



**C&O Employees' Hospital Association (PDP)
2017 Abridged Formulary
Partial List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00017457, Version Number 5

This abridged formulary was updated on 8/25/2016. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact C&O Employees' Hospital Association (PDP) Customer Services, at 800-679-9135 or 540-862-5728 (local) or, 711 for TTY users. We are available from 8:30 am to 5:00 pm, Monday thru Friday. You can also visit our website at <http://coeha.com/>.

This Formulary Drug List was updated on 8/25/2016.

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.

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 (PDP). When it refers to “plan” or “our plan,” it means C&O Employees’ Hospital Association (PDP).

This document includes a partial list of the drugs (formulary) for our plan which is current as of 8/25/2016. For a complete comprehensive formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the C&O Employees’ Hospital Association (PDP) Abridged Formulary?

A formulary is a list of covered drugs selected by C&O Employees’ Hospital Association (PDP) 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. C&O Employees’ Hospital Association (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a C&O Employees’ Hospital Association (PDP) 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 C&O Employees’ Hospital Association (PDP). For a complete listing of all prescription drugs covered by C&O Employees’ Hospital Association (PDP), 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 8/25/2016. To get updated information about the

drugs covered by C&O Employees' Hospital Association (PDP), please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents-Misc". If you know what your drug is used for, look for the category name in the list that begins on page 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 73. 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?

C&O Employees' Hospital Association (PDP) 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):** C&O Employees' Hospital Association (PDP) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from C&O Employees' Hospital Association (PDP) before you fill your prescriptions. If you don't get approval, C&O Employees' Hospital Association (PDP) 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, C&O Employees' Hospital Association (PDP) limits the amount of the drug that C&O Employees' Hospital Association (PDP) will cover. For example, C&O Employees' Hospital Association (PDP) 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, C&O Employees' Hospital Association (PDP) 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, C&O Employees' Hospital Association (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, C&O Employees' Hospital Association (PDP) 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 documents on our website that explain our prior authorization restriction 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 C&O Employees' Hospital Association (PDP) 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 C&O Employees' Hospital Association (PDP) formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so C&O Employees' Hospital Association (PDP) 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.

If you learn that C&O Employees' Hospital Association (PDP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by C&O Employees' Hospital Association (PDP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by C&O Employees' Hospital Association (PDP).
- You can ask C&O Employees' Hospital Association (PDP) 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 C&O Employees' Hospital Association (PDP) Formulary?

You can ask C&O Employees' Hospital Association (PDP) 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, C&O Employees' Hospital Association (PDP) 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, C&O Employees' Hospital Association (PDP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will

cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Level of Care Changes

C&O Employees' Hospital Association (PDP) level of care transition process accounts for unplanned changes for members. In some instances, these changes may result in the prescribed drug regimen(s) not being available on our formulary. These instances usually occur when a member moves from one treatment setting to another. This could include members who:

- Enter long-term care (LTC) facilities with a discharge list of medications from the hospital with very short-term planning taken into account (e.g., less than 8 hours)
- Are discharged from a hospital to a home with very short-term planning taken into account
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to go back to their Part D plan formulary
- Give up hospice status to revert to standard Medicare Part A and Part B benefits
- End an LTC facility stay and return to their home
- Are discharged from psychiatric hospitals with drug regimens that are highly tailored to them.

These changes often result in members and/or prescribers using C&O Employees' Hospital Association (PDP) exceptions and/or appeals processes. For these types of changes, we will make coverage determinations and re-determinations as quickly as the member's health requires.

C&O Employees' Hospital Association (PDP) ensures proper medication continuance for members upon discharge from an LTC facility or other facilities to ensure an effective transition of care. This may include:

- A refill upon entrance to, or discharge from, an LTC facility. The current standard of care promotes caregivers receiving outpatient Part D prescriptions before discharge from a Part A stay. Members, through no fault of their own, may not have access to the balance of their prescription.
- C&O Employees' Hospital Association (PDP) allows the member to access a refill upon entrance to, or discharge from, an LTC facility.

To process these transition refills, the pharmacy may need to call C&O Employees' Hospital Association (PDP) Customer Care (phone numbers are on the back cover of this booklet). C&O Employees' Hospital Association (PDP) Customer Care can help the pharmacy process an override.

For more information

For more detailed information about your C&O Employees' Hospital Association (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about C&O Employees' Hospital Association (PDP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

C&O Employees' Hospital Association (PDP) Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by C&O Employees' Hospital Association (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

Remember: This is only a partial list of drugs covered by C&O Employees' Hospital Association (PDP). 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 information in the Requirements/Limits column tells you if C&O Employees' Hospital Association (PDP) has any special requirements for coverage of your drug.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine 10mg tab</i>	1	
<i>amphetamine 12.5mg tab</i>	1	
<i>amphetamine 15mg tab</i>	1	
<i>amphetamine 20mg tab</i>	1	
<i>amphetamine 30mg tab</i>	1	
<i>amphetamine 5mg tab</i>	1	
<i>amphetamine 7.5mg tab</i>	1	
VYVANSE 10MG CAP	2	
VYVANSE 20MG CAP	2	
VYVANSE 30MG CAP	2	
VYVANSE 40MG CAP	2	
VYVANSE 50MG CAP	2	
VYVANSE 60MG CAP	2	
VYVANSE 70MG CAP	2	
ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>guanfacine 1mg er tab</i>	1	
<i>guanfacine 2mg er tab</i>	1	
<i>guanfacine 3mg er tab</i>	1	
<i>guanfacine 4mg er tab</i>	1	
STRATTERA 100MG CAP	2	QL=60 EA/30 Days
STRATTERA 10MG CAP	2	QL=60 EA/30 Days
STRATTERA 18MG CAP	2	QL=60 EA/30 Days
STRATTERA 25MG CAP	2	QL=60 EA/30 Days
STRATTERA 40MG CAP	2	QL=60 EA/30 Days
STRATTERA 60MG CAP	2	QL=60 EA/30 Days
STRATTERA 80MG CAP	2	QL=60 EA/30 Days
STIMULANTS - MISC.		
<i>armodafinil 150mg tab</i>	1	PA QL=30 EA/30 Days
ARMODAFINIL 200MG TAB	2	PA QL=30 EA/30 Days
<i>armodafinil 250mg tab</i>	1	PA QL=30 EA/30 Days
<i>armodafinil 50mg tab</i>	1	PA QL=30 EA/30 Days
<i>methylphenidate 10mg er cap</i>	1	
<i>methylphenidate 20mg er cap</i>	1	
<i>methylphenidate 40mg er cap</i>	1	
<i>methylphenidate 50mg er cap</i>	1	
<i>methylphenidate 60mg er cap</i>	1	
<i>modafinil 100mg tab</i>	1	PA QL=60 EA/30 Days
<i>modafinil 200mg tab</i>	1	PA QL=60 EA/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>amikacin 250mg/ ml inj</i>	1	

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>gentamicin sulfate 0.8mg/ ml inj</i>	1	
<i>gentamicin sulfate 1.2mg/ ml inj</i>	1	
<i>gentamicin sulfate 1.6mg/ ml inj</i>	1	
<i>gentamicin sulfate 10mg/ ml inj</i>	1	
<i>gentamicin sulfate 1mg/ ml inj</i>	1	
<i>gentamicin sulfate 40mg/ ml inj</i>	1	
STREPTOMYCIN 100MG INJ	2	
<i>tobramycin 10mg/ ml inj</i>	1	
<i>tobramycin 40mg/ ml inj</i>	1	
<i>tobramycin 60mg/ ml inh soln</i>	1	NM PA
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ 11MG ER TAB	2	NM PA QL=30 EA/30 Days
XELJANZ 5MG TAB	2	NM PA QL=60 EA/30 Days
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX DOSE (12) 2.5MG PACK	2	
RHEUMATREX DOSE (16) 2.5MG PACK	2	
RHEUMATREX DOSE (20) 2.5MG PACK	2	
RHEUMATREX DOSE (24) 2.5MG PACK	2	
RHEUMATREX DOSE (8) 2.5MG PACK	2	
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA 10MG/ 0.2ML SYRINGE	2	NM PA
HUMIRA 20MG/ 0.4ML SYRINGE	2	NM PA
HUMIRA 40MG/ 0.8ML AUTO-INJECTOR	2	NM PA
HUMIRA 40MG/ 0.8ML SYRINGE	2	NM PA
HUMIRA PEDIATRIC CROHN'S STARTER PACK (3) 40MG/ 0.8ML INJ	2	NM PA
HUMIRA PEDIATRIC CROHN'S STARTER PACK (6) 40MG/ 0.8ML INJ	2	NM PA
HUMIRA PEN - CROHN'S STARTER PACK 40MG/ 0.8ML INJ	2	NM PA
SIMPONI 100MG/ ML AUTO-INJECTOR	2	NM PA
SIMPONI 100MG/ ML SYRINGE	2	NM PA
SIMPONI 50MG/ 0.5ML AUTO-INJECTOR	2	NM PA
SIMPONI 50MG/ 0.5ML SYRINGE	2	NM PA
SIMPONI ARIA 50MG/ 4ML INJ	2	NM PA
GOLD COMPOUNDS		
RIDAURA 3MG CAP	2	
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220MG INJ	2	NM PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS 180MG INJ	2	NM PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		

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 100mg cap</i>	1	QL=60 EA/30 Days
<i>celecoxib 200mg cap</i>	1	QL=60 EA/30 Days
<i>celecoxib 400mg cap</i>	1	QL=60 EA/30 Days
<i>celecoxib 50mg cap</i>	1	QL=60 EA/30 Days
<i>ibuprofen 400mg tab</i>	1	
<i>ibuprofen 600mg tab</i>	1	
<i>ibuprofen 800mg tab</i>	1	
<i>ketorolac tromethamine 15mg/ ml inj</i>	1	
<i>ketorolac tromethamine 30mg/ ml inj</i>	1	
<i>meloxicam 15mg tab</i>	1	
<i>meloxicam 7.5mg tab</i>	1	
<i>naproxen 250mg tab</i>	1	
NAPROXEN 25MG/ ML SUSP	2	
<i>naproxen 375mg tab</i>	1	
<i>naproxen 500mg tab</i>	1	
<i>naproxen sodium 275mg tab</i>	1	
<i>naproxen sodium 550mg tab</i>	1	
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide 10mg tab</i>	1	
<i>leflunomide 20mg tab</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125MG/ ML SYRINGE	2	NM PA
ORENCIA 250MG INJ	2	NM PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL 25MG INJ	2	NM PA
ENBREL 25MG/ 0.5ML SYRINGE	2	NM PA
ENBREL 50MG/ ML SURECLICK INJ	2	NM PA
ENBREL 50MG/ ML SYRINGE	2	NM PA
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>diflunisal 500mg tab</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl 0.012mg/ hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 0.025mg/ hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 0.05mg/ hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 0.075mg/ hr patch</i>	1	QL=10 EA/30 Days
<i>fentanyl 0.1mg/ hr patch</i>	1	QL=10 EA/30 Days
FENTORA 100MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 200MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 400MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 600MCG BUCCAL TAB	2	PA QL=120 EA/30 Days
FENTORA 800MCG BUCCAL TAB	2	PA QL=120 EA/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>methadone 10mg tab</i>	1	QL=360 EA/30 Days
METHADONE 10MG/ ML INJ	2	
<i>methadone 1mg/ ml oral soln</i>	1	QL=3600 ML/30 Days
<i>methadone 2mg/ ml oral soln</i>	1	QL=1800 ML/30 Days
<i>methadone 5mg tab</i>	1	QL=360 EA/30 Days
<i>morphine sulfate 100mg er cap</i>	1	QL=60 EA/30 Days
<i>morphine sulfate 100mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 10mg er cap</i>	1	QL=60 EA/30 Days
MORPHINE SULFATE 10MG/ ML SYRINGE	3	PA BvD
MORPHINE SULFATE 120MG ER CAP	2	QL=60 EA/30 Days
<i>morphine sulfate 15mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 15mg tab</i>	1	QL=180 EA/30 Days
<i>morphine sulfate 200mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 20mg er cap</i>	1	QL=60 EA/30 Days
<i>morphine sulfate 20mg/ ml oral soln</i>	1	QL=180 ML/30 Days
<i>morphine sulfate 2mg/ ml oral soln</i>	1	QL=1800 ML/30 Days
MORPHINE SULFATE 2MG/ ML SYRINGE	2	PA BvD
MORPHINE SULFATE 30MG ER (24 HR) CAP	2	QL=60 EA/30 Days
<i>morphine sulfate 30mg er cap</i>	1	QL=60 EA/30 Days
<i>morphine sulfate 30mg er tab</i>	1	QL=120 EA/30 Days
<i>morphine sulfate 30mg tab</i>	1	QL=180 EA/30 Days
MORPHINE SULFATE 45MG ER CAP	2	QL=60 EA/30 Days
<i>morphine sulfate 4mg/ ml oral soln</i>	1	QL=900 ML/30 Days
MORPHINE SULFATE 4MG/ ML SYRINGE	3	PA BvD
<i>morphine sulfate 50mg er cap</i>	1	QL=60 EA/30 Days
<i>morphine sulfate 60mg er (24 hr) cap</i>	1	QL=60 EA/30 Days
MORPHINE SULFATE 60MG ER CAP	2	QL=60 EA/30 Days
<i>morphine sulfate 60mg er tab</i>	1	QL=120 EA/30 Days
MORPHINE SULFATE 75MG ER CAP	2	QL=60 EA/30 Days
<i>morphine sulfate 80mg er cap</i>	1	QL=60 EA/30 Days
MORPHINE SULFATE 8MG/ ML SYRINGE	3	PA BvD
MORPHINE SULFATE 90MG ER CAP	2	QL=60 EA/30 Days
<i>oxycodone 10mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 15mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 1mg/ ml oral soln</i>	1	QL=5400 ML/30 Days
<i>oxycodone 20mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 20mg/ ml oral soln</i>	1	QL=270 ML/30 Days
<i>oxycodone 30mg tab</i>	1	QL=180 EA/30 Days
<i>oxycodone 5mg cap</i>	1	QL=360 EA/30 Days
<i>oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
OXYCONTIN 10MG ER TAB	2	QL=60 EA/30 Days
OXYCONTIN 15MG ER TAB	2	QL=60 EA/30 Days
OXYCONTIN 20MG ER TAB	2	QL=60 EA/30 Days
OXYCONTIN 30MG ER TAB	2	QL=60 EA/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
OXYCONTIN 40MG ER TAB	2	QL=60 EA/30 Days
OXYCONTIN 60MG ER TAB	2	QL=60 EA/30 Days
OXYCONTIN 80MG ER TAB	2	QL=120 EA/30 Days
<i>tramadol 100mg er tab</i>	1	QL=60 EA/30 Days
<i>tramadol 200mg er tab</i>	1	QL=60 EA/30 Days
<i>tramadol 300mg er tab</i>	1	QL=60 EA/30 Days
<i>tramadol 50mg tab</i>	1	QL=240 EA/30 Days
OPIOID COMBINATIONS		
<i>acetaminophen 21.7mg/ ml/ hydrocodone bitartrate 0.5mg/ ml oral soln</i>	1	QL=5400 ML/30 Days
<i>acetaminophen 24mg/ ml/ codeine phosphate 2.4mg/ ml oral soln</i>	1	QL=4980 ML/30 Days
<i>acetaminophen 300mg/ codeine phosphate 15mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/ codeine phosphate 30mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/ codeine phosphate 60mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/ hydrocodone bitartrate 10mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/ hydrocodone bitartrate 5mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 300mg/ hydrocodone bitartrate 7.5mg tab</i>	1	QL=390 EA/30 Days
<i>acetaminophen 325mg/ hydrocodone bitartrate 10mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ hydrocodone bitartrate 2.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ hydrocodone bitartrate 5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ hydrocodone bitartrate 7.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ oxycodone 10mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ oxycodone 2.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ oxycodone 5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ oxycodone 7.5mg tab</i>	1	QL=360 EA/30 Days
<i>acetaminophen 325mg/ tramadol 37.5mg tab</i>	1	QL=360 EA/30 Days
<i>aspirin 325mg/ oxycodone 4.84mg tab</i>	1	QL=360 EA/30 Days
CAPITAL AND CODEINE 120-12MG/ 5ML SUSP	2	QL=4980 ML/30 Days
<i>endocet 10-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>endocet 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>hydrocodone bitartrate 7.5mg/ ibuprofen 200mg tab</i>	1	QL=480 EA/30 Days
<i>ibuprofen 400mg/ oxycodone 5mg tab</i>	1	QL=240 EA/30 Days
<i>lorcet 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>lorcet 7.5-325mg tab</i>	1	QL=360 EA/30 Days
<i>lortab 10-325mg tab</i>	1	QL=360 EA/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>loratab 5-325mg tab</i>	1	QL=360 EA/30 Days
<i>loratab 7.5-325mg tab</i>	1	QL=360 EA/30 Days
PRIMLEV 10-300MG TAB	2	QL=390 EA/30 Days
PRIMLEV 5-300MG TAB	2	QL=390 EA/30 Days
PRIMLEV 7.5-300MG TAB	2	QL=390 EA/30 Days
<i>reprexain 10-200mg tab</i>	1	QL=480 EA/30 Days
SYNALGOS-DC 356.4-30-16MG CAP	2	QL=330 EA/30 Days
<i>vicodin 10-300mg tab</i>	1	QL=390 EA/30 Days
<i>vicodin 5-300mg tab</i>	1	QL=390 EA/30 Days
<i>vicodin 7.5-300mg tab</i>	1	QL=390 EA/30 Days
ZAMICET 10-325MG/ 15ML ORAL SOLN	3	QL=5400 ML/30 Days
OPIOID PARTIAL AGONISTS		
<i>buprenorphine 0.3mg/ ml cartridge</i>	1	
<i>buprenorphine 2mg sl tab</i>	1	
<i>buprenorphine 8mg sl tab</i>	1	
<i>butorphanol tartrate 10mg/ ml nasal spray</i>	1	QL=10 ML/30 Days
<i>butorphanol tartrate 1mg/ ml inj</i>	1	
<i>butorphanol tartrate 2mg/ ml inj</i>	1	
BUTRANS 10MCG/ HR PATCH	2	QL=4 EA/28 Days
BUTRANS 15MCG/ HR PATCH	2	QL=4 EA/28 Days
BUTRANS 20MCG/ HR PATCH	2	QL=4 EA/28 Days
BUTRANS 5MCG/ HR PATCH	2	QL=4 EA/28 Days
BUTRANS 7.5MCG/ HR PATCH	2	QL=4 EA/28 Days
<i>naloxone 0.5mg/ pentazocine 50mg tab</i>	1	QL=360 EA/30 Days
SUBOXONE 12-3MG STRIP	2	QL=60 EA/30 Days
SUBOXONE 2-0.5MG STRIP	2	QL=90 EA/30 Days
SUBOXONE 4-1MG STRIP	2	QL=90 EA/30 Days
SUBOXONE 8-2MG STRIP	2	QL=90 EA/30 Days
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50 50MG TAB	2	
<i>oxandrolone 10mg tab</i>	1	
<i>oxandrolone 2.5mg tab</i>	1	
ANDROGENS		
ANDRODERM 2MG/ 24HR PATCH	2	PA QL=60 EA/30 Days
ANDRODERM 4MG/ 24HR PATCH	2	PA QL=30 EA/30 Days
ANDROGEL 1% (25MG) GEL	2	PA QL=75 GM/30 Days
ANDROGEL 1% (50MG) GEL	2	PA QL=300 GM/30 Days
ANDROGEL 1.62% (1.25GM) GEL	2	PA QL=37.50 GM/30 Days
ANDROGEL 1.62% (2.5GM) GEL	2	PA QL=150 GM/30 Days
ANDROGEL 1.62% GEL	2	PA QL=150 GM/30 Days
<i>danazol 100mg cap</i>	1	
<i>danazol 200mg cap</i>	1	

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>danazol 50mg cap</i>	1	
<i>testosterone cypionate 100mg/ ml inj</i>	1	
<i>testosterone cypionate 200mg/ ml inj</i>	1	
<i>testosterone enanthate 200mg/ ml inj</i>	1	
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
<i>colocort 100mg/ 60ml enema</i>	1	
<i>hydrocortisone 1.67mg/ ml enema</i>	1	
RECTAL STEROIDS		
<i>procto-pak 1% rectal cream</i>	1	
<i>proctosol 2.5% cream</i>	1	
<i>proctozone hc 2.5% cream</i>	1	
ANTHELMINTICS		
ANTHELMINTICS		
ALBENZA 200MG TAB	2	NM
<i>ivermectin 3mg tab</i>	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA 1000MG ER TAB	2	
RANEXA 500MG ER TAB	2	
NITRATES		
ISOSORBIDE DINITRATE 30MG TAB	2	
<i>isosorbide mononitrate 10mg tab</i>	1	
<i>isosorbide mononitrate 20mg tab</i>	1	
<i>nitroglycerin 0.1mg/ hr patch</i>	1	
<i>nitroglycerin 0.2mg/ hr patch</i>	1	
<i>nitroglycerin 0.4mg/ hr patch</i>	1	
<i>nitroglycerin 0.6mg/ hr patch</i>	1	
NITROSTAT 0.3MG SL TAB	2	
NITROSTAT 0.4MG SL TAB	2	
NITROSTAT 0.6MG SL TAB	2	
ANTIANSIETY AGENTS		
ANTIANSIETY AGENTS - MISC.		
<i>bupirone 10mg tab</i>	1	
<i>bupirone 15mg tab</i>	1	
<i>bupirone 5mg tab</i>	1	
<i>hydroxyzine 10mg tab</i>	1	
<i>hydroxyzine 25mg tab</i>	1	
<i>hydroxyzine 50mg tab</i>	1	
<i>hydroxyzine 50mg/ ml inj</i>	1	
BENZODIAZEPINES		
<i>alprazolam 0.25mg tab</i>	1	

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>alprazolam 0.5mg tab</i>	1	
<i>alprazolam 1mg tab</i>	1	
<i>alprazolam 2mg tab</i>	1	
<i>chlordiazepoxide 10mg cap</i>	1	
<i>chlordiazepoxide 25mg cap</i>	1	
<i>chlordiazepoxide 5mg cap</i>	1	
<i>clorazepate dipotassium 15mg tab</i>	1	
<i>clorazepate dipotassium 3.75mg tab</i>	1	
<i>clorazepate dipotassium 7.5mg tab</i>	1	
<i>diazepam 10mg tab</i>	1	
<i>diazepam 2mg tab</i>	1	
<i>diazepam 5mg tab</i>	1	
<i>lorazepam 0.5mg tab</i>	1	
<i>lorazepam 1mg tab</i>	1	
<i>lorazepam 2mg tab</i>	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide 100mg cap</i>	1	
<i>disopyramide 150mg cap</i>	1	
NORPACE 100MG ER CAP	2	
NORPACE 150MG ER CAP	2	
PROCAINAMIDE 100MG/ ML INJ	2	
PROCAINAMIDE 500MG/ ML INJ	2	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine 150mg cap</i>	1	
<i>mexiletine 200mg cap</i>	1	
<i>mexiletine 250mg cap</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate 100mg tab</i>	1	
<i>flecainide acetate 150mg tab</i>	1	
<i>flecainide acetate 50mg tab</i>	1	
<i>propafenone 150mg tab</i>	1	
<i>propafenone 225mg tab</i>	1	
<i>propafenone 300mg tab</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone 200mg tab</i>	1	
<i>amiodarone 400mg tab</i>	1	
MULTAQ 400MG TAB	2	
NEXTERONE 150MG/ 100ML INJ	2	
NEXTERONE 360MG/ 200ML INJ	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA 100MG INJ	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
XOLAIR 150MG INJ	2	NM PA
ANTI-INFLAMMATORY AGENTS		
CROMOLYN SODIUM 10MG/ ML INH SOLN	2	PA BvD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG INH	2	
INCRUSE 62.5MCG INH	2	
<i>ipratropium bromide 0.02% inh soln</i>	1	PA BvD
SPIRIVA 1.25MCG/ ACT INH	2	
SPIRIVA 18MCG INH POWDER	2	
SPIRIVA 2.5MCG INH	2	
LEUKOTRIENE MODULATORS		
<i>montelukast 10mg tab</i>	1	
<i>montelukast 4mg chew tab</i>	1	
<i>montelukast 5mg chew tab</i>	1	
<i>zafirlukast 10mg tab</i>	1	
<i>zafirlukast 20mg tab</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP 500MCG TAB	2	
STEROID INHALANTS		
ARNUITY 100MCG INH	2	QL=30 EA/30 Days
ARNUITY 200MCG INH	2	QL=30 EA/30 Days
ASMANEX 100MCG (120ACT) HFA INH	2	QL=13 GM/30 Days
ASMANEX 110MCG (30ACT) INH	2	QL=1 EA/30 Days
ASMANEX 200MCG (120ACT) HFA INH	2	QL=13 GM/30 Days
ASMANEX 220MCG (120ACT) INH	2	QL=1 EA/30 Days
ASMANEX 220MCG (30ACT) INH	2	QL=1 EA/30 Days
ASMANEX 220MCG (60ACT) INH	2	QL=1 EA/30 Days
<i>budesonide 0.125mg/ ml inh soln</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 0.25mg/ ml inh soln</i>	1	PA BvD QL=120 ML/30 Days
<i>budesonide 0.5mg/ ml inh soln</i>	1	PA BvD QL=120 ML/30 Days
FLOVENT 100MCG DISKUS	2	QL=60 EA/30 Days
FLOVENT 110MCG HFA INH	2	QL=24 GM/30 Days
FLOVENT 220MCG HFA INH	2	QL=24 GM/30 Days
FLOVENT 250MCG DISKUS	2	QL=60 EA/30 Days
FLOVENT 44MCG HFA INH	2	QL=21.20 GM/30 Days
FLOVENT 50MCG DISKUS	2	QL=60 EA/30 Days
PULMICORT 1MG/ 2ML INH SOLN	3	PA BvD QL=120 ML/30 Days
SYMPATHOMIMETICS		
ADVAIR 100-50MCG DISKUS	2	QL=60 EA/30 Days
ADVAIR 115-21MCG HFA INH	2	QL=12 GM/30 Days
ADVAIR 230-21MCG HFA INH	2	QL=12 GM/30 Days
ADVAIR 250-50MCG DISKUS	2	QL=60 EA/30 Days
ADVAIR 45-21MCG HFA INH	2	QL=12 GM/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
ADVAIR 500-50MCG DISKUS	2	QL=60 EA/30 Days
<i>albuterol 0.21mg/ ml (0.63mg/ 3ml) inh soln</i>	1	PA BvD
<i>albuterol 0.417mg/ ml (1.25mg/ 3ml) inh soln</i>	1	PA BvD
<i>albuterol 0.83mg/ ml (0.083%) inh soln</i>	1	PA BvD
<i>albuterol 1mg/ ml (0.5%) inh soln</i>	1	PA BvD
BREO 100-25MCG ELLIPTA INH	2	QL=60 EA/30 Days
BREO 200-25MCG ELLIPTA INH	2	QL=60 EA/30 Days
COMBIVENT RESPIMAT 20-100MCG INH	2	
DULERA 100-5MCG INH	2	QL=13 GM/30 Days
DULERA 200-5MCG INH	2	QL=13 GM/30 Days
<i>ipratropium/ albuterol 0.5-2.5mg/ 3ml inh soln</i>	1	PA BvD
<i>levalbuterol 0.31mg inh soln</i>	1	PA BvD
<i>levalbuterol 0.63mg inh soln</i>	1	PA BvD
<i>levalbuterol 1.25mg inh soln</i>	1	PA BvD
SEREVENT 50MCG/ DOSE INH	2	
STIOLTO 2.5-2.5MCG INH	2	
<i>terbutaline sulfate 1mg/ ml inj</i>	1	
VENTOLIN 108MCG INH	2	QL=72 GM/30 Days
XANTHINES		
<i>aminophylline 25mg/ ml inj</i>	1	
ELIXOPHYLLIN 80MG/ 15ML ORAL SOLN	2	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
<i>jantoven 10mg tab</i>	1	
<i>jantoven 1mg tab</i>	1	
<i>jantoven 2.5mg tab</i>	1	
<i>jantoven 2mg tab</i>	1	
<i>jantoven 3mg tab</i>	1	
<i>jantoven 4mg tab</i>	1	
<i>jantoven 5mg tab</i>	1	
<i>jantoven 6mg tab</i>	1	
<i>jantoven 7.5mg tab</i>	1	
<i>warfarin sodium 10mg tab</i>	1	
<i>warfarin sodium 1mg tab</i>	1	
<i>warfarin sodium 2.5mg tab</i>	1	
<i>warfarin sodium 2mg tab</i>	1	
<i>warfarin sodium 3mg tab</i>	1	
<i>warfarin sodium 4mg tab</i>	1	
<i>warfarin sodium 5mg tab</i>	1	
<i>warfarin sodium 6mg tab</i>	1	
<i>warfarin sodium 7.5mg tab</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5MG TAB	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
ELIQUIS 5MG TAB	2	
XARELTO 10MG TAB	2	
XARELTO 15MG TAB	2	
XARELTO 20MG TAB	2	
XARELTO STARTER PACK	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium 100mg/ ml (0.3ml) syringe</i>	1	QL=11 ML/17 Days
<i>enoxaparin sodium 100mg/ ml (0.4ml) syringe</i>	1	QL=14 ML/17 Days
<i>enoxaparin sodium 100mg/ ml (0.6ml) syringe</i>	1	QL=21 ML/17 Days
<i>enoxaparin sodium 100mg/ ml (0.8ml) syringe</i>	1	QL=28 ML/17 Days
<i>enoxaparin sodium 100mg/ ml (1ml) syringe</i>	1	QL=34 ML/17 Days
<i>enoxaparin sodium 100mg/ ml inj</i>	1	QL=51 ML/17 Days
<i>enoxaparin sodium 150mg/ ml (0.8ml) syringe</i>	1	QL=28 ML/17 Days
<i>enoxaparin sodium 150mg/ ml (1ml) syringe</i>	1	QL=34 ML/17 Days
<i>fondaparinux sodium 12.5mg/ ml (0.4ml) syringe</i>	1	NM PA
<i>fondaparinux sodium 12.5mg/ ml (0.6ml) syringe</i>	1	NM PA
<i>fondaparinux sodium 12.5mg/ ml (0.8ml) syringe</i>	1	NM PA
<i>fondaparinux sodium 5mg/ ml syringe</i>	1	PA
FRAGMIN 10000UNIT/ ML SYRINGE	2	
FRAGMIN 12500UNIT/ 0.5ML SYRINGE	2	
FRAGMIN 15000UNIT/ 0.6ML SYRINGE	2	
FRAGMIN 18000UNIT/ 0.72ML SYRINGE	2	
FRAGMIN 2500UNIT/ 0.2ML SYRINGE	2	
FRAGMIN 5000UNIT/ 0.2ML SYRINGE	2	
FRAGMIN 7500UNIT/ 0.3ML SYRINGE	2	
FRAGMIN 95000UNIT/ 3.8ML INJ	2	NM
<i>heparin sodium, porcine 10000unit/ ml inj</i>	1	PA BvD
<i>heparin sodium, porcine 1000unit/ ml inj</i>	1	PA BvD
HEPARIN SODIUM, PORCINE 100UNIT/ ML INJ	2	PA BvD
<i>heparin sodium, porcine 20000unit/ ml inj</i>	1	PA BvD
<i>heparin sodium, porcine 40unit/ ml inj</i>	1	PA BvD
<i>heparin sodium, porcine 5000unit/ ml inj</i>	1	PA BvD
<i>heparin sodium, porcine 50unit/ ml inj</i>	1	PA BvD
THROMBIN INHIBITORS		
<i>argatroban 100mg/ ml inj</i>	1	
PRADAXA 110MG CAP	2	
PRADAXA 150MG CAP	2	
PRADAXA 75MG CAP	2	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA 0.5MG/ ML SUSP	2	PA NSO
FYCOMPA 10MG TAB	2	PA NSO
FYCOMPA 12MG TAB	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
FYCOMPA 2MG TAB	2	PA NSO
FYCOMPA 4MG TAB	2	PA NSO
FYCOMPA 6MG TAB	2	PA NSO
FYCOMPA 8MG TAB	2	PA NSO
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clonazepam 0.125mg odt</i>	1	
<i>clonazepam 0.25mg odt</i>	1	
<i>clonazepam 0.5mg odt</i>	1	
<i>clonazepam 0.5mg tab</i>	1	
<i>clonazepam 1mg odt</i>	1	
<i>clonazepam 1mg tab</i>	1	
<i>clonazepam 2mg odt</i>	1	
<i>clonazepam 2mg tab</i>	1	
ONFI 10MG TAB	2	PA NSO
ONFI 2.5MG/ ML SUSP	2	PA NSO
ONFI 20MG TAB	2	PA NSO
ANTICONVULSANTS - MISC.		
<i>gabapentin 100mg cap</i>	1	
<i>gabapentin 300mg cap</i>	1	
<i>gabapentin 400mg cap</i>	1	
<i>gabapentin 50mg/ ml oral soln</i>	1	
<i>gabapentin 600mg tab</i>	1	
<i>gabapentin 800mg tab</i>	1	
<i>lamotrigine 100mg tab</i>	1	
<i>lamotrigine 150mg tab</i>	1	
<i>lamotrigine 200mg tab</i>	1	
<i>lamotrigine 25mg tab</i>	1	
LYRICA 100MG CAP	2	
LYRICA 150MG CAP	2	
LYRICA 200MG CAP	2	
LYRICA 20MG/ ML ORAL SOLN	2	
LYRICA 225MG CAP	2	
LYRICA 25MG CAP	2	
LYRICA 300MG CAP	2	
LYRICA 50MG CAP	2	
LYRICA 75MG CAP	2	
CARBAMATES		
<i>felbamate 120mg/ ml susp</i>	1	
<i>felbamate 400mg tab</i>	1	
<i>felbamate 600mg tab</i>	1	
GABA MODULATORS		
GABITRIL 12MG TAB	2	
GABITRIL 16MG TAB	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
SABRIL 500MG ORAL SOLN	2	NM PA NSO
SABRIL 500MG TAB	2	NM PA NSO
<i>tiagabine 2mg tab</i>	1	
<i>tiagabine 4mg tab</i>	1	
HYDANTOINS		
DILANTIN 30MG ER CAP	2	
<i>fosphenytoin sodium 75mg/ ml inj</i>	1	
PEGANONE 250MG TAB	2	
<i>phenytoin sodium 100mg er cap</i>	1	
<i>phenytoin sodium 200mg er cap</i>	1	
<i>phenytoin sodium 300mg er cap</i>	1	
<i>phenytoin sodium 50mg/ ml inj</i>	1	
SUCCINIMIDES		
CELONTIN 300MG CAP	2	
<i>ethosuximide 50mg/ ml oral soln</i>	1	
VALPROIC ACID		
<i>divalproex sodium 125mg dr tab</i>	1	
<i>divalproex sodium 250mg dr tab</i>	1	
<i>divalproex sodium 500mg dr tab</i>	1	
<i>valproic acid 100mg/ ml inj</i>	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine 15mg odt</i>	1	
<i>mirtazapine 15mg tab</i>	1	
<i>mirtazapine 30mg odt</i>	1	
<i>mirtazapine 30mg tab</i>	1	
<i>mirtazapine 45mg odt</i>	1	
<i>mirtazapine 45mg tab</i>	1	
<i>mirtazapine 7.5mg tab</i>	1	
ANTIDEPRESSANTS - MISC.		
APLENZIN 174MG ER TAB	2	ST
APLENZIN 348MG ER TAB	2	ST
APLENZIN 522MG ER TAB	2	ST
<i>bupropion 100mg sr tab</i>	1	
<i>bupropion 100mg tab</i>	1	
<i>bupropion 150mg sr (12 hr) tab</i>	1	
<i>bupropion 150mg xl (24 hr) tab</i>	1	
<i>bupropion 200mg sr tab</i>	1	
<i>bupropion 300mg xl tab</i>	1	
<i>bupropion 75mg tab</i>	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
MARPLAN 10MG TAB	2	
<i>tranylcypromine 10mg tab</i>	1	

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
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram 10mg tab</i>	1	
<i>citalopram 20mg tab</i>	1	
<i>citalopram 2mg/ ml oral soln</i>	1	
<i>citalopram 40mg tab</i>	1	
<i>escitalopram 10mg tab</i>	1	
<i>escitalopram 20mg tab</i>	1	
<i>escitalopram 5mg tab</i>	1	
<i>fluoxetine 10mg cap</i>	1	
<i>fluoxetine 10mg tab</i>	1	
<i>fluoxetine 20mg cap</i>	1	
<i>fluoxetine 20mg tab</i>	1	
<i>fluoxetine 40mg cap</i>	1	
<i>fluoxetine 4mg/ ml oral soln</i>	1	
<i>fluvoxamine maleate 100mg er cap</i>	1	ST
<i>fluvoxamine maleate 100mg tab</i>	1	
<i>fluvoxamine maleate 150mg er cap</i>	1	ST
<i>fluvoxamine maleate 25mg tab</i>	1	
<i>fluvoxamine maleate 50mg tab</i>	1	
<i>paroxetine 10mg tab</i>	1	
<i>paroxetine 12.5mg er tab</i>	1	
<i>paroxetine 20mg tab</i>	1	
<i>paroxetine 25mg er tab</i>	1	
<i>paroxetine 30mg tab</i>	1	
<i>paroxetine 37.5mg er tab</i>	1	
<i>paroxetine 40mg tab</i>	1	
PAXIL 10MG/ 5ML SUSP	2	
PEXEVA 10MG TAB	2	ST
PEXEVA 20MG TAB	2	ST
PEXEVA 30MG TAB	2	ST
PEXEVA 40MG TAB	2	ST
<i>sertraline 100mg tab</i>	1	
<i>sertraline 20mg/ ml oral soln</i>	1	
<i>sertraline 25mg tab</i>	1	
<i>sertraline 50mg tab</i>	1	
SEROTONIN MODULATORS		
<i>trazodone 100mg tab</i>	1	
<i>trazodone 150mg tab</i>	1	
<i>trazodone 50mg tab</i>	1	
TRINTELLIX 10MG TAB	2	ST QL=30 EA/30 Days
TRINTELLIX 20MG TAB	2	ST QL=30 EA/30 Days
TRINTELLIX 5MG TAB	2	ST QL=30 EA/30 Days
VIIBRYD 10/ 20MG STARTER PACK	2	ST QL=30 EA/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
VIIBRYD 10MG TAB	2	ST QL=30 EA/30 Days
VIIBRYD 20MG TAB	2	ST QL=30 EA/30 Days
VIIBRYD 40MG TAB	2	ST QL=30 EA/30 Days
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>duloxetine 20mg dr cap</i>	1	QL=60 EA/30 Days
<i>duloxetine 30mg dr cap</i>	1	QL=60 EA/30 Days
DULOXETINE 40MG DR CAP	2	ST QL=30 EA/30 Days
<i>duloxetine 60mg dr cap</i>	1	QL=60 EA/30 Days
FETZIMA 120MG ER CAP	2	ST QL=30 EA/30 Days
FETZIMA 20MG ER CAP	2	ST QL=30 EA/30 Days
FETZIMA 40MG ER CAP	2	ST QL=30 EA/30 Days
FETZIMA 80MG ER CAP	2	ST QL=30 EA/30 Days
FETZIMA PACK	2	ST QL=30 EA/30 Days
PRISTIQ 100MG ER TAB	2	ST
PRISTIQ 25MG ER TAB	2	ST
PRISTIQ 50MG ER TAB	2	ST
<i>venlafaxine 150mg er cap</i>	1	
<i>venlafaxine 37.5mg er cap</i>	1	
<i>venlafaxine 75mg er cap</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline 100mg tab</i>	1	
<i>amitriptyline 10mg tab</i>	1	
<i>amitriptyline 150mg tab</i>	1	
<i>amitriptyline 25mg tab</i>	1	
<i>amitriptyline 50mg tab</i>	1	
<i>amitriptyline 75mg tab</i>	1	
<i>doxepin 10mg/ ml oral soln</i>	1	
<i>imipramine 10mg tab</i>	1	
<i>imipramine 25mg tab</i>	1	
<i>imipramine 50mg tab</i>	1	
<i>nortriptyline 10mg cap</i>	1	
<i>nortriptyline 25mg cap</i>	1	
<i>nortriptyline 50mg cap</i>	1	
<i>nortriptyline 75mg cap</i>	1	
SURMONTIL 100MG CAP	3	
SURMONTIL 25MG CAP	3	
SURMONTIL 50MG CAP	3	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose 100mg tab</i>	1	
<i>acarbose 25mg tab</i>	1	
<i>acarbose 50mg tab</i>	1	
<i>miglitol 100mg tab</i>	1	

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>miglitol 25mg tab</i>	1	
<i>miglitol 50mg tab</i>	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLIN 1500MCG/ 1.5ML PEN INJ	2	
SYMLIN 2700MCG/ 2.7ML PEN INJ	2	
ANTIDIABETIC COMBINATIONS		
<i>glipizide 2.5mg/ metformin 250mg tab</i>	1	
<i>glipizide 2.5mg/ metformin 500mg tab</i>	1	
<i>glipizide 5mg/ metformin 500mg tab</i>	1	
<i>glyburide 1.25mg/ metformin 250mg tab</i>	1	
<i>glyburide 2.5mg/ metformin 500mg tab</i>	1	
<i>glyburide 5mg/ metformin 500mg tab</i>	1	
METFORMIN 500MG/ REPAGLINIDE 1MG TAB	2	
METFORMIN 500MG/ REPAGLINIDE 2MG TAB	2	
SYNJARDY 12.5-1000MG TAB	2	QL=60 EA/30 Days
SYNJARDY 12.5-500MG TAB	2	QL=60 EA/30 Days
SYNJARDY 5-1000MG TAB	2	QL=60 EA/30 Days
SYNJARDY 5-500MG TAB	2	QL=60 EA/30 Days
XIGDUO 10-1000MG XR TAB	2	QL=30 EA/30 Days
XIGDUO 10-500MG XR TAB	2	QL=30 EA/30 Days
XIGDUO 5-1000MG XR TAB	2	QL=60 EA/30 Days
XIGDUO 5-500MG XR TAB	2	QL=30 EA/30 Days
BIGUANIDES		
<i>metformin 1000mg tab</i>	1	
<i>metformin 500mg er tab</i>	1	
<i>metformin 500mg tab</i>	1	
<i>metformin 750mg er tab</i>	1	
<i>metformin 850mg tab</i>	1	
DIABETIC OTHER		
GLUCAGEN 1MG INJ	2	
GLUCAGON 1MG INJ	2	
KORLYM 300MG TAB	2	NM PA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA 100MG TAB	2	QL=30 EA/30 Days
JANUVIA 25MG TAB	2	QL=30 EA/30 Days
JANUVIA 50MG TAB	2	QL=30 EA/30 Days
ONGLYZA 2.5MG TAB	2	QL=30 EA/30 Days
ONGLYZA 5MG TAB	2	QL=30 EA/30 Days
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET 0.8MG TAB	2	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON 2MG INJ	2	
BYDUREON 2MG PEN INJ	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
VICTOZA 18MG/ 3ML PEN INJ	2	
INSULIN		
HUMULIN R 500UNIT/ ML INJ	2	
LANTUS 100UNIT/ ML INJ	2	
LANTUS 100UNIT/ ML SOLOSTAR	2	
LEVEMIR 100UNIT/ ML FLEXTOUCH	2	
LEVEMIR 100UNIT/ ML INJ	2	
NOVOLIN 100UNIT/ ML INJ	2	
NOVOLIN N 100UNIT/ ML INJ	2	
NOVOLIN R 100UNIT/ ML INJ	2	
NOVOLOG 100UNIT/ ML FLEXPEN	2	
NOVOLOG 100UNIT/ ML INJ	2	
NOVOLOG 100UNIT/ ML PENFILL	2	
NOVOLOG MIX 100UNIT/ ML FLEXPEN	2	
NOVOLOG MIX 100UNIT/ ML INJ	2	
TOUJEO 300UNIT/ ML PEN INJ	2	
TRESIBA 100UNIT/ ML PEN INJ	2	
TRESIBA 200UNIT/ ML PEN INJ	2	
INSULIN SENSITIZING AGENTS		
AVANDIA 2MG TAB	2	
AVANDIA 4MG TAB	2	
<i>pioglitazone 15mg tab</i>	1	
<i>pioglitazone 30mg tab</i>	1	
<i>pioglitazone 45mg tab</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide 120mg tab</i>	1	
<i>nateglinide 60mg tab</i>	1	
<i>repaglinide 0.5mg tab</i>	1	
<i>repaglinide 1mg tab</i>	1	
<i>repaglinide 2mg tab</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA 10MG TAB	2	QL=30 EA/30 Days
FARXIGA 5MG TAB	2	QL=30 EA/30 Days
JARDIANCE 10MG TAB	2	QL=30 EA/30 Days
JARDIANCE 25MG TAB	2	QL=30 EA/30 Days
SULFONYLUREAS		
CHLORPROPAMIDE 100MG TAB	2	
CHLORPROPAMIDE 250MG TAB	2	
<i>glimepiride 1mg tab</i>	1	
<i>glimepiride 2mg tab</i>	1	
<i>glimepiride 4mg tab</i>	1	
<i>glipizide 10mg tab</i>	1	
<i>glipizide 5mg tab</i>	1	

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>glyburide 1.25mg tab</i>	1	
<i>glyburide 1.5mg tab</i>	1	
<i>glyburide 2.5mg tab</i>	1	
<i>glyburide 3mg tab</i>	1	
<i>glyburide 5mg tab</i>	1	
<i>glyburide 6mg tab</i>	1	
TOLBUTAMIDE 500MG TAB	2	
ANTIDIARRHEALS		
ANTIPERISTALTIC AGENTS		
<i>atropine sulfate 0.025mg/ diphenoxylate 2.5mg tab</i>	1	
<i>loperamide 2mg cap</i>	1	
ANTIDOTES		
ANTIDOTES		
<i>fomepizole 1000mg/ ml inj</i>	1	
ANTIDOTES - CHELATING AGENTS		
CHEMET 100MG CAP	2	
FERRIPROX 500MG TAB	2	NM PA
JADENU 180MG TAB	2	NM
JADENU 360MG TAB	2	NM
JADENU 90MG TAB	2	NM
OPIOID ANTAGONISTS		
NALOXONE 1MG/ ML SYRINGE	2	
<i>naltrexone 50mg tab</i>	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron 1mg tab</i>	1	PA BvD QL=9 EA/2 Days
<i>ondansetron 24mg tab</i>	1	PA BvD
<i>ondansetron 4mg tab</i>	1	PA BvD
<i>ondansetron 8mg tab</i>	1	PA BvD
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine 12.5mg tab</i>	1	
<i>meclizine 25mg tab</i>	1	
<i>trimethobenzamide 300mg cap</i>	1	PA
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5MG CAP	2	PA BvD QL=1 EA/7 Days
<i>dronabinol 10mg cap</i>	1	PA
<i>dronabinol 2.5mg cap</i>	1	PA
<i>dronabinol 5mg cap</i>	1	PA
SUBSTANCE P/ NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND 125MG CAP	2	PA BvD QL=3 EA/2 Days
EMEND 40MG CAP	2	PA BvD QL=3 EA/2 Days
EMEND 80MG CAP	2	PA BvD QL=3 EA/2 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
EMEND TRI-FOLD PACK	2	PA BvD QL=3 EA/2 Days
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
CANCIDAS 50MG INJ	2	NM
CANCIDAS 70MG INJ	2	NM
ERAXIS 100MG INJ	2	
ANTIFUNGALS		
ABELCET 5MG/ ML INJ	2	PA BvD
<i>nystatin 500000unit tab</i>	1	
<i>terbinafine 250mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole 100mg tab</i>	1	
<i>fluconazole 150mg tab</i>	1	
<i>fluconazole 200mg tab</i>	1	
<i>fluconazole 50mg tab</i>	1	
<i>ketoconazole 200mg tab</i>	1	
ANTIHIAMINES		
ANTIHIAMINES - ETHANOLAMINES		
<i>arbinoxa 4mg/ 5ml oral soln</i>	1	
<i>carbinoxamine maleate 4mg tab</i>	1	
<i>diphenhydramine 50mg/ ml inj</i>	1	
ANTIHIAMINES - NON-SEDATING		
<i>cetirizine 1mg/ ml oral soln</i>	1	
<i>levocetirizine 5mg tab</i>	1	
ANTIHIAMINES - PHENOTHIAZINES		
<i>promethazine 12.5mg rectal supp</i>	1	
<i>promethazine 12.5mg tab</i>	1	
<i>promethazine 25mg rectal supp</i>	1	
<i>promethazine 25mg tab</i>	1	
<i>promethazine 50mg rectal supp</i>	1	
<i>promethazine 50mg tab</i>	1	
<i>promethegan 25mg rectal supp</i>	1	
<i>promethegan 50mg rectal supp</i>	1	
ANTIHIAMINES - PIPERIDINES		
<i>cyproheptadine 0.4mg/ ml oral soln</i>	1	
<i>cyproheptadine 4mg tab</i>	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
VYTORIN 10-10MG TAB	2	QL=30 EA/30 Days
VYTORIN 10-20MG TAB	2	QL=30 EA/30 Days
VYTORIN 10-40MG TAB	2	QL=30 EA/30 Days
VYTORIN 10-80MG TAB	2	QL=30 EA/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
ANTIHYPERLIPIDEMICS - MISC.		
KYNAMRO 200MG/ ML SYRINGE	2	NM PA
<i>omega-3 acid ethyl esters (usp) 1000mg cap</i>	1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine resin 66.7mg/ ml susp</i>	1	
WELCHOL 3.75GM SUSP	2	
WELCHOL 625MG TAB	2	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate 130mg cap</i>	1	
<i>fenofibrate 134mg cap</i>	1	
<i>fenofibrate 200mg cap</i>	1	
<i>fenofibrate 43mg cap</i>	1	
<i>fenofibrate 67mg cap</i>	1	
<i>gemfibrozil 600mg tab</i>	1	
TRIGLIDE 160MG TAB	2	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin 10mg tab</i>	1	
<i>atorvastatin 20mg tab</i>	1	
<i>atorvastatin 40mg tab</i>	1	
<i>atorvastatin 80mg tab</i>	1	
LESCOL 80MG XL TAB	3	
<i>lovastatin 10mg tab</i>	1	
<i>lovastatin 20mg tab</i>	1	
<i>lovastatin 40mg tab</i>	1	
<i>pravastatin sodium 10mg tab</i>	1	
<i>pravastatin sodium 20mg tab</i>	1	
<i>pravastatin sodium 40mg tab</i>	1	
<i>pravastatin sodium 80mg tab</i>	1	
<i>simvastatin 10mg tab</i>	1	
<i>simvastatin 20mg tab</i>	1	
<i>simvastatin 40mg tab</i>	1	
<i>simvastatin 5mg tab</i>	1	
<i>simvastatin 80mg tab</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA 10MG TAB	2	QL=30 EA/30 Days
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID 10MG CAP	2	NM PA
JUXTAPID 20MG CAP	2	NM PA
JUXTAPID 30MG CAP	2	NM PA
JUXTAPID 40MG CAP	2	NM PA
JUXTAPID 5MG CAP	2	NM PA
JUXTAPID 60MG CAP	2	NM PA
NICOTINIC ACID DERIVATIVES		

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>niacin 1000mg er tab</i>	1	
<i>niacin 500mg er tab</i>	1	
<i>niacin 750mg er tab</i>	1	
NIACOR 500MG TAB	2	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril 10mg tab</i>	1	
<i>benazepril 20mg tab</i>	1	
<i>benazepril 40mg tab</i>	1	
<i>benazepril 5mg tab</i>	1	
<i>enalapril maleate 10mg tab</i>	1	
<i>enalapril maleate 2.5mg tab</i>	1	
<i>enalapril maleate 20mg tab</i>	1	
<i>enalapril maleate 5mg tab</i>	1	
<i>lisinopril 10mg tab</i>	1	
<i>lisinopril 2.5mg tab</i>	1	
<i>lisinopril 20mg tab</i>	1	
<i>lisinopril 30mg tab</i>	1	
<i>lisinopril 40mg tab</i>	1	
<i>lisinopril 5mg tab</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER 250MG CAP	2	NM
<i>phenoxybenzamine 10mg cap</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
EDARBI 40MG TAB	2	
EDARBI 80MG TAB	2	
<i>losartan potassium 100mg tab</i>	1	
<i>losartan potassium 25mg tab</i>	1	
<i>losartan potassium 50mg tab</i>	1	
<i>valsartan 160mg tab</i>	1	
<i>valsartan 320mg tab</i>	1	
<i>valsartan 40mg tab</i>	1	
<i>valsartan 80mg tab</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine 0.1mg tab</i>	1	
<i>clonidine 0.2mg tab</i>	1	
<i>clonidine 0.3mg tab</i>	1	
<i>doxazosin 1mg tab</i>	1	
<i>doxazosin 2mg tab</i>	1	
<i>doxazosin 4mg tab</i>	1	
<i>doxazosin 8mg tab</i>	1	
<i>guanfacine 1mg tab</i>	1	
<i>guanfacine 2mg tab</i>	1	

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
ANTIHYPERTENSIVE COMBINATIONS		
EDARBYCLOR 40-12.5MG TAB	2	
EDARBYCLOR 40-25MG TAB	2	
<i>enalapril maleate 10mg/ hydrochlorothiazide 25mg tab</i>	1	
<i>enalapril maleate 5mg/ hydrochlorothiazide 12.5mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/ lisinopril 10mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/ lisinopril 20mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/ losartan potassium 100mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/ losartan potassium 50mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/ valsartan 160mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/ valsartan 320mg tab</i>	1	
<i>hydrochlorothiazide 12.5mg/ valsartan 80mg tab</i>	1	
<i>hydrochlorothiazide 25mg/ losartan potassium 100mg tab</i>	1	
<i>hydrochlorothiazide 25mg/ valsartan 160mg tab</i>	1	
<i>hydrochlorothiazide 25mg/ valsartan 320mg tab</i>	1	
<i>trandolapril 1mg/ verapamil 240mg er tab</i>	1	
<i>trandolapril 2mg/ verapamil 180mg er tab</i>	1	
<i>trandolapril 2mg/ verapamil 240mg er tab</i>	1	
<i>trandolapril 4mg/ verapamil 240mg er tab</i>	1	
DIRECT RENIN INHIBITORS		
TEKTURNA 150MG TAB	2	
TEKTURNA 300MG TAB	2	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone 25mg tab</i>	1	
<i>eplerenone 50mg tab</i>	1	
VASODILATORS		
<i>hydralazine 20mg/ ml inj</i>	1	
<i>minoxidil 10mg tab</i>	1	
<i>minoxidil 2.5mg tab</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AZACTAM 1GM/ 50ML INJ	2	
AZACTAM 2GM/ 50ML INJ	2	
CAYSTON 75MG INH SOLN	2	NM PA
DALVANCE 500MG INJ	2	NM
<i>metronidazole 250mg tab</i>	1	
<i>metronidazole 500mg tab</i>	1	
NEBUPENT 300MG INH SOLN	2	PA BvD

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTAM 300MG INJ	2	PA BvD
<i>vancomycin 100mg/ ml inj</i>	1	
<i>vancomycin 50mg/ ml inj</i>	1	
<i>vancomycin 5mg/ ml inj</i>	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole 400mg/ trimethoprim 80mg tab</i>	1	
<i>sulfamethoxazole 800mg/ trimethoprim 160mg tab</i>	1	
SULFAMETHOXAZOLE 80MG/ ML/ TRIMETHOPRIM 16MG/ ML INJ	2	
ANTIPROTOZOAL AGENTS		
ALINIA 100MG/ 5ML SUSP	2	
<i>atovaquone 150mg/ ml susp</i>	1	
CARBAPENEMS		
<i>cilastatin 2.5mg/ ml/ imipenem 2.5mg/ ml inj</i>	1	
<i>cilastatin 5mg/ ml/ imipenem 5mg/ ml inj</i>	1	
DORIBAX 500MG INJ	2	
INVANZ 1GM INJ	2	
<i>meropenem 500mg inj</i>	1	
CHLORAMPHENICOLS		
CHLORAMPHENICOL 100MG/ ML INJ	2	
CYCLIC LIPOPEPTIDES		
CUBICIN 500MG INJ	2	NM
GLYCYLCYCLINES		
TYGACIL 50MG INJ	2	NM
KETOLIDES		
KETEK 300MG TAB	2	
KETEK 400MG TAB	2	
LEPROSTATICS		
DAPSONE 100MG TAB	2	
DAPSONE 25MG TAB	2	
LINCOSAMIDES		
<i>clindamycin 12mg/ ml inj</i>	1	
<i>clindamycin 150mg cap</i>	1	
<i>clindamycin 150mg/ ml inj</i>	1	
<i>clindamycin 18mg/ ml inj</i>	1	
<i>clindamycin 300mg cap</i>	1	
<i>clindamycin 6mg/ ml inj</i>	1	
<i>clindamycin 75mg cap</i>	1	
LINCOCIN 300MG/ ML INJ	3	
OXAZOLIDINONES		
<i>linezolid 2mg/ ml inj</i>	1	NM PA
<i>linezolid 600mg tab</i>	1	NM PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIVEXTRO 200MG INJ	2	NM PA QL=6 EA/15 Days
SIVEXTRO 200MG TAB	2	NM PA QL=6 EA/15 Days
ZYVOX 100MG/ 5ML SUSP	3	NM PA
POLYMYXINS		
<i>polymyxin b 250000unit/ ml inj</i>	1	
STREPTOGRAMINS		
SYNERCID 500MG INJ	2	NM
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone 250mg/ proguanil 100mg tab</i>	1	
<i>atovaquone 62.5mg/ proguanil 25mg tab</i>	1	
COARTEM 20-120MG TAB	2	
ANTIMALARIALS		
DARAPRIM 25MG TAB	2	NM
<i>mefloquine 250mg tab</i>	1	
PRIMAQUINE PHOSPHATE 26.3MG TAB	2	
ANTIMYASTHENIC/ CHOLINERGIC AGENTS		
ANTIMYASTHENIC/ CHOLINERGIC AGENTS		
GUANIDINE 125MG TAB	2	
MESTINON 180MG ER TAB	3	
<i>pyridostigmine bromide 180mg er tab</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE 150-300MG CAP	2	
RIFATER 50-120-300MG TAB	2	
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT 1GM INJ	2	
<i>isoniazid 100mg tab</i>	1	
<i>isoniazid 300mg tab</i>	1	
PASER D/ R 4GM GRANULES	2	
<i>rifampin 60mg/ ml inj</i>	1	
SIRTURO 100MG TAB	2	NM
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>carboplatin 10mg/ ml inj</i>	1	
<i>cisplatin 1mg/ ml inj</i>	1	
CYCLOPHOSPHAMIDE 25MG CAP	2	PA BvD
CYCLOPHOSPHAMIDE 50MG CAP	2	PA BvD
GLEOSTINE 100MG CAP	2	
GLEOSTINE 10MG CAP	2	
GLEOSTINE 40MG CAP	2	
GLEOSTINE 5MG CAP	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
<i>ifosfamide 50mg/ ml inj</i>	1	
<i>melphalan 5mg/ ml inj</i>	1	NM
<i>oxaliplatin 5mg/ ml inj</i>	1	
ANTIMETABOLITES		
CLOLAR 1MG/ ML INJ	2	
<i>decitabine 5mg/ ml inj</i>	1	NM
<i>fluorouracil 50mg/ ml inj</i>	1	PA BvD
FOLOTYN 40MG/ 2ML INJ	2	NM PA NSO
<i>methotrexate 2.5mg tab</i>	1	
TREXALL 10MG TAB	2	
TREXALL 15MG TAB	2	
TREXALL 5MG TAB	2	
TREXALL 7.5MG TAB	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN 100MG/ 4ML INJ	2	NM
AVASTIN 400MG/ 16ML INJ	2	NM
ZALTRAP 100MG/ 4ML INJ	2	NM PA NSO
ANTINEOPLASTIC - ANTIBODIES		
ERBITUX 100MG/ 50ML INJ	2	NM
HERCEPTIN 440MG INJ	2	NM
KADCYLA 100MG INJ	2	NM PA NSO
KEYTRUDA 100MG/ 4ML INJ	2	NM PA NSO
KEYTRUDA 50MG INJ	2	NM PA NSO
OPDIVO 40MG/ 4ML INJ	2	NM PA NSO
PERJETA 420MG/ 14ML INJ	2	NM PA NSO
VECTIBIX 100MG/ 5ML INJ	2	NM
YERVOY 50MG/ 10ML INJ	2	NM PA NSO
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10/ 100/ 50MG STARTING PACK	2	NM PA NSO
VENCLEXTA 100MG TAB	2	NM PA NSO
VENCLEXTA 10MG TAB	2	NM PA NSO
VENCLEXTA 50MG TAB	2	NM PA NSO
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE 150MG CAP	2	NM PA NSO
ODOMZO 200MG CAP	2	NM PA NSO
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>anastrozole 1mg tab</i>	1	
ELIGARD 22.5MG SYRINGE	2	
ELIGARD 30MG SYRINGE	2	
ELIGARD 45MG SYRINGE	2	
ELIGARD 7.5MG SYRINGE	2	
FIRMAGON 120MG INJ	2	PA NSO
FIRMAGON 80MG INJ	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
<i>flutamide 125mg cap</i>	1	
<i>letrozole 2.5mg tab</i>	1	
<i>leuprolide acetate 5mg/ ml inj</i>	1	
LUPRON 11.25MG (1.5ML) SYRINGE	2	NM
LUPRON 22.5MG SYRINGE	2	NM
LUPRON 3.75MG SYRINGE	2	NM
LUPRON 30MG SYRINGE	2	NM
LUPRON 45MG SYRINGE	2	NM
LUPRON 7.5MG SYRINGE	2	NM
LYSODREN 500MG TAB	2	
<i>megestrol acetate 20mg tab</i>	1	PA NSO
<i>megestrol acetate 40mg tab</i>	1	PA NSO
<i>megestrol acetate 40mg/ ml susp</i>	1	PA
<i>tamoxifen 10mg tab</i>	1	
<i>tamoxifen 20mg tab</i>	1	
TRELSTAR 11.25MG INJ	2	NM
TRELSTAR 22.5MG INJ	2	NM
TRELSTAR 3.75MG INJ	2	NM
ZYTIGA 250MG TAB	2	NM PA NSO
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST 1MG CAP	2	NM PA NSO
POMALYST 2MG CAP	2	NM PA NSO
POMALYST 3MG CAP	2	NM PA NSO
POMALYST 4MG CAP	2	NM PA NSO
ANTINEOPLASTIC ANTIBIOTICS		
<i>bleomycin 15unit/ ml inj</i>	1	PA BvD
COSMEGEN 0.5MG INJ	2	NM
<i>daunorubicin 5mg/ ml inj</i>	1	
<i>doxorubicin 2mg/ ml inj</i>	1	PA BvD
<i>idarubicin 1mg/ ml inj</i>	1	
<i>mitoxantrone 2mg/ ml inj</i>	1	
ANTINEOPLASTIC COMBINATIONS		
LONSURF 15-6.14MG TAB	2	NM PA NSO
LONSURF 20-8.19MG TAB	2	NM PA NSO
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR 10MG TAB	2	NM PA NSO QL=30 EA/30 Days
AFINITOR 2.5MG TAB	2	NM PA NSO QL=30 EA/30 Days
AFINITOR 2MG SUSP	2	NM PA NSO
AFINITOR 3MG SUSP	2	NM PA NSO
AFINITOR 5MG SUSP	2	NM PA NSO
AFINITOR 5MG TAB	2	NM PA NSO QL=30 EA/30 Days
AFINITOR 7.5MG TAB	2	NM PA NSO QL=30 EA/30 Days
COMETRIQ 100MG DAILY DOSE CARTON PACK	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
COMETRIQ 140MG DAILY DOSE CARTON PACK	2	NM PA NSO
COMETRIQ 60MG DAILY DOSE CARTON PACK	2	NM PA NSO
FARYDAK 10MG CAP	2	NM PA NSO
FARYDAK 15MG CAP	2	NM PA NSO
FARYDAK 20MG CAP	2	NM PA NSO
IBRANCE 100MG CAP	2	NM PA NSO
IBRANCE 125MG CAP	2	NM PA NSO
IBRANCE 75MG CAP	2	NM PA NSO
ICLUSIG 15MG TAB	2	NM PA NSO
ICLUSIG 45MG TAB	2	NM PA NSO
<i>imatinib 100mg tab</i>	1	NM PA NSO
<i>imatinib 400mg tab</i>	1	NM PA NSO
JAKAFI 10MG TAB	2	NM PA NSO QL=60 EA/30 Days
JAKAFI 15MG TAB	2	NM PA NSO QL=60 EA/30 Days
JAKAFI 20MG TAB	2	NM PA NSO QL=60 EA/30 Days
JAKAFI 25MG TAB	2	NM PA NSO QL=60 EA/30 Days
JAKAFI 5MG TAB	2	NM PA NSO QL=60 EA/30 Days
LENVIMA 10 10MG PACK	2	NM PA NSO
LENVIMA 14 PACK	2	NM PA NSO
LENVIMA 20 10MG PACK	2	NM PA NSO
LENVIMA 24 PACK	2	NM PA NSO
SPRYCEL 100MG TAB	2	PA NSO
SPRYCEL 140MG TAB	2	PA NSO
SPRYCEL 20MG TAB	2	PA NSO
SPRYCEL 50MG TAB	2	PA NSO
SPRYCEL 70MG TAB	2	PA NSO
SPRYCEL 80MG TAB	2	PA NSO
ANTINEOPLASTIC ENZYMES		
ERWINAZE 10000UNIT INJ	2	NM PA NSO
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/ 0.5ML INJ	2	NM
<i>dacarbazine 200mg inj</i>	1	
INTRON A 10MU INJ	2	
INTRON A 18MU INJ	2	NM
INTRON A 50MU INJ	2	NM
INTRON A 6000000UNIT/ ML INJ	2	
MATULANE 50MG CAP	2	
NIPENT 10MG INJ	2	NM
PROLEUKIN 22000000UNIT INJ	2	NM
SYLATRON 200MCG INJ	2	NM PA NSO
SYLATRON 300MCG INJ	2	NM PA NSO
SYLATRON 600MCG INJ	2	NM PA NSO
SYNRIBO 3.5MG INJ	2	NM

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
TARGRETIN 75MG CAP	3	NM PA NSO
TRISENOX 10MG/ 10ML INJ	2	
UVADEX 20MCG/ ML INJ	2	
CHEMOTHERAPY ADJUNCTS		
ELITEK 1.5MG INJ	2	NM
ELITEK 7.5MG INJ	2	NM
KEPIVANCE 6.25MG INJ	2	NM
CHEMOTHERAPY RESCUE/ ANTIDOTE AGENTS		
<i>amifostine 500mg inj</i>	1	
<i>dexrazoxane 250mg inj</i>	1	
FUSILEV 50MG INJ	2	
<i>leucovorin 10mg/ ml inj</i>	1	
<i>leucovorin 20mg/ ml inj</i>	1	
<i>levoleucovorin 10mg/ ml inj</i>	1	NM
<i>mesna 100mg/ ml inj</i>	1	
MESNEX 400MG TAB	2	
MITOTIC INHIBITORS		
ABRAXANE 100MG INJ	2	NM
DOCEFREZ 20MG INJ	2	NM
DOCETAXEL 10MG/ ML INJ	2	
DOCETAXEL 20MG/ ML INJ	2	NM
ETOPOPHOS 100MG INJ	2	
<i>etoposide 20mg/ ml inj</i>	1	
HALAVEN 1MG/ 2ML INJ	2	NM
JEVTANA 60MG/ 1.5ML INJ	2	NM
<i>paclitaxel 6mg/ ml inj</i>	1	
<i>toposar 1gm/ 50ml inj</i>	1	
VINBLASTINE 1MG/ ML INJ	2	PA BvD
<i>vincasar 1mg/ ml inj</i>	1	PA BvD
<i>vincristine sulfate 1mg/ ml inj</i>	1	PA BvD
<i>vinorelbine 10mg/ ml inj</i>	1	
TOPOISOMERASE I INHIBITORS		
<i>irinotecan 20mg/ ml inj</i>	1	
<i>topotecan 1mg/ ml inj</i>	1	
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa 25mg tab</i>	1	
LODOSYN 25MG TAB	3	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate 0.5mg tab</i>	1	
<i>benztropine mesylate 1mg tab</i>	1	
<i>benztropine mesylate 1mg/ ml inj</i>	1	
<i>benztropine mesylate 2mg tab</i>	1	

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>trihexyphenidyl 0.4mg/ ml oral soln</i>	1	
<i>trihexyphenidyl 2mg tab</i>	1	
<i>trihexyphenidyl 5mg tab</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone 200mg tab</i>	1	
<i>tolcapone 100mg tab</i>	1	
ANTIPARKINSON DOPAMINERGICS		
APOKYN 10MG/ ML CARTRIDGE	2	NM
CARBIDOPA 12.5MG/ ENTACAPONE 200MG/ LEVODOPA 50MG TAB	2	
CARBIDOPA 18.75MG/ ENTACAPONE 200MG/ LEVODOPA 75MG TAB	2	
CARBIDOPA 25MG/ ENTACAPONE 200MG/ LEVODOPA 100MG TAB	2	
CARBIDOPA 31.25MG/ ENTACAPONE 200MG/ LEVODOPA 125MG TAB	2	
CARBIDOPA 37.5MG/ ENTACAPONE 200MG/ LEVODOPA 150MG TAB	2	
CARBIDOPA 50MG/ ENTACAPONE 200MG/ LEVODOPA 200MG TAB	2	
<i>pramipexole 0.125mg tab</i>	1	
<i>pramipexole 0.25mg tab</i>	1	
<i>pramipexole 0.5mg tab</i>	1	
<i>pramipexole 0.75mg tab</i>	1	
<i>pramipexole 1.5mg tab</i>	1	
<i>pramipexole 1mg tab</i>	1	
<i>ropinirole 0.25mg tab</i>	1	
<i>ropinirole 0.5mg tab</i>	1	
<i>ropinirole 1mg tab</i>	1	
<i>ropinirole 2mg tab</i>	1	
<i>ropinirole 3mg tab</i>	1	
<i>ropinirole 4mg tab</i>	1	
<i>ropinirole 5mg tab</i>	1	
STALEVO 12.5-50-200MG TAB	2	
STALEVO 18.75-75-200MG TAB	2	
STALEVO 25-100-200MG TAB	2	
STALEVO 31.25-125-200MG TAB	2	
STALEVO 37.5-150-200MG TAB	2	
STALEVO 50-200-200MG TAB	2	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT 0.5MG TAB	2	
AZILECT 1MG TAB	2	
<i>selegiline 5mg cap</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>selegiline 5mg tab</i>	1	
ANTIPSYCHOTICS/ ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate 150mg cap</i>	1	
<i>lithium carbonate 300mg cap</i>	1	
<i>lithium carbonate 600mg cap</i>	1	
<i>lithium citrate 60mg/ ml oral soln</i>	1	
ANTIPSYCHOTICS - MISC.		
GEODON 20MG INJ	2	
LATUDA 120MG TAB	2	PA NSO QL=30 EA/30 Days
LATUDA 20MG TAB	2	PA NSO QL=30 EA/30 Days
LATUDA 40MG TAB	2	PA NSO QL=30 EA/30 Days
LATUDA 60MG TAB	2	PA NSO QL=30 EA/30 Days
LATUDA 80MG TAB	2	PA NSO QL=30 EA/30 Days
<i>ziprasidone 20mg cap</i>	1	
<i>ziprasidone 40mg cap</i>	1	
<i>ziprasidone 60mg cap</i>	1	
<i>ziprasidone 80mg cap</i>	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 12MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 1MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 2MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 4MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 6MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT 8MG TAB	2	PA NSO QL=60 EA/30 Days
FANAPT TITRATION PACK	2	PA NSO QL=60 EA/30 Days
INVEGA 1.5MG ER TAB	3	PA NSO
INVEGA 3MG ER TAB	3	PA NSO
INVEGA 6MG ER TAB	3	PA NSO
INVEGA 9MG ER TAB	3	PA NSO
RISPERDAL 12.5MG INJ	2	PA NSO
RISPERDAL 25MG INJ	2	PA NSO
RISPERDAL 37.5MG INJ	2	PA NSO
RISPERDAL 50MG INJ	2	PA NSO
<i>risperidone 0.25mg tab</i>	1	
<i>risperidone 0.5mg tab</i>	1	
<i>risperidone 1mg tab</i>	1	
<i>risperidone 2mg tab</i>	1	
<i>risperidone 3mg tab</i>	1	
<i>risperidone 4mg tab</i>	1	
BUTYROPHENONES		
<i>haloperidol 5mg/ ml inj</i>	1	

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>haloperidol decanoate 100mg/ ml inj</i>	1	
<i>haloperidol decanoate 50mg/ ml inj</i>	1	
DIBENZAPINES		
<i>olanzapine 10mg inj</i>	1	
<i>olanzapine 10mg tab</i>	1	
<i>olanzapine 15mg tab</i>	1	
<i>olanzapine 2.5mg tab</i>	1	
<i>olanzapine 20mg tab</i>	1	
<i>olanzapine 5mg tab</i>	1	
<i>olanzapine 7.5mg tab</i>	1	
<i>quetiapine 100mg tab</i>	1	
<i>quetiapine 200mg tab</i>	1	
<i>quetiapine 25mg tab</i>	1	
<i>quetiapine 300mg tab</i>	1	
<i>quetiapine 400mg tab</i>	1	
<i>quetiapine 50mg tab</i>	1	
SAPHRIS 10MG SL TAB	2	PA NSO QL=60 EA/30 Days
SAPHRIS 2.5MG SL TAB	2	PA NSO QL=60 EA/30 Days
SAPHRIS 5MG SL TAB	2	PA NSO QL=60 EA/30 Days
SEROQUEL 150MG XR TAB	2	
SEROQUEL 200MG XR TAB	2	
SEROQUEL 300MG XR TAB	2	
SEROQUEL 400MG XR TAB	2	
SEROQUEL 50MG XR TAB	2	
DIHYDROINDOLONES		
MOLINDONE 10MG TAB	2	
MOLINDONE 25MG TAB	2	
MOLINDONE 5MG TAB	2	
PHENOTHIAZINES		
CHLORPROMAZINE 25MG/ ML INJ	2	
<i>fluphenazine 10mg tab</i>	1	
<i>fluphenazine 1mg tab</i>	1	
<i>fluphenazine 2.5mg tab</i>	1	
FLUPHENAZINE 2.5MG/ ML INJ	2	
<i>fluphenazine 5mg tab</i>	1	
<i>fluphenazine decanoate 25mg/ ml inj</i>	1	
<i>prochlorperazine 10mg tab</i>	1	
<i>prochlorperazine 5mg tab</i>	1	
<i>prochlorperazine 5mg/ ml inj</i>	1	
<i>thioridazine 100mg tab</i>	1	
<i>thioridazine 10mg tab</i>	1	
<i>thioridazine 25mg tab</i>	1	
<i>thioridazine 50mg tab</i>	1	

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
QUINOLINONE DERIVATIVES		
ABILIFY 300MG MAINTENA INJ	2	PA NSO
ABILIFY 300MG MAINTENA PF SYRINGE	2	PA NSO
ABILIFY 400MG MAINTENA PF SYRINGE	2	PA NSO
<i>aripiprazole 10mg tab</i>	1	
<i>aripiprazole 15mg tab</i>	1	
<i>aripiprazole 20mg tab</i>	1	
<i>aripiprazole 2mg tab</i>	1	
<i>aripiprazole 30mg tab</i>	1	
<i>aripiprazole 5mg tab</i>	1	
THIOXANTHENES		
<i>thiothixene 10mg cap</i>	1	
<i>thiothixene 1mg cap</i>	1	
<i>thiothixene 2mg cap</i>	1	
<i>thiothixene 5mg cap</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir 300mg/ lamivudine 150mg/ zidovudine 300mg tab</i>	1	
APTIVUS 100MG/ ML ORAL SOLN	2	NM
APTIVUS 250MG CAP	2	NM
ATRIPLA 600-200-300MG TAB	2	NM
COMPLERA 200-25-300MG TAB	2	NM
CRIXIVAN 200MG CAP	2	
CRIXIVAN 400MG CAP	2	
<i>didanosine 125mg dr cap</i>	1	
<i>didanosine 200mg dr cap</i>	1	
<i>didanosine 250mg dr cap</i>	1	
<i>didanosine 400mg dr cap</i>	1	
EDURANT 25MG TAB	2	NM
EMTRIVA 10MG/ ML ORAL SOLN	2	
EMTRIVA 200MG CAP	2	
EPZICOM 600-300MG TAB	2	NM
EVOTAZ 300-150MG TAB	2	NM
FUZEON 90MG INJ	2	NM
INTELENCE 100MG TAB	2	NM
INTELENCE 200MG TAB	2	NM
INVIRASE 200MG CAP	2	
INVIRASE 500MG TAB	2	NM
ISENTRESS 100MG CHEW TAB	2	NM
ISENTRESS 100MG SUSP	2	
ISENTRESS 25MG CHEW TAB	2	
ISENTRESS 400MG TAB	2	NM

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
KALETRA 100-25MG TAB	2	
KALETRA 200-50MG TAB	2	NM
KALETRA 400-100MG/ 5ML ORAL SOLN	2	NM
<i>lamivudine 150mg/ zidovudine 300mg tab</i>	1	NM
LEXIVA 50MG/ ML SUSP	2	
LEXIVA 700MG TAB	2	NM
<i>nevirapine 200mg tab</i>	1	
NORVIR 80MG/ ML ORAL SOLN	2	
PREZCOBIX 800-150MG TAB	2	NM
PREZISTA 100MG/ ML SUSP	2	
PREZISTA 150MG TAB	2	
PREZISTA 600MG TAB	2	NM
PREZISTA 75MG TAB	2	
PREZISTA 800MG TAB	2	NM
RESCRIPTOR 100MG TAB	2	
RESCRIPTOR 200MG TAB	2	
RETROVIR 10MG/ ML INJ	2	
REYATAZ 150MG CAP	2	NM
REYATAZ 200MG CAP	2	NM
REYATAZ 300MG CAP	2	NM
REYATAZ 50MG ORAL POWDER	2	NM
SELZENTRY 150MG TAB	2	NM
SELZENTRY 300MG TAB	2	NM
<i>stavudine 1mg/ ml oral soln</i>	1	
STRIBILD 150-150-200-300MG TAB	2	NM
SUSTIVA 200MG CAP	2	
SUSTIVA 50MG CAP	2	
SUSTIVA 600MG TAB	2	
TIVICAY 50MG TAB	2	NM
TRIUMEQ 600-50-300MG TAB	2	NM
TRUVADA 200-300MG TAB	2	NM
TYBOST 150MG TAB	2	
VIDEX 2GM ORAL SOLN	2	
VIRACEPT 250MG TAB	2	NM
VIRACEPT 625MG TAB	2	NM
VIREAD 150MG TAB	2	NM
VIREAD 200MG TAB	2	NM
VIREAD 250MG TAB	2	NM
VIREAD 300MG TAB	2	NM
VIREAD 40MG/ GM ORAL POWDER	2	
VITEKTA 150MG TAB	2	NM
VITEKTA 85MG TAB	2	NM
ZIAGEN 20MG/ ML ORAL SOLN	2	
<i>zidovudine 10mg/ ml oral soln</i>	1	

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
CMV AGENTS		
<i>cidofovir 75mg/ ml inj</i>	1	
<i>ganciclovir 500mg inj</i>	1	PA BvD
VALCYTE 50MG/ ML ORAL SOLN	2	NM
<i>valganciclovir 450mg tab</i>	1	NM
HEPATITIS AGENTS		
EPIVIR HBV 5MG/ ML ORAL SOLN	2	
HARVONI 90-400MG TAB	2	NM PA QL=30 EA/30 Days
MODERIBA 1200/ DAY DOSE PACK	2	NM
MODERIBA 800/ DAY DOSE PACK	2	NM
PEGASYS 135MCG/ 0.5ML AUTO-INJECTOR	2	NM
PEGASYS 180MCG/ 0.5ML AUTO-INJECTOR	2	NM
PEGASYS 180MCG/ 0.5ML SYRINGE	2	NM
PEGASYS 180MCG/ ML INJ	2	NM
PEGINTRON 120MCG/ 0.5ML INJ	2	NM
PEGINTRON 120MCG/ 0.5ML PEN INJ	2	NM
PEGINTRON 150MCG/ 0.5ML INJ	2	NM
PEGINTRON 150MCG/ 0.5ML PEN INJ	2	NM
PEGINTRON 50MCG/ 0.5ML INJ	2	NM
PEGINTRON 50MCG/ 0.5ML PEN INJ	2	NM
PEGINTRON 80MCG/ 0.5ML INJ	2	NM
PEGINTRON 80MCG/ 0.5ML PEN INJ	2	NM
REBETOL 40MG/ ML ORAL SOLN	2	NM
<i>ribasphere 600mg tab</i>	1	NM
RIBASPHERE RIBAPAK 1000/ DAY	2	NM
<i>ribasphere ribapak 1200/ day</i>	2	NM
SOVALDI 400MG TAB	2	NM PA QL=30 EA/30 Days
ZEPATIER 50-100MG TAB	2	NM PA QL=30 EA/30 Days
HERPES AGENTS		
<i>acyclovir 200mg cap</i>	1	
<i>acyclovir 400mg tab</i>	1	
<i>acyclovir 50mg/ ml inj</i>	1	PA BvD
<i>acyclovir 800mg tab</i>	1	
<i>valacyclovir 1000mg tab</i>	1	
<i>valacyclovir 500mg tab</i>	1	
INFLUENZA AGENTS		
RELENZA 5MG/ BLISTER INH	2	QL=56 EA/180 Days
TAMIFLU 30MG CAP	2	QL=84 EA/180 Days
TAMIFLU 45MG CAP	2	QL=28 EA/180 Days
TAMIFLU 6MG/ ML SUSP	2	QL=550 ML/180 Days
TAMIFLU 75MG CAP	2	QL=28 EA/180 Days
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
VIRAZOLE 6GM INH SOLN	2	NM

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
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN 250MG TAB	2	
SYPRINE 250MG CAP	2	PA
IMMUNOMODULATORS		
REVLIMID 10MG CAP	2	NM PA NSO QL=30 EA/30 Days
REVLIMID 15MG CAP	2	NM PA NSO QL=30 EA/30 Days
REVLIMID 2.5MG CAP	2	NM PA NSO QL=30 EA/30 Days
REVLIMID 20MG CAP	2	NM PA NSO QL=30 EA/30 Days
REVLIMID 25MG CAP	2	NM PA NSO QL=30 EA/30 Days
REVLIMID 5MG CAP	2	NM PA NSO QL=30 EA/30 Days
THALOMID 100MG CAP	2	NM PA NSO
THALOMID 150MG CAP	2	NM PA NSO
THALOMID 200MG CAP	2	NM PA NSO
THALOMID 50MG CAP	2	NM PA NSO
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF 0.5MG XL CAP	2	PA BvD
ASTAGRAF 1MG XL CAP	2	PA BvD
ASTAGRAF 5MG XL CAP	2	PA BvD
ATGAM 50MG/ ML INJ	2	NM PA BvD
AZASAN 100MG TAB	2	PA BvD
AZASAN 75MG TAB	2	PA BvD
<i>azathioprine 50mg tab</i>	1	PA BvD
CELLCEPT 500MG INJ	2	PA BvD
<i>cyclosporine 100mg cap</i>	1	PA BvD
<i>cyclosporine 25mg cap</i>	1	PA BvD
<i>cyclosporine 50mg/ ml inj</i>	1	PA BvD
<i>cyclosporine, modified 100mg cap</i>	1	PA BvD
<i>cyclosporine, modified 100mg/ ml oral soln</i>	1	PA BvD
<i>cyclosporine, modified 25mg cap</i>	1	PA BvD
CYCLOSPORINE, MODIFIED 50MG CAP	2	PA BvD
<i>gengraf 100mg cap</i>	1	PA BvD
<i>gengraf 100mg/ ml oral soln</i>	1	PA BvD
<i>gengraf 25mg cap</i>	1	PA BvD
<i>mycophenolate mofetil 200mg/ ml susp</i>	1	PA BvD
<i>mycophenolate mofetil 250mg cap</i>	1	PA BvD
<i>mycophenolate mofetil 500mg tab</i>	1	PA BvD
<i>mycophenolic acid 180mg dr tab</i>	1	PA BvD
<i>mycophenolic acid 360mg dr tab</i>	1	PA BvD
NULOJIX 250MG INJ	2	NM PA BvD
PROGRAF 5MG/ ML INJ	2	PA BvD
RAPAMUNE 1MG/ ML ORAL SOLN	2	PA BvD
SANDIMMUNE 100MG/ ML ORAL SOLN	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
SIMULECT 20MG INJ	2	NM
<i>sirolimus 0.5mg tab</i>	1	PA BvD
<i>sirolimus 1mg tab</i>	1	PA BvD
<i>sirolimus 2mg tab</i>	1	PA BvD
<i>tacrolimus 0.5mg cap</i>	1	PA BvD
<i>tacrolimus 1mg cap</i>	1	PA BvD
<i>tacrolimus 5mg cap</i>	1	PA BvD
THYMOGLOBULIN 25MG INJ	2	NM PA BvD
ZORTRESS 0.25MG TAB	2	PA NSO
ZORTRESS 0.5MG TAB	2	PA NSO
ZORTRESS 0.75MG TAB	2	PA NSO
IRRIGATION SOLUTIONS		
<i>calcium chloride 0.002 meq/ ml/ potassium chloride 0.004 meq/ ml/ sodium chloride 0.147 meq/ ml soln</i>	1	
<i>lactated ringers irrigation</i>	1	
<i>physiolyte soln</i>	1	
<i>physiosol soln</i>	1	
<i>water 1000mg/ ml soln</i>	1	
LYMPHATIC AGENTS		
SYLVANT 100MG INJ	2	NM
POTASSIUM REMOVING RESINS		
<i>kionex 250mg/ ml susp</i>	1	
<i>sodium polystyrene sulfonate 250mg/ ml susp</i>	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA 120MG INJ	2	NM
BENLYSTA 400MG INJ	2	NM
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol 12.5mg tab</i>	1	
<i>carvedilol 25mg tab</i>	1	
<i>carvedilol 3.125mg tab</i>	1	
<i>carvedilol 6.25mg tab</i>	1	
<i>labetalol 100mg tab</i>	1	
<i>labetalol 200mg tab</i>	1	
<i>labetalol 300mg tab</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>atenolol 100mg tab</i>	1	
<i>atenolol 25mg tab</i>	1	
<i>atenolol 50mg tab</i>	1	
BYSTOLIC 10MG TAB	2	
BYSTOLIC 2.5MG TAB	2	
BYSTOLIC 20MG TAB	2	
BYSTOLIC 5MG TAB	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
<i>metoprolol succinate 100mg er tab</i>	1	
<i>metoprolol succinate 200mg er tab</i>	1	
<i>metoprolol succinate 25mg er tab</i>	1	
<i>metoprolol succinate 50mg er tab</i>	1	
<i>metoprolol tartrate 100mg tab</i>	1	
<i>metoprolol tartrate 1mg/ ml inj</i>	1	
<i>metoprolol tartrate 25mg tab</i>	1	
<i>metoprolol tartrate 50mg tab</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>pindolol 10mg tab</i>	1	
<i>pindolol 5mg tab</i>	1	
<i>propranolol 10mg tab</i>	1	
<i>propranolol 1mg/ ml inj</i>	1	
<i>propranolol 20mg tab</i>	1	
<i>propranolol 40mg tab</i>	1	
<i>propranolol 80mg tab</i>	1	
BIOLOGICALS MISC		
BIOLOGICALS MISC		
ADAGEN 250UNIT/ ML INJ	2	NM PA
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine 10mg tab</i>	1	
<i>amlodipine 2.5mg tab</i>	1	
<i>amlodipine 5mg tab</i>	1	
CARDENE 20MG/ 200ML INJ	2	
CARDENE 40MG/ 200ML INJ	2	
<i>diltiazem 120mg tab</i>	1	
DILTIAZEM 1MG/ ML INJ	2	
<i>diltiazem 30mg tab</i>	1	
<i>diltiazem 5mg/ ml inj</i>	1	
<i>diltiazem 60mg tab</i>	1	
<i>diltiazem 90mg tab</i>	1	
<i>nicardipine 2.5mg/ ml inj</i>	1	
<i>nifedipine 10mg cap</i>	1	
<i>nifedipine 20mg cap</i>	1	
<i>verapamil 120mg tab</i>	1	
<i>verapamil 2.5mg/ ml inj</i>	1	
<i>verapamil 80mg tab</i>	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digitek 0.125mg tab</i>	1	QL=30 EA/30 Days
<i>digitek 0.25mg tab</i>	1	
<i>digoxin 0.05mg/ ml oral soln</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>digoxin 0.125mg tab</i>	1	QL=30 EA/30 Days
<i>digoxin 0.25mg tab</i>	1	
<i>digoxin 0.25mg/ ml inj</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine 10mg/ atorvastatin 10mg tab</i>	1	
<i>amlodipine 10mg/ atorvastatin 20mg tab</i>	1	
<i>amlodipine 10mg/ atorvastatin 40mg tab</i>	1	
<i>amlodipine 10mg/ atorvastatin 80mg tab</i>	1	
<i>amlodipine 2.5mg/ atorvastatin 10mg tab</i>	1	
<i>amlodipine 2.5mg/ atorvastatin 20mg tab</i>	1	
<i>amlodipine 2.5mg/ atorvastatin 40mg tab</i>	1	
<i>amlodipine 5mg/ atorvastatin 10mg tab</i>	1	
<i>amlodipine 5mg/ atorvastatin 20mg tab</i>	1	
<i>amlodipine 5mg/ atorvastatin 40mg tab</i>	1	
<i>amlodipine 5mg/ atorvastatin 80mg tab</i>	1	
BIDIL 20-37.5MG TAB	2	
PROSTAGLANDIN VASODILATORS		
REMODULIN 10MG/ ML INJ	2	NM PA BvD
REMODULIN 1MG/ ML INJ	2	NM PA BvD
REMODULIN 2.5MG/ ML INJ	2	NM PA BvD
REMODULIN 5MG/ ML INJ	2	NM PA BvD
TYVASO 0.6MG/ ML INH SOLN	2	NM PA
VENTAVIS 10MCG/ ML INH SOLN	2	NM PA
VENTAVIS 20MCG/ ML INH SOLN	2	NM PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS 10MG TAB	2	NM PA QL=30 EA/30 Days
LETAIRIS 5MG TAB	2	NM PA QL=30 EA/30 Days
OPSUMIT 10MG TAB	2	NM PA QL=30 EA/30 Days
TRACLEER 125MG TAB	2	NM PA QL=60 EA/30 Days
TRACLEER 62.5MG TAB	2	NM PA QL=60 EA/30 Days
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA 20MG TAB	2	NM PA
<i>sildenafil 0.8mg/ ml inj</i>	1	NM PA
<i>sildenafil 20mg tab</i>	1	PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI 1000MCG TAB	2	NM PA QL=60 EA/30 Days
UPTRAVI 1200MCG TAB	2	NM PA QL=60 EA/30 Days
UPTRAVI 1400MCG TAB	2	NM PA QL=60 EA/30 Days
UPTRAVI 1600MCG TAB	2	NM PA QL=60 EA/30 Days
UPTRAVI 200MCG TAB	2	NM PA QL=60 EA/30 Days
UPTRAVI 400MCG TAB	2	NM PA QL=60 EA/30 Days
UPTRAVI 600MCG TAB	2	NM PA QL=60 EA/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
UPTRAVI 800MCG TAB	2	NM PA QL=60 EA/30 Days
UPTRAVI TITRATION PACK	2	NM PA QL=200 EA/30 Days
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS 0.5MG TAB	2	NM PA
ADEMPAS 1.5MG TAB	2	NM PA
ADEMPAS 1MG TAB	2	NM PA
ADEMPAS 2.5MG TAB	2	NM PA
ADEMPAS 2MG TAB	2	NM PA
SINUS NODE INHIBITORS		
CORLANOR 5MG TAB	2	PA
CORLANOR 7.5MG TAB	2	PA
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ 2-0.5GM INJ	2	
ZERBAXA 1.5GM INJ	2	
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil 500mg cap</i>	1	
<i>cefazolin 1gm inj</i>	1	
<i>cefazolin 200mg/ ml inj</i>	1	
<i>cefazolin 500mg inj</i>	1	
<i>cephalexin 250mg cap</i>	1	
<i>cephalexin 500mg cap</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefotetan 1000mg inj</i>	1	
<i>cefotetan 2000mg inj</i>	1	
<i>cefoxitin 1000mg inj</i>	1	
<i>cefoxitin 2000mg inj</i>	1	
<i>cefoxitin 200mg/ ml inj</i>	1	
<i>cefuroxime 1.5gm inj</i>	1	
<i>cefuroxime 750mg inj</i>	1	
<i>cefuroxime 95mg/ ml inj</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefotaxime 1gm inj</i>	1	
<i>cefotaxime 2gm inj</i>	1	
<i>cefotaxime 500mg inj</i>	1	
<i>ceftazidime 1000mg inj</i>	1	
<i>ceftazidime 2000mg inj</i>	1	
<i>ceftazidime 200mg/ ml inj</i>	1	
<i>ceftriaxone 1000mg inj</i>	1	
<i>ceftriaxone 100mg/ ml inj</i>	1	
<i>ceftriaxone 2000mg inj</i>	1	
<i>ceftriaxone 250mg inj</i>	1	
<i>ceftriaxone 500mg inj</i>	1	

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
CLAFORAN 1GM (20MG/ ML) INJ	2	
CLAFORAN 2GM (40MG/ ML) INJ	2	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime 1gm inj</i>	1	
<i>cefepime 2gm inj</i>	1	
MAXIPIME 1GM INJ	3	
MAXIPIME 2GM INJ	3	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO 400MG INJ	2	NM
TEFLARO 600MG INJ	2	NM
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
BEYAZ 28 DAY PACK	2	
NATAZIA 28 DAY PACK	2	
ORTHO TRI-CYCLEN LO 28 DAY PACK	3	
QUARTETTE 91 DAY PACK	2	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE 150-35MCG PATCH	2	
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING VAGINAL RING	2	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate 150mg/ ml inj</i>	1	
PROGESTIN CONTRACEPTIVES - ORAL		
<i>jolivette 28 day 0.35mg pack</i>	1	
<i>norethindrone 0.35mg pack</i>	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
A-HYDROCORT 100MG INJ	2	
<i>budesonide 3mg dr cap</i>	1	NM
DEPO-MEDROL 20MG/ ML INJ	2	
<i>dexamethasone 0.5mg tab</i>	1	
<i>dexamethasone 0.75mg tab</i>	1	
<i>dexamethasone 1.5mg tab</i>	1	
DEXAMETHASONE 10MG/ ML INJ	2	
<i>dexamethasone 4mg tab</i>	1	
<i>dexamethasone 6mg tab</i>	1	
<i>dexamethasone phosphate 4mg/ ml inj</i>	1	
KENALOG 10MG/ ML INJ	2	
KENALOG 40MG/ ML INJ	2	
<i>methylprednisolone 40mg/ ml inj</i>	1	PA BvD
<i>methylprednisolone acetate 40mg/ ml inj</i>	1	
<i>methylprednisolone acetate 80mg/ ml inj</i>	1	

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>prednisone 10mg tab</i>	1	
<i>prednisone 1mg tab</i>	1	
<i>prednisone 2.5mg tab</i>	1	
<i>prednisone 20mg tab</i>	1	
PREDNISON 50MG TAB	2	
<i>prednisone 5mg tab</i>	1	
PREDNISON 5MG/ ML ORAL SOLN	2	
SOLU-CORTEF 100MG INJ	2	
SOLU-CORTEF 250MG INJ	2	
SOLU-MEDROL 2GM INJ	2	PA BvD
UCERIS 9MG ER TAB	2	PA QL=30 EA/30 Days
MINERALOCORTICOIDS		
<i>fludrocortisone 0.1mg tab</i>	1	
COUGH/ COLD/ ALLERGY		
COUGH/ COLD/ ALLERGY COMBINATIONS		
CLARINEX-D 2.5-120MG ER TAB	2	
<i>phenylephrine 1mg/ ml/ promethazine 1.25mg/ ml oral soln</i>	1	
MUCOLYTICS		
<i>acetylcysteine 10% inh soln</i>	1	PA BvD
<i>acetylcysteine 20% inh soln</i>	1	PA BvD
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene 0.1% gel</i>	1	PA
<i>adapalene 0.3% gel</i>	1	PA
<i>clindamycin 1% gel</i>	1	
<i>tretinoin 0.025% cream</i>	1	PA
<i>tretinoin 0.05% cream</i>	1	PA
<i>tretinoin 0.1% cream</i>	1	PA
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate 0.1% cream</i>	1	
<i>mupirocin 2% ointment</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox 0.77% lotion</i>	1	
<i>clotrimazole 1% cream</i>	1	
NAFTIN 2% CREAM	3	
<i>nystatin 100000unit/ ml cream</i>	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium 1.5% topical soln</i>	1	
FLECTOR 1.3% PATCH	2	PA QL=60 EA/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>diclofenac sodium 3% gel</i>	1	PA NSO

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluorouracil 5% cream</i>	1	
PANRETIN 0.1% GEL	2	NM
PICATO 0.015% GEL	2	NM QL=3 EA/10 Days
PICATO 0.05% GEL	2	NM QL=2 EA/10 Days
TARGRETIN 1% GEL	2	NM
VALCHLOR 0.016% GEL	2	NM PA NSO QL=240 GM/30 Days
ANTIPRURITICS - TOPICAL		
PRUDOXIN 5% CREAM	2	
ZONALON 5% CREAM	2	
ANTIPSORIATICS		
8-MOP 10MG CAP	2	
CALCITRIOL 3MCG/ GM OINTMENT	2	
COSENTYX 150MG/ ML AUTO-INJECTOR	2	NM PA
COSENTYX 150MG/ ML SYRINGE	2	NM PA
VECTICAL 3MCG/ GM OINTMENT	2	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5% shampoo</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5% ointment</i>	1	
DENAVIR 1% CREAM	2	
BURN PRODUCTS		
<i>ssd 1% cream</i>	1	
SULFAMYLYN 85MG/ GM CREAM	2	
CORTICOSTEROIDS - TOPICAL		
AMCINONIDE 0.1% OINTMENT	2	PA
<i>betamethasone 0.05% cream</i>	1	
<i>betamethasone 0.1% cream</i>	1	
DESONATE 0.05% GEL	2	PA
DESOXIMETASONE 0.05% CREAM	2	
<i>desoximetasone 0.25% cream</i>	1	
TACLONEX 0.005-0.064% LOTION	2	
TACLONEX 0.005-0.064% OINTMENT	3	
TRIANEX 0.05% OINTMENT	2	
EMOLLIENTS		
<i>ammonium lactate 12% cream</i>	1	
<i>ammonium lactate 12% lotion</i>	1	
ENZYMES - TOPICAL		
SANTYL 250UNIT/ GM OINTMENT	2	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5% cream</i>	1	
ZYCLARA 2.5% CREAM	2	
ZYCLARA 3.75% CREAM	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
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL 1% CREAM	2	
<i>tacrolimus 0.03% ointment</i>	1	
<i>tacrolimus 0.1% ointment</i>	1	
KERATOLYTIC/ ANTIMITOTIC AGENTS		
CONDYLOX 0.5% GEL	2	
<i>podofilox 0.5% topical soln</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine 5% patch</i>	1	PA QL=90 EA/30 Days
<i>lidocaine/ prilocaine 2.5-2.5% cream</i>	1	
ROSACEA AGENTS		
FINACEA 15% GEL	2	
<i>metronidazole 0.75% gel</i>	1	
NORITATE 1% CREAM	2	ST
SCABICIDES & PEDICULICIDES		
<i>malathion 0.5% lotion</i>	1	
SKLICE 0.5% LOTION	2	QL=117 GM/15 Days
WOUND CARE PRODUCTS		
REGRANEX 0.01% GEL	2	NM QL=30 GM/15 Days
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON 12000-38000-60000UNIT DR CAP	2	
CREON 24000-76000-120000UNIT DR CAP	2	
CREON 3000-9500-15000UNIT DR CAP	2	
CREON 36000-114000-180000UNIT DR CAP	2	
CREON 6000-19000-30000UNIT DR CAP	2	
PANCREAZE 10500-25000-43750UNIT DR CAP	2	ST
PANCREAZE 16800-40000-70000UNIT DR CAP	2	ST
PANCREAZE 21000-37000-61000UNIT DR CAP	2	ST
PANCREAZE 4200-10000-17500UNIT DR CAP	2	ST
PERTZYE 16000-57500-60500UNIT DR CAP	2	ST
PERTZYE 8000-28750-30250UNIT DR CAP	2	ST
ZENPEP 10000-34000-55000UNIT DR CAP	2	ST
ZENPEP 15000-51000-82000UNIT DR CAP	2	ST
ZENPEP 20000-68000-109000UNIT DR CAP	2	ST
ZENPEP 25000-85000-136000UNIT DR CAP	2	ST
ZENPEP 3000-10000-16000UNIT DR CAP	2	ST
ZENPEP 40000-136000-218000UNIT DR CAP	2	ST
ZENPEP 5000-17000-27000UNIT DR CAP	2	ST
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide 100mg/ ml inj</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methazolamide 25mg tab</i>	1	
<i>methazolamide 50mg tab</i>	1	
DIURETIC COMBINATIONS		
<i>amiloride 5mg/ hydrochlorothiazide 50mg tab</i>	1	
<i>hydrochlorothiazide 25mg/ triamterene 37.5mg cap</i>	1	
<i>hydrochlorothiazide 25mg/ triamterene 37.5mg tab</i>	1	
<i>hydrochlorothiazide 50mg/ triamterene 75mg tab</i>	1	
LOOP DIURETICS		
<i>bumetanide 0.25mg/ ml inj</i>	1	
EDECIN 25MG TAB	2	
<i>furosemide 10mg/ ml inj</i>	1	
<i>furosemide 10mg/ ml syringe</i>	1	
<i>furosemide 20mg tab</i>	1	
<i>furosemide 40mg tab</i>	1	
<i>furosemide 80mg tab</i>	1	
<i>toremide 100mg tab</i>	1	
<i>toremide 10mg tab</i>	1	
<i>toremide 20mg tab</i>	1	
<i>toremide 5mg tab</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride 5mg tab</i>	1	
<i>spironolactone 100mg tab</i>	1	
<i>spironolactone 25mg tab</i>	1	
<i>spironolactone 50mg tab</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide 500mg inj</i>	1	
DIURIL 250MG/ 5ML SUSP	2	
<i>hydrochlorothiazide 12.5mg cap</i>	1	
<i>hydrochlorothiazide 12.5mg tab</i>	1	
<i>hydrochlorothiazide 25mg tab</i>	1	
<i>hydrochlorothiazide 50mg tab</i>	1	
<i>indapamide 1.25mg tab</i>	1	
<i>indapamide 2.5mg tab</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ALENDRONATE 0.933MG/ ML ORAL SOLN	2	
<i>alendronate 10mg tab</i>	1	
<i>alendronate 35mg tab</i>	1	
ALENDRONATE 40MG TAB	2	
<i>alendronate 5mg tab</i>	1	
<i>alendronate 70mg tab</i>	1	
FORTEO 600MCG/ 2.4ML PEN INJ	2	NM PA
<i>ibandronate 150mg tab</i>	1	QL=1 EA/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>ibandronate 1mg/ ml inj</i>	1	PA BvD
MIACALCIN 200UNIT/ ML INJ	2	PA BvD
NATPARA 100MCG CARTRIDGE	2	NM PA
NATPARA 25MCG CARTRIDGE	2	NM PA
NATPARA 50MCG CARTRIDGE	2	NM PA
NATPARA 75MCG CARTRIDGE	2	NM PA
<i>pamidronate disodium 3mg/ ml inj</i>	1	PA BvD
PAMIDRONATE DISODIUM 6MG/ ML INJ	2	PA BvD
<i>pamidronate disodium 9mg/ ml inj</i>	1	PA BvD
PROLIA 60MG/ ML SYRINGE	2	
<i>risedronate sodium 150mg tab</i>	1	
<i>risedronate sodium 30mg tab</i>	1	
<i>risedronate sodium 35mg (12) pack</i>	1	
<i>risedronate sodium 35mg (4) pack</i>	1	
<i>risedronate sodium 5mg tab</i>	1	
XGEVA 120MG/ 1.7ML INJ	2	NM PA
<i>zoledronic acid 0.05mg/ ml inj</i>	1	
<i>zoledronic acid 0.8mg/ ml inj</i>	1	
ZOMETA 4MG/ 100ML INJ	2	NM
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT 10MG INJ	2	NM PA
SOMAVERT 15MG INJ	2	NM PA
SOMAVERT 20MG INJ	2	NM PA
SOMAVERT 25MG INJ	2	NM PA
SOMAVERT 30MG INJ	2	NM PA
GROWTH HORMONES		
NORDITROPIN 10MG/ 1.5ML PEN INJ	2	NM PA
NORDITROPIN 15MG/ 1.5ML PEN INJ	2	NM PA
NORDITROPIN 30MG/ 3ML PEN INJ	2	NM PA
NORDITROPIN 5MG/ 1.5ML PEN INJ	2	NM PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene 60mg tab</i>	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX 40MG/ 4ML INJ	2	NM PA
LHRH/ GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON 11.25MG (1ML) SYRINGE	2	NM
LUPRON 15MG SYRINGE	2	NM
SYNAREL 2MG/ ML NASAL SPRAY	2	NM
METABOLIC MODIFIERS		
ALDURAZYME 2.9MG/ 5ML INJ	2	NM
<i>calcitriol 0.00025mg cap</i>	1	PA BvD
<i>calcitriol 0.0005mg cap</i>	1	PA BvD
<i>calcitriol 0.001mg/ ml inj</i>	1	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>calcitriol 0.001mg/ ml oral soln</i>	1	PA BvD
<i>doxercalciferol 0.0005mg cap</i>	1	PA BvD
<i>doxercalciferol 0.001mg cap</i>	1	PA BvD
<i>doxercalciferol 0.0025mg cap</i>	1	PA BvD
<i>doxercalciferol 0.002mg/ ml inj</i>	1	PA BvD
ELAPRASE 6MG/ 3ML INJ	2	NM
FABRAZYME 35MG INJ	2	NM
KUVAN 100MG TAB	2	NM PA
KUVAN 500MG POWDER FOR ORAL SOLN	2	NM PA
<i>levocarnitine 100mg/ ml oral soln</i>	1	PA BvD
<i>levocarnitine 330mg tab</i>	1	PA BvD
LUMIZYME 50MG INJ	2	NM
NAGLAZYME 1MG/ ML INJ	2	NM
ORFADIN 10MG CAP	2	NM PA
ORFADIN 2MG CAP	2	NM PA
ORFADIN 5MG CAP	2	NM PA
<i>paricalcitol 0.001mg cap</i>	1	PA BvD
<i>paricalcitol 0.002mg cap</i>	1	PA BvD
<i>paricalcitol 0.002mg/ ml inj</i>	1	PA BvD
<i>paricalcitol 0.004mg cap</i>	1	PA BvD
<i>paricalcitol 0.005mg/ ml inj</i>	1	PA BvD
RAVICTI 1.1GM/ ML ORAL SOLN	2	NM PA
SENSIPAR 30MG TAB	2	
SENSIPAR 60MG TAB	2	
SENSIPAR 90MG TAB	2	
ZEMPLAR 2MCG/ ML INJ	3	PA BvD
ZEMPLAR 5MCG/ ML INJ	3	PA BvD
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate 0.004mg/ ml inj</i>	1	
STIMATE 1.5MG/ ML NASAL SPRAY	2	
PROLACTIN INHIBITORS		
<i>cabergoline 0.5mg tab</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide 0.05mg/ ml inj</i>	1	
<i>octreotide 0.1mg/ ml inj</i>	1	
<i>octreotide 0.2mg/ ml inj</i>	1	
<i>octreotide 0.5mg/ ml inj</i>	1	
<i>octreotide 1mg/ ml inj</i>	1	
SIGNIFOR 0.3MG/ ML INJ	2	NM PA QL=60 ML/30 Days
SIGNIFOR 0.6MG/ ML INJ	2	NM PA QL=60 ML/30 Days
SIGNIFOR 0.9MG/ ML INJ	2	NM PA QL=60 ML/30 Days
ESTROGENS		
ESTROGEN COMBINATIONS		

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
ANGELIQ 0.25/ 0.5MG 28 DAY PACK	2	
ANGELIQ 0.5/ 1MG 28 DAY PACK	2	
CLIMARA PRO 0.045-0.015MG PATCH	2	
COMBIPATCH 0.05-0.14MG PATCH	2	
COMBIPATCH 0.05-0.25MG PATCH	2	
<i>estradiol 0.5mg/ norethindrone acetate 0.1mg pack</i>	1	
<i>estradiol 1mg/ norethindrone acetate 0.5mg pack</i>	1	
<i>ethinyl estradiol 0.0025mg/ norethindrone acetate 0.5mg tab</i>	1	
<i>ethinyl estradiol 0.005mg/ norethindrone acetate 1mg tab</i>	1	
<i>jinteli tab</i>	1	
<i>lopreeza 0.5/ 0.1mg 28 day pack</i>	1	
<i>lopreeza 1/ 0.5mg 28 day pack</i>	1	
<i>mimvey lo 28 day pack</i>	1	
<i>mimvey pack</i>	1	
PREFEST 30 DAY PACK	2	
PREMPHASE 28 DAY PACK	2	
PREMPRO 0.3/ 1.5MG 28 DAY PACK	2	
PREMPRO 0.45/ 1.5 28 DAY PACK	2	
PREMPRO 0.625/ 2.5MG 28 DAY PACK	2	
PREMPRO 0.625/ 5MG 28 DAY PACK	2	
ESTROGENS		
DEPO-ESTRADIOL 5MG/ ML INJ	2	
<i>estradiol 0.00104mg/ hr twice weekly patch</i>	1	
<i>estradiol 0.00104mg/ hr weekly patch</i>	1	
<i>estradiol 0.00156mg/ hr twice weekly patch</i>	1	
<i>estradiol 0.00156mg/ hr weekly patch</i>	1	
<i>estradiol 0.00208mg/ hr twice weekly patch</i>	1	
<i>estradiol 0.00208mg/ hr weekly patch</i>	1	
<i>estradiol 0.0025mg/ hr weekly patch</i>	1	
<i>estradiol 0.00312mg/ hr weekly patch</i>	1	
<i>estradiol 0.00313mg/ hr twice weekly patch</i>	1	
<i>estradiol 0.00417mg/ hr twice weekly patch</i>	1	
<i>estradiol 0.00417mg/ hr weekly patch</i>	1	
<i>estradiol 20mg/ ml inj</i>	1	
<i>estradiol 40mg/ ml inj</i>	1	
MENEST 0.3MG TAB	2	
MENEST 0.625MG TAB	2	
MENEST 1.25MG TAB	2	
MENEST 2.5MG TAB	2	
PREMARIN 0.3MG TAB	2	
PREMARIN 0.45MG TAB	2	
PREMARIN 0.625MG TAB	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
PREMARIN 0.9MG TAB	2	
PREMARIN 1.25MG TAB	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
AVELOX 400MG/ 250ML INJ	2	
<i>ciprofloxacin 10mg/ ml inj</i>	1	
<i>ciprofloxacin 250mg tab</i>	1	
<i>ciprofloxacin 2mg/ ml inj</i>	1	
<i>ciprofloxacin 500mg tab</i>	1	
<i>ciprofloxacin 750mg tab</i>	1	
<i>levofloxacin 250mg tab</i>	1	
<i>levofloxacin 25mg/ ml inj</i>	1	
<i>levofloxacin 500mg tab</i>	1	
<i>levofloxacin 5mg/ ml inj</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM 250MG CAP	2	NM PA
CHOLBAM 50MG CAP	2	NM PA
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL 250MG TAB	2	NM
<i>ursodiol 250mg tab</i>	1	
<i>ursodiol 500mg tab</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 20mg/ ml oral soln</i>	1	
GASTROCROM 100MG/ 5ML ORAL SOLN	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA 24MCG CAP	2	PA
AMITIZA 8MCG CAP	2	PA
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide 10mg tab</i>	1	
<i>metoclopramide 5mg tab</i>	1	
<i>metoclopramide 5mg/ ml inj</i>	1	
INFLAMMATORY BOWEL AGENTS		
APRISO 0.375GM ER CAP	2	
ASACOL HD 800MG TAB	2	
CANASA 1000MG RECTAL SUPP	2	
CIMZIA 200MG INJ	2	NM PA
CIMZIA 200MG/ ML SYRINGE	2	NM PA
DELZICOL 400MG DR CAP	2	
LIALDA 1.2GM DR TAB	2	
PENTASA 250MG ER CAP	2	ST
PENTASA 500MG ER CAP	2	ST

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
INTESTINAL ACIDIFIERS		
<i>enulose 10gm/ 15ml oral soln</i>	1	
<i>generlac 10gm/ 15ml oral soln</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron 0.5mg tab</i>	1	
<i>alosetron 1mg tab</i>	1	
LINZESS 145MCG CAP	2	PA QL=30 EA/30 Days
LINZESS 290MCG CAP	2	PA QL=30 EA/30 Days
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK 12.5MG TAB	2	PA
MOVANTIK 25MG TAB	2	PA
RELISTOR 12MG/ 0.6ML SYRINGE	2	PA
RELISTOR 8MG/ 0.4ML SYRINGE	2	PA
PHOSPHATE BINDER AGENTS		
FOSRENOL 1000MG CHEW TAB	2	
FOSRENOL 1000MG ORAL POWDER	2	
FOSRENOL 500MG CHEW TAB	2	
FOSRENOL 750MG CHEW TAB	2	
FOSRENOL 750MG ORAL POWDER	2	
RENVELA 0.8GM SUSP	2	
RENVELA 2.4GM SUSP	2	
RENVELA 800MG TAB	2	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5MG INJ	2	NM PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate 10 meq er tab</i>	1	
<i>potassium citrate 15 meq er tab</i>	1	
<i>potassium citrate 5 meq er tab</i>	1	
UROCIT-K 1080MG ER TAB	3	
UROCIT-K 15MEQ ER TAB	3	
UROCIT-K 540MG ER TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON 150MG CAP	2	PA
CYSTAGON 50MG CAP	2	PA
GENITOURINARY IRRIGANTS		
<i>neomycin 40mg/ ml/ polymyxin b 200000unit/ ml soln</i>	1	
<i>sodium chloride 0.9% soln</i>	1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100MG CAP	2	
PROSTATIC HYPERTROPHY AGENTS		
<i>finasteride 5mg tab</i>	1	

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
JALYN 0.5-0.4MG CAP	3	
<i>tamsulosin 0.4mg cap</i>	1	
URINARY STONE AGENTS		
LITHOSTAT 250MG TAB	2	
THIOLA 100MG TAB	2	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine 0.5mg/ probenecid 500mg tab</i>	1	
GOUT AGENTS		
<i>allopurinol 100mg tab</i>	1	
<i>allopurinol 300mg tab</i>	1	
MITIGARE 0.6MG CAP	2	
ULORIC 40MG TAB	2	ST
ULORIC 80MG TAB	2	ST
URICOSURICS		
<i>probenecid 500mg tab</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR 30MG/ 3ML SYRINGE	2	NM PA
COMPLEMENT INHIBITORS		
BERINERT 500UNIT INJ	2	NM PA
CINRYZE 500UNIT INJ	2	NM PA
RUCONEST 2100UNIT INJ	2	NM PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline 400mg er tab</i>	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX 25-200MG CAP	2	
<i>cilostazol 100mg tab</i>	1	
<i>cilostazol 50mg tab</i>	1	
<i>clopidogrel 75mg tab</i>	1	
<i>dipyridamole 25mg tab</i>	1	
<i>dipyridamole 50mg tab</i>	1	
<i>dipyridamole 75mg tab</i>	1	
EFFIENT 10MG TAB	2	
EFFIENT 5MG TAB	2	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME 400UNIT INJ	2	NM
VPRIV 400UNIT INJ	2	NM
ZAVESCA 100MG CAP	2	NM PA
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA 200MG CAP	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
DROXIA 300MG CAP	2	
DROXIA 400MG CAP	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP 100MCG/ 0.5ML SYRINGE	2	PA BvD ST
ARANESP 100MCG/ ML INJ	2	PA BvD ST
ARANESP 150MCG/ 0.3ML SYRINGE	2	PA BvD ST
ARANESP 200MCG/ 0.4ML SYRINGE	2	PA BvD ST
ARANESP 200MCG/ ML INJ	2	PA BvD ST
ARANESP 25MCG/ 0.42ML SYRINGE	2	PA BvD ST
ARANESP 25MCG/ ML INJ	2	PA BvD ST
ARANESP 300MCG/ 0.6ML SYRINGE	2	PA BvD ST
ARANESP 300MCG/ ML INJ	2	PA BvD ST
ARANESP 40MCG/ 0.4ML SYRINGE	2	PA BvD ST
ARANESP 40MCG/ ML INJ	2	PA BvD ST
ARANESP 500MCG/ ML SYRINGE	2	PA BvD ST
ARANESP 60MCG/ 0.3ML SYRINGE	2	PA BvD ST
ARANESP 60MCG/ ML INJ	2	PA BvD ST
EPOGEN 10000UNIT/ ML INJ	2	PA BvD
EPOGEN 20000UNIT/ ML INJ	2	PA BvD
EPOGEN 2000UNIT/ ML INJ	2	PA BvD
EPOGEN 3000UNIT/ ML INJ	2	PA BvD
EPOGEN 4000UNIT/ ML INJ	2	PA BvD
GRANIX 300MCG/ 0.5ML SYRINGE	2	NM
GRANIX 480MCG/ 0.8ML SYRINGE	2	NM
NEULASTA 6MG/ 0.6ML SYRINGE	2	NM
PROCRIT 10000UNIT/ ML INJ	2	PA BvD
PROCRIT 20000UNIT/ ML INJ	2	PA BvD
PROCRIT 2000UNIT/ ML INJ	2	PA BvD
PROCRIT 3000UNIT/ ML INJ	2	PA BvD
PROCRIT 40000UNIT/ ML INJ	2	PA BvD
PROCRIT 4000UNIT/ ML INJ	2	PA BvD
PROMACTA 12.5MG TAB	2	NM PA
PROMACTA 25MG TAB	2	NM PA
PROMACTA 50MG TAB	2	NM PA
PROMACTA 75MG TAB	2	NM PA
STEM CELL MOBILIZERS		
MOZOBIL 24MG/ 1.2ML INJ	2	NM
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 100mg/ ml inj</i>	1	
<i>tranexamic acid 650mg tab</i>	1	
HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		

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
BUTISOL 30MG TAB	2	
PHENOBARBITAL 100MG TAB	2	
PHENOBARBITAL 15MG TAB	2	
<i>phenobarbital 16.2mg tab</i>	1	
PHENOBARBITAL 30MG TAB	2	
<i>phenobarbital 32.4mg tab</i>	1	
<i>phenobarbital 4mg/ ml oral soln</i>	1	
PHENOBARBITAL 60MG TAB	2	
<i>phenobarbital 64.8mg tab</i>	1	
<i>phenobarbital 97.2mg tab</i>	1	
NON-BARBITURATE HYPNOTICS		
<i>estazolam 1mg tab</i>	1	
<i>estazolam 2mg tab</i>	1	
<i>eszopiclone 1mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 2mg tab</i>	1	QL=30 EA/30 Days
<i>eszopiclone 3mg tab</i>	1	QL=30 EA/30 Days
FLURAZEPAM 15MG CAP	2	
FLURAZEPAM 30MG CAP	2	
<i>temazepam 15mg cap</i>	1	
<i>temazepam 22.5mg cap</i>	1	
<i>temazepam 30mg cap</i>	1	
<i>temazepam 7.5mg cap</i>	1	
<i>zaleplon 10mg cap</i>	1	QL=30 EA/30 Days
<i>zaleplon 5mg cap</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 10mg tab</i>	1	QL=30 EA/30 Days
<i>zolpidem tartrate 5mg tab</i>	1	QL=60 EA/30 Days
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ 20MG CAP	2	NM PA QL=30 EA/30 Days
ROZEREM 8MG TAB	2	PA QL=30 EA/30 Days
LAXATIVES		
LAXATIVE COMBINATIONS		
MOVIPREP ORAL SOLN	2	
<i>peg 3350/ electrolyte oral soln</i>	1	
LAXATIVES - MISCELLANEOUS		
<i>constulose 10gm/ 15ml oral soln</i>	1	
<i>lactulose 667mg/ ml oral soln</i>	1	
<i>polyethylene glycol 3350 142mg/ ml oral soln</i>	1	
SALINE LAXATIVES		
OSMOPREP 1.5GM TAB	2	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
<i>lidocaine 0.5% inj</i>	1	

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>lidocaine 2% inj</i>	1	
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin 250mg tab</i>	1	
<i>azithromycin 2mg/ ml inj</i>	1	
<i>azithromycin 500mg tab</i>	1	
<i>azithromycin 600mg tab</i>	1	
CLARITHROMYCIN		
<i>clarithromycin 250mg tab</i>	1	
<i>clarithromycin 25mg/ ml susp</i>	1	
<i>clarithromycin 500mg tab</i>	1	
<i>clarithromycin 50mg/ ml susp</i>	1	
ERYTHROMYCINS		
ERY-TAB 250MG DR TAB	2	
ERY-TAB 333MG DR TAB	2	
ERY-TAB 500MG DR TAB	2	
ERYPED 200MG/ 5ML SUSP	2	
ERYTHROCIN LACTOBIONATE 500MG INJ	2	
ERYTHROMYCIN 250MG TAB	2	
ERYTHROMYCIN 500MG TAB	2	
FIDAXOMICIN		
DIFICID 200MG TAB	2	NM ST QL=20 EA/5 Days
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PAD	2	
MISC. DEVICES		
ISOPROPYL ALCOHOL 0.7ML/ ML PAD	2	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE (DISP) U-100 0.3ML	2	
INSULIN SYRINGE (DISP) U-100 1/ 2ML	2	
INSULIN SYRINGE (DISP) U-100 1ML	2	
INSULIN SYRINGE MIS 1ML/ 29G	2	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate 1mg/ ml inj</i>	1	
ERGOMAR 2MG SL TAB	2	
MIGRANAL 4MG/ ML NASAL SPRAY	2	QL=16 ML/30 Days
SEROTONIN AGONISTS		
<i>almotriptan 12.5mg tab</i>	1	QL=18 EA/30 Days
<i>almotriptan 6.25mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 100mg tab</i>	1	QL=18 EA/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>sumatriptan 12mg/ ml auto-injector</i>	1	QL=5 ML/30 Days
SUMATRIPTAN 20MG/ ACT NASAL SPRAY	2	QL=12 EA/30 Days
<i>sumatriptan 25mg tab</i>	1	QL=18 EA/30 Days
<i>sumatriptan 50mg tab</i>	1	QL=18 EA/30 Days
SUMATRIPTAN 5MG/ ACT NASAL SPRAY	2	QL=12 EA/30 Days
<i>zolmitriptan 2.5mg tab</i>	1	QL=18 EA/30 Days
<i>zolmitriptan 5mg tab</i>	1	QL=18 EA/30 Days
ZOMIG 2.5MG NASAL SPRAY	2	QL=16 EA/30 Days
ZOMIG 5MG NASAL SPRAY	2	QL=12 EA/30 Days
MINERALS & ELECTROLYTES		
BICARBONATES		
<i>sodium lactate 5 meq/ ml inj</i>	1	
CHLORIDE		
AMMONIUM CHLORIDE 5 MEQ/ ML INJ	2	
ELECTROLYTE MIXTURES		
<i>glucose 25mg/ ml/ sodium chloride 0.0769 meq/ ml inj</i>	1	
<i>glucose 50mg/ ml/ sodium chloride 0.0342 meq/ ml inj</i>	1	
<i>glucose 50mg/ ml/ sodium chloride 0.0564 meq/ ml inj</i>	1	
<i>glucose 50mg/ ml/ sodium chloride 0.0769 meq/ ml inj</i>	1	
<i>glucose 50mg/ ml/ sodium chloride 0.154 meq/ ml inj</i>	1	
ISOLYTE P INJ	2	
ISOLYTE S INJ	2	
MAGNESIUM		
<i>magnesium sulfate 50% inj</i>	1	
<i>magnesium sulfate 50% syringe</i>	1	
POTASSIUM		
<i>klor-con 10meq er tab</i>	1	
KLOR-CON 15MEQ ER TAB	2	
<i>klor-con 20meq er tab</i>	1	
<i>klor-con 8meq er tab</i>	1	
<i>potassium chloride 10 meq er tab</i>	1	
<i>potassium chloride 2 meq/ ml inj</i>	1	
<i>potassium chloride 20 meq er tab</i>	1	
<i>potassium chloride 8 meq er tab</i>	1	
SODIUM		
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride 0.9% inj</i>	1	
<i>sodium chloride 2.5 meq/ ml inj</i>	1	
<i>sodium chloride 3% inj</i>	1	
<i>sodium chloride 5% inj</i>	1	
MOUTH/ THROAT/ DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		

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>lidocaine 2% topical soln</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10mg lozenge</i>	1	
<i>nystatin 100000unit/ ml susp</i>	1	
ANTISEPTICS - MOUTH/ THROAT		
<i>chlorhexidine gluconate 0.12% mouthwash</i>	1	
<i>periogard 0.12% mouthwash</i>	1	
STEROIDS - MOUTH/ THROAT		
<i>triamcinolone acetonide 0.1% paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline 30mg cap</i>	1	
<i>pilocarpine 5mg tab</i>	1	
<i>pilocarpine 7.5mg tab</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen 10mg tab</i>	1	
<i>baclofen 20mg tab</i>	1	
<i>carisoprodol 350mg tab</i>	1	
<i>chlorzoxazone 500mg tab</i>	1	
<i>cyclobenzaprine 10mg tab</i>	1	
<i>cyclobenzaprine 5mg tab</i>	1	
<i>cyclobenzaprine 7.5mg tab</i>	1	
METAXALONE 400MG TAB	2	
<i>metaxalone 800mg tab</i>	1	
<i>methocarbamol 500mg tab</i>	1	
<i>methocarbamol 750mg tab</i>	1	
<i>orphenadrine citrate 100mg er tab</i>	1	
<i>orphenadrine citrate 30mg/ ml inj</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium 100mg cap</i>	1	
<i>dantrolene sodium 25mg cap</i>	1	
<i>dantrolene sodium 50mg cap</i>	1	
MUSCLE RELAXANT COMBINATIONS		
<i>aspirin 325mg/ carisoprodol 200mg tab</i>	1	
<i>aspirin 325mg/ carisoprodol 200mg/ codeine phosphate 16mg tab</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
DYMISTA 137-50MCG NASAL INHALER	2	PA
NASAL ANTIALLERGY		
<i>azelastine 0.1% (137mcg) nasal inhaler</i>	1	
<i>azelastine 0.15% (205.5mcg) nasal inhaler</i>	1	

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>olopatadine 0.6% nasal inhaler</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide 0.03% nasal inhaler</i>	1	
<i>ipratropium bromide 0.06% nasal inhaler</i>	1	
NASAL ANTI-INFECTIVES		
BACTROBAN 2% NASAL OINTMENT	2	
NASAL STEROIDS		
BECONASE 42MCG NASAL INHALER	2	ST QL=50 GM/15 Days
<i>budesonide 32mcg nasal inhaler</i>	1	ST QL=17.20 GM/15 Days
<i>flunisolide 25mcg nasal inhaler</i>	1	QL=50 ML/15 Days
<i>fluticasone propionate 50mcg nasal inhaler</i>	1	QL=32 GM/15 Days
NASONEX 50MCG NASAL SPRAY	3	ST QL=34 GM/15 Days
OMNARIS 50MCG NASAL INHALER	2	ST QL=25 GM/15 Days
QNASL 40MCG NASAL INHALER	2	ST QL=9.80 GM/15 Days
QNASL 80MCG NASAL INHALER	2	ST QL=17.40 GM/15 Days
VERAMYST 27.5MCG NASAL INHALER	2	ST QL=20 GM/15 Days
ZETONNA 37MCG NASAL INHALER	2	ST QL=12.20 GM/15 Days
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole 50mg tab</i>	1	
NUTRIENTS		
CARBOHYDRATES		
<i>glucose 10% inj</i>	1	PA BvD
<i>glucose 5% inj</i>	1	PA BvD
LIPIDS		
<i>intralipid 20% inj</i>	1	PA BvD
INTRALIPID 30% INJ	2	PA BvD
<i>nutrilipid 20% iv soln</i>	1	PA BvD
PROTEINS		
AMINOSYN 7% WITH ELECTROLYTES, SULFITE-FREE INJ	2	PA BvD
<i>aminosyn 8.5% with electrolytes, sulfite-free inj</i>	1	PA BvD
AMINOSYN II 10% INJ	2	PA BvD
AMINOSYN II 15% INJ	3	PA BvD
AMINOSYN II 7%, SULFITE-FREE INJ	2	PA BvD
<i>aminosyn ii 8.5% with electrolytes, sulfite-free inj</i>	1	PA BvD
AMINOSYN II 8.5%, SULFITE-FREE INJ	2	PA BvD
AMINOSYN-HBC 7%, SULFITE-FREE INJ	2	PA BvD
AMINOSYN-PF 10%, SULFITE-FREE INJ	2	PA BvD
AMINOSYN-PF 7% INJ	2	PA BvD
AMINOSYN-RF 5.2%, SULFITE-FREE INJ	2	PA BvD
CLINIMIX 2.75/ 5 INJ	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
CLINIMIX 4.25/ 10 INJ	2	PA BvD
CLINIMIX 4.25/ 20 INJ	2	PA BvD
CLINIMIX 4.25/ 25 INJ	2	PA BvD
CLINIMIX 4.25/ 5 INJ	2	PA BvD
CLINIMIX 5/ 15 INJ	2	PA BvD
CLINIMIX 5/ 20 INJ	2	PA BvD
CLINIMIX 5/ 25 INJ	2	PA BvD
CLINIMIX E 2.75/ 10 INJ	2	PA BvD
CLINIMIX E 2.75/ 5 INJ	2	PA BvD
CLINIMIX E 4.25/ 10 INJ	2	PA BvD
CLINIMIX E 4.25/ 25 INJ	2	PA BvD
CLINIMIX E 4.25/ 5 INJ	2	PA BvD
CLINIMIX E 5/ 15 INJ	2	PA BvD
CLINIMIX E 5/ 20 INJ	2	PA BvD
CLINIMIX E 5/ 25 INJ	2	PA BvD
<i>clinisol 15% inj</i>	1	PA BvD
FREAMINE 6.9% INJ	2	PA BvD
<i>hepatamine 8% inj</i>	2	PA BvD
NEPHRAMINE 5.4% INJ	2	PA BvD
PREMASOL 10% INJ	2	PA BvD
<i>premasol 6% inj</i>	1	PA BvD
PROCALAMINE 3% INJ	2	PA BvD
PROSOL 20% INJ	2	PA BvD
TRAVASOL 10% INJ	2	PA BvD
TROPHAMINE 10% INJ	2	PA BvD
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT 5MG IMPLANT	2	
BETA-BLOCKERS - OPHTHALMIC		
COMBIGAN 0.2-0.5% OPHTH SOLN	2	
<i>timolol 0.25% ophth soln</i>	1	
<i>timolol 0.5% ophth soln</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate 1% ophth soln</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE 0.125% OPHTH SOLN	2	
<i>pilocarpine 1% ophth soln</i>	1	
<i>pilocarpine 2% ophth soln</i>	1	
<i>pilocarpine 4% ophth soln</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine 0.5% ophth soln</i>	1	
<i>brimonidine tartrate 0.15% ophth soln</i>	1	
<i>brimonidine tartrate 0.2% ophth soln</i>	1	

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
SIMBRINZA 1-0.2% OPHTH SUSP	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1% OPHTH SOLN	2	
BESIVANCE 0.6% OPHTH SUSP	2	ST
<i>ciprofloxacin 0.3% ophth soln</i>	1	
<i>gatifloxacin 0.5% ophth soln</i>	1	ST
<i>levofloxacin 0.5% ophth soln</i>	1	
NATACYN 5% OPHTH SUSP	2	
<i>ofloxacin 0.3% ophth soln</i>	1	
VIGAMOX 0.5% OPHTH SOLN	2	
ZIRGAN 0.15% OPHTH GEL	2	
OPHTHALMIC DECONGESTANTS		
NAPHAZOLINE 0.1% OPHTH SOLN	2	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS 0.05% OPHTH SUSP	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine 0.5% ophth soln</i>	1	
OPHTHALMIC STEROIDS		
ALREX 0.2% OPHTH SUSP	2	
DUREZOL 0.05% OPHTH SUSP	2	
LOTEMAX 0.5% OPHTH GEL	2	
LOTEMAX 0.5% OPHTH OINTMENT	2	
LOTEMAX 0.5% OPHTH SUSP	2	
MAXIDEX 0.1% OPHTH SUSP	2	
PRED MILD 0.12% OPHTH SUSP	2	
PRED-G 0.3-1% OPHTH SUSP	2	
TOBRADEX 0.3-0.1% OPHTH OINTMENT	2	
VEXOL 1% OPHTH SUSP	2	
ZYLET 0.5-0.3% OPHTH SUSP	2	
OPHTHALMICS - MISC.		
ALOCRI 2% OPHTH SOLN	2	
ALOMIDE 0.1% OPHTH SOLN	2	
AZOPT 1% OPHTH SUSP	2	
CYSTARAN 0.44% OPHTH SOLN	2	NM PA QL=60 ML/30 Days
ILEVRO 0.3% OPHTH SUSP	2	
NEVANAC 0.1% OPHTH SUSP	2	
PATADAY 0.2% OPHTH SOLN	2	ST
PROSTAGLANDINS - OPHTHALMIC		
BIMATOPROST 0.03% OPHTH SOLN	2	QL=5 ML/30 Days
<i>latanoprost 0.005% ophth soln</i>	1	QL=5 ML/30 Days
LUMIGAN 0.01% OPHTH SOLN	2	QL=5 ML/30 Days
TRAVATAN Z 0.004% OPHTH SOLN	2	QL=5 ML/30 Days
TRAVOPROST 0.004% OPHTH SOLN	2	QL=5 ML/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
ZIOPTAN 0.0015% OPHTH SOLN	2	ST QL=30 EA/30 Days
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2% otic soln</i>	1	
OTIC ANTI-INFECTIVES		
<i>ofloxacin 0.3% otic soln</i>	1	
OTIC COMBINATIONS		
CIPRODEX 0.3-0.1% OTIC SUSP	2	
<i>hydrocortisone 10mg/ ml/ neomycin 3.5mg/ ml/ polymyxin b 10000unit/ ml otic soln</i>	1	
OTIC STEROIDS		
<i>acetic acid/ hydrocortisone 1-2% otic soln</i>	1	
<i>fluocinolone acetonide 0.01% otic soln</i>	1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate 0.2mg tab</i>	1	
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
BIVIGAM 10% INJ	2	NM PA
CARIMUNE 6GM INJ	2	NM PA
GAMASTAN 180UNIT/ ML INJ	2	PA
GAMMAGARD 2.5GM/ 25ML INJ	2	NM PA
GAMMAPLEX 10GM/ 200ML INJ	2	NM PA
GAMUNEX 1GM/ 10ML INJ	2	NM PA
OCTAGAM 25GM/ 500ML INJ	2	NM PA
OCTAGAM 2GM/ 20ML INJ	2	NM PA
PRIVIGEN 20GM/ 200ML INJ	2	NM PA
MONOCLONAL ANTIBODIES		
SYNAGIS 50MG/ 0.5ML INJ	2	NM PA
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin 250mg cap</i>	1	
<i>amoxicillin 500mg cap</i>	1	
<i>ampicillin 100mg/ ml inj</i>	1	
AMPICILLIN 125MG/ ML INJ	2	
<i>ampicillin 250mg cap</i>	1	
<i>ampicillin 250mg/ ml inj</i>	1	
<i>ampicillin 500mg cap</i>	1	
NATURAL PENICILLINS		
<i>penicillin g potassium 1000000unit/ ml inj</i>	1	
PENICILLIN G POTASSIUM 40000UNIT/ ML INJ	2	
PENICILLIN G POTASSIUM 60000UNIT/ ML INJ	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
PENICILLIN G PROCAINE 600000UNIT/ ML SYRINGE	2	
PENICILLIN G SODIUM 100000UNIT/ ML INJ	2	
<i>penicillin v potassium 250mg tab</i>	1	
<i>penicillin v potassium 500mg tab</i>	1	
PENICILLIN COMBINATIONS		
<i>ampicillin 100mg/ ml/ sulbactam 50mg/ ml inj</i>	1	
<i>ampicillin 250mg/ ml/ sulbactam 125mg/ ml inj</i>	1	
BICILLIN 300000-300000UNIT/ ML SYRINGE	2	
BICILLIN 450000-150000UNIT/ ML SYRINGE	2	
<i>piperacillin 3000mg/ tazobactam 375mg inj</i>	1	
<i>piperacillin 4000mg/ tazobactam 500mg inj</i>	1	
ZOSYN 40-5MG/ ML INJ	2	
ZOSYN 60-7.5MG/ ML INJ	2	
PENICILLINASE-RESISTANT PENICILLINS		
<i>nafcillin 100mg/ ml inj</i>	1	
<i>nafcillin 1gm inj</i>	1	
<i>oxacillin 100mg/ ml inj</i>	1	
OXACILLIN 20MG/ ML INJ	2	
OXACILLIN 40MG/ ML INJ	2	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate 10mg tab</i>	1	
<i>medroxyprogesterone acetate 2.5mg tab</i>	1	
<i>medroxyprogesterone acetate 5mg tab</i>	1	
MEGACE 625MG/ 5ML SUSP	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium 333mg dr tab</i>	1	
<i>disulfiram 250mg tab</i>	1	
<i>disulfiram 500mg tab</i>	1	
ANTI-CATAPLECTIC AGENTS		
XYREM 500MG/ ML ORAL SOLN	2	NM PA QL=540 ML/30 Days
ANTIDEMENTIA AGENTS		
<i>donepezil 10mg tab</i>	1	QL=60 EA/30 Days
<i>donepezil 23mg tab</i>	1	ST QL=30 EA/30 Days
<i>donepezil 5mg tab</i>	1	QL=60 EA/30 Days
<i>memantine 10mg tab</i>	1	
<i>memantine 5mg tab</i>	1	
NAMENDA 14MG XR CAP	2	
NAMENDA 21MG XR CAP	2	
NAMENDA 28 TITRATION PACK	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
NAMENDA 28MG XR CAP	2	
NAMENDA 7MG XR CAP	2	
NAMZARIC 14-10MG ER CAP	2	ST
NAMZARIC 28-10MG ER CAP	2	ST
<i>rivastigmine 13.3mg/ 24hr patch</i>	1	
<i>rivastigmine 4.6mg/ 24hr patch</i>	1	
<i>rivastigmine 9.5mg/ 24hr patch</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
AMITRIPTYLINE 10MG/ PERPHENAZINE 2MG TAB	2	
AMITRIPTYLINE 10MG/ PERPHENAZINE 4MG TAB	2	
<i>amitriptyline 12.5mg/ chlordiazepoxide 5mg tab</i>	1	
<i>amitriptyline 25mg/ chlordiazepoxide 10mg tab</i>	1	
AMITRIPTYLINE 25MG/ PERPHENAZINE 2MG TAB	2	
AMITRIPTYLINE 25MG/ PERPHENAZINE 4MG TAB	2	
AMITRIPTYLINE 50MG/ PERPHENAZINE 4MG TAB	2	
FIBROMYALGIA AGENTS		
SAVELLA 100MG TAB	2	QL=60 EA/30 Days
SAVELLA 12.5MG TAB	2	QL=60 EA/30 Days
SAVELLA 25MG TAB	2	QL=60 EA/30 Days
SAVELLA 4-WEEK TITRATION PACK	2	
SAVELLA 50MG TAB	2	QL=60 EA/30 Days
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5mg tab</i>	1	NM PA
<i>tetrabenazine 25mg tab</i>	1	NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA 10MG ER TAB	2	NM PA QL=60 EA/30 Days
AUBAGIO 14MG TAB	2	NM PA QL=30 EA/30 Days
AUBAGIO 7MG TAB	2	NM PA QL=30 EA/30 Days
AVONEX 30MCG/ 0.5ML AUTO-INJECTOR	2	NM
AVONEX 30MCG/ 0.5ML SYRINGE	2	NM
AVONEX 30MCG/ VIAL INJ	2	NM
COPAXONE 20MG/ ML SYRINGE	2	NM
COPAXONE 40MG/ ML SYRINGE	2	NM
EXTAVIA 0.3MG INJ	2	NM ST
GILENYA 0.5MG CAP	2	NM PA QL=30 EA/30 Days
PLEGRIDY 125MCG/ 0.5ML AUTO-INJECTOR	2	NM
PLEGRIDY 125MCG/ 0.5ML SYRINGE	2	NM
PLEGRIDY PEN STARTER PACK	2	NM
TECFIDERA 120MG DR CAP	2	NM
TECFIDERA 240MG DR CAP	2	NM
TECFIDERA 30-DAY STARTER PACK	2	NM
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA 20-10MG CAP	2	QL=60 EA/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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES 1MG TAB	2	
<i>pimozide 1mg tab</i>	1	
<i>pimozide 2mg tab</i>	1	
SMOKING DETERRENTS		
CHANTIX 0.5MG TAB	2	
CHANTIX 1MG TAB	2	
CHANTIX FIRST MONTH OF THERAPY PACK	2	
NICOTROL 10MG INHALER	2	
NICOTROL 10MG/ ML NASAL INHALER	2	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST 500MG INJ	2	NM
GLASSIA 1000MG/ 50ML INJ	2	NM
PROLASTIN 1000MG INJ	2	NM
ZEMAIRA 1000MG INJ	2	NM
CYSTIC FIBROSIS AGENTS		
KALYDECO 150MG TAB	2	NM PA QL=60 EA/30 Days
KALYDECO 50MG GRANULES PACKET	2	NM PA QL=60 EA/30 Days
KALYDECO 75MG GRANULES PACKET	2	NM PA QL=60 EA/30 Days
PULMOZYME 1MG/ ML INH SOLN	2	NM PA BvD
PULMONARY FIBROSIS AGENTS		
ESBRIET 267MG CAP	2	NM PA
OFEV 100MG CAP	2	NM PA
OFEV 150MG CAP	2	NM PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE 500MG TAB	2	
TETRACYCLINES		
TETRACYCLINES		
<i>doxycycline hyclate 100mg inj</i>	1	
<i>minocycline 100mg cap</i>	1	
<i>minocycline 50mg cap</i>	1	
<i>minocycline 75mg cap</i>	1	
VIBRAMYCIN 50MG/ 5ML SUSP	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole 10mg tab</i>	1	
<i>methimazole 5mg tab</i>	1	
<i>propylthiouracil 50mg tab</i>	1	
THYROID HORMONES		
<i>levothyroxine sodium 100mcg tab</i>	1	

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>levothyroxine sodium 112mcg tab</i>	1	
<i>levothyroxine sodium 125mcg tab</i>	1	
<i>levothyroxine sodium 137mcg tab</i>	1	
<i>levothyroxine sodium 150mcg tab</i>	1	
<i>levothyroxine sodium 175mcg tab</i>	1	
<i>levothyroxine sodium 200mcg tab</i>	1	
<i>levothyroxine sodium 25mcg tab</i>	1	
<i>levothyroxine sodium 300mcg tab</i>	1	
<i>levothyroxine sodium 50mcg tab</i>	1	
<i>levothyroxine sodium 75mcg tab</i>	1	
<i>levothyroxine sodium 88mcg tab</i>	1	
<i>liothyronine sodium 0.005mg tab</i>	1	
<i>liothyronine sodium 0.025mg tab</i>	1	
<i>liothyronine sodium 0.05mg tab</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ	2	
BOOSTRIX INJ	2	PA BvD
BOOSTRIX SYRINGE	2	
DAPTACEL INJ	2	
DIPHThERIA/ TETANUS TOXOID INJ	2	PA BvD
INFANRIX INJ	2	
QUADRACEL INJ	2	
TENIVAC SYRINGE	2	PA BvD
TETANUS/ DIPHTHERIA TOXOID INJ	2	PA BvD
ULCER DRUGS		
ANTISPASMODICS		
ATROPINE SULFATE 0.05MG/ ML SYRINGE	2	
<i>atropine sulfate 0.1mg/ ml syringe</i>	1	
BENTYL 10MG/ ML INJ	3	
<i>dicyclomine 10mg cap</i>	1	
<i>dicyclomine 20mg tab</i>	1	
<i>dicyclomine 2mg/ ml oral soln</i>	1	
<i>glycopyrrolate 0.2mg/ ml inj</i>	1	PA BvD
PROPANTHELINE 15MG TAB	2	
H-2 ANTAGONISTS		
FAMOTIDINE 0.4MG/ ML INJ	2	
<i>famotidine 10mg/ ml inj</i>	1	
<i>famotidine 20mg tab</i>	1	
<i>famotidine 40mg tab</i>	1	
<i>ranitidine 150mg cap</i>	1	
<i>ranitidine 150mg tab</i>	1	
<i>ranitidine 15mg/ ml oral soln</i>	1	

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>ranitidine 25mg/ ml inj</i>	1	
<i>ranitidine 300mg cap</i>	1	
<i>ranitidine 300mg tab</i>	1	
ZANTAC 25MG/ ML INJ	2	
MISC. ANTI-ULCER		
CARAFATE 1GM/ 10ML SUSP	2	
<i>sucralfate 1000mg tab</i>	1	
PROTON PUMP INHIBITORS		
DEXILANT 30MG DR CAP	2	ST QL=30 EA/30 Days
DEXILANT 60MG DR CAP	2	ST QL=30 EA/30 Days
ESOMEPRAZOLE 20MG INJ	2	
<i>esomeprazole 40mg inj</i>	1	
<i>lansoprazole 15mg dr cap</i>	1	
<i>lansoprazole 30mg dr cap</i>	1	
<i>omeprazole 10mg dr cap</i>	\$0	
<i>omeprazole 20mg dr cap</i>	\$0	
<i>omeprazole 40mg dr cap</i>	\$0	
<i>pantoprazole 20mg dr tab</i>	1	
<i>pantoprazole 40mg dr tab</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol 0.1mg tab</i>	1	
<i>misoprostol 0.2mg tab</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin 500mg/ clarithromycin 500mg/ lansoprazole 30mg pack</i>	1	
PYLERA 140-125-125MG CAP	2	
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate 1000mg tab</i>	1	
MONUROL 5.631GM SUSP	2	
<i>nitrofurantoin 5mg/ ml susp</i>	1	
<i>nitrofurantoin macro 25mg/ nitrofurantoin mono 75mg cap</i>	1	
<i>nitrofurantoin, macro 50mg cap</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
GELNIQUE 10% GEL	2	
<i>tolterodine tartrate 2mg er cap</i>	1	
<i>tolterodine tartrate 4mg er cap</i>	1	
VESICARE 10MG TAB	2	
VESICARE 5MG TAB	2	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		

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
MYRBETRIQ 25MG ER TAB	2	
MYRBETRIQ 50MG ER TAB	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride 10mg tab</i>	1	
<i>bethanechol chloride 25mg tab</i>	1	
<i>bethanechol chloride 50mg tab</i>	1	
<i>bethanechol chloride 5mg tab</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate 100mg tab</i>	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	2	
BCG, LIVE, TICE STRAIN 50MG/ ML INJ	2	PA BvD
MENACTRA INJ	2	
MENOMUNE A/ C/ Y/ W-135 INJ	2	
MENVEO INJ	2	
PEDVAXHIB 7.5MCG/ 0.5ML INJ	2	
TRUMENBA SYRINGE	2	
TYPHIM VI 25MCG/ 0.5ML INJ	2	
VIRAL VACCINES		
CERVARIX SYRINGE	2	PA
ENGERIX-B 10MCG/ 0.5ML INJ	2	PA BvD
ENGERIX-B 10MCG/ 0.5ML SYRINGE	2	PA BvD
ENGERIX-B 20MCG/ ML SYRINGE	2	PA BvD
GARDASIL 9 INJ	2	PA
GARDASIL 9 SYRINGE	2	PA
GARDASIL INJ	2	PA
GARDASIL SYRINGE	2	PA
HAVRIX 1440UNIT INJ	2	
HAVRIX 720UNIT SYRINGE	2	
IMOVAX 2.5UNIT/ ML INJ	2	PA BvD
IPOL INJ	2	
IXIARO SYRINGE	2	
M-M-R II INJ	2	
PROQUAD INJ	2	
RABAVERT 2.5UNIT/ ML INJ	2	PA BvD
RECOMBIVAX 10MCG/ ML SYRINGE	2	PA BvD
RECOMBIVAX 40MCG/ ML INJ	2	PA BvD
RECOMBIVAX 5MCG/ 0.5ML SYRINGE	2	PA BvD
RECOMBIVAX HB 10MCG/ ML INJ	2	PA BvD
ROTARIX SUSP	2	
ROTATEQ SUSP	2	
TWINRIX INJ	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
VAQTA 25UNIT/ 0.5ML SYRINGE	2	
VAQTA 50UNIT/ ML SYRINGE	2	
VARIVAX 1350PFU/ 0.5ML INJ	2	
YF-VAX 4000UNIT/ ML INJ	2	
ZOSTAVAX 19400UNIT/ 0.65ML INJ	2	PA
VAGINAL PRODUCTS		
VAGINAL ANTI-INFECTIVES		
AVC BRAND OF SULFANILAMIDE 15% VAGINAL CREAM	2	
<i>metronidazole 0.75% vaginal gel</i>	1	
VAGINAL ESTROGENS		
ESTRACE 0.1MG/ GM VAGINAL CREAM	2	
ESTRING 2MG VAGINAL RING	2	
PREMARIN 0.625MG/ GM VAGINAL CREAM	2	
VAGINAL PROGESTINS		
CRINONE 4% VAGINAL GEL	2	PA
CRINONE 8% VAGINAL GEL	2	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE 1MG/ ML (0.15ML) AUTO-INJECTOR	2	ST QL=2 EA/15 Days
EPINEPHRINE 1MG/ ML (0.3ML) AUTO-INJECTOR	2	ST QL=2 EA/15 Days
EPIPEN 0.3MG/ 0.3ML AUTO-INJECTOR	2	QL=2 EA/15 Days
EPIPEN-JR 0.15MG/ 0.3ML AUTO-INJECTOR	2	QL=2 EA/15 Days
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA 100MG CAP	2	NM PA
NORTHERA 200MG CAP	2	NM PA
NORTHERA 300MG CAP	2	NM PA
VASOPRESSORS		
<i>midodrine 10mg tab</i>	1	
<i>midodrine 2.5mg tab</i>	1	
<i>midodrine 5mg tab</i>	1	

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

Other				
8-MOP 10MG CAP	48	<i>acetaminophen 300mg/ hydrocodone bitartrate 7.5mg tab</i>	11	ADACEL INJ 69
A				
<i>abacavir 300mg/ lamivudine 150mg/ zidovudine 300mg tab</i>	38	<i>acetaminophen 325mg/ hydrocodone bitartrate 10mg tab</i>	11	<i>ADAGEN 250UNIT/ ML INJ</i> 43
ABELCET 5MG/ ML INJ	25	<i>acetaminophen 325mg/ hydrocodone bitartrate 2.5mg tab</i>	11	<i>adapalene 0.1% gel</i> 47
ABILIFY 300MG	38	<i>acetaminophen 325mg/ hydrocodone bitartrate 5mg tab</i>	11	<i>adapalene 0.3% gel</i> 47
MAINTENA INJ		<i>acetaminophen 325mg/ hydrocodone bitartrate 7.5mg tab</i>	11	ADCIRCA 20MG TAB 44
ABILIFY 300MG	38	<i>acetaminophen 325mg/ hydrocodone bitartrate 7.5mg tab</i>	11	ADEMPAS 0.5MG TAB 45
MAINTENA PF SYRINGE		<i>acetaminophen 325mg/ hydrocodone bitartrate 7.5mg tab</i>	11	ADEMPAS 1.5MG TAB 45
ABILIFY 400MG	38	<i>acetaminophen 325mg/ oxycodone 10mg tab</i>	11	ADEMPAS 1MG TAB 45
MAINTENA PF SYRINGE		<i>acetaminophen 325mg/ oxycodone 2.5mg tab</i>	11	ADEMPAS 2.5MG TAB 45
ABRAXANE 100MG INJ	34	<i>acetaminophen 325mg/ oxycodone 5mg tab</i>	11	ADVAIR 100-50MCG 15
<i>acamprosate calcium 333mg dr tab</i>	66	<i>acetaminophen 325mg/ oxycodone 7.5mg tab</i>	11	ADVAIR 115-21MCG HFA INH 15
<i>acarbose 100mg tab</i>	21	<i>acetaminophen 325mg/ oxycodone 10mg tab</i>	11	ADVAIR 230-21MCG HFA INH 15
<i>acarbose 25mg tab</i>	21	<i>acetaminophen 325mg/ oxycodone 2.5mg tab</i>	11	ADVAIR 250-50MCG DISKUS 15
<i>acarbose 50mg tab</i>	21	<i>acetaminophen 325mg/ oxycodone 5mg tab</i>	11	ADVAIR 45-21MCG HFA INH 15
<i>acetaminophen 21.7mg/ ml/ hydrocodone bitartrate 0.5mg/ ml oral soln</i>	11	<i>acetaminophen 325mg/ oxycodone 7.5mg tab</i>	11	ADVAIR 500-50MCG DISKUS 16
<i>acetaminophen 24mg/ ml/ codeine phosphate 2.4mg/ ml oral soln</i>	11	<i>acetaminophen 325mg/ tramadol 37.5mg tab</i>	11	AFINITOR 10MG TAB 32
<i>acetaminophen 300mg/ codeine phosphate 15mg tab</i>	11	<i>acetazolamide 100mg/ ml inj</i>	49	AFINITOR 2.5MG TAB 32
<i>acetaminophen 300mg/ codeine phosphate 30mg tab</i>	11	<i>acetic acid 2% otic soln</i>	65	AFINITOR 2MG SUSP 32
<i>acetaminophen 300mg/ codeine phosphate 60mg tab</i>	11	<i>acetic acid/ hydrocortisone 1-2% otic soln</i>	65	AFINITOR 3MG SUSP 32
<i>acetaminophen 300mg/ hydrocodone bitartrate 10mg tab</i>	11	<i>acetylcysteine 10% inh soln</i>	47	AFINITOR 5MG SUSP 32
<i>acetaminophen 300mg/ hydrocodone bitartrate 5mg tab</i>	11	<i>acetylcysteine 20% inh soln</i>	47	AFINITOR 5MG TAB 32
		ACTHIB INJ	71	AFINITOR 7.5MG TAB 32
		ACTIMMUNE	33	AGGRENEX 25-200MG CAP 56
		2000000UNIT/ 0.5ML INJ		A-HYDROCORT 100MG INJ 46
		<i>acyclovir 200mg cap</i>	40	AKYNZEO 300-0.5MG CAP 24
		<i>acyclovir 400mg tab</i>	40	ALBENZA 200MG TAB 13
		<i>acyclovir 5% ointment</i>	48	<i>albuterol 0.21mg/ ml (0.63mg/ 3ml) inh soln</i>
		<i>acyclovir 50mg/ ml inj</i>	40	<i>albuterol 0.417mg/ ml (1.25mg/ 3ml) inh soln</i>
		<i>acyclovir 800mg tab</i>	40	<i>albuterol 0.83mg/ ml (0.083%) inh soln</i>

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>albuterol 1mg/ ml (0.5%) inh soln</i>	16	<i>aminosyn 8.5% with electrolytes, sulfite-free inj</i>	62	<i>amitriptyline 50mg tab</i>	21
ALDURAZYME 2.9MG/ 5ML INJ	51	AMINOSYN II 10% INJ	62	AMITRIPTYLINE 50MG/ PERPHENAZINE 4MG TAB	67
ALENDRONATE 0.933MG/ ML ORAL SOLN	50	AMINOSYN II 15% INJ	62	<i>amitriptyline 75mg tab</i>	21
<i>alendronate 10mg tab</i>	50	AMINOSYN II 7%, SULFITE-FREE INJ	62	<i>amlodipine 10mg tab</i>	43
<i>alendronate 35mg tab</i>	50	<i>aminosyn ii 8.5% with electrolytes, sulfite-free inj</i>	62	<i>amlodipine 10mg/ atorvastatin 10mg tab</i>	44
ALENDRONATE 40MG TAB	50	AMINOSYN II 8.5%, SULFITE-FREE INJ	62	<i>amlodipine 10mg/ atorvastatin 20mg tab</i>	44
<i>alendronate 5mg tab</i>	50	AMINOSYN-HBC 7%, SULFITE-FREE INJ	62	<i>amlodipine 10mg/ atorvastatin 40mg tab</i>	44
<i>alendronate 70mg tab</i>	50	AMINOSYN-PF 7% INJ	62	<i>amlodipine 10mg/ atorvastatin 80mg tab</i>	44
ALINIA 100MG/ 5ML SUSP	29	AMINOSYN-PF 10%, SULFITE-FREE INJ	62	<i>amlodipine 2.5mg tab</i>	43
<i>allopurinol 100mg tab</i>	56	AMINOSYN-PF 7% INJ	62	<i>amlodipine 2.5mg/ atorvastatin 10mg tab</i>	44
<i>allopurinol 300mg tab</i>	56	AMINOSYN-RF 5.2%, SULFITE-FREE INJ	62	<i>amlodipine 2.5mg/ atorvastatin 20mg tab</i>	44
<i>almotriptan 12.5mg tab</i>	59	<i>amiodarone 200mg tab</i>	14	<i>amlodipine 2.5mg/ atorvastatin 40mg tab</i>	44
<i>almotriptan 6.25mg tab</i>	59	<i>amiodarone 400mg tab</i>	14	<i>amlodipine 5mg tab</i>	43
ALOCRIAL 2% OPHTH SOLN	64	AMITIZA 24MCG CAP	54	<i>amlodipine 5mg/ atorvastatin 10mg tab</i>	44
ALOMIDE 0.1% OPHTH SOLN	64	AMITIZA 8MCG CAP	54	<i>amlodipine 5mg/ atorvastatin 20mg tab</i>	44
<i>alose tron 0.5mg tab</i>	55	<i>amitriptyline 100mg tab</i>	21	<i>amlodipine 5mg/ atorvastatin 40mg tab</i>	44
<i>alose tron 1mg tab</i>	55	<i>amitriptyline 10mg tab</i>	21	<i>amlodipine 5mg/ atorvastatin 80mg tab</i>	44
<i>alprazolam 0.25mg tab</i>	13	AMITRIPTYLINE 10MG/ PERPHENAZINE 2MG TAB	67	AMMONIUM CHLORIDE 5 MEQ/ ML INJ	60
<i>alprazolam 0.5mg tab</i>	14	AMITRIPTYLINE 10MG/ PERPHENAZINE 4MG TAB	67	<i>ammonium lactate 12% cream</i>	48
<i>alprazolam 1mg tab</i>	14	<i>amitriptyline 12.5mg/ chlordiazepoxide 5mg tab</i>	67	<i>ammonium lactate 12% lotion</i>	48
<i>alprazolam 2mg tab</i>	14	<i>amitriptyline 150mg tab</i>	21	<i>amoxicillin 250mg cap</i>	65
ALREX 0.2% OPHTH SUSP	64	<i>amitriptyline 25mg tab</i>	21	<i>amoxicillin 500mg cap</i>	65
AMCINONIDE 0.1% OINTMENT	48	<i>amitriptyline 25mg/ chlordiazepoxide 10mg tab</i>	67	<i>amoxicillin 500mg/ clarithromycin 500mg/ lansoprazole 30mg pack</i>	70
<i>amifostine 500mg inj</i>	34	AMITRIPTYLINE 25MG/ PERPHENAZINE 2MG TAB	67	<i>amphetamine 10mg tab</i>	7
<i>amikacin 250mg/ ml inj</i>	7	AMITRIPTYLINE 25MG/ PERPHENAZINE 4MG TAB	67	<i>amphetamine 12.5mg tab</i>	7
<i>amiloride 5mg tab</i>	50			<i>amphetamine 15mg tab</i>	7
<i>amiloride 5mg/ hydrochlorothiazide 50mg tab</i>	50				
<i>aminophylline 25mg/ ml inj</i>	16				
AMINOSYN 7% WITH ELECTROLYTES, SULFITE-FREE INJ	62				

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>amphetamine 20mg tab</i>	7	<i>apraclonidine 0.5% ophth soln</i>	63	<i>aripiprazole 30mg tab</i>	38
<i>amphetamine 30mg tab</i>	7	APRISO 0.375GM ER	54	<i>aripiprazole 5mg tab</i>	38
<i>amphetamine 5mg tab</i>	7	CAP		<i>armodafinil 150mg tab</i>	7
<i>amphetamine 7.5mg tab</i>	7	APTIVUS 100MG/ ML	38	ARMODAFINIL 200MG	7
<i>ampicillin 100mg/ ml inj</i>	65	ORAL SOLN		TAB	
<i>ampicillin 100mg/ ml/ sulbactam 50mg/ ml inj</i>	66	APTIVUS 250MG CAP	38	<i>armodafinil 250mg tab</i>	7
AMPICILLIN 125MG/ ML INJ	65	ARALAST 500MG INJ	68	<i>armodafinil 50mg tab</i>	7
<i>ampicillin 250mg cap</i>	65	ARANESP 100MCG/ 0.5ML SYRINGE	57	ARNUITY 100MCG INH	15
<i>ampicillin 250mg/ ml inj</i>	65	ARANESP 100MCG/ ML INJ	57	ARNUITY 200MCG INH	15
<i>ampicillin 250mg/ ml/ sulbactam 125mg/ ml inj</i>	66	ARANESP 150MCG/ 0.3ML SYRINGE	57	ASACOL HD 800MG TAB	54
<i>ampicillin 500mg cap</i>	65	ARANESP 200MCG/ 0.4ML SYRINGE	57	ASMANEX 100MCG (120ACT) HFA INH	15
AMPYRA 10MG ER TAB	67	ARANESP 200MCG/ ML INJ	57	ASMANEX 110MCG (30ACT) INH	15
ANADROL-50 50MG TAB	12	ARANESP 25MCG/ 0.42ML SYRINGE	57	ASMANEX 200MCG (120ACT) HFA INH	15
<i>anastrozole 1mg tab</i>	31	ARANESP 25MCG/ ML INJ	57	ASMANEX 220MCG (120ACT) INH	15
ANDRODERM 2MG/ 24HR PATCH	12	ARANESP 300MCG/ 0.6ML SYRINGE	57	ASMANEX 220MCG (30ACT) INH	15
ANDRODERM 4MG/ 24HR PATCH	12	ARANESP 300MCG/ ML INJ	57	ASMANEX 220MCG (60ACT) INH	15
ANDROGEL 1% (25MG) GEL	12	ARANESP 40MCG/ 0.4ML SYRINGE	57	<i>aspirin 325mg/ carisoprodol 200mg tab</i>	61
ANDROGEL 1% (50MG) GEL	12	ARANESP 40MCG/ ML INJ	57	<i>aspirin 325mg/ carisoprodol 200mg/ codeine phosphate 16mg tab</i>	61
ANDROGEL 1.62% (1.25GM) GEL	12	ARANESP 500MCG/ ML SYRINGE	57	<i>aspirin 325mg/ oxycodone 4.84mg tab</i>	11
ANDROGEL 1.62% (2.5GM) GEL	12	ARANESP 60MCG/ 0.3ML SYRINGE	57	ASTAGRAF 0.5MG XL	41
ANDROGEL 1.62% GEL	12	ARANESP 60MCG/ ML INJ	57	CAP	
ANGELIQ 0.25/ 0.5MG 28 DAY PACK	53	<i>arbinoxa 4mg/ 5ml oral soln</i>	25	ASTAGRAF 1MG XL CAI	41
ANGELIQ 0.5/ 1MG 28 DAY PACK	53	ARCALYST 220MG INJ	8	ASTAGRAF 5MG XL CAI	41
ALENZIN 174MG ER TAB	19	<i>argatroban 100mg/ ml inj</i>	17	<i>atenolol 100mg tab</i>	42
ALENZIN 348MG ER TAB	19	<i>aripiprazole 10mg tab</i>	38	<i>atenolol 25mg tab</i>	42
ALENZIN 522MG ER TAB	19	<i>aripiprazole 15mg tab</i>	38	<i>atenolol 50mg tab</i>	42
APOKYN 10MG/ ML CARTRIDGE	35	<i>aripiprazole 20mg tab</i>	38	ATGAM 50MG/ ML INJ	41
		<i>aripiprazole 2mg tab</i>	38	<i>atorvastatin 10mg tab</i>	26
				<i>atorvastatin 20mg tab</i>	26
				<i>atorvastatin 40mg tab</i>	26
				<i>atorvastatin 80mg tab</i>	26
				<i>atovaquone 150mg/ ml susp</i>	29

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>atovaquone 250mg/ proguanil 100mg tab</i>	30	<i>azelastine 0.1% (137mcg) nasal inhaler</i>	61	<i>bethanechol chloride 10mg tab</i>	71
<i>atovaquone 62.5mg/ proguanil 25mg tab</i>	30	<i>azelastine 0.15% (205.5mcg) nasal inhaler</i>	61	<i>bethanechol chloride 25mg tab</i>	71
ATRIPLA	38	AZILECT 0.5MG TAB	35	<i>bethanechol chloride 50mg tab</i>	71
600-200-300MG TAB		AZILECT 1MG TAB	35	<i>bethanechol chloride 5mg tab</i>	71
<i>atropine sulfate 0.025mg/ diphenoxylate 2.5mg tab</i>	24	<i>azithromycin 250mg tab</i>	59	BEYAZ 28 DAY PACK	46
ATROPINE SULFATE	69	<i>azithromycin 2mg/ ml inj</i>	59	BICILLIN	66
0.05MG/ ML SYRINGE		<i>azithromycin 500mg tab</i>	59	300000-300000UNIT/ ML SYRINGE	
<i>atropine sulfate 0.1mg/ ml syringe</i>	69	<i>azithromycin 600mg tab</i>	59	BICILLIN	66
<i>atropine sulfate 1% ophth soln</i>	63	AZOPT 1% OPHTH SUSP	64	450000-150000UNIT/ ML SYRINGE	66
ATROVENT 17MCG INH	15	B		BIDIL 20-37.5MG TAB	44
AUBAGIO 14MG TAB	67	<i>baclofen 10mg tab</i>	61	BIMATOPROST 0.03% OPHTH SOLN	64
AUBAGIO 7MG TAB	67	<i>baclofen 20mg tab</i>	61	BIVIGAM 10% INJ	65
AVANDIA 2MG TAB	23	BACTROBAN 2% NASAL OINTMENT	62	<i>bleomycin 15unit/ ml inj</i>	32
AVANDIA 4MG TAB	23	BCG, LIVE, TICE STRAIN	71	BOOSTRIX INJ	69
AVASTIN 100MG/ 4ML INJ	31	50MG/ ML INJ		BOOSTRIX SYRINGE	69
AVASTIN 400MG/ 16ML INJ	31	BECONASE 42MCG NASAL INHALER	62	BREO 100-25MCG	16
AVC BRAND OF SULFANILAMIDE 15% VAGINAL CREAM	72	<i>benazepril 10mg tab</i>	27	ELLIPTA INH	
AVELOX 400MG/ 250ML INJ	54	<i>benazepril 20mg tab</i>	27	BREO 200-25MCG	16
AVONEX 30MCG/ 0.5ML AUTO-INJECTOR	67	<i>benazepril 40mg tab</i>	27	ELLIPTA INH	
AVONEX 30MCG/ 0.5ML SYRINGE	67	<i>benazepril 5mg tab</i>	27	<i>brimonidine tartrate 0.15% ophth soln</i>	63
AVONEX 30MCG/ VIAL INJ	67	BENLYSTA 120MG INJ	42	<i>brimonidine tartrate 0.2% ophth soln</i>	63
AVYCAZ 2-0.5GM INJ	45	BENLYSTA 400MG INJ	42	<i>budesonide 0.125mg/ ml inh soln</i>	15
AZACTAM 1GM/ 50ML INJ	28	BENTYL 10MG/ ML INJ	69	<i>budesonide 0.25mg/ ml inh soln</i>	15
AZACTAM 2GM/ 50ML INJ	28	<i>benztropine mesylate 0.5mg tab</i>	34	<i>budesonide 0.5mg/ ml inh soln</i>	15
AZASAN 100MG TAB	41	<i>benztropine mesylate 1mg tab</i>	34	<i>budesonide 32mcg nasal inhaler</i>	62
AZASAN 75MG TAB	41	<i>benztropine mesylate 1mg/ ml inj</i>	34	<i>budesonide 3mg dr cap</i>	46
AZASITE 1% OPHTH SOLN	64	<i>benztropine mesylate 2mg tab</i>	34	<i>bumetanide 0.25mg/ ml inj</i>	50
<i>azathioprine 50mg tab</i>	41	BERINERT 500UNIT INJ	56	<i>buprenorphine 0.3mg/ ml cartridge</i>	12
		BESIVANCE 0.6% OPHTH SUSP	64	<i>buprenorphine 2mg sl tab</i>	12
		<i>betamethasone 0.05% cream</i>	48		
		<i>betamethasone 0.1% cream</i>	48		

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>buprenorphine 8mg sl tab</i>	12	<i>calcitriol 0.001mg/ ml</i>	52	CARIMUNE 6GM INJ	65
<i>bupropion 100mg sr tab</i>	19	<i>oral soln</i>		<i>carisoprodol 350mg tab</i>	61
<i>bupropion 100mg tab</i>	19	CALCITRIOL 3MCG/ GM	48	<i>carvedilol 12.5mg tab</i>	42
<i>bupropion 150mg sr (12 hr) tab</i>	19	OINTMENT		<i>carvedilol 25mg tab</i>	42
<i>bupropion 150mg xl (24 hr) tab</i>	19	<i>calcium chloride 0.002 meq/ ml/ potassium chloride 0.004 meq/ ml/ sodium chloride 0.147 meq/ ml soln</i>	42	<i>carvedilol 3.125mg tab</i>	42
<i>bupropion 200mg sr tab</i>	19			<i>carvedilol 6.25mg tab</i>	42
<i>bupropion 300mg xl tab</i>	19	CANASA 1000MG	54	CAYSTON 75MG INH SOLN	28
<i>bupropion 75mg tab</i>	19	RECTAL SUPP		<i>cefadroxil 500mg cap</i>	45
<i>bupirone 10mg tab</i>	13	CANCIDAS 50MG INJ	25	<i>cefazolin 1gm inj</i>	45
<i>bupirone 15mg tab</i>	13	CANCIDAS 70MG INJ	25	<i>cefazolin 200mg/ ml inj</i>	45
BUTISOL 30MG TAB	58	CAPASTAT 1GM INJ	30	<i>cefazolin 500mg inj</i>	45
<i>butorphanol tartrate 10mg/ ml nasal spray</i>	12	CAPITAL AND CODEINE 120-12MG/ 5ML SUSP	11	<i>cefepime 1gm inj</i>	46
<i>butorphanol tartrate 1mg/ ml inj</i>	12	CARAFATE 1GM/ 10ML SUSP	70	<i>cefepime 2gm inj</i>	46
<i>butorphanol tartrate 2mg/ ml inj</i>	12	CARBIDOPA 12.5MG/ ENTACAPONE 200MG/ LEVODOPA 50MG TAB	35	<i>cefotaxime 1gm inj</i>	45
BUTRANS 10MCG/ HR PATCH	12	CARBIDOPA 18.75MG/ ENTACAPONE 200MG/ LEVODOPA 75MG TAB	35	<i>cefotaxime 2gm inj</i>	45
BUTRANS 15MCG/ HR PATCH	12	<i>carbidopa 25mg tab</i>	34	<i>cefotaxime 500mg inj</i>	45
BUTRANS 20MCG/ HR PATCH	12	CARBIDOPA 25MG/ ENTACAPONE 200MG/ LEVODOPA 100MG TAB	35	<i>cefotetan 1000mg inj</i>	45
BUTRANS 5MCG/ HR PATCH	12	CARBIDOPA 31.25MG/ ENTACAPONE 200MG/ LEVODOPA 125MG TAB	35	<i>cefotetan 2000mg inj</i>	45
BUTRANS 7.5MCG/ HR PATCH	12	CARBIDOPA 37.5MG/ ENTACAPONE 200MG/ LEVODOPA 150MG TAB	35	<i>cefoxitin 1000mg inj</i>	45
BYDUREON 2MG INJ	22	CARBIDOPA 50MG/ ENTACAPONE 200MG/ LEVODOPA 200MG TAB	35	<i>cefoxitin 200mg/ ml inj</i>	45
BYDUREON 2MG PEN INJ	22	<i>carbinoxamine maleate 4mg tab</i>	25	<i>cefoxitin 2000mg inj</i>	45
BYSTOLIC 10MG TAB	42	<i>carboplatin 10mg/ ml inj</i>	30	<i>ceftazidime 1000mg inj</i>	45
BYSTOLIC 2.5MG TAB	42	CARDENE 20MG/ 200ML INJ	43	<i>ceftazidime 2000mg inj</i>	45
BYSTOLIC 20MG TAB	42	CARDENE 40MG/ 200ML INJ	43	<i>ceftazidime 200mg/ ml inj</i>	45
BYSTOLIC 5MG TAB	42			<i>ceftriaxone 1000mg inj</i>	45
C				<i>ceftriaxone 100mg/ ml inj</i>	45
<i>cabergoline 0.5mg tab</i>	52			<i>ceftriaxone 2000mg inj</i>	45
<i>calcitriol 0.00025mg cap</i>	51			<i>ceftazidime 200mg/ ml inj</i>	45
<i>calcitriol 0.0005mg cap</i>	51			<i>cefuroxime 1.5gm inj</i>	45
<i>calcitriol 0.001mg/ ml inj</i>	51			<i>cefuroxime 750mg inj</i>	45
				<i>cefuroxime 95mg/ ml inj</i>	45
				<i>celecoxib 100mg cap</i>	9
				<i>celecoxib 200mg cap</i>	9
				<i>celecoxib 400mg cap</i>	9
				<i>celecoxib 50mg cap</i>	9
				CELLCEPT 500MG INJ	41
				CELONTIN 300MG CAP	19
				<i>cephalexin 250mg cap</i>	45
				<i>cephalexin 500mg cap</i>	45
				CEREZYME 400UNIT INJ	56
				CERVARIX SYRINGE	71

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>cetirizine 1mg/ ml oral soln</i>	25	CIPRODEX 0.3-0.1% OTIC SUSP	65	CLINIMIX 5/ 15 INJ	63
<i>cevimeline 30mg cap</i>	61	<i>ciprofloxacin 0.3% ophthalmic soln</i>	64	CLINIMIX 5/ 20 INJ	63
CHANTIX 0.5MG TAB	68	<i>ciprofloxacin 10mg/ ml inj</i>	54	CLINIMIX 5/ 25 INJ	63
CHANTIX 1MG TAB	68	<i>ciprofloxacin 250mg tab</i>	54	CLINIMIX E 2.75/ 10 INJ	63
CHANTIX FIRST MONTH OF THERAPY PACK	68	<i>ciprofloxacin 500mg tab</i>	54	CLINIMIX E 2.75/ 5 INJ	63
CHEMET 100MG CAP	24	<i>ciprofloxacin 750mg tab</i>	54	CLINIMIX E 4.25/ 10 INJ	63
CHENODAL 250MG TAB	54	<i>cisplatin 1mg/ ml inj</i>	30	CLINIMIX E 4.25/ 25 INJ	63
CHLORAMPHENICOL 100MG/ ML INJ	29	<i>citalopram 10mg tab</i>	20	CLINIMIX E 4.25/ 5 INJ	63
<i>chlorthiazepoxide 10mg cap</i>	14	<i>citalopram 20mg tab</i>	20	CLINIMIX E 5/ 15 INJ	63
<i>chlorthiazepoxide 25mg cap</i>	14	<i>citalopram 2mg/ ml oral soln</i>	20	CLINIMIX E 5/ 20 INJ	63
<i>chlorthiazepoxide 5mg cap</i>	14	<i>citalopram 40mg tab</i>	20	CLINIMIX E 5/ 25 INJ	63
<i>chlorhexidine gluconate 0.12% mouthwash</i>	61	CLAFORAN 1GM (20MG/ ML) INJ	46	<i>clinisol 15% inj</i>	63
<i>chlorothiazide 500mg inj</i>	50	CLAFORAN 2GM (40MG/ ML) INJ	46	CLOLAR 1MG/ ML INJ	31
CHLORPROMAZINE 25MG/ ML INJ	37	CLARINEX-D 2.5-120MG ER TAB	47	<i>clonazepam 0.125mg odt</i>	18
CHLORPROPAMIDE 100MG TAB	23	<i>clarithromycin 250mg tab</i>	59	<i>clonazepam 0.25mg odt</i>	18
CHLORPROPAMIDE 250MG TAB	23	<i>clarithromycin 25mg/ ml susp</i>	59	<i>clonazepam 0.5mg odt</i>	18
<i>chlorzoxazone 500mg tab</i>	61	<i>clarithromycin 500mg tab</i>	59	<i>clonazepam 0.5mg tab</i>	18
CHOLBAM 250MG CAP	54	<i>clarithromycin 50mg/ ml susp</i>	59	<i>clonazepam 1mg odt</i>	18
CHOLBAM 50MG CAP	54	CLIMARA PRO 0.045-0.015MG PATCH	53	<i>clonazepam 1mg tab</i>	18
<i>cholestyramine resin 66.7mg/ ml susp</i>	26	<i>clindamycin 1% gel</i>	47	<i>clonazepam 2mg odt</i>	18
<i>ciclopirox 0.77% lotion</i>	47	<i>clindamycin 12mg/ ml inj</i>	29	<i>clonazepam 2mg tab</i>	18
<i>cidofovir 75mg/ ml inj</i>	40	<i>clindamycin 150mg cap</i>	29	<i>clonidine 0.1mg tab</i>	27
<i>cilastatin 2.5mg/ ml/ imipenem 2.5mg/ ml inj</i>	29	<i>clindamycin 150mg/ ml inj</i>	29	<i>clonidine 0.2mg tab</i>	27
<i>cilastatin 5mg/ ml/ imipenem 5mg/ ml inj</i>	29	<i>clindamycin 18mg/ ml inj</i>	29	<i>clonidine 0.3mg tab</i>	27
<i>cilostazol 100mg tab</i>	56	<i>clindamycin 300mg cap</i>	29	<i>clopidogrel 75mg tab</i>	56
<i>cilostazol 50mg tab</i>	56	<i>clindamycin 6mg/ ml inj</i>	29	<i>clorazepate dipotassium 15mg tab</i>	14
CIMZIA 200MG INJ	54	<i>clindamycin 75mg cap</i>	29	<i>clorazepate dipotassium 3.75mg tab</i>	14
CIMZIA 200MG/ ML SYRINGE	54	CLINIMIX 2.75/ 5 INJ	62	<i>clorazepate dipotassium 7.5mg tab</i>	14
CINRYZE 500UNIT INJ	56	CLINIMIX 4.25/ 10 INJ	63	<i>clotrimazole 1% cream</i>	47
		CLINIMIX 4.25/ 20 INJ	63	<i>clotrimazole 10mg lozenge</i>	61
		CLINIMIX 4.25/ 25 INJ	63	COARTEM 20-120MG TAB	30
		CLINIMIX 4.25/ 5 INJ	63	<i>colchicine 0.5mg/ probenecid 500mg tab</i>	56
				<i>colocort 100mg/ 60ml enema</i>	13
				COMBIGAN 0.2-0.5% OPTH SOLN	63
				COMBIPATCH 0.05-0.14MG PATCH	53

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

COMBIPATCH	53	CRINONE 4% VAGINAL	72	<i>danazol 100mg cap</i>	12
0.05-0.25MG PATCH		GEL		<i>danazol 200mg cap</i>	12
COMBIVENT RESPIMAT	16	CRINONE 8% VAGINAL	72	<i>danazol 50mg cap</i>	13
20-100MCG INH		GEL		<i>dantrolene sodium 100mg</i>	61
COMETRIQ 100MG	32	CRIXIVAN 200MG CAP	38	<i>cap</i>	
DAILY DOSE CARTON		CRIXIVAN 400MG CAP	38	<i>dantrolene sodium 25mg</i>	61
PACK		CROMOLYN SODIUM	15	<i>cap</i>	
COMETRIQ 140MG	33	10MG/ ML INH SOLN		<i>dantrolene sodium 50mg</i>	61
DAILY DOSE CARTON		<i>cromolyn sodium 20mg/</i>	54	<i>cap</i>	
PACK		<i>ml oral soln</i>		DAPSONE 100MG TAB	29
COMETRIQ 60MG	33	CUBICIN 500MG INJ	29	DAPSONE 25MG TAB	29
DAILY DOSE CARTON		<i>cyclobenzaprine 10mg</i>	61	DAPTACEL INJ	69
PACK		<i>tab</i>		DARAPRIM 25MG TAB	30
COMPLERA	38	<i>cyclobenzaprine 5mg tab</i>	61	<i>daunorubicin 5mg/ ml inj</i>	32
200-25-300MG TAB		<i>cyclobenzaprine 7.5mg</i>	61	<i>decitabine 5mg/ ml inj</i>	31
CONDYLOX 0.5% GEL	49	<i>tab</i>		DELZICOL 400MG DR	54
<i>constulose 10gm/ 15ml</i>	58	CYCLOPHOSPHAMIDE	30	CAP	
<i>oral soln</i>		25MG CAP		DEMSEER 250MG CAP	27
COPAXONE 20MG/ ML	67	CYCLOPHOSPHAMIDE	30	DENAVIR 1% CREAM	48
SYRINGE		50MG CAP		DEPEN 250MG TAB	41
COPAXONE 40MG/ ML	67	CYCLOSET 0.8MG TAB	22	DEPO-ESTRADIOL 5MG/	53
SYRINGE		<i>cyclosporine 100mg cap</i>	41	ML INJ	
CORLANOR 5MG TAB	45	<i>cyclosporine 25mg cap</i>	41	DEPO-MEDROL 20MG/	46
CORLANOR 7.5MG TAB	45	<i>cyclosporine 50mg/ ml inj</i>	41	ML INJ	
COSENTYX 150MG/ ML	48	<i>cyclosporine, modified</i>	41	<i>desmopressin acetate</i>	52
AUTO-INJECTOR		<i>100mg cap</i>		<i>0.004mg/ ml inj</i>	
COSENTYX 150MG/ ML	48	<i>cyclosporine, modified</i>	41	DESONATE 0.05% GEL	48
SYRINGE		<i>100mg/ ml oral soln</i>		DESOXIMETASONE	48
COSMEGEN 0.5MG INJ	32	<i>cyclosporine, modified</i>	41	0.05% CREAM	
CREON	49	<i>25mg cap</i>		<i>desoximetasone 0.25%</i>	48
12000-38000-60000UNIT		CYCLOSPORINE,	41	<i>cream</i>	
DR CAP		MODIFIED 50MG CAP		<i>dexamethasone 0.5mg tab</i>	46
CREON	49	<i>cyproheptadine 0.4mg/ ml</i>	25	<i>dexamethasone 0.75mg</i>	46
24000-76000-120000UNI		<i>oral soln</i>		<i>tab</i>	
T DR CAP		<i>cyproheptadine 4mg tab</i>	25	<i>dexamethasone 1.5mg tab</i>	46
CREON	49	CYSTAGON 150MG CAP	55	DEXAMETHASONE	46
3000-9500-15000UNIT		CYSTAGON 50MG CAP	55	10MG/ ML INJ	
DR CAP		CYSTARAN 0.44%	64	<i>dexamethasone 4mg tab</i>	46
CREON	49	OPHTH SOLN		<i>dexamethasone 6mg tab</i>	46
36000-114000-180000U				<i>dexamethasone</i>	46
NIT DR CAP		D		<i>phosphate 4mg/ ml inj</i>	
CREON	49	<i>dacarbazine 200mg inj</i>	33	DEXILANT 30MG DR	70
6000-19000-30000UNIT		DALIRESP 500MCG TAB	15	CAP	
DR CAP		DALVANCE 500MG INJ	28		

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

DEXILANT 60MG DR CAP	70	<i>disopyramide 100mg cap</i>	14	DULERA 100-5MCG INH	16
<i>dexrazoxane 250mg inj</i>	34	<i>disopyramide 150mg cap</i>	14	DULERA 200-5MCG INH	16
<i>diazepam 10mg tab</i>	14	<i>disulfiram 250mg tab</i>	66	<i>duloxetine 20mg dr cap</i>	21
<i>diazepam 2mg tab</i>	14	<i>disulfiram 500mg tab</i>	66	<i>duloxetine 30mg dr cap</i>	21
<i>diazepam 5mg tab</i>	14	DIURIL 250MG/ 5ML SUSP	50	DULOXETINE 40MG DR CAP	21
<i>diclofenac sodium 1.5% topical soln</i>	47	<i>divalproex sodium 125mg dr tab</i>	19	<i>duloxetine 60mg dr cap</i>	21
<i>diclofenac sodium 3% gel</i>	47	<i>divalproex sodium 250mg dr tab</i>	19	DUREZOL 0.05% OPHTH SUSP	64
<i>dicyclomine 10mg cap</i>	69	<i>divalproex sodium 500mg dr tab</i>	19	DYMISTA 137-50MCG NASAL INHALER	61
<i>dicyclomine 20mg tab</i>	69	DOCEFREZ 20MG INJ	34	E	
<i>dicyclomine 2mg/ ml oral soln</i>	69	DOCETAXEL 10MG/ ML INJ	34	EDARBI 40MG TAB	27
<i>didanosine 125mg dr cap</i>	38	DOCETAXEL 20MG/ ML INJ	34	EDARBI 80MG TAB	27
<i>didanosine 200mg dr cap</i>	38	<i>donepezil 10mg tab</i>	66	EDARBYCLOR 40-12.5MG TAB	28
<i>didanosine 250mg dr cap</i>	38	<i>donepezil 23mg tab</i>	66	EDARBYCLOR 40-25MG TAB	28
<i>didanosine 400mg dr cap</i>	38	<i>donepezil 5mg tab</i>	66	EDECIN 25MG TAB	50
DIFICID 200MG TAB	59	DORIBAX 500MG INJ	29	EDURANT 25MG TAB	38
<i>diflunisal 500mg tab</i>	9	<i>doxazosin 1mg tab</i>	27	EFFIENT 10MG TAB	56
<i>digitek 0.125mg tab</i>	43	<i>doxazosin 2mg tab</i>	27	EFFIENT 5MG TAB	56
<i>digitek 0.25mg tab</i>	43	<i>doxazosin 4mg tab</i>	27	ELAPRASE 6MG/ 3ML INJ	52
<i>digoxin 0.05mg/ ml oral soln</i>	43	<i>doxazosin 8mg tab</i>	27	ELIDEL 1% CREAM	49
<i>digoxin 0.125mg tab</i>	44	<i>doxepin 10mg/ ml oral soln</i>	21	ELIGARD 22.5MG SYRINGE	31
<i>digoxin 0.25mg tab</i>	44	<i>doxercalciferol 0.0005mg cap</i>	52	ELIGARD 30MG SYRINGE	31
<i>digoxin 0.25mg/ ml inj</i>	44	<i>doxercalciferol 0.001mg cap</i>	52	ELIGARD 45MG SYRINGE	31
<i>dihydroergotamine mesylate 1mg/ ml inj</i>	59	<i>doxercalciferol 0.0025mg cap</i>	52	ELIGARD 7.5MG SYRINGE	31
DILANTIN 30MG ER CAP	19	<i>doxercalciferol 0.002mg/ ml inj</i>	52	ELIQUIS 2.5MG TAB	16
<i>diltiazem 120mg tab</i>	43	<i>doxorubicin 2mg/ ml inj</i>	32	ELIQUIS 5MG TAB	17
DILTIAZEM 1MG/ ML INJ	43	<i>doxycycline hyclate 100mg inj</i>	68	ELITEK 1.5MG INJ	34
<i>diltiazem 30mg tab</i>	43	<i>dronabinol 10mg cap</i>	24	ELITEK 7.5MG INJ	34
<i>diltiazem 5mg/ ml inj</i>	43	<i>dronabinol 2.5mg cap</i>	24	ELIXOPHYLLIN 80MG/ 15ML ORAL SOLN	16
<i>diltiazem 60mg tab</i>	43	<i>dronabinol 5mg cap</i>	24	ELMIRON 100MG CAP	55
<i>diltiazem 90mg tab</i>	43	DROXIA 200MG CAP	56	EMEND 125MG CAP	24
<i>diphenhydramine 50mg/ ml inj</i>	25	DROXIA 300MG CAP	57	EMEND 40MG CAP	24
DIPHThERIA/ TETANUS TOXOID INJ	69	DROXIA 400MG CAP	57	EMEND 80MG CAP	24
<i>dipyridamole 25mg tab</i>	56				
<i>dipyridamole 50mg tab</i>	56				
<i>dipyridamole 75mg tab</i>	56				

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

EMEND TRI-FOLD PACK	25	<i>enoxaparin sodium</i>	17	ERYPED 200MG/ 5ML	59
EMTRIVA 10MG/ ML	38	<i>100mg/ ml inj</i>		SUSP	
ORAL SOLN		<i>enoxaparin sodium</i>	17	ERY-TAB 250MG DR	59
EMTRIVA 200MG CAP	38	<i>150mg/ ml (0.8ml) syringe</i>		TAB	
<i>enalapril maleate 10mg</i>	27	<i>enoxaparin sodium</i>	17	ERY-TAB 333MG DR	59
<i>tab</i>		<i>150mg/ ml (1ml) syringe</i>		TAB	
<i>enalapril maleate 10mg/</i>	28	<i>entacapone 200mg tab</i>	35	ERY-TAB 500MG DR	59
<i>hydrochlorothiazide</i>		<i>enulose 10gm/ 15ml oral</i>	55	TAB	
<i>25mg tab</i>		<i>soln</i>		ERYTHROCIN	59
<i>enalapril maleate 2.5mg</i>	27	EPINEPHRINE 1MG/ ML	72	LACTOBIONATE 500MG	
<i>tab</i>		(0.15ML)		INJ	
<i>enalapril maleate 20mg</i>	27	AUTO-INJECTOR		ERYTHROMYCIN	59
<i>tab</i>		EPINEPHRINE 1MG/ ML	72	250MG TAB	
<i>enalapril maleate 5mg</i>	27	(0.3ML)		ERYTHROMYCIN	59
<i>tab</i>		AUTO-INJECTOR		500MG TAB	
<i>enalapril maleate 5mg/</i>	28	EPIPEN 0.3MG/ 0.3ML	72	ESBRIET 267MG CAP	68
<i>hydrochlorothiazide</i>		AUTO-INJECTOR		<i>escitalopram 10mg tab</i>	20
<i>12.5mg tab</i>		EPIPEN-JR 0.15MG/	72	<i>escitalopram 20mg tab</i>	20
ENBREL 25MG INJ	9	0.3ML AUTO-INJECTOR		<i>escitalopram 5mg tab</i>	20
ENBREL 25MG/ 0.5ML	9	EPIVIR HBV 5MG/ ML	40	ESOMEPRAZOLE 20MG	70
SYRINGE		ORAL SOLN		INJ	
ENBREL 50MG/ ML	9	<i>eplerenone 25mg tab</i>	28	<i>esomeprazole 40mg inj</i>	70
SURECLICK INJ		<i>eplerenone 50mg tab</i>	28	<i>estazolam 1mg tab</i>	58
ENBREL 50MG/ ML	9	EPOGEN 10000UNIT/	57	<i>estazolam 2mg tab</i>	58
SYRINGE		ML INJ		ESTRACE 0.1MG/ GM	72
<i>endocet 10-325mg tab</i>	11	EPOGEN 20000UNIT/	57	VAGINAL CREAM	
<i>endocet 5-325mg tab</i>	11	ML INJ		<i>estradiol 0.00104mg/ hr</i>	53
<i>endocet 7.5-325mg tab</i>	11	EPOGEN 2000UNIT/ ML	57	<i>twice weekly patch</i>	
ENGERIX-B 10MCG/	71	INJ		<i>estradiol 0.00104mg/ hr</i>	53
0.5ML INJ		EPOGEN 3000UNIT/ ML	57	<i>weekly patch</i>	
ENGERIX-B 10MCG/	71	INJ		<i>estradiol 0.00156mg/ hr</i>	53
0.5ML SYRINGE		EPOGEN 4000UNIT/ ML	57	<i>twice weekly patch</i>	
ENGERIX-B 20MCG/ ML	71	INJ		<i>estradiol 0.00156mg/ hr</i>	53
SYRINGE		EPZICOM 600-300MG	38	<i>weekly patch</i>	
<i>enoxaparin sodium</i>	17	TAB		<i>estradiol 0.00208mg/ hr</i>	53
<i>100mg/ ml (0.3ml) syringe</i>		ERAXIS 100MG INJ	25	<i>twice weekly patch</i>	
<i>enoxaparin sodium</i>	17	ERBITUX 100MG/ 50ML	31	<i>estradiol 0.00208mg/ hr</i>	53
<i>100mg/ ml (0.4ml) syringe</i>		INJ		<i>weekly patch</i>	
<i>enoxaparin sodium</i>	17	ERGOLOID MESYLATES	68	<i>estradiol 0.0025mg/ hr</i>	53
<i>100mg/ ml (0.6ml) syringe</i>		1MG TAB		<i>weekly patch</i>	
<i>enoxaparin sodium</i>	17	ERGOMAR 2MG SL TAB	59	<i>estradiol 0.00312mg/ hr</i>	53
<i>100mg/ ml (0.8ml) syringe</i>		ERIVEDGE 150MG CAP	31	<i>weekly patch</i>	
<i>enoxaparin sodium</i>	17	ERWINAZE 10000UNIT	33	<i>estradiol 0.00313mg/ hr</i>	53
<i>100mg/ ml (1ml) syringe</i>		INJ		<i>twice weekly patch</i>	

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>estradiol 0.00417mg/ hr twice weekly patch</i>	53	FANAPT 8MG TAB	36	FIRAZYR 30MG/ 3ML SYRINGE	56
<i>estradiol 0.00417mg/ hr weekly patch</i>	53	FANAPT TITRATION PACK	36	FIRMAGON 120MG INJ	31
<i>estradiol 0.5mg/ norethindrone acetate 0.1mg pack</i>	53	FARXIGA 10MG TAB	23	FIRMAGON 80MG INJ	31
<i>estradiol 1mg/ norethindrone acetate 0.5mg pack</i>	53	FARXIGA 5MG TAB	23	<i>flavoxate 100mg tab</i>	71
<i>estradiol 20mg/ ml inj</i>	53	FARYDAK 10MG CAP	33	<i>flecainide acetate 100mg tab</i>	14
<i>estradiol 40mg/ ml inj</i>	53	FARYDAK 15MG CAP	33	<i>flecainide acetate 150mg tab</i>	14
ESTRING 2MG VAGINAL RING	72	FARYDAK 20MG CAP	33	<i>flecainide acetate 50mg tab</i>	14
<i>eszopiclone 1mg tab</i>	58	<i>felbamate 120mg/ ml susp</i>	18	FLECTOR 1.3% PATCH	47
<i>eszopiclone 2mg tab</i>	58	<i>felbamate 400mg tab</i>	18	FLOVENT 100MCG DISKUS	15
<i>eszopiclone 3mg tab</i>	58	<i>felbamate 600mg tab</i>	18	FLOVENT 110MCG HFA	15
<i>ethinyl estradiol 0.0025mg/ norethindrone acetate 0.5mg tab</i>	53	<i>fenofibrate 130mg cap</i>	26	INH	
<i>ethinyl estradiol 0.005mg/ norethindrone acetate 1mg tab</i>	53	<i>fenofibrate 134mg cap</i>	26	FLOVENT 220MCG HFA	15
<i>ethosuximide 50mg/ ml oral soln</i>	19	<i>fenofibrate 200mg cap</i>	26	INH	
ETOPOPHOS 100MG INJ	34	<i>fenofibrate 43mg cap</i>	26	FLOVENT 250MCG DISKUS	15
<i>etoposide 20mg/ ml inj</i>	34	<i>fenofibrate 67mg cap</i>	26	FLOVENT 44MCG HFA	15
EVOTAZ 300-150MG TAB	38	<i>fentanyl 0.012mg/ hr patch</i>	9	INH	
EXTAVIA 0.3MG INJ	67	<i>fentanyl 0.025mg/ hr patch</i>	9	FLOVENT 50MCG DISKUS	15
F		<i>fentanyl 0.05mg/ hr patch</i>	9	<i>fluconazole 100mg tab</i>	25
FABRAZYME 35MG INJ	52	<i>fentanyl 0.075mg/ hr patch</i>	9	<i>fluconazole 150mg tab</i>	25
FAMOTIDINE 0.4MG/ ML INJ	69	<i>fentanyl 0.1mg/ hr patch</i>	9	<i>fluconazole 200mg tab</i>	25
<i>famotidine 10mg/ ml inj</i>	69	FENTORA 100MCG BUCCAL TAB	9	<i>fluconazole 50mg tab</i>	25
<i>famotidine 20mg tab</i>	69	FENTORA 200MCG BUCCAL TAB	9	<i>fludrocortisone 0.1mg tab</i>	47
<i>famotidine 40mg tab</i>	69	FENTORA 400MCG BUCCAL TAB	9	<i>flunisolide 25mcg nasal inhaler</i>	62
FANAPT 10MG TAB	36	FENTORA 600MCG BUCCAL TAB	9	<i>fluocinolone acetamide 0.01% otic soln</i>	65
FANAPT 12MG TAB	36	FENTORA 800MCG BUCCAL TAB	9	<i>fluorouracil 5% cream</i>	48
FANAPT 1MG TAB	36	FERRIPROX 500MG TAB	24	<i>fluorouracil 50mg/ ml inj</i>	31
FANAPT 2MG TAB	36	FETZIMA 120MG ER CAP	21	<i>fluoxetine 10mg cap</i>	20
FANAPT 4MG TAB	36	FETZIMA 20MG ER CAP	21	<i>fluoxetine 10mg tab</i>	20
FANAPT 6MG TAB	36	FETZIMA 40MG ER CAP	21	<i>fluoxetine 20mg cap</i>	20
		FETZIMA 80MG ER CAP	21	<i>fluoxetine 20mg tab</i>	20
		FETZIMA PACK	21	<i>fluoxetine 40mg cap</i>	20
		FINACEA 15% GEL	49	<i>fluoxetine 4mg/ ml oral soln</i>	20
		<i>finasteride 5mg tab</i>	55	<i>fluphenazine 10mg tab</i>	37
				<i>fluphenazine 1mg tab</i>	37

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>fluphenazine 2.5mg tab</i>	37	FOSRENOL 1000MG	55	<i>gabapentin 300mg cap</i>	18
FLUPHENAZINE 2.5MG/ ML INJ	37	ORAL POWDER		<i>gabapentin 400mg cap</i>	18
<i>fluphenazine 5mg tab</i>	37	FOSRENOL 500MG	55	<i>gabapentin 50mg/ ml oral soln</i>	18
<i>fluphenazine decanoate 25mg/ ml inj</i>	37	CHEW TAB		<i>gabapentin 600mg tab</i>	18
FLURAZEPAM 15MG	58	FOSRENOL 750MG	55	<i>gabapentin 800mg tab</i>	18
CAP		CHEW TAB		GABITRIL 12MG TAB	18
FLURAZEPAM 30MG	58	FOSRENOL 750MG	55	GABITRIL 16MG TAB	18
CAP		ORAL POWDER		GAMASTAN 180UNIT/ ML INJ	65
<i>flutamide 125mg cap</i>	32	FRAGMIN 10000UNIT/ ML SYRINGE	17	GAMMAGARD 2.5GM/ 25ML INJ	65
<i>fluticasone propionate 50mcg nasal inhaler</i>	62	FRAGMIN 12500UNIT/ 0.5ML SYRINGE	17	GAMMAPLEX 10GM/ 200ML INJ	65
<i>fluvoxamine maleate 100mg er cap</i>	20	FRAGMIN 15000UNIT/ 0.6ML SYRINGE	17	GAMUNEX 1GM/ 10ML INJ	65
<i>fluvoxamine maleate 100mg tab</i>	20	FRAGMIN 18000UNIT/ 0.72ML SYRINGE	17	<i>ganciclovir 500mg inj</i>	40
<i>fluvoxamine maleate 150mg er cap</i>	20	FRAGMIN 2500UNIT/ 0.2ML SYRINGE	17	GARDASIL 9 INJ	71
<i>fluvoxamine maleate 25mg tab</i>	20	FRAGMIN 5000UNIT/ 0.2ML SYRINGE	17	GARDASIL 9 SYRINGE	71
<i>fluvoxamine maleate 50mg tab</i>	20	FRAGMIN 7500UNIT/ 0.3ML SYRINGE	17	GARDASIL INJ	71
FOLOTYN 40MG/ 2ML INJ	31	FRAGMIN 95000UNIT/ 3.8ML INJ	17	GARDASIL SYRINGE	71
<i>fomepizole 1000mg/ ml inj</i>	24	FREAMINE 6.9% INJ	63	GASTROCROM 100MG/ 5ML ORAL SOLN	54
<i>fondaparinux sodium 12.5mg/ ml (0.4ml) syringe</i>	17	<i>furosemide 10mg/ ml inj</i>	50	<i>gatifloxacin 0.5% ophth soln</i>	64
<i>fondaparinux sodium 12.5mg/ ml (0.6ml) syringe</i>	17	<i>furosemide 10mg/ ml syringe</i>	50	GATTEX 5MG INJ	55
<i>fondaparinux sodium 12.5mg/ ml (0.8ml) syringe</i>	17	<i>furosemide 20mg tab</i>	50	GAUZE PAD	59
<i>fondaparinux sodium 5mg/ ml syringe</i>	17	<i>furosemide 40mg tab</i>	50	GELNIQUE 10% GEL	70
FORTEO 600MCG/ 2.4ML PEN INJ	50	<i>furosemide 80mg tab</i>	50	<i>gemfibrozil 600mg tab</i>	26
<i>fosphenytoin sodium 75mg/ ml inj</i>	19	FUSILEV 50MG INJ	34	<i>generlac 10gm/ 15ml oral soln</i>	55
FOSRENOL 1000MG CHEW TAB	55	FUZEON 90MG INJ	38	<i>gengraf 100mg cap</i>	41
		FYCOMPA 0.5MG/ ML SUSP	17	<i>gengraf 100mg/ ml oral soln</i>	41
		FYCOMPA 10MG TAB	17	<i>gengraf 25mg cap</i>	41
		FYCOMPA 12MG TAB	17	<i>gentamicin sulfate 0.1% cream</i>	47
		FYCOMPA 2MG TAB	18	<i>gentamicin sulfate 0.8mg/ ml inj</i>	8
		FYCOMPA 4MG TAB	18	<i>gentamicin sulfate 1.2mg/ ml inj</i>	8
		FYCOMPA 6MG TAB	18	<i>gentamicin sulfate 1.6mg/ ml inj</i>	8
		FYCOMPA 8MG TAB	18		
		G			
		<i>gabapentin 100mg cap</i>	18		

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>gentamicin sulfate 10mg/ ml inj</i>	8	<i>glyburide 1.25mg/ metformin 250mg tab</i>	22	HEPARIN SODIUM, PORCINE 100UNIT/ ML INJ	17
<i>gentamicin sulfate 1mg/ ml inj</i>	8	<i>glyburide 1.5mg tab</i>	24	<i>heparin sodium, porcine 20000unit/ ml inj</i>	17
<i>gentamicin sulfate 40mg/ ml inj</i>	8	<i>glyburide 2.5mg tab</i>	24	<i>heparin sodium, porcine 40unit/ ml inj</i>	17
GEODON 20MG INJ	36	<i>glyburide 2.5mg/ metformin 500mg tab</i>	22	<i>heparin sodium, porcine 5000unit/ ml inj</i>	17
GILENYA 0.5MG CAP	67	<i>glyburide 3mg tab</i>	24	<i>heparin sodium, porcine 50unit/ ml inj</i>	17
GLASSIA 1000MG/ 50ML INJ	68	<i>glyburide 5mg tab</i>	24	<i>hepatamine 8% inj</i>	63
GLEOSTINE 100MG CAP	30	<i>glyburide 5mg/ metformin 500mg tab</i>	22	HERCEPTIN 440MG INJ	31
GLEOSTINE 10MG CAP	30	<i>glyburide 6mg tab</i>	24	HETLIOZ 20MG CAP	58
GLEOSTINE 40MG CAP	30	<i>glycopyrrolate 0.2mg/ ml inj</i>	69	HUMIRA 10MG/ 0.2ML SYRINGE	8
GLEOSTINE 5MG CAP	30	<i>granisetron 1mg tab</i>	24	HUMIRA 20MG/ 0.4ML SYRINGE	8
<i>glimepiride 1mg tab</i>	23	GRANIX 300MCG/ 0.5ML SYRINGE	57	HUMIRA 40MG/ 0.8ML AUTO-INJECTOR	8
<i>glimepiride 2mg tab</i>	23	GRANIX 480MCG/ 0.8ML SYRINGE	57	HUMIRA 40MG/ 0.8ML SYRINGE	8
<i>glimepiride 4mg tab</i>	23	<i>guanfacine 1mg er tab</i>	7	HUMIRA PEDIATRIC CROHN'S STARTER PACK (3) 40MG/ 0.8ML INJ	8
<i>glipizide 10mg tab</i>	23	<i>guanfacine 1mg tab</i>	27	HUMIRA PEDIATRIC CROHN'S STARTER PACK (6) 40MG/ 0.8ML INJ	8
<i>glipizide 2.5mg/ metformin 250mg tab</i>	22	<i>guanfacine 2mg er tab</i>	7	HUMIRA PEN - CROHN'S STARTER PACK 40MG/ 0.8ML INJ	23
<i>glipizide 2.5mg/ metformin 500mg tab</i>	22	<i>guanfacine 2mg tab</i>	27	HUMULIN R 500UNIT/ ML INJ	23
<i>glipizide 5mg tab</i>	23	<i>guanfacine 3mg er tab</i>	7	<i>hydralazine 20mg/ ml inj</i>	28
<i>glipizide 5mg/ metformin 500mg tab</i>	22	<i>guanfacine 4mg er tab</i>	7	<i>hydrochlorothiazide 12.5mg cap</i>	50
GLUCAGEN 1MG INJ	22	GUANIDINE 125MG TAB	30	<i>hydrochlorothiazide 12.5mg tab</i>	50
GLUCAGON 1MG INJ	22	H		<i>hydrochlorothiazide 12.5mg/ lisinopril 10mg tab</i>	28
<i>glucose 10% inj</i>	62	HALAVEN 1MG/ 2ML INJ	34		
<i>glucose 25mg/ ml/ sodium chloride 0.0769 meq/ ml inj</i>	60	<i>haloperidol 5mg/ ml inj</i>	36		
<i>glucose 5% inj</i>	62	<i>haloperidol decanoate 100mg/ ml inj</i>	37		
<i>glucose 50mg/ ml/ sodium chloride 0.0342 meq/ ml inj</i>	60	<i>haloperidol decanoate 50mg/ ml inj</i>	37		
<i>glucose 50mg/ ml/ sodium chloride 0.0769 meq/ ml inj</i>	60	HARVONI 90-400MG TAB	40		
<i>glucose 50mg/ ml/ sodium chloride 0.154 meq/ ml inj</i>	60	HAVRIX 1440UNIT INJ	71		
<i>glyburide 1.25mg tab</i>	24	HAVRIX 720UNIT SYRINGE	71		
		<i>heparin sodium, porcine 10000unit/ ml inj</i>	17		
		<i>heparin sodium, porcine 1000unit/ ml inj</i>	17		

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>hydrochlorothiazide</i>	28	<i>hydrocortisone 1.67mg/</i>	13	INSULIN SYRINGE	59
<i>12.5mg/ lisinopril 20mg</i>		<i>ml enema</i>		(DISP) U-100 0.3ML	
<i>tab</i>		<i>hydrocortisone 10mg/ ml/</i>	65	INSULIN SYRINGE	59
<i>hydrochlorothiazide</i>	28	<i>neomycin 3.5mg/ ml/</i>		(DISP) U-100 1/ 2ML	
<i>12.5mg/ losartan</i>		<i>polymyxin b 10000unit/</i>		INSULIN SYRINGE	59
<i>potassium 100mg tab</i>		<i>ml otic soln</i>		(DISP) U-100 1ML	
<i>hydrochlorothiazide</i>	28	<i>hydroxyzine 10mg tab</i>	13	INSULIN SYRINGE MIS	59
<i>12.5mg/ losartan</i>		<i>hydroxyzine 25mg tab</i>	13	1ML/ 29G	
<i>potassium 50mg tab</i>		<i>hydroxyzine 50mg tab</i>	13	INTELENCE 100MG TAB	38
<i>hydrochlorothiazide</i>	28	<i>hydroxyzine 50mg/ ml inj</i>	13	INTELENCE 200MG TAB	38
<i>12.5mg/ valsartan 160mg</i>				<i>intralipid 20% inj</i>	62
<i>tab</i>		I		INTRALIPID 30% INJ	62
<i>hydrochlorothiazide</i>	28	<i>ibandronate 150mg tab</i>	50	INTRON A 10MU INJ	33
<i>12.5mg/ valsartan 320mg</i>		<i>ibandronate 1mg/ ml inj</i>	51	INTRON A 18MU INJ	33
<i>tab</i>		IBRANCE 100MG CAP	33	INTRON A 50MU INJ	33
<i>hydrochlorothiazide</i>	28	IBRANCE 125MG CAP	33	INTRON A	33
<i>12.5mg/ valsartan 80mg</i>		IBRANCE 75MG CAP	33	6000000UNIT/ ML INJ	
<i>tab</i>		<i>ibuprofen 400mg tab</i>	9	INVANZ 1GM INJ	29
<i>hydrochlorothiazide</i>	50	<i>ibuprofen 400mg/</i>	11	INVEGA 1.5MG ER TAB	36
<i>25mg tab</i>		<i>oxycodone 5mg tab</i>		INVEGA 3MG ER TAB	36
<i>hydrochlorothiazide</i>	28	<i>ibuprofen 600mg tab</i>	9	INVEGA 6MG ER TAB	36
<i>25mg/ losartan potassium</i>		<i>ibuprofen 800mg tab</i>	9	INVEGA 9MG ER TAB	36
<i>100mg tab</i>		ICLUSIG 15MG TAB	33	INVIRASE 200MG CAP	38
<i>hydrochlorothiazide</i>	50	ICLUSIG 45MG TAB	33	INVIRASE 500MG TAB	38
<i>25mg/ triamterene</i>		<i>idarubicin 1mg/ ml inj</i>	32	IPOL INJ	71
<i>37.5mg cap</i>		<i>ifosfamide 50mg/ ml inj</i>	31	<i>ipratropium bromide</i>	15
<i>hydrochlorothiazide</i>	50	ILARIS 180MG INJ	8	<i>0.02% inh soln</i>	
<i>25mg/ triamterene</i>		ILEVRO 0.3% OPHTH	64	<i>ipratropium bromide</i>	62
<i>37.5mg tab</i>		SUSP		<i>0.03% nasal inhaler</i>	
<i>hydrochlorothiazide</i>	28	<i>imatinib 100mg tab</i>	33	<i>ipratropium bromide</i>	62
<i>25mg/ valsartan 160mg</i>		<i>imatinib 400mg tab</i>	33	<i>0.06% nasal inhaler</i>	
<i>tab</i>		<i>imipramine 10mg tab</i>	21	<i>ipratropium/ albuterol</i>	16
<i>hydrochlorothiazide</i>	28	<i>imipramine 25mg tab</i>	21	<i>0.5-2.5mg/ 3ml inh soln</i>	
<i>25mg/ valsartan 320mg</i>		<i>imipramine 50mg tab</i>	21	<i>irinotecan 20mg/ ml inj</i>	34
<i>tab</i>		<i>imiquimod 5% cream</i>	48	ISENTRESS 100MG	38
<i>hydrochlorothiazide</i>	50	IMOVAX 2.5UNIT/ ML	71	CHEW TAB	
<i>50mg tab</i>		INJ		ISENTRESS 100MG	38
<i>hydrochlorothiazide</i>	50	INCRELEX 40MG/ 4ML	51	SUSP	
<i>50mg/ triamterene 75mg</i>		INJ		ISENTRESS 25MG	38
<i>tab</i>		INCRUSE 62.5MCG INH	15	CHEW TAB	
<i>hydrocodone bitartrate</i>	11	<i>indapamide 1.25mg tab</i>	50	ISENTRESS 400MG TAB	38
<i>7.5mg/ ibuprofen 200mg</i>		<i>indapamide 2.5mg tab</i>	50	ISOLYTE P INJ	60
<i>tab</i>		INFANRIX INJ	69	ISOLYTE S INJ	60
		INSULIN PEN NEEDLE	59	<i>isoniazid 100mg tab</i>	30

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>isoniazid 300mg tab</i>	30	JUXTAPID 40MG CAP	26	KYNAMRO 200MG/ ML	26
ISOPROPYL ALCOHOL	59	JUXTAPID 5MG CAP	26	SYRINGE	
0.7ML/ ML PAD		JUXTAPID 60MG CAP	26		
ISOSORBIDE DINITRATI	13			L	
30MG TAB		K		<i>labetalol 100mg tab</i>	42
<i>isosorbide mononitrate</i>	13	KADCYLA 100MG INJ	31	<i>labetalol 200mg tab</i>	42
<i>10mg tab</i>		KALETRA 100-25MG	39	<i>labetalol 300mg tab</i>	42
<i>isosorbide mononitrate</i>	13	TAB		LACRISERT 5MG	63
<i>20mg tab</i>		KALETRA 200-50MG	39	IMPLANT	
<i>ivermectin 3mg tab</i>	13	TAB		<i>lactated ringers</i>	42
IXIARO SYRINGE	71	KALETRA 400-100MG/	39	<i>irrigation</i>	
		5ML ORAL SOLN		<i>lactulose 667mg/ ml oral</i>	58
J		KALYDECO 150MG TAB	68	<i>soln</i>	
JADENU 180MG TAB	24	KALYDECO 50MG	68	<i>lamivudine 150mg/</i>	39
JADENU 360MG TAB	24	GRANULES PACKET		<i>zidovudine 300mg tab</i>	
JADENU 90MG TAB	24	KALYDECO 75MG	68	<i>lamotrigine 100mg tab</i>	18
JAKAFI 10MG TAB	33	GRANULES PACKET		<i>lamotrigine 150mg tab</i>	18
JAKAFI 15MG TAB	33	KENALOG 10MG/ ML	46	<i>lamotrigine 200mg tab</i>	18
JAKAFI 20MG TAB	33	INJ		<i>lamotrigine 25mg tab</i>	18
JAKAFI 25MG TAB	33	KENALOG 40MG/ ML	46	<i>lansoprazole 15mg dr cap</i>	70
JAKAFI 5MG TAB	33	INJ		<i>lansoprazole 30mg dr cap</i>	70
JALYN 0.5-0.4MG CAP	56	KEPIVANCE 6.25MG INJ	34	LANTUS 100UNIT/ ML	23
<i>jantoven 10mg tab</i>	16	KETEK 300MG TAB	29	INJ	
<i>jantoven 1mg tab</i>	16	KETEK 400MG TAB	29	LANTUS 100UNIT/ ML	23
<i>jantoven 2.5mg tab</i>	16	<i>ketoconazole 200mg tab</i>	25	SOLOSTAR	
<i>jantoven 2mg tab</i>	16	<i>ketorolac tromethamine</i>	9	<i>latanoprost 0.005%</i>	64
<i>jantoven 3mg tab</i>	16	<i>15mg/ ml inj</i>		<i>ophth soln</i>	
<i>jantoven 4mg tab</i>	16	<i>ketorolac tromethamine</i>	9	LATUDA 120MG TAB	36
<i>jantoven 5mg tab</i>	16	<i>30mg/ ml inj</i>		LATUDA 20MG TAB	36
<i>jantoven 6mg tab</i>	16	KEYTRUDA 100MG/	31	LATUDA 40MG TAB	36
<i>jantoven 7.5mg tab</i>	16	4ML INJ		LATUDA 60MG TAB	36
JANUVIA 100MG TAB	22	KEYTRUDA 50MG INJ	31	LATUDA 80MG TAB	36
JANUVIA 25MG TAB	22	<i>kionex 250mg/ ml susp</i>	42	<i>leflunomide 10mg tab</i>	9
JANUVIA 50MG TAB	22	<i>klor-con 10meq er tab</i>	60	<i>leflunomide 20mg tab</i>	9
JARDIANCE 10MG TAB	23	KLOR-CON 15MEQ ER	60	LENVIMA 10 10MG	33
JARDIANCE 25MG TAB	23	TAB		PACK	
JEVTANA 60MG/ 1.5ML	34	<i>klor-con 20meq er tab</i>	60	LENVIMA 14 PACK	33
INJ		<i>klor-con 8meq er tab</i>	60	LENVIMA 20 10MG	33
<i>jinteli tab</i>	53	KORLYM 300MG TAB	22	PACK	
<i>jolivette 28 day 0.35mg</i>	46	KUVAN 100MG TAB	52	LENVIMA 24 PACK	33
<i>pack</i>		KUVAN 500MG	52	LESCOL 80MG XL TAB	26
JUXTAPID 10MG CAP	26	POWDER FOR ORAL		LETAIRIS 10MG TAB	44
JUXTAPID 20MG CAP	26	SOLN		LETAIRIS 5MG TAB	44
JUXTAPID 30MG CAP	26			<i>letrozole 2.5mg tab</i>	32

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>leucovorin 10mg/ ml inj</i>	34	<i>levothyroxine sodium</i>	69	LONSURF 15-6.14MG	32
<i>leucovorin 20mg/ ml inj</i>	34	<i>50mcg tab</i>		TAB	
<i>leuprolide acetate 5mg/ ml inj</i>	32	<i>levothyroxine sodium</i>	69	LONSURF 20-8.19MG	32
<i>levalbuterol 0.31mg inh soln</i>	16	<i>75mcg tab</i>		TAB	
<i>levalbuterol 0.63mg inh soln</i>	16	<i>levothyroxine sodium</i>	69	<i>loperamide 2mg cap</i>	24
<i>levalbuterol 1.25mg inh soln</i>	16	<i>88mcg tab</i>		<i>lopreeza 0.5/ 0.1mg 28 day pack</i>	53
LEVEMIR 100UNIT/ ML FLEXTOUCH	23	LEXIVA 50MG/ ML SUSP	39	<i>lopreeza 1/ 0.5mg 28 day pack</i>	53
LEVEMIR 100UNIT/ ML INJ	23	LEXIVA 700MG TAB	39	<i>lorazepam 0.5mg tab</i>	14
<i>levocarnitine 100mg/ ml oral soln</i>	52	LIALDA 1.2GM DR TAB	54	<i>lorazepam 1mg tab</i>	14
<i>levocarnitine 330mg tab</i>	52	<i>lidocaine 0.5% inj</i>	58	<i>lorazepam 2mg tab</i>	14
<i>levocetirizine 5mg tab</i>	25	<i>lidocaine 2% inj</i>	59	<i>lorcet 5-325mg tab</i>	11
<i>levofloxacin 0.5% ophth soln</i>	64	<i>lidocaine 2% topical soln</i>	61	<i>lorcet 7.5-325mg tab</i>	11
<i>levofloxacin 250mg tab</i>	54	<i>lidocaine 5% patch</i>	49	<i>lortab 10-325mg tab</i>	11
<i>levofloxacin 25mg/ ml inj</i>	54	<i>lidocaine/ prilocaine 2.5-2.5% cream</i>	49	<i>lortab 5-325mg tab</i>	12
<i>levofloxacin 500mg tab</i>	54	LINCOCIN 300MG/ ML INJ	29	<i>lortab 7.5-325mg tab</i>	12
<i>levofloxacin 5mg/ ml inj</i>	54	<i>linezolid 2mg/ ml inj</i>	29	<i>losartan potassium 100mg tab</i>	27
<i>levoleucovorin 10mg/ ml inj</i>	34	<i>linezolid 600mg tab</i>	29	<i>losartan potassium 25mg tab</i>	27
<i>levothyroxine sodium 100mcg tab</i>	68	LINZESS 145MCG CAP	55	<i>losartan potassium 50mg tab</i>	27
<i>levothyroxine sodium 112mcg tab</i>	69	LINZESS 290MCG CAP	55	LOTEMAX 0.5% OPHTH GEL	64
<i>levothyroxine sodium 125mcg tab</i>	69	<i>liothyronine sodium 0.005mg tab</i>	69	LOTEMAX 0.5% OPHTH OINTMENT	64
<i>levothyroxine sodium 137mcg tab</i>	69	<i>liothyronine sodium 0.025mg tab</i>	69	LOTEMAX 0.5% OPHTH SUSP	64
<i>levothyroxine sodium 150mcg tab</i>	69	<i>liothyronine sodium 0.05mg tab</i>	69	<i>lovastatin 10mg tab</i>	26
<i>levothyroxine sodium 175mcg tab</i>	69	<i>lisinopril 10mg tab</i>	27	<i>lovastatin 20mg tab</i>	26
<i>levothyroxine sodium 200mcg tab</i>	69	<i>lisinopril 2.5mg tab</i>	27	<i>lovastatin 40mg tab</i>	26
<i>levothyroxine sodium 25mcg tab</i>	69	<i>lisinopril 20mg tab</i>	27	LUMIGAN 0.01% OPHTH SOLN	64
<i>levothyroxine sodium 300mcg tab</i>	69	<i>lisinopril 30mg tab</i>	27	LUMIZYME 50MG INJ	52
		<i>lisinopril 40mg tab</i>	27	LUPRON 11.25MG (1.5ML) SYRINGE	32
		<i>lisinopril 5mg tab</i>	27	LUPRON 11.25MG (1ML) SYRINGE	51
		<i>lithium carbonate 150mg cap</i>	36	LUPRON 15MG SYRINGE	51
		<i>lithium carbonate 300mg cap</i>	36	LUPRON 22.5MG SYRINGE	32
		<i>lithium carbonate 600mg cap</i>	36		
		<i>lithium citrate 60mg/ ml oral soln</i>	36		
		LITHOSTAT 250MG TAB	56		
		LODOSYN 25MG TAB	34		

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

LUPRON 3.75MG SYRINGE	32	MEGACE 625MG/ 5ML SUSP	66	<i>methadone 2mg/ ml oral soln</i>	10
LUPRON 30MG SYRINGE	32	<i>megestrol acetate 20mg tab</i>	32	<i>methadone 5mg tab</i>	10
LUPRON 45MG SYRINGE	32	<i>megestrol acetate 40mg tab</i>	32	<i>methazolamide 25mg tab</i>	50
LUPRON 7.5MG SYRINGE	32	<i>megestrol acetate 40mg/ ml susp</i>	32	<i>methazolamide 50mg tab</i>	50
LYRICA 100MG CAP	18	<i>meloxicam 15mg tab</i>	9	<i>methenamine hippurate 1000mg tab</i>	70
LYRICA 150MG CAP	18	<i>meloxicam 7.5mg tab</i>	9	<i>methimazole 10mg tab</i>	68
LYRICA 200MG CAP	18	<i>melphalan 5mg/ ml inj</i>	31	<i>methimazole 5mg tab</i>	68
LYRICA 20MG/ ML ORAL SOLN	18	<i>memantine 10mg tab</i>	66	<i>methocarbamol 500mg tab</i>	61
LYRICA 225MG CAP	18	<i>memantine 5mg tab</i>	66	<i>methocarbamol 750mg tab</i>	61
LYRICA 25MG CAP	18	MENACTRA INJ	71	<i>methotrexate 2.5mg tab</i>	31
LYRICA 300MG CAP	18	MENEST 0.3MG TAB	53	<i>methylergonovine maleate 0.2mg tab</i>	65
LYRICA 50MG CAP	18	MENEST 0.625MG TAB	53	<i>methylphenidate 10mg er cap</i>	7
LYRICA 75MG CAP	18	MENEST 1.25MG TAB	53	<i>methylphenidate 20mg er cap</i>	7
LYSODREN 500MG TAB	32	MENEST 2.5MG TAB	53	<i>methylphenidate 40mg er cap</i>	7
M		MENOMUNE A/ C/ Y/ W-135 INJ	71	<i>methylphenidate 50mg er cap</i>	7
<i>magnesium sulfate 50% inj</i>	60	MENVEO INJ	71	<i>methylphenidate 60mg er cap</i>	7
<i>magnesium sulfate 50% syringe</i>	60	<i>meropenem 500mg inj</i>	29	<i>methylprednisolone 40mg/ ml inj</i>	46
<i>malathion 0.5% lotion</i>	49	<i>mesna 100mg/ ml inj</i>	34	<i>methylprednisolone acetate 40mg/ ml inj</i>	46
MARPLAN 10MG TAB	19	MESNEX 400MG TAB	34	<i>methylprednisolone acetate 80mg/ ml inj</i>	46
MATULANE 50MG CAP	33	MESTINON 180MG ER TAB	30	<i>metoclopramide 10mg tab</i>	54
MAXIDEX 0.1% OPHTH SUSP	64	METAXALONE 400MG TAB	61	<i>metoclopramide 5mg tab</i>	54
MAXIPIME 1GM INJ	46	<i>metaxalone 800mg tab</i>	61	<i>metoclopramide 5mg/ ml inj</i>	54
MAXIPIME 2GM INJ	46	<i>metformin 1000mg tab</i>	22	<i>metoprolol succinate 100mg er tab</i>	43
<i>meclizine 12.5mg tab</i>	24	<i>metformin 500mg er tab</i>	22	<i>metoprolol succinate 200mg er tab</i>	43
<i>meclizine 25mg tab</i>	24	<i>metformin 500mg tab</i>	22	<i>metoprolol succinate 25mg er tab</i>	43
<i>medroxyprogesterone acetate 10mg tab</i>	66	METFORMIN 500MG/ REPAGLINIDE 1MG TAB	22	<i>metoprolol succinate 50mg er tab</i>	43
<i>medroxyprogesterone acetate 150mg/ ml inj</i>	46	METFORMIN 500MG/ REPAGLINIDE 2MG TAB	22		
<i>medroxyprogesterone acetate 2.5mg tab</i>	66	<i>metformin 750mg er tab</i>	22		
<i>medroxyprogesterone acetate 5mg tab</i>	66	<i>metformin 850mg tab</i>	22		
<i>mefloquine 250mg tab</i>	30	<i>methadone 10mg tab</i>	10		
		METHADONE 10MG/ ML INJ	10		
		<i>methadone 1mg/ ml oral soln</i>	10		

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>metoprolol tartrate</i>	43	M-M-R II INJ	71	<i>morphine sulfate 30mg er</i>	10
<i>100mg tab</i>		<i>modafinil 100mg tab</i>	7	<i>cap</i>	
<i>metoprolol tartrate 1mg/</i>	43	<i>modafinil 200mg tab</i>	7	<i>morphine sulfate 30mg er</i>	10
<i>ml inj</i>		MODERIBA 1200/ DAY	40	<i>tab</i>	
<i>metoprolol tartrate 25mg</i>	43	DOSE PACK		<i>morphine sulfate 30mg</i>	10
<i>tab</i>		MODERIBA 800/ DAY	40	<i>tab</i>	
<i>metoprolol tartrate 50mg</i>	43	DOSE PACK		MORPHINE SULFATE	10
<i>tab</i>		MOLINDONE 10MG TAB	37	45MG ER CAP	
<i>metronidazole 0.75% gel</i>	49	MOLINDONE 25MG TAB	37	<i>morphine sulfate 4mg/ ml</i>	10
<i>metronidazole 0.75%</i>	72	MOLINDONE 5MG TAB	37	<i>oral soln</i>	
<i>vaginal gel</i>		<i>montelukast 10mg tab</i>	15	MORPHINE SULFATE	10
<i>metronidazole 250mg tab</i>	28	<i>montelukast 4mg chew</i>	15	4MG/ ML SYRINGE	
<i>metronidazole 500mg tab</i>	28	<i>tab</i>		<i>morphine sulfate 50mg er</i>	10
<i>mexiletine 150mg cap</i>	14	<i>montelukast 5mg chew</i>	15	<i>cap</i>	
<i>mexiletine 200mg cap</i>	14	<i>tab</i>		<i>morphine sulfate 60mg er</i>	10
<i>mexiletine 250mg cap</i>	14	MONUROL 5.631GM	70	<i>(24 hr) cap</i>	
MIACALCIN 200UNIT/	51	SUSP		MORPHINE SULFATE	10
ML INJ		<i>morphine sulfate 100mg</i>	10	60MG ER CAP	
<i>midodrine 10mg tab</i>	72	<i>er cap</i>		<i>morphine sulfate 60mg er</i>	10
<i>midodrine 2.5mg tab</i>	72	<i>morphine sulfate 100mg</i>	10	<i>tab</i>	
<i>midodrine 5mg tab</i>	72	<i>er tab</i>		MORPHINE SULFATE	10
<i>miglitol 100mg tab</i>	21	<i>morphine sulfate 10mg er</i>	10	75MG ER CAP	
<i>miglitol 25mg tab</i>	22	<i>cap</i>		<i>morphine sulfate 80mg er</i>	10
<i>miglitol 50mg tab</i>	22	MORPHINE SULFATE	10	<i>cap</i>	
MIGRANAL 4MG/ ML	59	10MG/ ML SYRINGE		MORPHINE SULFATE	10
NASAL SPRAY		MORPHINE SULFATE	10	8MG/ ML SYRINGE	
<i>mimvey lo 28 day pack</i>	53	120MG ER CAP		MORPHINE SULFATE	10
<i>mimvey pack</i>	53	<i>morphine sulfate 15mg er</i>	10	90MG ER CAP	
<i>minocycline 100mg cap</i>	68	<i>tab</i>		MOVANTIK 12.5MG TAB	55
<i>minocycline 50mg cap</i>	68	<i>morphine sulfate 15mg</i>	10	MOVANTIK 25MG TAB	55
<i>minocycline 75mg cap</i>	68	<i>tab</i>		MOVIPREP ORAL SOLN	58
<i>minoxidil 10mg tab</i>	28	<i>morphine sulfate 200mg</i>	10	MOZOBIL 24MG/ 1.2ML	57
<i>minoxidil 2.5mg tab</i>	28	<i>er tab</i>		INJ	
<i>mirtazapine 15mg odt</i>	19	<i>morphine sulfate 20mg er</i>	10	MULTAQ 400MG TAB	14
<i>mirtazapine 15mg tab</i>	19	<i>cap</i>		<i>mupirocin 2% ointment</i>	47
<i>mirtazapine 30mg odt</i>	19	<i>morphine sulfate 20mg/</i>	10	<i>mycophenolate mofetil</i>	41
<i>mirtazapine 30mg tab</i>	19	<i>ml oral soln</i>		<i>200mg/ ml susp</i>	
<i>mirtazapine 45mg odt</i>	19	<i>morphine sulfate 2mg/ ml</i>	10	<i>mycophenolate mofetil</i>	41
<i>mirtazapine 45mg tab</i>	19	<i>oral soln</i>		<i>250mg cap</i>	
<i>mirtazapine 7.5mg tab</i>	19	MORPHINE SULFATE	10	<i>mycophenolate mofetil</i>	41
<i>misoprostol 0.1mg tab</i>	70	2MG/ ML SYRINGE		<i>500mg tab</i>	
<i>misoprostol 0.2mg tab</i>	70	MORPHINE SULFATE	10	<i>mycophenolic acid 180mg</i>	41
MITIGARE 0.6MG CAP	56	30MG ER (24 HR) CAP		<i>dr tab</i>	
<i>mitoxantrone 2mg/ ml inj</i>	32				

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>mycophenolic acid 360mg dr tab</i>	41	NASONEX 50MCG NASAL SPRAY	62	<i>nitrofurantoin macro 25mg/ nitrofurantoin mono 75mg cap</i>	70
MYRBETRIQ 25MG ER TAB	71	NATAACYN 5% OPHTH SUSP	64	<i>nitrofurantoin, macro 50mg cap</i>	70
MYRBETRIQ 50MG ER TAB	71	NATAZIA 28 DAY PACK	46	<i>nitroglycerin 0.1mg/ hr patch</i>	13
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N		<i>nateglinide 120mg tab</i>	23	<i>nitroglycerin 0.2mg/ hr patch</i>	13
<i>nafcillin 100mg/ ml inj</i>	66	<i>nateglinide 60mg tab</i>	23	<i>nitroglycerin 0.4mg/ hr patch</i>	13
<i>nafcillin 1gm inj</i>	66	NATPARA 100MCG CARTRIDGE	51	<i>nitroglycerin 0.6mg/ hr patch</i>	13
NAFTIN 2% CREAM	47	NATPARA 25MCG CARTRIDGE	51	NITROSTAT 0.3MG SL TAB	13
NAGLAZYME 1MG/ ML INJ	52	NATPARA 50MCG CARTRIDGE	51	NITROSTAT 0.4MG SL TAB	13
<i>naloxone 0.5mg/ pentazocine 50mg tab</i>	12	NATPARA 75MCG CARTRIDGE	51	NITROSTAT 0.6MG SL TAB	13
NALOXONE 1MG/ ML SYRINGE	24	NEBUPENT 300MG INH SOLN	28	NORDITROPIN 10MG/ 1.5ML PEN INJ	51
<i>naltrexone 50mg tab</i>	24	<i>neomycin 40mg/ ml/ polymyxin b 200000unit/ ml soln</i>	55	NORDITROPIN 15MG/ 1.5ML PEN INJ	51
NAMENDA 14MG XR CAP	66	NEPHRAMINE 5.4% INJ	63	NORDITROPIN 30MG/ 3ML PEN INJ	51
NAMENDA 21MG XR CAP	66	NEULASTA 6MG/ 0.6ML SYRINGE	57	NORDITROPIN 5MG/ 1.5ML PEN INJ	51
NAMENDA 28 TITRATION PACK	66	NEVANAC 0.1% OPHTH SUSP	64	<i>norethindrone 0.35mg pack</i>	46
NAMENDA 28MG XR CAP	67	<i>nevirapine 200mg tab</i>	39	NORITATE 1% CREAM	49
NAMENDA 7MG XR CAP	67	NEXTERONE 150MG/ 100ML INJ	14	NORPACE 100MG ER CAP	14
NAMZARIC 14-10MG ER CAP	67	NEXTERONE 360MG/ 200ML INJ	14	NORPACE 150MG ER CAP	14
NAMZARIC 28-10MG ER CAP	67	<i>niacin 1000mg er tab</i>	27	NORTHERA 100MG CAP	72
NAPHAZOLINE 0.1% OPHTH SOLN	64	<i>niacin 500mg er tab</i>	27	NORTHERA 200MG CAP	72
<i>naproxen 250mg tab</i>	9	<i>niacin 750mg er tab</i>	27	NORTHERA 300MG CAP	72
NAPROXEN 25MG/ ML SUSP	9	NIACOR 500MG TAB	27	<i>nortriptyline 10mg cap</i>	21
<i>naproxen 375mg tab</i>	9	<i>nicardipine 2.5mg/ ml inj</i>	43	<i>nortriptyline 25mg cap</i>	21
<i>naproxen 500mg tab</i>	9	NICOTROL 10MG INHALER	68	<i>nortriptyline 50mg cap</i>	21
<i>naproxen sodium 275mg tab</i>	9	NICOTROL 10MG/ ML	68	<i>nortriptyline 75mg cap</i>	21
<i>naproxen sodium 550mg tab</i>	9	NASAL INHALER		NORVIR 80MG/ ML	39
		<i>nifedipine 10mg cap</i>	43	ORAL SOLN	
		<i>nifedipine 20mg cap</i>	43		
		NIPENT 10MG INJ	33		
		<i>nitrofurantoin 5mg/ ml susp</i>	70		

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

NOVOLIN 100UNIT/ ML INJ	23	<i>olanzapine 10mg inj</i>	37	<i>oxaliplatin 5mg/ ml inj</i>	31
NOVOLIN N 100UNIT/ ML INJ	23	<i>olanzapine 10mg tab</i>	37	<i>oxandrolone 10mg tab</i>	12
NOVOLIN R 100UNIT/ ML INJ	23	<i>olanzapine 15mg tab</i>	37	<i>oxandrolone 2.5mg tab</i>	12
NOVOLOG 100UNIT/ ML FLEXPEN	23	<i>olanzapine 2.5mg tab</i>	37	<i>oxycodone 10mg tab</i>	10
NOVOLOG 100UNIT/ ML INJ	23	<i>olanzapine 20mg tab</i>	37	<i>oxycodone 15mg tab</i>	10
NOVOLOG 100UNIT/ ML FLEXPEN	23	<i>olanzapine 5mg tab</i>	37	<i>oxycodone 1mg/ ml oral soln</i>	10
NOVOLOG 100UNIT/ ML INJ	23	<i>olanzapine 7.5mg tab</i>	37	<i>oxycodone 20mg tab</i>	10
NOVOLOG MIX 100UNIT/ ML FLEXPEN	23	<i>olopatadine 0.6% nasal inhaler</i>	62	<i>oxycodone 20mg/ ml oral soln</i>	10
NOVOLOG MIX 100UNIT/ ML INJ	23	<i>omega-3 acid ethyl esters (usp) 1000mg cap</i>	26	<i>oxycodone 30mg tab</i>	10
NUCALA 100MG INJ	14	<i>omeprazole 10mg dr cap</i>	70	<i>oxycodone 5mg cap</i>	10
NUEDEXTA 20-10MG CAP	67	<i>omeprazole 20mg dr cap</i>	70	<i>oxycodone 5mg tab</i>	10
NULOJIX 250MG INJ	41	<i>omeprazole 40mg dr cap</i>	70	OXYCONTIN 10MG ER TAB	10
<i>nutrilipid 20% iv soln</i>	62	OMNARIS 50MCG NASAL INHALER	62	OXYCONTIN 15MG ER TAB	10
NUVARING VAGINAL RING	46	<i>ondansetron 24mg tab</i>	24	OXYCONTIN 20MG ER TAB	10
<i>nystatin 100000unit/ ml cream</i>	47	<i>ondansetron 4mg tab</i>	24	OXYCONTIN 30MG ER TAB	10
<i>nystatin 100000unit/ ml susp</i>	61	<i>ondansetron 8mg tab</i>	24	OXYCONTIN 40MG ER TAB	11
<i>nystatin 500000unit tab</i>	25	ONFI 10MG TAB	18	OXYCONTIN 60MG ER TAB	11
O		ONFI 2.5MG/ ML SUSP	18	OXYCONTIN 80MG ER TAB	11
OCTAGAM 25GM/ 500ML INJ	65	ONFI 20MG TAB	18		
OCTAGAM 2GM/ 20ML INJ	65	ONGLYZA 2.5MG TAB	22	P	
<i>octreotide 0.05mg/ ml inj</i>	52	ONGLYZA 5MG TAB	22	<i>paclitaxel 6mg/ ml inj</i>	34
<i>octreotide 0.1mg/ ml inj</i>	52	OPDIVO 40MG/ 4ML INJ	31	<i>pamidronate disodium 3mg/ ml inj</i>	51
<i>octreotide 0.2mg/ ml inj</i>	52	OPSUMIT 10MG TAB	44	PAMIDRONATE DISODIUM 6MG/ ML INJ	51
<i>octreotide 0.5mg/ ml inj</i>	52	ORENCIA 125MG/ ML SYRINGE	9	<i>pamidronate disodium 9mg/ ml inj</i>	51
<i>octreotide 1mg/ ml inj</i>	52	ORENCIA 250MG INJ	9	PANCREAZE 10500-25000-43750UNIT DR CAP	49
ODOMZO 200MG CAP	31	ORFADIN 10MG CAP	52	PANCREAZE 16800-40000-70000UNIT DR CAP	49
OFEV 100MG CAP	68	ORFADIN 2MG CAP	52		
OFEV 150MG CAP	68	ORFADIN 5MG CAP	52		
<i>ofloxacin 0.3% ophth soln</i>	64	<i>orphenadrine citrate 100mg er tab</i>	61		
<i>ofloxacin 0.3% otic soln</i>	65	<i>orphenadrine citrate 30mg/ ml inj</i>	61		
		ORTHO TRI-CYCLEN LO 28 DAY PACK	46		
		OSMOPREP 1.5GM TAB	58		
		<i>oxacillin 100mg/ ml inj</i>	66		
		OXACILLIN 20MG/ ML INJ	66		
		OXACILLIN 40MG/ ML INJ	66		

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

PANCREAZE	49	PEGINTRON 120MCG/	40	PERTZYE	49
21000-37000-61000UNIT		0.5ML PEN INJ		16000-57500-60500UNIT	
DR CAP		PEGINTRON 150MCG/	40	DR CAP	
PANCREAZE	49	0.5ML INJ		PERTZYE	49
4200-10000-17500UNIT		PEGINTRON 150MCG/	40	8000-28750-30250UNIT	
DR CAP		0.5ML PEN INJ		DR CAP	
PANRETIN 0.1% GEL	48	PEGINTRON 50MCG/	40	PEXEVA 10MG TAB	20
<i>pantoprazole 20mg dr tab</i>	70	0.5ML INJ		PEXEVA 20MG TAB	20
<i>pantoprazole 40mg dr tab</i>	70	PEGINTRON 50MCG/	40	PEXEVA 30MG TAB	20
<i>paricalcitol 0.001mg cap</i>	52	0.5ML PEN INJ		PEXEVA 40MG TAB	20
<i>paricalcitol 0.002mg cap</i>	52	PEGINTRON 80MCG/	40	PHENOBARBITAL	58
<i>paricalcitol 0.002mg/ ml</i>	52	0.5ML INJ		100MG TAB	
<i>inj</i>		PEGINTRON 80MCG/	40	PHENOBARBITAL 15MG	58
<i>paricalcitol 0.004mg cap</i>	52	0.5ML PEN INJ		TAB	
<i>paricalcitol 0.005mg/ ml</i>	52	<i>penicillin g potassium</i>	65	<i>phenobarbital 16.2mg tab</i>	58
<i>inj</i>		<i>1000000unit/ ml inj</i>		PHENOBARBITAL 30MG	58
<i>paroxetine 10mg tab</i>	20	PENICILLIN G	65	TAB	
<i>paroxetine 12.5mg er tab</i>	20	POTASSIUM 40000UNIT/		<i>phenobarbital 32.4mg tab</i>	58
<i>paroxetine 20mg tab</i>	20	ML INJ		<i>phenobarbital 4mg/ ml</i>	58
<i>paroxetine 25mg er tab</i>	20	PENICILLIN G	65	<i>oral soln</i>	
<i>paroxetine 30mg tab</i>	20	POTASSIUM 60000UNIT/		PHENOBARBITAL 60MG	58
<i>paroxetine 37.5mg er tab</i>	20	ML INJ		TAB	
<i>paroxetine 40mg tab</i>	20	PENICILLIN G	66	<i>phenobarbital 64.8mg tab</i>	58
PASER D/ R 4GM	30	PROCAINE 600000UNIT/		<i>phenobarbital 97.2mg tab</i>	58
GRANULES		ML SYRINGE		<i>phenoxybenzamine 10mg</i>	27
PATADAY 0.2% OPHTH	64	PENICILLIN G SODIUM	66	<i>cap</i>	
SOLN		100000UNIT/ ML INJ		<i>phenylephrine 1mg/ ml/</i>	47
PAXIL 10MG/ 5ML SUSP	20	<i>penicillin v potassium</i>	66	<i>promethazine 1.25mg/ ml</i>	
PEDVAXHIB 7.5MCG/	71	<i>250mg tab</i>		<i>oral soln</i>	
0.5ML INJ		<i>penicillin v potassium</i>	66	<i>phenytoin sodium 100mg</i>	19
<i>peg 3350/ electrolyte oral</i>	58	<i>500mg tab</i>		<i>er cap</i>	
<i>soln</i>		PENTAM 300MG INJ	29	<i>phenytoin sodium 200mg</i>	19
PEGANONE 250MG TAB	19	PENTASA 250MG ER	54	<i>er cap</i>	
PEGASYS 135MCG/	40	CAP		<i>phenytoin sodium 300mg</i>	19
0.5ML AUTO-INJECTOR		PENTASA 500MG ER	54	<i>er cap</i>	
PEGASYS 180MCG/	40	CAP		<i>phenytoin sodium 50mg/</i>	19
0.5ML AUTO-INJECTOR		<i>pentoxifylline 400mg er</i>	56	<i>ml inj</i>	
PEGASYS 180MCG/	40	<i>tab</i>		PHOSPHOLINE IODIDE	63
0.5ML SYRINGE		<i>periogard 0.12%</i>	61	0.125% OPHTH SOLN	
PEGASYS 180MCG/ ML	40	<i>mouthwash</i>		<i>physiolyte soln</i>	42
INJ		PERJETA 420MG/ 14ML	31	<i>physiosol soln</i>	42
PEGINTRON 120MCG/	40	INJ		PICATO 0.015% GEL	48
0.5ML INJ				PICATO 0.05% GEL	48

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>pilocarpine 1% ophth soln</i>	63	<i>potassium citrate 10 meq er tab</i>	55	PREMARIN 1.25MG TAB	54
<i>pilocarpine 2% ophth soln</i>	63	<i>potassium citrate 15 meq er tab</i>	55	PREMASOL 10% INJ	63
<i>pilocarpine 4% ophth soln</i>	63	<i>potassium citrate 5 meq er tab</i>	55	<i>premasol 6% inj</i>	63
<i>pilocarpine 5mg tab</i>	61	PRADAXA 110MG CAP	17	PREMPHASE 28 DAY PACK	53
<i>pilocarpine 7.5mg tab</i>	61	PRADAXA 150MG CAP	17	PREMPRO 0.3/ 1.5MG 28 DAY PACK	53
<i>pimozide 1mg tab</i>	68	PRADAXA 75MG CAP	17	PREMPRO 0.45/ 1.5 28 DAY PACK	53
<i>pimozide 2mg tab</i>	68	<i>pramipexole 0.125mg tab</i>	35	PREMPRO 0.625/ 2.5MG 28 DAY PACK	53
<i>pindolol 10mg tab</i>	43	<i>pramipexole 0.25mg tab</i>	35	PREMPRO 0.625/ 5MG 28 DAY PACK	53
<i>pindolol 5mg tab</i>	43	<i>pramipexole 0.5mg tab</i>	35	PREZCOBIX 800-150MG TAB	39
<i>pioglitazone 15mg tab</i>	23	<i>pramipexole 0.75mg tab</i>	35	PREZISTA 100MG/ ML SUSP	39
<i>pioglitazone 30mg tab</i>	23	<i>pramipexole 1.5mg tab</i>	35	PREZISTA 150MG TAB	39
<i>pioglitazone 45mg tab</i>	23	<i>pramipexole 1mg tab</i>	35	PREZISTA 600MG TAB	39
<i>piperacillin 3000mg/ tazobactam 375mg inj</i>	66	<i>pravastatin sodium 10mg tab</i>	26	PREZISTA 75MG TAB	39
<i>piperacillin 4000mg/ tazobactam 500mg inj</i>	66	<i>pravastatin sodium 20mg tab</i>	26	PREZISTA 800MG TAB	39
PLEGRIDY 125MCG/ 0.5ML AUTO-INJECTOR	67	<i>pravastatin sodium 40mg tab</i>	26	PRIMAQUINE PHOSPHATE 26.3MG TAB	30
PLEGRIDY 125MCG/ 0.5ML SYRINGE	67	<i>pravastatin sodium 80mg tab</i>	26	PRIMLEV 10-300MG TAB	12
PLEGRIDY PEN STARTER PACK	67	PRED MILD 0.12% OPTH SUSP	64	PRIMLEV 5-300MG TAB	12
<i>podofilox 0.5% topical soln</i>	49	PRED-G 0.3-1% OPTH SUSP	64	PRIMLEV 7.5-300MG TAB	12
<i>polyethylene glycol 3350 142mg/ ml oral soln</i>	58	<i>prednisone 10mg tab</i>	47	PRISTIQ 100MG ER TAB	21
<i>polymyxin b 250000unit/ ml inj</i>	30	<i>prednisone 1mg tab</i>	47	PRISTIQ 25MG ER TAB	21
POMALYST 1MG CAP	32	<i>prednisone 2.5mg tab</i>	47	PRISTIQ 50MG ER TAB	21
POMALYST 2MG CAP	32	<i>prednisone 20mg tab</i>	47	PRIVIGEN 20GM/ 200ML INJ	65
POMALYST 3MG CAP	32	PREDNISONE 50MG TAB	47	<i>probenecid 500mg tab</i>	56
POMALYST 4MG CAP	32	<i>prednisone 5mg tab</i>	47	PROCAINAMIDE 100MG/ ML INJ	14
<i>potassium chloride 10 meq er tab</i>	60	PREDNISONE 5MG/ ML ORAL SOLN	47	PROCAINAMIDE 500MG/ ML INJ	14
<i>potassium chloride 2 meq/ ml inj</i>	60	PREFEST 30 DAY PACK	53	PROCALAMINE 3% INJ	63
<i>potassium chloride 20 meq er tab</i>	60	PREMARIN 0.3MG TAB	53	<i>prochlorperazine 10mg tab</i>	37
<i>potassium chloride 8 meq er tab</i>	60	PREMARIN 0.45MG TAB	53	<i>prochlorperazine 5mg tab</i>	37
		PREMARIN 0.625MG TAB	53		
		PREMARIN 0.625MG/ GM VAGINAL CREAM	72		
		PREMARIN 0.9MG TAB	54		

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>prochlorperazine 5mg/ ml inj</i>	37	<i>propafenone 225mg tab</i>	14	RANEXA 1000MG ER TAB	13
PROCRIT 10000UNIT/ ML INJ	57	<i>propafenone 300mg tab</i>	14	RANEXA 500MG ER TAB	13
PROCRIT 20000UNIT/ ML INJ	57	PROPANTHELINE 15MG TAB	69	<i>ranitidine 150mg cap</i>	69
PROCRIT 2000UNIT/ ML INJ	57	<i>proparacaine 0.5% ophth soln</i>	64	<i>ranitidine 150mg tab</i>	69
PROCRIT 3000UNIT/ ML INJ	57	<i>propranolol 10mg tab</i>	43	<i>ranitidine 15mg/ ml oral soln</i>	69
PROCRIT 40000UNIT/ ML INJ	57	<i>propranolol 1mg/ ml inj</i>	43	<i>ranitidine 25mg/ ml inj</i>	70
PROCRIT 4000UNIT/ ML INJ	57	<i>propranolol 20mg tab</i>	43	<i>ranitidine 300mg cap</i>	70
<i>procto-pak 1% rectal cream</i>	13	<i>propranolol 40mg tab</i>	43	<i>ranitidine 300mg tab</i>	70
<i>proctosol 2.5% cream</i>	13	<i>propranolol 80mg tab</i>	43	RAPAMUNE 1MG/ ML ORAL SOLN	41
<i>proctozone hc 2.5% cream</i>	13	<i>propylthiouracil 50mg tab</i>	68	RAVICTI 1.1GM/ ML ORAL SOLN	52
PROGRAF 5MG/ ML INJ	41	PROQUAD INJ	71	REBETOL 40MG/ ML ORAL SOLN	40
PROLASTIN 1000MG INJ	68	PROSOL 20% INJ	63	RECOMBIVAX 10MCG/ ML SYRINGE	71
PROLEUKIN 22000000UNIT INJ	33	PRUDOXIN 5% CREAM	48	RECOMBIVAX 40MCG/ ML INJ	71
PROLIA 60MG/ ML SYRINGE	51	PULMICORT 1MG/ 2ML INH SOLN	15	RECOMBIVAX 5MCG/ 0.5ML SYRINGE	71
PROMACTA 12.5MG TAB	57	PULMOZYME 1MG/ ML INH SOLN	68	RECOMBIVAX HB 10MCG/ ML INJ	71
PROMACTA 25MG TAB	57	PYLERA 140-125-125MG CAP	70	REGRANEX 0.01% GEL	49
PROMACTA 50MG TAB	57	<i>pyridostigmine bromide 180mg er tab</i>	30	RELENZA 5MG/ BLISTER INH	40
PROMACTA 75MG TAB	57	Q		RELISTOR 12MG/ 0.6ML SYRINGE	55
<i>promethazine 12.5mg rectal supp</i>	25	QNASL 40MCG NASAL INHALER	62	RELISTOR 8MG/ 0.4ML SYRINGE	55
<i>promethazine 12.5mg tab</i>	25	QNASL 80MCG NASAL INHALER	62	REMODULIN 10MG/ ML INJ	44
<i>promethazine 25mg rectal supp</i>	25	QUADRACEL INJ	69	REMODULIN 1MG/ ML INJ	44
<i>promethazine 25mg tab</i>	25	QUARTETTE 91 DAY PACK	46	REMODULIN 2.5MG/ ML INJ	44
<i>promethazine 50mg rectal supp</i>	25	<i>quetiapine 100mg tab</i>	37	REMODULIN 5MG/ ML INJ	44
<i>promethazine 50mg tab</i>	25	<i>quetiapine 200mg tab</i>	37	RENVELA 0.8GM SUSP	55
<i>promethegan 25mg rectal supp</i>	25	<i>quetiapine 25mg tab</i>	37	RENVELA 2.4GM SUSP	55
<i>promethegan 50mg rectal supp</i>	25	<i>quetiapine 300mg tab</i>	37	RENVELA 800MG TAB	55
<i>propafenone 150mg tab</i>	14	<i>quetiapine 400mg tab</i>	37	<i>repaglinide 0.5mg tab</i>	23
		<i>quetiapine 50mg tab</i>	37	<i>repaglinide 1mg tab</i>	23
		R			
		RABAVERT 2.5UNIT/ ML INJ	71		
		<i>raloxifene 60mg tab</i>	51		

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>repaglinide 2mg tab</i>	23	<i>risedronate sodium</i>	51	SANDIMMUNE 100MG/	41
<i>reprexain 10-200mg tab</i>	12	<i>150mg tab</i>		ML ORAL SOLN	
RESCRIPTOR 100MG	39	<i>risedronate sodium 30mg</i>	51	SANTYL 250UNIT/ GM	48
TAB		<i>tab</i>		OINTMENT	
RESCRIPTOR 200MG	39	<i>risedronate sodium 35mg</i>	51	SAPHRIS 10MG SL TAB	37
TAB		<i>(12) pack</i>		SAPHRIS 2.5MG SL TAB	37
RESTASIS 0.05% OPHTH	64	<i>risedronate sodium 35mg</i>	51	SAPHRIS 5MG SL TAB	37
SUSP		<i>(4) pack</i>		SAVELLA 100MG TAB	67
RETROVIR 10MG/ ML	39	<i>risedronate sodium 5mg</i>	51	SAVELLA 12.5MG TAB	67
INJ		<i>tab</i>		SAVELLA 25MG TAB	67
REVLIMID 10MG CAP	41	RISPERDAL 12.5MG INJ	36	SAVELLA 4-WEEK	67
REVLIMID 15MG CAP	41	RISPERDAL 25MG INJ	36	TITRATION PACK	
REVLIMID 2.5MG CAP	41	RISPERDAL 37.5MG INJ	36	SAVELLA 50MG TAB	67
REVLIMID 20MG CAP	41	RISPERDAL 50MG INJ	36	<i>selegiline 5mg cap</i>	35
REVLIMID 25MG CAP	41	<i>risperidone 0.25mg tab</i>	36	<i>selegiline 5mg tab</i>	36
REVLIMID 5MG CAP	41	<i>risperidone 0.5mg tab</i>	36	<i>selenium sulfide 2.5%</i>	48
REYATAZ 150MG CAP	39	<i>risperidone 1mg tab</i>	36	<i>shampoo</i>	
REYATAZ 200MG CAP	39	<i>risperidone 2mg tab</i>	36	SELZENTRY 150MG TAE	39
REYATAZ 300MG CAP	39	<i>risperidone 3mg tab</i>	36	SELZENTRY 300MG TAE	39
REYATAZ 50MG ORAL	39	<i>risperidone 4mg tab</i>	36	SENSIPAR 30MG TAB	52
POWDER		<i>rivastigmine 13.3mg/</i>	67	SENSIPAR 60MG TAB	52
RHEUMATREX DOSE	8	<i>24hr patch</i>		SENSIPAR 90MG TAB	52
(12) 2.5MG PACK		<i>rivastigmine 4.6mg/ 24hr</i>	67	SEREVENT 50MCG/	16
RHEUMATREX DOSE	8	<i>patch</i>		DOSE INH	
(16) 2.5MG PACK		<i>rivastigmine 9.5mg/ 24hr</i>	67	SEROQUEL 150MG XR	37
RHEUMATREX DOSE	8	<i>patch</i>		TAB	
(20) 2.5MG PACK		<i>ropinirole 0.25mg tab</i>	35	SEROQUEL 200MG XR	37
RHEUMATREX DOSE	8	<i>ropinirole 0.5mg tab</i>	35	TAB	
(24) 2.5MG PACK		<i>ropinirole 1mg tab</i>	35	SEROQUEL 300MG XR	37
RHEUMATREX DOSE (8)	8	<i>ropinirole 2mg tab</i>	35	TAB	
2.5MG PACK		<i>ropinirole 3mg tab</i>	35	SEROQUEL 400MG XR	37
<i>ribasphere 600mg tab</i>	40	<i>ropinirole 4mg tab</i>	35	TAB	
RIBASPHERE RIBAPAK	40	<i>ropinirole 5mg tab</i>	35	SEROQUEL 50MG XR	37
1000/ DAY		ROTARIX SUSP	71	TAB	
<i>ribasphere ribapak 1200/</i>	40	ROTATEQ SUSP	71	<i>sertraline 100mg tab</i>	20
<i>day</i>		ROZEREM 8MG TAB	58	<i>sertraline 20mg/ ml oral</i>	20
RIDAURA 3MG CAP	8	RUCONEST 2100UNIT	56	<i>soln</i>	
RIFAMATE 150-300MG	30	INJ		<i>sertraline 25mg tab</i>	20
CAP		S		<i>sertraline 50mg tab</i>	20
<i>rifampin 60mg/ ml inj</i>	30	SABRIL 500MG ORAL	19	SIGNIFOR 0.3MG/ ML	52
RIFATER 50-120-300MG	30	SOLN		INJ	
TAB		SABRIL 500MG TAB	19	SIGNIFOR 0.6MG/ ML	52
<i>riluzole 50mg tab</i>	62			INJ	

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

SIGNIFOR 0.9MG/ ML INJ	52	SOLU-CORTEF 250MG INJ	47	STRATTERA 100MG CAF	7
<i>sildenafil 0.8mg/ ml inj</i>	44	SOLU-MEDROL 2GM INJ	47	STRATTERA 10MG CAP	7
<i>sildenafil 20mg tab</i>	44	SOMAVERT 10MG INJ	51	STRATTERA 18MG CAP	7
SIMBRINZA 1-0.2% OPTH SUSP	64	SOMAVERT 15MG INJ	51	STRATTERA 25MG CAP	7
SIMPONI 100MG/ ML AUTO-INJECTOR	8	SOMAVERT 20MG INJ	51	STRATTERA 40MG CAP	7
SIMPONI 100MG/ ML SYRINGE	8	SOMAVERT 25MG INJ	51	STRATTERA 60MG CAP	7
SIMPONI 50MG/ 0.5ML AUTO-INJECTOR	8	SOMAVERT 30MG INJ	51	STRATTERA 80MG CAP	7
SIMPONI 50MG/ 0.5ML SYRINGE	8	SOVALDI 400MG TAB	40	STREPTOMYCIN 100MG INJ	8
SIMPONI ARIA 50MG/ 4ML INJ	8	SPIRIVA 1.25MCG/ ACT INH	15	STRIBILD	39
SIMULECT 20MG INJ	42	SPIRIVA 18MCG INH POWDER	15	150-150-200-300MG TAB	
<i>simvastatin 10mg tab</i>	26	SPIRIVA 2.5MCG INH <i>spironolactone 100mg tab</i>	15	SUBOXONE 12-3MG STRIP	12
<i>simvastatin 20mg tab</i>	26	<i>spironolactone 25mg tab</i>	50	SUBOXONE 2-0.5MG STRIP	12
<i>simvastatin 40mg tab</i>	26	<i>spironolactone 50mg tab</i>	50	SUBOXONE 4-1MG STRIP	12
<i>simvastatin 5mg tab</i>	26	SPRYCEL 100MG TAB	33	SUBOXONE 8-2MG STRIP	12
<i>simvastatin 80mg tab</i>	26	SPRYCEL 140MG TAB	33	<i>sucralfate 1000mg tab</i>	70
<i>sirolimus 0.5mg tab</i>	42	SPRYCEL 20MG TAB	33	SULFADIAZINE 500MG TAB	68
<i>sirolimus 1mg tab</i>	42	SPRYCEL 50MG TAB	33	<i>sulfamethoxazole 400mg/ trimethoprim 80mg tab</i>	29
<i>sirolimus 2mg tab</i>	42	SPRYCEL 70MG TAB	33	<i>sulfamethoxazole 800mg/ trimethoprim 160mg tab</i>	29
SIRTURO 100MG TAB	30	<i>ssd 1% cream</i>	48	SULFAMETHOXAZOLE 29	
SIVEXTRO 200MG INJ	30	STALEVO	35	80MG/ ML/ TRIMETHOPRIM 16MG/ ML INJ	
SIVEXTRO 200MG TAB	30	12.5-50-200MG TAB		SULFAMETHOXAZOLE 29	
SKLICE 0.5% LOTION	49	STALEVO	35	25-100-200MG TAB	
<i>sodium chloride 0.45% inj</i>	60	18.75-75-200MG TAB		31.25-125-200MG TAB	
<i>sodium chloride 0.9% inj</i>	60	STALEVO	35	37.5-150-200MG TAB	
<i>sodium chloride 0.9% soln</i>	55	25-100-200MG TAB		STALEVO	35
<i>sodium chloride 2.5 meq/ ml inj</i>	60	STALEVO	35	50-200-200MG TAB	
<i>sodium chloride 3% inj</i>	60	31.25-125-200MG TAB		<i>stavudine 1mg/ ml oral soln</i>	39
<i>sodium chloride 5% inj</i>	60	STALEVO	35	STIMATE 1.5MG/ ML NASAL SPRAY	52
<i>sodium lactate 5 meq/ ml inj</i>	60	37.5-150-200MG TAB		STIOLTO 2.5-2.5MCG INH	16
<i>sodium polystyrene sulfonate 250mg/ ml susp</i>	42	STALEVO	35		
SOLU-CORTEF 100MG INJ	47	50-200-200MG TAB		STRATTERA 100MG CAF	7
		<i>stavudine 1mg/ ml oral soln</i>	39	STRATTERA 10MG CAP	7
		STIMATE 1.5MG/ ML NASAL SPRAY	52	STRATTERA 18MG CAP	7
		STIOLTO 2.5-2.5MCG INH	16	STRATTERA 25MG CAP	7
				STRATTERA 40MG CAP	7
				STRATTERA 60MG CAP	7
				STRATTERA 80MG CAP	7
				STREPTOMYCIN 100MG INJ	8
				STRIBILD	39
				150-150-200-300MG TAB	
				SUBOXONE 12-3MG STRIP	12
				SUBOXONE 2-0.5MG STRIP	12
				SUBOXONE 4-1MG STRIP	12
				SUBOXONE 8-2MG STRIP	12
				<i>sucralfate 1000mg tab</i>	70
				SULFADIAZINE 500MG TAB	68
				<i>sulfamethoxazole 400mg/ trimethoprim 80mg tab</i>	29
				<i>sulfamethoxazole 800mg/ trimethoprim 160mg tab</i>	29
				SULFAMETHOXAZOLE 29	
				80MG/ ML/ TRIMETHOPRIM 16MG/ ML INJ	
				SULFAMYLLON 85MG/ GM CREAM	48
				<i>sumatriptan 100mg tab</i>	59
				<i>sumatriptan 12mg/ ml auto-injector</i>	60
				SUMATRIPTAN 20MG/ ACT NASAL SPRAY	60
				<i>sumatriptan 25mg tab</i>	60
				<i>sumatriptan 50mg tab</i>	60
				SUMATRIPTAN 5MG/ ACT NASAL SPRAY	60
				SURMONTIL 100MG CAP	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

SURMONTIL 25MG CAP	21	TAMIFLU 45MG CAP	40	<i>thioridazine 25mg tab</i>	37
SURMONTIL 50MG CAP	21	TAMIFLU 6MG/ ML	40	<i>thioridazine 50mg tab</i>	37
SUSTIVA 200MG CAP	39	SUSP		<i>thiothixene 10mg cap</i>	38
SUSTIVA 50MG CAP	39	TAMIFLU 75MG CAP	40	<i>thiothixene 1mg cap</i>	38
SUSTIVA 600MG TAB	39	<i>tamoxifen 10mg tab</i>	32	<i>thiothixene 2mg cap</i>	38
SYLATRON 200MCG INJ	33	<i>tamoxifen 20mg tab</i>	32	<i>thiothixene 5mg cap</i>	38
SYLATRON 300MCG INJ	33	<i>tamsulosin 0.4mg cap</i>	56	THYMOGLOBULIN	42
SYLATRON 600MCG INJ	33	TARGRETIN 1% GEL	48	25MG INJ	
SYLVANT 100MG INJ	42	TARGRETIN 75MG CAP	34	<i>tiagabine 2mg tab</i>	19
SYMLIN 1500MCG/ 1.5ML PEN INJ	22	TECFIDERA 120MG DR CAP	67	<i>tiagabine 4mg tab</i>	19
SYMLIN 2700MCG/ 2.7ML PEN INJ	22	TECFIDERA 240MG DR CAP	67	<i>timolol 0.25% ophth soln</i>	63
SYNAGIS 50MG/ 0.5ML INJ	65	TECFIDERA 30-DAY STARTER PACK	67	<i>timolol 0.5% ophth soln</i>	63
SYNALGOS-DC 356.4-30-16MG CAP	12	TEFLARO 400MG INJ	46	TIVICAY 50MG TAB	39
SYNAREL 2MG/ ML NASAL SPRAY	51	TEFLARO 600MG INJ	46	TOBRADEX 0.3-0.1% OPHTH OINTMENT	64
SYNERCID 500MG INJ	30	TEKTURNA 150MG TAB	28	<i>tobramycin 10mg/ ml inj</i>	8
SYNJARDY 12.5-1000MG TAB	22	TEKTURNA 300MG TAB	28	<i>tobramycin 40mg/ ml inj</i>	8
SYNJARDY 12.5-500MG TAB	22	<i>temazepam 15mg cap</i>	58	<i>tobramycin 60mg/ ml inh soln</i>	8
SYNJARDY 5-1000MG TAB	22	<i>temazepam 22.5mg cap</i>	58	TOLBUTAMIDE 500MG TAB	24
SYNJARDY 5-500MG TAB	22	<i>temazepam 30mg cap</i>	58	<i>tolcapone 100mg tab</i>	35
SYNRIBO 3.5MG INJ	33	<i>temazepam 7.5mg cap</i>	58	<i>tolterodine tartrate 2mg er cap</i>	70
SYPRINE 250MG CAP	41	TENIVAC SYRINGE	69	<i>tolterodine tartrate 4mg er cap</i>	70
T		<i>terbinafine 250mg tab</i>	25	<i>toposar 1gm/ 50ml inj</i>	34
TACLONEX 0.005-0.064% LOTION	48	<i>terbutaline sulfate 1mg/ ml inj</i>	16	<i>topotecan 1mg/ ml inj</i>	34
TACLONEX 0.005-0.064% OINTMENT	48	<i>testosterone cypionate 100mg/ ml inj</i>	13	<i>toremide 100mg tab</i>	50
<i>tacrolimus 0.03% ointment</i>	49	<i>testosterone cypionate 200mg/ ml inj</i>	13	<i>toremide 10mg tab</i>	50
<i>tacrolimus 0.1% ointment</i>	49	<i>testosterone enanthate 200mg/ ml inj</i>	13	<i>toremide 20mg tab</i>	50
<i>tacrolimus 0.5mg cap</i>	42	TETANUS/ DIPHTHERIA	69	<i>toremide 5mg tab</i>	50
<i>tacrolimus 1mg cap</i>	42	TOXOID INJ		TOUJEO 300UNIT/ ML PEN INJ	23
<i>tacrolimus 5mg cap</i>	42	<i>tetrabenazine 12.5mg tab</i>	67	TRACLEER 125MG TAB	44
TAMIFLU 30MG CAP	40	<i>tetrabenazine 25mg tab</i>	67	TRACLEER 62.5MG TAB	44
		THALOMID 100MG CAP	41	<i>tramadol 100mg er tab</i>	11
		THALOMID 150MG CAP	41	<i>tramadol 200mg er tab</i>	11
		THALOMID 200MG CAP	41	<i>tramadol 300mg er tab</i>	11
		THALOMID 50MG CAP	41	<i>tramadol 50mg tab</i>	11
		THIOLA 100MG TAB	56	<i>trandolapril 1mg/ verapamil 240mg er tab</i>	28
		<i>thioridazine 100mg tab</i>	37	<i>trandolapril 2mg/ verapamil 180mg er tab</i>	28
		<i>thioridazine 10mg tab</i>	37		

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>trandolapril 2mg/</i>	28	TRINTELLIX 20MG TAB	20	<i>valacyclovir 500mg tab</i>	40
<i>verapamil 240mg er tab</i>		TRINTELLIX 5MG TAB	20	VALCHLOR 0.016% GEL	48
<i>trandolapril 4mg/</i>	28	TRISENOX 10MG/ 10ML	34	VALCYTE 50MG/ ML	40
<i>verapamil 240mg er tab</i>		INJ		ORAL SOLN	
<i>tranexamic acid 100mg/</i>	57	TRIUMEQ	39	<i>valganciclovir 450mg tab</i>	40
<i>ml inj</i>		600-50-300MG TAB		<i>valproic acid 100mg/ ml</i>	19
<i>tranexamic acid 650mg</i>	57	TROPHAMINE 10% INJ	63	<i>inj</i>	
<i>tab</i>		TRUMENBA SYRINGE	71	<i>valsartan 160mg tab</i>	27
<i>tranylcypramine 10mg</i>	19	TRUVADA 200-300MG	39	<i>valsartan 320mg tab</i>	27
<i>tab</i>		TAB		<i>valsartan 40mg tab</i>	27
TRAVASOL 10% INJ	63	TWINRIX INJ	71	<i>valsartan 80mg tab</i>	27
TRAVATAN Z 0.004%	64	TYBOST 150MG TAB	39	<i>vancomycin 100mg/ ml inj</i>	29
OPHTH SOLN		TYGACIL 50MG INJ	29	<i>vancomycin 50mg/ ml inj</i>	29
TRAVOPROST 0.004%	64	TYPHIM VI 25MCG/	71	<i>vancomycin 5mg/ ml inj</i>	29
OPHTH SOLN		0.5ML INJ		VAQTA 25UNIT/ 0.5ML	72
<i>trazodone 100mg tab</i>	20	TYVASO 0.6MG/ ML INH	44	SYRINGE	
<i>trazodone 150mg tab</i>	20	SOLN		VAQTA 50UNIT/ ML	72
<i>trazodone 50mg tab</i>	20			SYRINGE	
TRELSTAR 11.25MG INJ	32	U		VARIVAX 1350PFU/	72
TRELSTAR 22.5MG INJ	32	UCERIS 9MG ER TAB	47	0.5ML INJ	
TRELSTAR 3.75MG INJ	32	ULORIC 40MG TAB	56	VECTIBIX 100MG/ 5ML	31
TRESIBA 100UNIT/ ML	23	ULORIC 80MG TAB	56	INJ	
PEN INJ		UPTRAVI 1000MCG TAB	44	VECTICAL 3MCG/ GM	48
TRESIBA 200UNIT/ ML	23	UPTRAVI 1200MCG TAB	44	OINTMENT	
PEN INJ		UPTRAVI 1400MCG TAB	44	VENCLEXTA 10/ 100/	31
<i>tretinoin 0.025% cream</i>	47	UPTRAVI 1600MCG TAB	44	50MG STARTING PACK	
<i>tretinoin 0.05% cream</i>	47	UPTRAVI 200MCG TAB	44	VENCLEXTA 100MG	31
<i>tretinoin 0.1% cream</i>	47	UPTRAVI 400MCG TAB	44	TAB	
TREXALL 10MG TAB	31	UPTRAVI 600MCG TAB	44	VENCLEXTA 10MG TAB	31
TREXALL 15MG TAB	31	UPTRAVI 800MCG TAB	45	VENCLEXTA 50MG TAB	31
TREXALL 5MG TAB	31	UPTRAVI TITRATION	45	<i>venlafaxine 150mg er cap</i>	21
TREXALL 7.5MG TAB	31	PACK		<i>venlafaxine 37.5mg er</i>	21
<i>triamcinolone acetonide</i>	61	UROCIT-K 1080MG ER	55	<i>cap</i>	
<i>0.1% paste</i>		TAB		<i>venlafaxine 75mg er cap</i>	21
TRIANEX 0.05%	48	UROCIT-K 15MEQ ER	55	VENTAVIS 10MCG/ ML	44
OINTMENT		TAB		INH SOLN	
TRIGLIDE 160MG TAB	26	UROCIT-K 540MG ER	55	VENTAVIS 20MCG/ ML	44
<i>trihexyphenidyl 0.4mg/ ml</i>	35	TAB		INH SOLN	
<i>oral soln</i>		<i>ursodiol 250mg tab</i>	54	VENTOLIN 108MCG INH	16
<i>trihexyphenidyl 2mg tab</i>	35	<i>ursodiol 500mg tab</i>	54	VERAMYST 27.5MCG	62
<i>trihexyphenidyl 5mg tab</i>	35	UVADEX 20MCG/ ML	34	NASAL INHALER	
<i>trimethobenzamide</i>	24	INJ		<i>verapamil 120mg tab</i>	43
<i>300mg cap</i>				<i>verapamil 2.5mg/ ml inj</i>	43
TRINTELLIX 10MG TAB	20	V		<i>verapamil 80mg tab</i>	43
		<i>valacyclovir 1000mg tab</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

VESICARE 10MG TAB	70	VYVANSE 40MG CAP	7	XYREM 500MG/ ML	66
VESICARE 5MG TAB	70	VYVANSE 50MG CAP	7	ORAL SOLN	
VEXOL 1% OPHTH SUSP	64	VYVANSE 60MG CAP	7		
VIBRAMYCIN 50MG/ 5ML SUSP	68	VYVANSE 70MG CAP	7	Y	
<i>vicodin 10-300mg tab</i>	12	W		YERVOY 50MG/ 10ML	31
<i>vicodin 5-300mg tab</i>	12	<i>warfarin sodium 10mg tab</i>	16	INJ	
<i>vicodin 7.5-300mg tab</i>	12	<i>warfarin sodium 1mg tab</i>	16	YF-VAX 4000UNIT/ ML	72
VICTOZA 18MG/ 3ML	23	<i>warfarin sodium 2.5mg tab</i>	16		
PEN INJ		<i>warfarin sodium 2mg tab</i>	16	Z	
VIDEX 2GM ORAL SOLN	39	<i>warfarin sodium 3mg tab</i>	16	<i>zafirlukast 10mg tab</i>	15
VIGAMOX 0.5% OPHTH SOLN	64	<i>warfarin sodium 4mg tab</i>	16	<i>zafirlukast 20mg tab</i>	15
VIIBRYD 10/ 20MG STARTER PACK	20	<i>warfarin sodium 5mg tab</i>	16	<i>zaleplon 10mg cap</i>	58
VIIBRYD 10MG TAB	21	<i>warfarin sodium 6mg tab</i>	16	<i>zaleplon 5mg cap</i>	58
VIIBRYD 20MG TAB	21	<i>warfarin sodium 7.5mg tab</i>	16	ZALTRAP 100MG/ 4ML	31
VIIBRYD 40MG TAB	21	<i>water 1000mg/ ml soln</i>	42	INJ	
VINBLASTINE 1MG/ ML INJ	34	WELCHOL 3.75GM SUSP	26	ZAMICET 10-325MG/ 15ML ORAL SOLN	12
<i>vincasar 1mg/ ml inj</i>	34	WELCHOL 625MG TAB	26	ZANTAC 25MG/ ML INJ	70
<i>vincristine sulfate 1mg/ ml inj</i>	34	X		ZAVESCA 100MG CAP	56
<i>vinorelbine 10mg/ ml inj</i>	34	XARELTO 10MG TAB	17	ZEMAIRA 1000MG INJ	68
VIRACEPT 250MG TAB	39	XARELTO 15MG TAB	17	ZEMPLAR 2MCG/ ML	52
VIRACEPT 625MG TAB	39	XARELTO 20MG TAB	17	INJ	
VIRAZOLE 6GM INH SOLN	40	XARELTO STARTER PACK	17	ZEMPLAR 5MCG/ ML	52
VIREAD 150MG TAB	39	XELJANZ 11MG ER TAB	8	INJ	
VIREAD 200MG TAB	39	XELJANZ 5MG TAB	8	ZENPEP	49
VIREAD 250MG TAB	39	XGEVA 120MG/ 1.7ML	51	10000-34000-55000UNIT	
VIREAD 300MG TAB	39	INJ		DR CAP	
VIREAD 40MG/ GM ORAL POWDER	39	XIGDUO 10-1000MG XR TAB	22	ZENPEP	49
VITEKTA 150MG TAB	39	XIGDUO 10-500MG XR TAB	22	15000-51000-82000UNIT	
VITEKTA 85MG TAB	39	XIGDUO 5-1000MG XR TAB	22	DR CAP	
VPRIV 400UNIT INJ	56	XIGDUO 5-500MG XR TAB	22	ZENPEP	49
VYTORIN 10-10MG TAB	25	XOLAIR 150MG INJ	15	20000-68000-109000UNI	
VYTORIN 10-20MG TAB	25	XULANE 150-35MCG PATCH	46	T DR CAP	
VYTORIN 10-40MG TAB	25			ZENPEP	49
VYTORIN 10-80MG TAB	25			3000-10000-16000UNIT	
VYVANSE 10MG CAP	7			DR CAP	
VYVANSE 20MG CAP	7			ZENPEP	49
VYVANSE 30MG CAP	7			40000-136000-218000U	
				NIT DR CAP	

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

ZENPEP	49	ZOSYN 60-7.5MG/ ML	66
5000-17000-27000UNIT		INJ	
DR CAP		ZYCLARA 2.5% CREAM	48
ZEPATIER 50-100MG	40	ZYCLARA 3.75%	48
TAB		CREAM	
ZERBAXA 1.5GM INJ	45	ZYLET 0.5-0.3% OPHTH	64
ZETIA 10MG TAB	26	SUSP	
ZETONNA 37MCG	62	ZYTIGA 250MG TAB	32
NASAL INHALER		ZYVOX 100MG/ 5ML	30
ZIAGEN 20MG/ ML	39	SUSP	
ORAL SOLN			
<i>zidovudine 10mg/ ml oral</i>	39		
<i>soln</i>			
ZIOPTAN 0.0015%	65		
OPHTH SOLN			
<i>ziprasidone 20mg cap</i>	36		
<i>ziprasidone 40mg cap</i>	36		
<i>ziprasidone 60mg cap</i>	36		
<i>ziprasidone 80mg cap</i>	36		
ZIRGAN 0.15% OPHTH	64		
GEL			
<i>zoledronic acid 0.05mg/</i>	51		
<i>ml inj</i>			
<i>zoledronic acid 0.8mg/ ml</i>	51		
<i>inj</i>			
<i>zolmitriptan 2.5mg tab</i>	60		
<i>zolmitriptan 5mg tab</i>	60		
<i>zolpidem tartrate 10mg</i>	58		
<i>tab</i>			
<i>zolpidem tartrate 5mg tab</i>	58		
ZOMETA 4MG/ 100ML	51		
INJ			
ZOMIG 2.5MG NASAL	60		
SPRAY			
ZOMIG 5MG NASAL	60		
SPRAY			
ZONALON 5% CREAM	48		
ZORTRESS 0.25MG TAB	42		
ZORTRESS 0.5MG TAB	42		
ZORTRESS 0.75MG TAB	42		
ZOSTAVAX 19400UNIT/	72		
0.65ML INJ			
ZOSYN 40-5MG/ ML INJ	66		

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

C and O Employees' Hospital Association is required by federal law to provide the following information.

Non-Discrimination Statement:

C and O Employees' Hospital Association complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. C and O Employees' Hospital Association does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. C and O Employees' Hospital Association provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). C and O Employees' Hospital Association provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the C and O Employees' Hospital Association Customer Care Center at 800-679-9135. If you believe that C and O Employees' Hospital Association has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance. If you need help filing a grievance, COEHA Grievance and Appeals is available to help you. You can file a grievance in person or by mail, fax, or email:

Co-Administrators
511 Main ST, 2nd Floor
Clifton Forge, VA 24422
Phone: 800-679-9135
Email: coeha1@aol.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Language Assistance:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-270-3877 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-270-3877 (TTY : 711)

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주의: 국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-270-3877 (TTY: 711)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-270-3877 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-270-3877 (رقم هاتف

الصم والبكم: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-270-3877 (TTY: 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-270-3877 (ATS : 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-270-3877 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-270-3877 (TTY: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-800-270-3877 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-270-3877 (TTY: 711) تماس بگیرید.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-270-3877 (መስማት ለተሳናቸው: 711)።

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-270-3877 (TTY: 711)۔

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-270-3877 (TTY:711) まで、お電話にてご連絡ください。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-270-3877 (TTY: 711).



For more information please contact us, C&O Employees' Hospital Association (PDP) Customer Service, at 800-679-9135 or 540-862-5728 (local), for TTY users, 711, from 8:30 am to 5:00 pm Monday thru Friday, or visit <http://coeha.com>.

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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.