj 75mg/ ml</i>	26
CAPITAL/ CODEINE	10	500MG		CIMZIA INJ 200MG/ ML	35
SUSP 120-12MG/ 5ML		CEFTAZIDIME/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 50ML	30	CINRYZE INJ 500UNIT	36
CAPRELSA TAB 100MG, 300MG	22	<i>ceftriaxone inj 250mg,</i>	30	CIPRO/ D5W INJ 200MG/ 100ML, 400MG/ 200ML	35
<i>carbinoxamine soln 4mg/</i>	17	<i>500mg, 1gm, 2gm, 10gm</i>		<i>ciprofloxacin inj 1%</i>	35
<i>5ml</i>		CEFTRIAZONE/ DEXTROSE INJ 2.22%, 3.74%	30	<i>ciprofloxacin/ D5W inj</i>	35
<i>carbinoxamine tab 4mg</i>	17	<i>cefuroxime inj 750mg,</i>	30	<i>200mg/ 100ml, 400mg/</i>	
<i>carboplatin inj 10mg/ ml</i>	20	<i>1.5gm, 7.5gm</i>		<i>200ml</i>	
CARDENE INJ 20MG/ 200ML, 40MG/ 200ML	29	CELEBREX CAP 50MG, 100MG, 200MG, 400MG	7	<i>cisplatin inj 1mg/ ml</i>	20
CARIMUNE INJ 6GM	41			CISPLATIN INJ 200MG/ 200ML	20
				<i>cladribine inj 1mg/ ml</i>	21

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ALPHABETICAL LISTING OF DRUGS

CLAFORAN INJ 500MG, 1GM, 2GM, 10GM	30	<i>clinisol sf inj 6%, 8%, 15%</i>	41	CYKLOKAPRON INJ 100MG/ ML	37
CLARITIN CAP (OTC ONLY)	17	CLOLAR INJ 1MG/ ML	21	CYMBALTA CAP 20MG, 30MG, 60MG	15
CLARITIN CHEW TAB (OTC ONLY)	17	<i>clomipramine cap 25mg, 50mg, 75mg</i>	15	<i>cyproheptadine syrup 2mg/ 5ml</i>	18
CLARITIN REDITAB (OTC ONLY)	18	<i>codeine sulfate tab 15mg, 30mg, 60mg</i>	8	<i>cyproheptadine tab 4mg</i>	18
CLARITIN SYRUP (OTC ONLY)	18	COGENTIN INJ 1MG/ ML	25	CYSTARAN OPHTH SOLN 0.44%	41
CLARITIN TAB (OTC ONLY)	18	<i>colistimethate inj 150mg</i>	19	<i>cytarabine inj 20mg/ ml</i>	21
CLARITIN-D TAB (OTC ONLY)	31	COLY-MYCIN M INJ 150MG	19	<i>cytarabine PF inj 20mg/ ml, 100mg/ ml</i>	21
CLEMASTINE SYRUP 0.5mg/ 5ml	17	COMBIPATCH	34	CYTOVENE INJ 500MG	26
<i>clemastine tab 2.68mg</i>	17	0.05-0.14MG, 0.05-0.25MG		D	
CLEOCIN IV SOLN 300MG/ 2ML	20	COMBIVIR TAB	26	D.H.E. INJ 1MG/ ML	38
CLEOCIN PHOSPHATE INJ 300MG/ 2ML, 600MG/ 4ML, 900MG/ 6ML, 9GM/ 60ML	20	150-300MG		D10W/ NAACL INJ 0.2%, 0.45%	39
CLEOCIN/ D5W INJ 300MG/ 50ML, 600MG/ 50ML, 900MG/ 50ML	20	COMETRIQ CAP PACK	22	<i>d2.5w/ nacl inj 0.45%</i>	39
CLIMARA PATCH	34	COMPLERA TAB	26	<i>d5w/ lactated ringers inj</i>	39
0.025MG, 0.0375MG, 0.05MG, 0.06MG, 0.075MG, 0.1MG		200-25-300MG		<i>d5w/ nacl inj 0.2%, 0.33%, 0.45%, 0.9%</i>	39
CLIMARA PRO PATCH	34	COPAXONE INJ 20MG/ ML	43	D5W/ NAACL INJ 0.225%	39
0.045-0.015MG		COPAXONE INJ 40MG/ ML	43	<i>dacarbazine inj 200mg</i>	23
<i>clindamycin inj 300mg/ 2ml, 600mg/ 4ml, 900mg/ 6ml, 9gm/ 60ml</i>	20	COPEGUS TAB 200MG	27	DACOGEN INJ 50MG	21
<i>clindamycin IV soln</i>	20	COSMEGEN INJ 0.5MG	22	DALVANCE INJ 500MG	19
<i>600mg/ 4ml, 900mg/ 6ml</i>		CRESTOR TAB 20MG	18	<i>daunorubicin inj 5mg/ ml</i>	22
<i>clindamycin/ d5w inj</i>	20	CRESTOR TAB 5MG, 10MG, 40MG	18	DDAVP INJ 4MCG/ ML	34
<i>300mg/ 50ml, 600mg/ 50ml, 900mg/ 50ml</i>	20	CROMOLYN NEB SOLN 20MG/ 2ML	12	<i>decitabine inj 50mg</i>	21
CLINIMIX E INJ 2.75%, 4.25%, 5%	41	CUBICIN INJ 500MG	20	DELESTROGEN INJ	34
CLINIMIX INJ 2.75%, 4.25%, 5%	41	<i>cyclobenzaprine tab 5mg, 7.5mg, 10mg</i>	40	10MG/ ML	
		CYCLOPHOSPHAMIDE CAP 25MG, 50MG	20	DELESTROGEN INJ	34
		<i>cyclosporine cap 25mg, 100mg</i>	27	20MG/ ML, 40MG/ ML	
		<i>cyclosporine inj 50mg/ ml</i>	27	DEMEROL INJ 50MG/ ML	8
		<i>cyclosporine modified cap</i>	27	DEMEROL TAB 100MG	8
		25mg, 100mg		DEMEROL TAB 50MG	8
		CYCLOSPORINE	27	DEMSEER CAP 250MG	18
		MODIFIED CAP 50MG		DEPACON INJ 100MG/ ML	14
		<i>cyclosporine modified soln</i>	27	DEPO ESTRADIOL INJ 5MG/ ML	34
		100mg/ ml		DEPO-MEDROL INJ 20MG/ ML	30

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ALPHABETICAL LISTING OF DRUGS

DEPO-MEDROL INJ 40MG/ ML, 80MG/ ML	30	<i>diphenhydramine elixir</i> 12.5mg/ 5ml (Rx only)	17	ELAPRASE INJ 2MG/ ML	33
DEPO-TESTOSTERONE INJ 100MG/ ML, 200MG/ ML	11	<i>diphenhydramine inj 50mg/ ml</i>	17	ELIGARD INJ 7.5MG, 22.5MG, 30MG, 45MG	22
<i>desmopressin inj 4mcg/ ml</i>	34	<i>dipyridamole tab 25mg, 50mg, 75mg</i>	36	ELITEK INJ 1.5MG	24
DESVENLAFAXINE ER TAB 50MG, 100MG	15	<i>disopyramide cap 100mg, 150mg</i>	12	ELLECE INJ 2MG/ ML	22
DEXAMETHASONE INJ 10MG/ ML	30	DOCEFREZ INJ 20MG, 80MG	24	ELOXATIN INJ 50MG/ 10ML, 100MG/ 20ML	21
<i>dexamethasone inj 4mg/ ml, 20mg/ 5ml, 100mg/ 10ml, 120mg/ 30ml</i>	30	DOCETAXEL INJ 10MG/ ML	24	EMBEDA CAP 20-0.8MG, 30-1.2MG, 50-2MG, 60-2.4MG, 80-3.2MG, 100-4MG	8
DEXILANT CAP 30MG, 60MG	44	<i>docetaxel inj 20mg/ ml</i>	24	EMEND CAP 40MG, 80MG, 125MG	17
<i>dexrazoxane inj 250mg, 500mg</i>	24	DOCETAXEL INJ 20MG/ ML	24	EMEND CAP THERAPY PACK	17
<i>dextrose inj 5%, 10%</i>	40	DOLOPHINE TAB 5MG, 10MG	8	ENABLEX TAB 7.5MG, 15MG	45
DEXTROSE/ ELECTROLYTES INJ	39	<i>donepezil ODT 5mg, 10mg</i>	43	ENBREL INJ 25MG, 50MG	8
DIABETA TAB 1.25MG, 2.5MG, 5MG	16	<i>donepezil tab 23mg</i>	43	ENBREL SURECLICK INJ 50MG	8
DIFFERIN CREAM 0.1%	31	<i>donepezil tab 5mg, 10mg</i>	43	ENDOMETRIN SUPP 100MG	45
DIFFERIN GEL 0.1%, 0.3%	31	DORIBAX INJ 500MG	19	ENGERIX-B INJ	45
DIFFERIN LOTION 0.1%	31	<i>doxepin cap 10mg, 25mg, 50mg, 100mg, 150mg</i>	15	ENJUVIA TAB 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	34
DIFICID TAB 200MG	37	DOXEPIN CAP 75MG	15	<i>enoxaparin inj 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg, 300mg</i>	13
<i>digoxin inj 0.25mg/ ml</i>	29	<i>doxepin conc 10mg/ ml</i>	15	ENTOCORT EC CAP 3MG	30
<i>digoxin oral soln 0.05mg/ ml</i>	29	<i>doxercalciferol cap</i> 0.5mcg, 1mcg, 2.5mcg	33	EPIDUO GEL 0.1-2.5%	31
<i>digoxin tab 0.125mg</i>	29	<i>doxercalciferol inj 2mcg/ ml</i>	33	EPINEPHRINE INJ 0.15MG, 0.3MG	45
<i>digoxin tab 0.25mg</i>	29	DOXIL INJ 2MG/ ML	22	<i>epinephrine inj 0.1mg/ ml</i>	13
<i>dihydroergotamine</i> <i>mesylate inj 1mg/ ml</i>	38	<i>doxorubicin inj 2mg/ ml</i>	22	EPIPEN INJ 0.3MG/ 0.3ML	45
DILAUDID INJ 1MG/ ML, 2MG/ ML, 4MG/ ML, 10MG/ ML	8	<i>doxycycline inj 100mg</i>	44	EPIPEN JR INJ 0.15MG/ 0.3ML	45
DILAUDID LIQUID 1MG/ ML	8	DULERA INHALER 100-5MCG, 200-5MCG	13	<i>epirubicin inj 2mg/ ml</i>	22
DILAUDID TAB 2MG	8	<i>duloxetine cap 20mg, 30mg, 60mg</i>	15		
DILAUDID TAB 4MG	8	DURAGESIC PATCH 12MCG, 25MCG, 50MCG, 75MCG, 100MCG	8		
DILAUDID TAB 8MG	8	DYMISTA INHALER 137-50MCG	40		
DILTIAZEM INJ 100MG	29	E			
<i>diltiazem inj 5mg/ ml</i>	29	EDURANT TAB 25MG	26		

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

ALPHABETICAL LISTING OF DRUGS

EPOGEN INJ 2000UNIT, 3000UNIT, 4000UNIT, 10000UNIT, 20000UNIT	36	EVAMIST SPRAY 1.53MG/ SPRAY	35	FETZIMA ER TITRATION PACK	15
EPZICOM TAB 600-300MG	26	EVOTAZ TAB 300-150MG	26	FEXMID TAB 7.5MG	40
ERAXIS INJ 100MG	17	EXALGO TAB 8MG, 12MG, 16MG	8	<i>fexofenadine syrup (otc only)</i>	18
ERBITUX SOLN 100MG/ 50ML, 200MG/ 100ML	21	EXJADE TAB 125MG, 250MG, 500MG	16	<i>fexofenadine tab (otc only)</i>	18
<i>ergoloid mesylates tab 1mg</i>	43	EXTAVIA INJ 0.3MG	43	<i>fexofenadine/ pseudoephedrine 12 hour tab (otc only)</i>	31
ERIVEDGE CAP 150MG	22	<hr/>			
ERWINAZE INJ 10000UNIT	23	F		<i>fexofenadine/ pseudoephedrine 24 hour (otc only)</i>	31
ERYTHROCIN	37	FABRAZYME INJ 35MG	33	FIRAZYR INJ 30MG/ 3ML	36
LACTOBIONATE INJ 500MG		<i>famotidine inj 20mg/ 2ml, 40mg/ 4ml, 200mg/ 20ml</i>	44	FIRMAGON INJ 120MG	22
ESBRIET CAP 267MG	44	FAMOTIDINE INJ 500MG/ 50ML	44	FIRMAGON INJ 80MG	22
ESOMEPRAZOLE INJ 20MG	44	FAMOTIDINE/ NAACL INJ 0.9%-20MG/ 50ML	44	FLEBOGAMMA INJ 0.5GM/ 10ML, 20GM/ 400ML	41
<i>esomeprazole inj 20mg, 40mg</i>	44	FANAPT TAB 1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	25	FLECTOR PATCH 1.3%	31
ESTRACE TAB 0.5MG, 1MG, 2MG	34	FANAPT TAB TITRATION PACK	25	FLONASE NASAL SPRAY 50MCG	40
<i>estradiol tab 0.5mg, 1mg, 2mg</i>	34	FARXIGA TAB 5MG, 10MG	16	FLOVENT DISKUS 50MCG, 100MCG, 250MCG	12
<i>estradiol twice weekly patch 0.025mg, 0.0375mg, 0.05mg, 0.075mg, 0.1mg</i>	34	FARYDAK CAP 10MG, 15MG, 20MG	22	FLOVENT HFA	12
<i>estradiol valerate inj 20mg/ ml, 40mg/ ml</i>	35	FASLODEX INJ 250MG/ 5ML	22	INHALER 44MCG, 110MCG, 220MCG	
<i>estradiol weekly patch 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg, 0.1mg</i>	35	FEMHRT LOW DOSE TAB 0.5MG-2.5MCG	34	<i>fluconazole/ dextrose inj 400mg/ 200ml</i>	17
<i>estropipate tab 0.75mg, 1.5mg</i>	35	<i>fentanyl lollipop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	9	FLUDARA INJ 50MG	21
ESTROPIPATE TAB 3MG	35	<i>fentanyl patch 12mcg, 25mcg, 50mcg, 75mcg, 100mcg</i>	9	<i>fludarabine inj 50mg</i>	21
<i>eszopiclone tab 1mg, 2mg, 3mg</i>	37	FENTORA TAB 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	9	FLUNISOLIDE NASAL SOLN 25MCG	40
ETHYOL INJ 500MG	24	FERRIPROX TAB 500MG	16	<i>flunisolide nasal spray 25mcg</i>	40
ETOPOPHOSPHATE INJ 100MG	24	FETZIMA ER CAP 20MG, 40MG, 80MG, 120MG	15	<i>fluorouracil inj 50mg/ ml</i>	21
<i>etoposide inj 20mg/ ml</i>	24			<i>fluphenazine decanoate inj 25mg/ ml</i>	25
				FLUPHENAZINE INJ 2.5MG/ ML	25
				<i>fluticasone nasal spray 50mcg</i>	40

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

ALPHABETICAL LISTING OF DRUGS

<i>fluvoxamine ER cap</i>	14	GAMMAPLEX INJ 1GM/	42	<i>glyburide/ metformin tab</i>	15
<i>100mg, 150mg</i>		20ML, 2.5GM/ 50ML,		<i>1.25-250mg, 2.5-500mg,</i>	
FOLOTYN INJ 40MG/	21	5GM/ 100ML, 10GM/		<i>5-500mg</i>	
2ML		200ML		<i>glycopyrrolate inj 0.4mg/</i>	44
<i>fomepizole inj 1gm/ ml</i>	16	<i>ganciclovir inj 500mg</i>	26	<i>2ml, 1mg/ 5ml, 4mg/ 20ml</i>	
<i>fondaparinux inj 2.5mg/</i>	13	GARDASIL 9 INJ	45	GLYNASE	16
<i>0.5ml</i>		GARDASIL INJ	45	MICRONIZED TAB	
<i>fondaparinux inj 5mg/</i>	13	<i>gatifloxacin ophth soln</i>	41	1.5MG, 3MG, 6MG	
<i>0.4ml, 7.5mg/ 0.6ml, 10mg/</i>		<i>0.5%</i>		<i>granisetron inj 0.1mg/ ml,</i>	16
<i>0.8ml</i>		GATTEX INJ 5MG	36	<i>1mg/ ml, 4mg/ 4ml</i>	
FORTAZ INJ 1GM, 2GM,	30	GAUZE PAD	37	<i>granisetron tab 1mg</i>	16
6GM		GAZYVA INJ 25MG/ ML	21	GRANIX INJ 300MCG,	36
FORTEO INJ 600MCG/	32	GELNIQUE GEL PUMP	45	480MCG	
2.4ML		3%		<i>guanfacine ER tab 1mg,</i>	7
FOSCARNET INJ 24MG/	26	<i>gemcitabine inj 200mg,</i>	21	<i>2mg, 3mg, 4mg</i>	
ML		<i>1gm</i>		<i>guanfacine IR tab 1mg,</i>	18
<i>fosphephenytoin inj 100mg/</i>	14	GEMCITABINE INJ	21	<i>2mg</i>	
<i>2ml, 500mg/ 10ml</i>		200MG, 1GM, 2GM			
FRAGMIN INJ	13	GEMZAR INJ 200MG,	21	H	
12500UNIT, 15000UNIT,		1GM		HALAVEN INJ 1MG/	24
18000UNIT		<i>gentamicin inj 10mg/ ml,</i>	7	2ML	
FRAGMIN INJ	13	<i>40mg/ ml</i>		HALDOL DECANOATE	25
2500UNIT, 5000UNIT,		<i>gentamicin/ nacl inj 0.8mg/</i>	7	INJ 50MG/ ML, 100MG/	
10000UNIT		<i>ml, 1mg/ ml, 1.2mg/ ml,</i>		ML	
FRAGMIN INJ	13	<i>1.6mg/ ml</i>		HALDOL INJ 5MG/ ML	25
7500UNIT, 95000UNIT		GENTAMICIN/ NACL	7	<i>haloperidol decanoate inj</i>	25
FREAMINE HBC 6.9%	41	INJ 0.9MG/ ML, 1.4MG/		<i>50mg/ ml, 100mg/ ml</i>	
FROVA TAB 2.5MG	38	ML		<i>haloperidol inj 5mg/ ml</i>	25
FURADANTIN SUSP	45	GEODON INJ 20MG	25	HARVONI TAB	27
25MG/ 5ML		GILENYA TAB 0.5MG	43	90-400MG	
<i>furosemide inj 10mg/ ml</i>	32	GILOTRIF TAB 20MG,	23	HECTOROL CAP	33
FUSILEV INJ 50MG	24	30MG, 40MG		0.5MCG, 1MCG, 2.5MCG	
FUZEON INJ 90MG	26	GLASSIA INJ 1000MG/	44	HECTOROL INJ 2MCG/	33
FYCOMPA TAB 2MG,	14	50ML		ML	
4MG, 6MG, 8MG, 10MG,		GLEEVEC TAB 100MG,	23	HECTOROL INJ 4MCG/	33
12MG		400MG		2ML	
G		GLUCOVANCE TAB	15	<i>heparin inj 1000unit,</i>	13
GAMASTAN S/ D INJ	41	1.25-250MG, 2.5-500MG,		<i>5000unit, 10000unit,</i>	
GAMMAGARD INJ 1GM,	41	5-500MG		<i>20000unit</i>	
2.5GM, 5GM, 10GM,		<i>glyburide micronized tab</i>	16	HEPARIN SODIUM INJ	13
20GM, 30GM, 40GM		<i>1.5mg, 3mg, 6mg</i>		2000UNIT, 2500UNIT	
		<i>glyburide tab 1.25mg,</i>	16	HEPARIN SODIUM/	13
		<i>2.5mg, 5mg</i>		NACL INJ	
				100UNIT-0.45%	

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

ALPHABETICAL LISTING OF DRUGS

<i>heparin sodium/ nacl inj</i>	13	HYDROXYZINE INJ	12	IMITREX CARTRIDGE	38
<i>2unit-0.9%</i>		25MG/ ML		INJ 4MG/ 0.5ML, 6MG/	
HEPARIN SODIUM/	13	<i>hydroxyzine inj 50mg/ ml</i>	12	0.5ML	
NACL INJ 50UNIT-0.45%		HYDROXYZINE	12	IMITREX INJ 6MG/	38
<i>heparin/ d5w inj 40unit,</i>	13	PAMOATE CAP 100MG		0.5ML	
<i>50unit, 100unit</i>		<i>hydroxyzine pamoate cap</i>	12	IMITREX NASAL	38
HERCEPTIN INJ 440MG	21	<i>25mg, 50mg</i>		SPRAY 5MG, 20MG	
HETLIOZ CAP 20MG	37	<i>hydroxyzine syrup 10mg/</i>	12	IMITREX TAB 25MG,	38
HEXALEN CAP 50MG	21	<i>5ml</i>		50MG, 100MG	
HIZENTRA INJ 1GM/	42	<i>hydroxyzine tab 10mg,</i>	12	IMOVAX RABIES	45
5ML, 2GM/ 10ML, 4GM/		<i>25mg, 50mg</i>		(H.D.C.V) INJ	
20ML, 10GM/ 50ML		HYSINGLA ER TAB	9	IMURAN TAB 50MG	27
HUMIRA INJ KIT 10MG/	7	20MG, 30MG, 40MG,		INCRELEX INJ 10MG/	33
0.2ML, 20MG/ 0.4ML,		60MG, 80MG, 100MG,		ML	
40MG/ 0.8ML		120MG		INDOCIN SUSP 25MG/	8
HYCAMTIN INJ 4MG	24			5ML	
HYCET SOLN	10	I		<i>indomethacin cap 25mg,</i>	8
7.5-325MG/ 15ML		<i>ibandronate inj 3mg/ 3ml</i>	32	<i>50mg</i>	
<i>hydralazine inj 20mg/ ml</i>	19	<i>ibandronate tab 150mg</i>	32	<i>indomethacin ER cap 75mg</i>	8
<i>hydrocodone/</i>	10	IBRANCE CAP 75MG,	23	INLYTA TAB 1MG, 5MG	23
<i>acetaminophen soln</i>		100MG, 125MG		INSULIN SYRINGE	37
<i>7.5-325mg/ 15ml</i>		ICLUSIG TAB 15MG,	23	INTELENCE TAB	26
<i>hydrocodone/</i>	10	45MG		100MG, 200MG	
<i>acetaminophen tab</i>		IDAMYCIN PFS INJ	22	<i>intralipid inj 20%</i>	40
<i>2.5-325mg, 5-325mg,</i>		1MG/ ML		INTRALIPID INJ 30%	40
<i>7.5-325mg, 10-325mg</i>		<i>idarubicin inj 1mg/ ml</i>	22	INTRON-A INJ	23
<i>hydrocodone/</i>	10	IFEX INJ 1GM	21	18000000UNIT,	
<i>acetaminophen tab</i>		IFEX INJ 3GM	21	50000000UNIT	
<i>5-300mg, 7.5-300mg,</i>		<i>ifosfamide inj 1gm</i>	21	INTRON-A INJ	23
<i>10-300mg</i>		<i>ifosfamide inj 1gm/ 20ml,</i>	21	6000000UNIT,	
<i>hydrocodone/ ibuprofen</i>	10	<i>3gm/ 60ml</i>		10000000UNIT	
<i>tab 7.5-200mg, 10-200mg</i>		IFOSFAMIDE INJ 1GM/	21	INTUNIV TAB 1MG,	7
HYDROMORPHONE ER	9	20ML, 3GM/ 60ML		2MG, 3MG, 4MG	
TAB 32MG		ILARIS INJ 180MG	7	INVANZ INJ 1GM	19
<i>hydromorphone ER tab</i>	9	IMBRUVICA CAP	23	INVANZ IV INJ 1GM	19
<i>8mg, 12mg, 16mg</i>		140MG		INVEGA SUSTENNA INJ	25
<i>hydromorphone inj 1mg/</i>	9	<i>imipenem/ cilastatin inj</i>	19	39MG, 78MG, 117MG,	
<i>ml, 2mg/ ml, 10mg/ ml</i>		<i>250mg, 500mg</i>		156MG, 234MG	
<i>hydromorphone susp 1mg/</i>	9	<i>imipramine pamoate 75mg,</i>	15	INVEGA TAB 1.5MG,	25
<i>ml</i>		<i>100mg, 125mg, 150mg</i>		3MG, 6MG, 9MG	
<i>hydromorphone tab 2mg</i>	9	<i>imipramine tab 10mg,</i>	15	INVIRASE TAB 500MG	26
<i>hydromorphone tab 4mg</i>	9	<i>25mg, 50mg</i>		IONOSOL-B/ D5W INJ	39
<i>hydromorphone tab 8mg</i>	9	IMITREX	38	IONOSOL-MB/ D5W INJ	39
		AUTO-INJECTOR 4MG/			
		0.5ML, 6MG/ 0.5ML			

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

ALPHABETICAL LISTING OF DRUGS

<i>ipratropium inhalation soln</i>	12	KALETRA TAB	26	LANOXIN INJ 0.25MG/	29
0.02%		200-50MG		ML	
<i>ipratropium/ albuterol soln</i>	13	KALYDECO PACKET	44	LANOXIN TAB 0.125MG	29
0.5-2.5mg/ 3ml		50MG, 75MG		LANOXIN TAB 0.25MG	29
IRENKA CAP 40MG	15	KALYDECO TAB 150MG	44	<i>latanoprost ophth soln</i>	41
IRINOTECAN HCL INJ	24	KCL 0.15%/ D5W/ NAACL	39	0.005%	
500 MG/ 25ML		0.225%		LATUDA TAB 20MG,	25
<i>irinotecan inj 20mg/ ml</i>	25	KCL 0.3%/ D5W/ NAACL	39	40MG, 60MG, 80MG,	
ISENTRESS CHEW TAB	26	0.9%		120MG	
100MG		KCL/ D5W/ LR 20MEQ	39	LAZANDA NASAL	9
ISENTRESS TAB 400MG	26	KCL/ D5W/ LR INJ 0.3%	39	SPRAY 100MCG,	
ISOLYTE/ D5W INJ	39	<i>kcl/ d5w/ nacl inj (all</i>	39	400MCG	
ISOLYTE-S INJ	39	<i>strengths)</i>		LENVIMA THERAPY	23
ISTODAX INJ 10MG	23	KENALOG INJ 10MG/	30	PACK 10MG, 14MG,	
<i>itraconazole cap 100mg</i>	17	ML, 40MG/ ML		20MG, 24MG	
IXEMPRA INJ 45MG	24	KEPIVANCE INJ 6.25MG	24	LETAIRIS TAB 5MG,	29
<hr/>		KEPPRA INJ 500MG/	14	10MG	
J		5ML		<i>leucovorin inj 100mg,</i>	24
JAKAFI TAB 5MG,	23	<i>ketorolac inj 15mg/ ml,</i>	8	350mg	
10MG, 15MG, 20MG,		<i>30mg/ ml</i>		LEUKINE INJ 250MCG	36
25MG		<i>ketorolac tab 10mg</i>	8	<i>leuprolide inj 5mg/ ml</i>	22
JANUMET TAB	15	KEYTRUDA IV SOLN	21	<i>levalbuterol neb 0.31mg/</i>	13
50-500MG, 50-1000MG		50MG		<i>3ml, 0.63mg/ 3ml, 1.25mg/</i>	
JANUMET XR TAB	15	KHEDEZLA TAB 50MG,	15	<i>3ml</i>	
50-500MG, 50-1000MG,		100MG		<i>levalbuterol neb conc</i>	13
100-1000MG		KINERET INJ 100MG/	7	<i>1.25mg/ 0.5ml</i>	
JANUVIA TAB 25MG,	15	0.67ML		LEVAQUIN/ D5W INJ	35
50MG, 100MG		KOMBIGLYZE XR TAB	15	500MG/ 100ML, 750MG/	
JARDIANCE TAB 10MG,	16	5-500MG, 2.5-1000MG,		150ML	
25MG		5-1000MG		<i>levetiracetam inj 500mg/</i>	14
JEVTANA INJ 60MG/	24	KORLYM TAB 300MG	15	<i>5ml</i>	
1.5ML		KUVAN POWDER	33	<i>levocarnitine inj 200mg/ ml</i>	33
JUXTAPID CAP 5MG,	18	PACKET 500MG		<i>levocarnitine soln 1gm/</i>	33
10MG, 20MG, 30MG,		KUVAN TAB 100MG	33	<i>10ml</i>	
40MG, 60MG		KYNAMRO INJ 200MG/	18	<i>levocarnitine tab 330mg</i>	33
<hr/>		ML		<i>levofloxacin inj 25mg/ ml</i>	35
K		KYPROLIS SOLN 60MG	23	<i>levofloxacin/ d5w inj</i>	35
KADCYLA INJ 100MG	21	<hr/>		<i>25mg/ ml, 500mg/ 100ml,</i>	
KADIAN ER CAP 10MG,	9	L		<i>750mg/ 150ml</i>	
20MG, 30MG, 50MG,		<i>labetalol inj 5mg/ ml</i>	28	LEVOLEUCOVORIN INJ	24
60MG, 80MG, 100MG		<i>lactated ringers irrigation</i>	28	10MG/ ML	
KADIAN ER CAP 40MG,	9	<i>lactated ringers soln</i>	39	LEVONORGESTREL	30
200MG		<i>lamivudine/ zidovudine tab</i>	26	TAB 0.75MG (RX ONLY)	
KALETRA SOLN	26	<i>150-300mg</i>			
80-20MG/ ML					

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

ALPHABETICAL LISTING OF DRUGS

LEVORPHANOL TAB 2MG	9	LYRICA SOLN 20MG/ ML	14	MEPERIDINE SOLN 50MG/ 5ML	9
LEXIVA TAB 700MG	26			<i>meperitab tab 100mg</i>	9
<i>lidocaine inj 0.5%, 1%, 2%</i>	37	M		<i>meperitab tab 50mg</i>	9
<i>lidocaine patch 5%</i>	32	MACROBID CAP 100MG	45	<i>meprobamate tab 200mg, 400mg</i>	12
<i>lidocaine PF inj 0.5%, 1%</i>	37	MACRODANTIN CAP 50MG, 100MG	45	<i>meropenem inj 500mg, 1gm</i>	19
LIDODERM PATCH 5%	32	MAGNESIUM SULFATE INJ 2GM/ 50ML, 4GM/ 100ML, 20GM/ 500ML, 40GM/ 1000ML, 4GM/ 50ML	39	MERREM INJ 500MG, 1GM	19
LINCOCIN INJ 300MG/ ML	20	<i>magnesium sulfate inj 50%</i>	39	<i>mesna inj 100mg/ ml</i>	24
<i>linezolid inj 2mg/ ml</i>	20	MAGNESIUM SULFATE/ D5W INJ 10MG/ ML	39	MESNEX INJ 100MG/ ML	24
<i>linezolid tab 600mg</i>	20	MARINOL CAP 2.5MG, 5MG, 10MG	16	METAXALONE TAB 400MG	40
LINZESS CAP 145MCG, 290MCG	35	MARQIBO INJ 5MG/ 31ML	24	<i>metaxalone tab 800mg</i>	40
<i>liothyronine inj 10mcg/ ml</i>	44	MAXALT TAB 5MG, 10MG	38	METHADONE INJ 10MG/ ML	9
<i>lipodox inj 2mg/ ml</i>	22	MAXALT-MLT TAB 5MG, 10MG	38	METHADONE ORAL SOLN 10MG/ 5ML	9
LIPOSYN III INJ 10%	40	MAXIPIME INJ 1MG, 2MG	30	METHADONE ORAL SOLN 5MG/ 5ML	9
LIPOSYN III INJ 20%	41	MEGACE ES SUSP 625MG/ 5ML	42	<i>methadone soln 10mg/ 5ml</i>	9
<i>lopreeza tab 0.5-0.1mg, 1-0.5mg</i>	34	MEGACE ORAL SUSP 40MG/ ML	22	<i>methadone soln 5mg/ 5ml</i>	9
LOPRESSOR INJ 1MG/ ML	28	<i>megestrol acetate susp 40mg/ ml</i>	22	<i>methadone tab 5mg, 10mg</i>	9
<i>loratadine ODT (otc only)</i>	18	<i>megestrol acetate tab 20mg, 40mg</i>	22	METHERGINE 0.2MG	41
<i>loratadine syrup (otc only)</i>	18	<i>megestrol ES susp 625mg/ 5ml</i>	42	METHITEST TAB 10MG	11
<i>loratadine tab (otc only)</i>	18	MEKINIST TAB 0.5MG, 2MG	23	<i>methocarbamol tab 500mg, 750mg</i>	40
<i>loratadine-D tab (otc only)</i>	31	<i>melphalan inj 50mg</i>	21	<i>methyl dopa tab 250mg, 500mg</i>	18
LOVENOX INJ 30MG, 40MG, 60MG, 80MG, 100MG, 120MG, 150MG, 300MG	13	MENEST TAB 0.3MG, 0.625MG, 1.25MG, 2.5MG	35	<i>methyl dopa/ hydrochlorothiazide tab 250-15mg, 250-25mg</i>	19
LUMIZYME INJ 50MG	33	MENHIBRIX INJ	45	<i>methyl ergonovine tab 0.2mg</i>	41
LUNESTA TAB 1MG, 2MG, 3MG	37	MENOSTAR PATCH 14MCG	35	<i>methylprednisolone inj 40mg/ ml, 80mg/ ml</i>	30
LUPRON DEPOT INJ 3.75MG, 7.5MG, 11.25MG, 22.5MG, 30MG, 45MG	22	<i>meperidine inj 25mg/ ml, 50mg/ ml, 100mg/ ml</i>	9	METHYLPREDNISOLON E PF INJ 40MG/ ML, 80MG/ ML, 100MG/ ML	30
LUPRON DEPOT PEDIATRIC INJ 11.25MG, 15MG, 30MG	33			<i>methylprednisolone sodium succinate inj 40mg, 125mg, 1000mg</i>	30
LYNPARZA CAP 50MG	23				
LYRICA CAP 25MG, 50MG, 75MG, 100MG, 150MG, 200MG, 225MG, 300MG	14				

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

ALPHABETICAL LISTING OF DRUGS

<i>metoclopramide inj 5mg/ml</i>	35	MORPHINE SULFATE PF INJ 2MG/ ML, 4MG/ ML, 8MG/ ML, 10MG/ ML	9	NATPARA INJ 25MCG, 50MCG, 75MCG, 100MCG	32
<i>metoprolol tartrate inj 1mg/ml</i>	28	<i>morphine sulfate soln 10mg/ 5ml</i>	9	NAVELBINE INJ 10MG/ ML	24
METROGEL 1%	32	<i>morphine sulfate soln 20mg/ 5ml</i>	10	NEBUPENT NEB 300MG	19
<i>metronidazole/ nacl inj 500mg/ 100ml</i>	19	<i>morphine sulfate tab 15mg, 30mg</i>	10	<i>nefazodone tab 50mg</i>	14
MIACALCIN INJ 200UNIT	32	MOVANTIK TAB 12.5MG, 25MG	35	NEORAL CAP 25MG, 100MG	28
MIGRANAL SPRAY 4MG/ ML	38	MOZOBIL INJ 20MG/ ML	36	NEORAL SOLN 100MG/ ML	28
MINIVELLE PATCH 0.025MG, 0.0375MG, 0.05MG, 0.075MG, 0.1MG	35	MS CONTIN TAB 15MG, 30MG, 60MG, 100MG, 200MG	10	NEPHRAMINE INJ 5.4%	41
<i>mitomycin inj 20mg, 40mg</i>	22	MUSTARGEN INJ 10MG	21	NEULASTA INJ 6MG/ 0.6ML	36
<i>mitoxantron inj 2mg/ ml</i>	22	MYCAMINE INJ 50MG, 100MG	17	NEUMEGA INJ 5MG	36
<i>modafinil tab 100mg, 200mg</i>	7	<i>mycophenolate cap 250mg</i>	28	NEUPOGEN INJ 300MCG/ 0.5ML, 480MCG/ 0.8ML	36
MODERIBA TAB DOSE PACK 400MG, 600MG	27	<i>mycophenolate mofetil susp 200mg/ ml</i>	28	NEXAVAR TAB 200MG	23
<i>morphine sulfate conc soln 20mg/ ml</i>	9	<i>mycophenolate sodium tab 180mg, 360mg</i>	28	NEXIUM 24 HR (OTC ONLY)	44
MORPHINE SULFATE ER BEADS 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	9	MYFORTIC TAB 180MG, 360MG	28	NEXIUM INJ 40MG	44
<i>morphine sulfate ER cap 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</i>	9	N		<i>next choice tab (RX Only)</i>	30
<i>morphine sulfate ER tab 15mg, 30mg, 60mg, 100mg, 200mg</i>	9	<i>nafcillin inj 1gm, 10gm</i>	42	NEXTERONE INJ 150MG/ 100ML, 360MG/ 200ML	12
MORPHINE SULFATE INJ 2MG, 4MG, 5MG, 25MG, 50MG	9	NAFCILLIN/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 100ML	42	<i>nicardipine inj 2.5mg/ ml</i>	29
<i>morphine sulfate inj 8mg, 10mg, 15mg</i>	9	NAGLAZYME INJ 1MG/ ML	33	<i>nifedipine cap 10mg, 20mg</i>	29
<i>morphine sulfate IV inj 1mg/ ml</i>	9	NAMENDA XR CAP 7MG, 14MG, 21MG, 28MG	43	<i>nitrofurantoin macro cap 25mg, 50mg, 100mg</i>	45
<i>morphine sulfate PF inj 0.5mg/ ml, 1mg/ ml</i>	9	NAMENDA XR CAP PACK	43	<i>nitrofurantoin mono cap 100mg</i>	45
		<i>naratriptan tab 1mg, 2.5mg</i>	38	<i>nitrofurantoin susp 25mg/ 5ml</i>	45
		NASONEX NASAL SPRAY 50MCG	40	NORCO TAB 5-325MG, 7.5-325MG, 10-325MG	11
				NORDITROPIN FLEXPRO INJ 5MG/ 1.5ML, 10MG/ 1.5ML, 15MG/ 1.5ML	33
				NORDITROPIN	33
				NORDIFLEX PEN 30MG/ 3ML	

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

ALPHABETICAL LISTING OF DRUGS

<i>norethindrone acetate/ ethinyl estradiol tab 0.5mg-2.5mcg, 1mg-5mcg</i>	34	OFEV CAP 100MG, 150MG	44	<i>oxaliplatin inj 50mg/ 10ml, 100mg/ 20ml</i>	21
NORITATE CREAM 1%	32	<i>olanzapine inj 10mg</i>	25	<i>oxycodone cap 5mg</i>	10
NORMOSOL-M/ D5W INJ	39	OMNARIS NASAL 50MCG	40	<i>oxycodone conc 100mg/ 5ml</i>	10
NORMOSOL-R INJ	39	ONCASPAR INJ 750UNIT	23	<i>oxycodone soln 5mg/ 5ml</i>	10
NORMOSOL-R/ D5W INJ	39	<i>ondansetron inj 4mg/ 2ml, 40mg/ 20ml</i>	16	<i>oxycodone tab 10mg, 15mg, 20mg, 30mg</i>	10
NORPACE CAP 100MG, 150MG	12	<i>ondansetron ODT 4mg, 8mg</i>	16	<i>oxycodone tab 5mg</i>	10
NORPACE CR CAP 100MG, 150MG	12	<i>ondansetron soln 4mg/ 5ml</i>	16	<i>oxycodone/ acetaminophen tab 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg</i>	10
NORTHERA CAP 100MG, 200MG, 300MG	46	<i>ondansetron tab 4mg, 8mg, 24mg</i>	16	<i>oxycodone/ acetaminophen tab 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg</i>	10
NOVOFINE/ NOVOTWIST PEN NEEDLE	37	ONFI SUSP 2.5MG/ ML	14	<i>oxycodone/ aspirin tab</i>	11
NOVOLIN 70/ 30 INJ	15	ONFI TAB 10MG, 20MG	14	<i>4.8355-325mg</i>	
NOVOLIN MIX 70/ 30 VIAL	16	ONGLYZA TAB 2.5MG, 5MG	15	<i>oxycodone/ ibuprofen tab</i>	11
NOVOLIN N INJ	16	OPANA ER (CRUSH RESISTANT) TAB 5MG, 7.5MG, 10MG, 15MG, 20MG, 30MG, 40MG	10	<i>5-400mg</i>	
NOVOLIN N VIAL	16	OPANA TAB 5MG, 10MG	10	OXYCONTIN TAB 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	10
NOVOLIN R INJ	16	OPDIVO INJ 40MG/ 4ML	21	OXYCONTIN TAB 80MG	10
NOVOLIN R VIAL	16	OPSUMIT TAB 10MG	29	<i>oxymorphone ER tab 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	10
NOXAFIL SUSP 40MG/ ML	17	ORENCIA INJ 250MG	8	<i>oxymorphone tab 5mg, 10mg</i>	10
NOXAFIL TAB 100MG	17	ORENCIA SC INJ 125MG/ ML	8	OXYTROL PATCH	45
NUCYNTA ER TAB 50MG, 100MG, 150MG, 200MG, 250MG	10	ORFADIN CAP 2MG, 5MG, 10MG	33		
NUCYNTA TAB 50MG	10	<i>orphenadrine citrate inj 30mg/ ml</i>	40	P	
NUCYNTA TAB 75MG, 100MG	10	<i>orphenadrine ER tab 100mg</i>	40	<i>paclitaxel inj 6mg/ ml</i>	24
NUEDEXTA CAP 20-10MG	43	OTEZLA TAB 30MG	8	<i>paliperidone SR tab 1.5mg, 3mg, 6mg, 9mg</i>	25
NULOJIX INJ 250MG	28	OTEZLA TAB STARTER PACK	8	<i>pamidronate inj 30mg, 90mg</i>	32
NUVIGIL TAB 50MG, 150MG, 200MG, 250MG	7	<i>oxacillin inj 1gm, 2gm, 10gm</i>	42	<i>pamidronate inj 3mg/ ml, 9mg/ ml</i>	32
O		OXACILLIN/ DEXTROSE INJ 1GM/ 50ML, 2GM/ 50ML	42	PAMIDRONATE INJ 6MG/ ML	32
OCTAGAM INJ 2GM/ 20ML, 25GM/ 500ML	42			PANCREAZE CAP (ALL STRENGTHS)	32
<i>octreotide inj 50mcg, 100mcg, 200mcg, 500mcg, 1000mg</i>	34			PANRETIN GEL 1%	31

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

ALPHABETICAL LISTING OF DRUGS

PARAFON FORTE TAB 500MG	40	PERPHENAZINE/AMITRIPTYLINE TAB	43	POTASSIUM CHLORIDE INJ 10MEQ/ 50ML	39
<i>paricalcitol cap 1mcg, 2mcg, 4mcg</i>	33	2-10MG, 2-25MG, 4-10MG, 4-25MG, 4-50MG		<i>potassium chloride inj 2meq, 10meq, 20meq</i>	39
<i>paricalcitol inj 2mcg/ ml, 5mcg/ ml</i>	34	PERSANTINE TAB	36	<i>potassium chloride/ d5w inj 0.15%, 0.3%</i>	39
PEDIARIX INJ	44	25MG, 50MG, 75MG		<i>potassium chloride/ nacl inj 0.15%-0.45%, 0.15%-0.9%</i>	39
PEGASYS INJ 135MCG/ 0.5ML, 180MCG/ 0.5ML, 180MCG/ ML	27	PERTZYE CAP (ALL STRENGTHS)	32	POTASSIUM CHLORIDE/ NAACL INJ	39
PEG-INTRON INJ (ALL STRENGTHS)	27	PEXEVA TAB 10MG, 20MG, 30MG, 40MG	14	0.15%-0.45%, 0.15%-0.9%, 0.3%-0.9%	
PEN NEEDLE	38	PFIZERPEN-G INJ	42	POTIGA TAB 50MG, 200MG, 300MG, 400MG	14
<i>penicillin g potassium inj 5000000unit</i>	42	5000000UNIT, 20000000UNIT		PREFEST TAB 1-0.09MG	34
PENICILLIN G/ DEXTROSE INJ	42	PHENERGAN INJ 25MG/ ML, 50MG/ ML	18	PREMARIN INJ 25MG	35
40000UNIT, 60000UNIT		<i>phenobarbital elixir 20mg/ 5ml</i>	37	PREMARIN TAB 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	35
PENICILLIN G/ PROCAINE INJ	42	PHENOBARBITAL TAB	37	PREMASOL SOLN 10%	41
600000UNIT		15MG, 30MG, 60MG, 100MG		PREMPHASE TAB	34
PENICILLIN G/ SODIUM INJ 50000000UNIT	42	<i>phenobarbital tab 16.2mg, 32.4mg, 64.8mg, 97.2mg</i>	37	0.625-5MG	
<i>penicillin gk inj 20000000unit</i>	42	<i>phenytoin inj 50mg/ ml</i>	14	PREMPRO TAB (ALL STRENGTHS)	34
PENTAM INJ 300MG	19	PHOTOFRIN INJ 75MG	24	PREZCOBIX TAB	26
PENTASA CAP 250MG, 500MG	35	<i>physiosol irrigation soln</i>	28	800-150MG	
<i>pentazocine/ naloxone tab 50-0.5mg</i>	11	PICATO GEL 0.015%	31	PREZISTA TAB 600MG, 800MG	26
PENTOSTATIN INJ	23	PICATO GEL 0.05%	31	<i>prilosec OTC tab 20mg</i>	45
10MG		<i>piperacillin/ tazobactam inj 2-0.25gm, 3-0.375gm, 4-0.5gm, 36-4.5gm</i>	42	PRIMAXIN INJ 250MG, 500MG	19
PERCOCET TAB	11	PLAN-B (RX ONLY)	30	PRIMLEV TAB 5-300MG, 7.5-300MG, 10-300MG	11
2.5-325MG, 5-325MG, 7.5-325MG, 10-325MG		PLASMA-LYTE-148 INJ	39	PRISTIQ TAB 25MG, 50MG, 100MG	15
PERCODAN TAB	11	PLASMA-LYTE-56/ D5W INJ	39	PRIVIGEN INJ 20GM/ 200ML, 40GM/ 400ML	42
4.8355-325MG		PLASMA-LYTE-A INJ	39	PROCAINAMIDE INJ	12
PERFOROMIST NEB	13	<i>polymyxin B sulfate inj 500000unit</i>	20	100MG/ ML, 500MG/ ML	
20MCG/ 2ML		POMALYST CAP 1MG, 2MG, 3MG, 4MG	22	PROCALAMINE INJ 3%	41
PERJETA INJ 30MG/ ML	21	POTASSIUM CHLORIDE INJ 10MEQ/ 100ML, 20MEQ/ 100ML, 40MEQ/ 100ML	39	PROCARDIA CAP 10MG	29
				<i>prochlorperazine inj 5mg/ ml</i>	25

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

ALPHABETICAL LISTING OF DRUGS

PROCRIT INJ 2000UNIT, 3000UNIT, 4000UNIT, 10000UNIT, 20000UNIT, 40000UNIT	36	QUDEXY XR CAP 25MG, 50MG, 100MG, 150MG, 200MG	14	REPREXAIN TAB 2.5-200MG, 5-200MG, 7.5-200MG, 10-200MG	11
PROGRAF CAP 0.5MG, 1MG, 5MG	28	QUINIDINE GLUCONATE INJ 80MG/ ML	12	RESERPINE TAB 0.1MG	18
PROGRAF INJ 5MG/ ML	28			RESERPINE TAB 0.25MG	19
PROLASTIN INJ 500MG	44	R		RETIN-A CREAM 0.025%, 0.05%, 0.1%	31
PROLASTIN-C INJ 1000MG	44	RABAVERT INJ	45	RETIN-A GEL 0.025%, 0.01%	31
PROLEUKINE IV SOLN 22000000UNIT	24	<i>ranitidine inj 25mg/ ml</i>	44	RETIN-A MICRO GEL 0.04%, 0.1%	31
PROLIA SOLN 60MG/ ML	32	RAPAMUNE SOLN 1MG/ ML	28	RETIN-A MICRO GEL PUMP 0.08%	31
PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG	36	RAPAMUNE TAB 0.5MG, 1MG, 2MG	28	REVATIO INJ 10MG/ 12.5ML	29
<i>promethazine inj 25mg/ ml, 50mg/ ml</i>	18	RAVICTI LIQUID 1.1GM/ ML	34	REVATIO TAB 20MG	29
<i>promethazine supp 12.5mg, 25mg, 50mg</i>	18	REBETOL CAP 200MG	27	REVLIMID CAP 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	27
<i>promethazine syrup 6.25mg/ 5ml</i>	18	REBETOL SOLN 40MG/ ML	27	REYATAZ CAP 150MG, 200MG, 300MG	26
<i>promethazine tab 12.5mg, 25mg, 50mg</i>	18	REBIF INJ TITRATION PACK	43	REYATAZ POWDER PACKET 50MG	26
<i>promethazine VC syrup 6.25-5mg/ 5ml</i>	31	REBIF PREFILLED INJ 22MCG/ 0.5ML, 44MCG/ 0.5ML	43	RHINOCORT AQUA NASAL SPRAY 32MCG	40
<i>propranolol inj 1mg/ ml</i>	28	REBIF REBIDOSE INJ 22MCG/ 0.5ML, 44MCG/ 0.5ML	43	RIBAPAK TAB 600MG	27
PROSOL INJ 20%	41	REBIF REBIDOSE INJ TITRATION PACK	43	RIBAPAK TAB DOSE PACK	27
PROVIGIL TAB 100MG, 200MG	7	RECLAST INJ 5MG/ 100ML	32	<i>ribavirin tab 600mg</i>	27
PULMICORT NEB 0.25MG/ 2ML, 0.5MG/ 2ML	12	RECOMBIVAX-HB INJ	45	RIFADIN INJ 600MG	20
PULMICORT NEB 1MG/ 2ML	13	REGRANEX GEL 0.01%	32	<i>rifampin inj 600mg</i>	20
PULMOZYME SOLN 1MG/ ML	44	RELENZA DISKHALER 5MG	27	RILUTEK TAB 50MG	40
		RELISTOR INJ 12MG/ 0.6ML	35	<i>ringers injection</i>	39
Q		RELISTOR INJ KIT 12MG/ 0.6ML	35	<i>ringers irrigation</i>	28
QNASL CHILDRENS NASAL SPRAY 40MCG	40	RELPAK TAB 20MG, 40MG	38	<i>risedronate sodium DR tab 35mg</i>	33
QNASL NASAL SPRAY 80MCG	40	REMICADE INJ 100MG	35	<i>risedronate sodium tab 5mg, 30mg, 35mg, 150mg</i>	33
		REMODULIN INJ 1MG/ ML, 2.5MG/ ML, 5MG/ ML, 10MG/ ML	29	RISPERDAL INJ 12.5MG, 25MG, 37.5MG, 50MG	25
				RITUXAN INJ 100MG/ 10ML	21

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

ALPHABETICAL LISTING OF DRUGS

RITUXAN INJ 500MG/ 50ML	21	SANDOSTATIN LAR DEPOT INJ KIT 10MG, 20MG, 30MG	34	SOLU-MEDROL INJ 2000MG	30
<i>rizatriptan ODT 5mg, 10mg</i>	38	SAPHRIS SL TAB	25	SOLU-MEDROL INJ 40MG, 125MG, 500MG	31
<i>rizatriptan tab 5mg, 10mg</i>	38	2.5MG, 5MG, 10MG		SOMA TAB 350MG	40
ROBAXIN TAB 500MG	40	SAVELLA TAB 12.5MG, 25MG, 50MG, 100MG	43	SOMATULINE DEPOT INJ 60MG/ 0.2ML, 90MG/ 0.3ML, 120MG/ 0.5ML	34
ROBINUL INJ 0.4MG/ 2ML, 1MG/ 5ML, 4MG/ 20ML	44	SECONAL CAP 100MG	37	SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	33
ROCALTROL CAP 0.25MCG, 0.5MCG	34	SELZENTRY TAB	26	SONATA CAP 5MG, 10MG	37
ROCALTROL SOLN 1MCG/ ML	34	150MG, 300MG		SOTALOL INJ 150MG/ 10ML	28
ROXICET SOLN 5-325MG	11	SIGNIFOR INJ 0.3MG/ ML, 0.6MG/ ML, 0.9MG/ ML	34	SOVALDI TAB 400MG	27
ROXICODONE SOLN 5MG/ 5ML	10	<i>sildenafil inj 10mg/ 12.5ml</i>	29	SPORANOX CAP 100MG	17
ROXICODONE TAB 15MG, 30MG	10	<i>sildenafil tab 20mg</i>	29	SPORANOX SOLN 10MG/ ML	17
ROXICODONE TAB 5MG	10	SIMPONI ARIA IV SOLN 50MG/ 4ML	7	SPRYCEL TAB 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	23
ROZEREM TAB 8MG	37	SIMPONI INJ 50MG/ 0.5ML, 100MG/ ML	7	STELARA INJ 45MG/ 0.5ML	32
RUCONEST INJ 2100UNIT	36	SIMULECT INJ 20MG	28	STELARA INJ 90MG/ ML <i>sterile water irrigation</i>	32
<hr/>		<i>sirolimus tab 0.5mg, 1mg, 2mg</i>	28	STIVARGA TAB 40MG	23
S		SIRTURO TAB 100MG	20	STRATTERA CAP 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	7
SABRIL POWDER 500MG	14	SIVEXTRO INJ 200MG	20	STREPTOMYCIN INJ 1GM	7
SABRIL TAB 500MG	14	SIVEXTRO TAB 200MG	20	STRIBILD TAB 150-150-200-300MG	26
<i>salsalate tab 500mg, 750mg</i>	8	SKELAXIN TAB 800MG	40	SUBOXONE SL FILM 12-3MG	11
SANCUSO PATCH 3.1MG	16	SKLICE LOTION 0.5%	32	SUBOXONE SL FILM 2-0.5MG, 4-1MG, 8-2MG	11
SANDIMMUNE CAP 25MG, 100MG	28	<i>sodium bicarbonate inj 7.5%, 8.4%</i>	38	SULFAMETHOXAZOLE/ TRIMETHOPRIM INJ 400-80MG/ 5ML	19
SANDIMMUNE INJ 50MG/ ML	28	<i>sodium chloride inj 0.45%, 0.9%, 3%, 5%, 14.6%, 23.4%</i>	39	<i>sumatriptan auto-injector 4mg/ 0.5ml, 6mg/ 0.5ml</i>	38
SANDIMMUNE SOLN 100MG/ ML	28	SODIUM CHLORIDE INJ 23.4%	39		
SANDOSTATIN INJ 100MCG/ ML, 200MCG/ ML, 500MCG/ ML, 1000MCG/ ML	34	<i>sodium chloride irrigation soln 0.9%</i>	36		
SANDOSTATIN INJ 50MCG/ ML	34	SODIUM DIURIL INJ 500MG	32		
		<i>sodium lactate inj 5meq/ ml</i>	38		
		SOLTAMOX ORAL SOLN 10MG/ 5ML	22		
		SOLU-CORTEF INJ 100MG, 250MG, 500MG, 1000MG	30		

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ALPHABETICAL LISTING OF DRUGS

<i>sumatriptan cartridge inj 4mg/ 0.5ml, 6mg/ 0.5ml</i>	38	TAXOTERE INJ 20MG/ ML	24	TOFRANIL TAB 10MG, 25MG, 50MG	15
<i>sumatriptan inj 4mg/ 0.5ml, 6mg/ 0.5ml</i>	38	TAXOTERE INJ 40MG/ ML	24	TOFRANIL-PM CAP 75MG, 100MG, 125MG, 150MG	15
SUMATRIPTAN INJ 6MG/ 0.5ML	38	TECFIDERA CAP 120MG, 240MG	43	<i>topotecan inj 4mg</i>	25
<i>sumatriptan tab 25mg, 50mg, 100mg</i>	38	TECFIDERA CAP STARTER PACK	43	TORISEL SOLN 25MG/ ML	23
SUMAVEL DOSEPRO 4MG/ 0.5ML, 6MG/ 0.5ML	38	TEFLARO INJ 400MG, 600MG	30	TOVIAZ TAB 4MG, 8MG	45
SURMONTIL CAP 25MG, 50MG, 100MG	15	TENEX TAB 1MG, 2MG	19	<i>tpn electrolytes soln</i>	39
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG	23	<i>terbutaline inj 1mg/ ml</i>	13	TRACLEER TAB 62.5MG, 125MG	29
SYLATRON INJ 296MCG, 444MCG, 888MCG	24	TESTIM GEL 1%	11	<i>tramadol biphasic ER tab 100mg, 200mg, 300mg</i>	10
SYLVANT INJ 100MG	28	<i>testosterone cypionate inj 100mg/ ml, 200mg/ ml</i>	12	<i>tramadol ER tab 100mg, 200mg, 300mg</i>	10
SYNAGIS INJ 50MG/ 0.5ML, 100MG/ ML	42	<i>testosterone enanthate inj 200mg/ ml</i>	12	<i>tramadol tab 50mg</i>	10
SYNALGOS-DC CAP 356.4-30-16MG	11	TESTOSTERONE GEL PUMP 1%	12	<i>tramadol/ acetaminophen tab 37.5-325mg</i>	11
SYNAREL SOLN 2MG/ ML	33	TESTOSTERONE GEL PUMP 2%	12	<i>tranexamic acid inj 100mg/ ml</i>	37
SYNERCID INJ 500MG	20	<i>tetrabenazine tab 12.5mg, 25mg</i>	43	TRAVATAN Z OPHTH SOLN 0.004%	41
SYNRIBO INJ 3.5MG	24	THALOMID CAP 50MG, 100MG, 150MG, 200MG	27	TRAVOPROST OPHTH SOLN 0.004%	41
T		<i>thioridazine tab 10mg, 25mg, 50mg, 100mg</i>	25	TREANDA INJ 45MG, 100MG, 180MG	21
<i>tacrolimus cap 0.5mg, 1mg, 5mg</i>	28	THYMOGLOBULIN INJ 25MG	28	TRELSTAR MIXJECT INJ 3.75MG, 11.25MG, 22.5MG	22
TAFINLAR CAP 50MG, 75MG	23	<i>thyroid tab (all strengths)</i>	44	<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	31
TAMIFLU CAP 30MG	27	TICLOPIDINE TAB 250MG	36	<i>tretinoin gel 0.025%, 0.01%</i>	31
TAMIFLU CAP 45MG, 75MG	27	<i>ticlopidine tab 250mg</i>	36	<i>tretinoin microsphere gel 0.04%, 0.1%</i>	31
TAMIFLU SUSP 6MG/ ML	27	TIGAN CAP 300MG	16	TRETIN-X CREAM 0.0375%	31
TARCEVA TAB 25MG, 100MG, 150MG	23	TIGAN INJ 100MG/ ML	16	<i>triamcinolone nasal spray 55mcg</i>	40
TARGRETIN CAP 75MG	24	TIVICAY TAB 50MG	26	<i>trihexyphenidyl soln 0.4mg/ ml</i>	25
TARGRETIN GEL 1%	31	TOBI NEB 300MG/ 5ML	7	<i>trihexyphenidyl tab 2mg, 5mg</i>	25
TASIGNA CAP 150MG, 200MG	23	TOBI PODHALER 28MG	7		
TAXOL INJ 6MG/ ML	24	<i>tobramycin inj 10mg/ ml, 80mg/ 2ml</i>	7		
		<i>tobramycin neb 300mg/ 5ml</i>	7		
		TOBRAMYCIN/ NACL INJ 0.8MG/ ML	7		

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ALPHABETICAL LISTING OF DRUGS

<i>trimethobenzamide cap</i>	16	V	VINBLASTINE INJ 1MG/	24
300mg		VALCHLOR GEL 0.016%	ML	
TRIOSTAT INJ 0.01MG/	44	VALCYTE SOLN 50MG/	<i>vincristine inj 1mg/ ml</i>	24
ML		ML	<i>vinorelbine inj 10mg/ ml</i>	24
TRISENOX INJ 10MG/	24	VALCYTE TAB 450MG	VIRACEPT TAB 250MG,	26
10ML		<i>valganciclovir tab 450mg</i>	625MG	
TRIUMEQ TAB	26	<i>valproic acid inj 100mg/ ml</i>	VIRAZOLE SOLN 6GM	27
600-50-300MG		VANCOCIN CAP 125MG	VIREAD TAB 150MG,	26
TROKENDI XR CAP	14	VANCOCIN CAP 250MG	200MG, 250MG, 300MG	
25MG, 50MG, 100MG,		<i>vancomycin cap 125mg,</i>	VISTARIL CAP 25MG,	12
200MG		250mg	50MG	
TROPHAMINE INJ 6%	41	<i>vancomycin inj 500mg,</i>	VISTIDE INJ 75MG/ ML	26
TRUVADA TAB	26	1000mg, 10gm	VITEKTA TAB 85MG,	26
200-300MG		VANCOMYCIN/	150MG	
TWINRIX INJ	45	DEXTROSE INJ 500MG/	VIVELLE-DOT PATCH	35
TYGACIL INJ 50MG	20	100ML, 750MG/ 150ML,	0.025MG, 0.0375MG,	
TYKERB TAB 250MG	23	1GM/ 200ML	0.05MG, 0.075MG, 0.1MG	
TYLENOL/ CODEINE	11	VARIVAX INJ	VOLTAREN GEL 1%	31
TAB 300-30MG,		VASCEPA CAP 1GM	<i>voriconazole inj 200mg</i>	17
300-60MG		VECTIBIX INJ 100MG/	<i>voriconazole susp 40mg/</i>	17
TYSABRI INJ 20MG/ ML	43	5ML, 400MG/ 20ML	<i>ml</i>	
TYVASO INHALATION	29	VELCADE INJ 3.5MG	<i>voriconazole tab 50mg,</i>	17
SOLN 0.6MG/ ML		VENLAFAXINE ER TAB	200mg	
U		225MG	VOTRIENT TAB 200MG	23
UCERIS RECTAL FOAM	12	VENTAVIS	VPRIV INJ 400UNIT	36
2MG		INHALATION SOLN	VYTORIN TAB	18
UCERIS TAB 9MG	31	10MCG/ ML, 20MCG/ ML	10-10MG, 10-20MG,	
ULORIC TAB 40MG,	36	VENTOLIN HFA	10-40MG, 10-80MG	
80MG		INHALER 108MCG	X	
ULTRACET TAB	11	VERAMYST NASAL	XALATAN OPHTH	41
37.5-325MG		SPRAY 27.5MCG	SOLN 0.005%	
ULTRAM ER TAB	10	<i>verapamil inj 2.5mg/ ml</i>	XALKORI CAP 200MG,	23
100MG, 200MG, 300MG		VFEND IV INJ 200MG	250MG	
ULTRAM TAB 50MG	10	VFEND SUSP 40MG/ ML	XELJANZ TAB 5MG	7
ULTRESA CAP (ALL	32	VFEND TAB 50MG,	XENAZINE TAB	43
STRENGTHS)		200MG	12.5MG, 25MG	
UNASYN INJ 2-1GM,	42	VIDAZA INJ 100MG	XGEVA INJ 120MG/	33
10-5GM		VIIBRYD TAB 10MG,	1.7ML	
URECHOLINE TAB	45	20MG, 40MG	XIFAXAN TAB 200MG	19
5MG, 10MG, 25MG,		VIIBRYD TAB STARTER	XIFAXAN TAB 550MG	19
50MG		PACK	XIGDUO XR TAB	15
UVADEX SOLN 20MCG/	24	VIMPAT INJ 10MG/ ML	5-1000MG	
ML		VIMPAT TAB 50MG,		
		100MG, 150MG, 200MG		

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

ALPHABETICAL LISTING OF DRUGS

XIGDUO XR TAB	15	ZINACEF INJ 750MG,	30	ZOSYN/ DEXTROSE INJ	42
5-500MG, 10-500MG,		1.5GM, 7.5GM		2-0.25GM, 3-0.375GM,	
10-1000MG		ZINACEF IV SOLN	30	4-0.5GM	
XODOL TAB 5-300MG,	11	750MG		ZYDELIG TAB 100MG,	23
7.5-300MG, 10-300MG		ZINACEF/ H2O INJ	30	150MG	
XOLAIR INJ 150MG	12	1.5GM/ 50ML		ZYKADIA CAP 150MG	23
XOPENEX HFA	13	ZINECARD INJ 250MG	24	ZYMAXID OPHTH	41
INHALER 45MCG		ZIOPTAN OPHTH SOLN	41	SOLN 0.5%	
XOPENEX NEB 0.31MG/	13	0.0015%		ZYPREXA INJ 10MG	25
3ML, 0.63MG/ 3ML,		ZITHROMAX INJ 500MG	37	ZYPREXA ZYDIS TAB	25
1.25MG/ 3ML		ZOFRAN INJ 40MG/	16	15MG, 20MG	
XOPENEX NEB CONC	13	20ML		ZYRTEC ALLERGY CAP	18
1.25MG/ 0.5ML		ZOFRAN ODT 4MG,	16	(OTC ONLY)	
XTANDI CAP 40MG	22	8MG		ZYRTEC CHEW (OTC	18
XYLOCAINE INJ 1%, 2%	37	ZOFRAN SOLN 4MG/	16	ONLY)	
XYLOCAINE PF INJ 1%	37	5ML		ZYRTEC SYRUP (OTC	18
XYREM SOLN 500MG/	43	ZOFRAN TAB 4MG,	16	ONLY)	
ML		8MG		ZYRTEC TAB (OTC	18
<hr/>		<i>zoledronic acid inj 5mg/</i>	33	ONLY)	
Y		<i>100ml</i>		ZYRTEC-D TAB (OTC	31
YERVOY INJ 50MG/	22	<i>zoledronic acid inj conc</i>	33	ONLY)	
10ML		<i>4mg/ 5ml</i>		ZYTIGA TAB 250MG	22
<hr/>		ZOLEDRONIC INJ 4MG	33	ZYVOX INJ 2MG/ ML	20
Z		ZOLINZA CAP 100MG	23	ZYVOX SUSP 100MG/	20
<i>zaleplon cap 5mg, 10mg</i>	37	<i>zolmitriptan ODT 2.5mg,</i>	38	5ML	
ZALTRAP INJ 100MG/	21	<i>5mg</i>		ZYVOX TAB 600MG	20
4ML, 200MG/ 8ML		<i>zolmitriptan tab 2.5mg,</i>	38		
ZAMICET SOLN	11	<i>5mg</i>			
10-325MG/ 15ML		<i>zolpidem tab 5mg, 10mg</i>	37		
ZANOSAR INJ 1GM	21	ZOMETA INJ 4MG/	33		
ZANTAC INJ 1000MG/	44	100ML			
40ML		ZOMETA INJ 4MG/ 5ML	33		
ZANTAC INJ 25MG/ ML	44	ZOMIG NASAL SPRAY	38		
ZAVESCA CAP 100MG	36	2.5MG, 5MG			
ZELBORAF TAB 240MG	23	ZOMIG TAB 2.5MG,	38		
ZEMPLAR CAP 1MCG,	34	5MG			
2MCG		ZOMIG ZMT 2.5MG,	38		
ZEMPLAR INJ 2MCG/	34	5MG			
ML, 5MCG/ ML		ZORTRESS TAB 0.25MG,	28		
ZENPEP CAP (ALL	32	0.5MG, 0.75MG			
STRENGTHS)		ZOSTAVAX INJ	45		
ZETIA TAB 10MG	18	ZOSYN INJ 2-0.25GM,	42		
ZETONNA NASAL	40	3-0.375GM, 4-0.5GM,			
SOLN 37MCG		36-4.5GM			

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



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This formulary was updated on 10/01/2015. For more recent information or other questions, please contact our COEHA Member Services number Monday - Friday 8:30 am to 5:00 pm (EST) at 1-800-679-9135 or for local residents in the Clifton Forge, VA area call 540-862-5728 for additional information or visit www.coeha.com. TTY users should call 711. After hours and on weekends please contact Navitus Customer Care at 1-866-270-3877.

This information is available for free in other formats or languages.

The COEHA has a contract with the Federal Government to provide our members with an enhanced Medicare Part D Prescription Drug Plan. Enrollment in C and O Employees' Hospital Association Medicare Part D Prescription Drug Plan depends upon contract renewal.