

# Anthem Blue MedicareRx Plus (PDP) 2018 Formulary (List of Covered Drugs)

Please read:

This document contains information about the drugs we cover in this plan.



---

This formulary was updated on October 1, 2018. For more recent information or other questions, please contact Anthem Blue MedicareRx Plus (PDP) Customer Service, at **1-866-755-2776** or, for TTY users, **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30., or visit <https://shop.anthem.com/medicare>.

## **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 Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem Blue MedicareRx Plus (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

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

## What is the Anthem Blue MedicareRx Plus (PDP) formulary?

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

## Can the formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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 (FDA) 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 November 1, 2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change

(nonmaintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

## How do I use the formulary?

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

### Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension/Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 60. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

**Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

**Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *donepezil*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Anthem Blue MedicareRx Plus (PDP)'s formulary?” on page 4 for information about how to request an exception.

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

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

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

**You can ask Customer Service for a list** of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

**You can ask our plan 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 Anthem Blue MedicareRx Plus (PDP)'s formulary?

You can ask our plan 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 predetermined 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 approved this would lower the amount you must pay for your drug.

**You can ask us to waive coverage restrictions or limits on your drug.** For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may

be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that 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 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

## For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last

updated the formulary, appears on the front and back cover pages.

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

## Our plan's formulary

The formulary on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 60.

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

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

**QLL – Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

**PAR – Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

**ST – Step Therapy:** The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

**B/D – Part B vs. Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-755-2776, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday

(except holidays) from February 15 through September 30. TTY/TDD users should call 711.

**INJ – Injectable:** The drug is available in injectable form.

**MO – Mail Orders:** Prescription drugs available through mail order.

**CG – Coverage Gap:** We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

## Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

| Cost-Sharing Tier 1: Preferred Generic   |         |
|--|---------|
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)  | \$1.00  |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$9.00  |
| Cost-Sharing Tier 2: Generic   |         |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)  | \$3.00  |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$17.00 |
| Cost-Sharing Tier 3: Preferred Brand   |         |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)  | \$40.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$45.00 |
| Cost-Sharing Tier 4: Nonpreferred Drugs  |         |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)  | 39%     |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | 47%     |
| Cost-Sharing Tier 5: Specialty Tier*   |         |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)  | 33%     |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | 33%     |
| Cost-Sharing Tier 6: Select Care Drugs   |         |
| Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)  | \$0.00  |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | \$5.00  |

**Please refer to our Evidence of Coverage for more information on cost sharing.**

Network Pharmacy with preferred cost-sharing – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies with standard cost-sharing.

\* A long-term supply is not available for drugs in the Tier 5: Specialty Tier

\*\* Mail-Order Pharmacy – Mail-order service allows you to order a 30–90-day supply of drugs. The drugs available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

## Covered Medications by Therapeutic Category

### Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

**QLL – Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

**PAR – Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

**ST – Step Therapy:** The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

**B/D – Part B vs. Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-866-755-2776, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. TTY/TDD users should call 711.

**INJ – Injectable:** The drug is available in injectable form.

**MO – Mail Orders:** Prescription drugs available through mail order.

**CG – Coverage Gap:** We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

| Drug Name   | Drug Tier | Requirements /Limits      | Drug Name   | Drug Tier | Requirements /Limits      |
|---|-----------|---------------------------|---|-----------|---------------------------|
| <b>Anti - Infectives</b>                              |           |                           | <i>adefovir</i>   | 5         | PAR; MO                   |
| <i>abacavir oral solution</i>                         | 4         | MO; QLL (960 per 30 days) | ALBENZA   | 4         | MO                        |
| <i>abacavir oral tablet</i>                           | 4         | MO; QLL (60 per 30 days)  | ALINIA ORAL SUSPENSION FOR RECONSTITUTION                     | 4         | MO; QLL (180 per 30 days) |
| <i>abacavir-lamivudine</i>                            | 5         | MO; QLL (30 per 30 days)  | ALINIA ORAL TABLET  | 4         | MO; QLL (6 per 30 days)   |
| <i>abacavir-lamivudine-zidovudine</i>                 | 5         | MO; QLL (60 per 30 days)  | <i>amantadine hcl</i>   | 2         | MO                        |
| ABELCET   | 5         | B/D PAR; MO               | AMBISOME  | 4         | B/D PAR; MO               |
| <i>acyclovir oral capsule</i>                         | 2         | MO                        | <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | 4         | MO                        |
| <i>acyclovir oral suspension 200 mg/5 ml</i>          | 4         | MO                        | <i>amoxicillin oral capsule</i>                               | 2         | MO                        |
| <i>acyclovir oral tablet</i>                          | 2         | MO                        | <i>amoxicillin oral suspension for reconstitution</i>         | 2         | MO                        |
| <i>acyclovir sodium 50 mg/ml intravenous solution</i> | 4         | B/D PAR; MO               | <i>amoxicillin oral tablet</i>                                | 2         | MO                        |

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



| Drug Name  | Drug Tier | Requirements /Limits      |
|--|-----------|---------------------------|
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>  | 2         | MO                        |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 2         | MO                        |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>                                   | 3         | MO                        |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>  | 4         | MO                        |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>  | 2         | MO                        |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>  | 4         | MO                        |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>   | 2         | MO                        |
| <i>amphotericin b</i>  | 4         | B/D PAR; MO               |
| <i>ampicillin oral capsule 500 mg</i>  | 2         | MO                        |
| <i>ampicillin sodium injection</i>   | 4         | MO                        |
| <i>ampicillin sodium intravenous</i>   | 4         |                           |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>  | 4         | MO                        |
| <i>ampicillin-sulbactam injection recon soln 15 gram</i>   | 4         |                           |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>  | 4         |                           |
| <i>ampicillin-sulbactam intravenous recon soln 3 gram</i>  | 4         | MO                        |
| APTIVUS ORAL CAPSULE   | 5         | MO; QLL (120 per 30 days) |
| APTIVUS ORAL SOLUTION  | 5         | QLL (380 per 30 days)     |
| <i>atazanavir oral capsule 150 mg, 200 mg</i>  | 5         | MO; QLL (60 per 30 days)  |
| <i>atazanavir oral capsule 300 mg</i>  | 5         | MO; QLL (30 per 30 days)  |
| <i>atovaquone</i>  | 5         | PAR; MO                   |

| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <i>atovaquone-proguanil oral tablet 250-100 mg</i>                 | 3         | MO                       |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i>                 | 2         | MO                       |
| ATRIPLA  | 5         | MO; QLL (30 per 30 days) |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML     | 4         | MO                       |
| AVELOX IN NAACL (ISO-OSMOTIC)                                      | 4         | MO                       |
| AZACTAM  | 4         | MO                       |
| AZACTAM IN DEXTROSE (ISO-OSM)                                      | 4         |                          |
| <i>azithromycin intravenous</i>                                    | 4         | MO                       |
| <i>azithromycin oral packet</i>                                    | 4         | MO                       |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i> | 3         | MO                       |
| <i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> | 2         | MO                       |
| <i>azithromycin oral tablet 250 mg (6 pack)</i>                    | 1         | MO; CG                   |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>             | 2         | MO                       |
| <i>aztreonam</i>   | 4         | MO                       |
| <i>bacim</i>   | 4         |                          |
| <i>bacitracin intramuscular</i>                                    | 4         | MO                       |
| BARACLUDGE ORAL SOLUTION   | 5         | PAR; MO                  |
| BICILLIN C-R   | 4         | MO                       |
| BICILLIN L-A   | 4         | MO                       |
| BIKTARVY   | 5         | MO; QLL (30 per 30 days) |
| CANCIDAS   | 5         | B/D PAR; MO              |
| CAPASTAT   | 4         |                          |
| CAYSTON  | 5         | PAR; MO; LA              |
| <i>ceftiofur oral capsule</i>                                      | 4         | MO                       |
| <i>ceftiofur oral suspension for reconstitution 125 mg/5 ml</i>    | 2         | MO                       |
| <i>ceftiofur oral suspension for reconstitution 250 mg/5 ml</i>    | 3         | MO                       |
| <i>ceftiofur oral suspension for reconstitution 375 mg/5 ml</i>    | 2         |                          |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>cefaclor oral tablet extended release 12 hr</i>                                     | 2                | MO                          |
| <i>cefadroxil oral capsule</i>   | 2                | MO                          |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>          | 2                | MO                          |
| <i>cefadroxil oral tablet</i>  | 3                | MO                          |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | 4                | MO                          |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i>                                   | 4                | MO                          |
| <i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>                | 4                |                             |
| <i>cefazolin intravenous</i>   | 4                |                             |
| <i>cefdinir</i>  | 3                | MO                          |
| <i>cefepime</i>  | 4                | MO                          |
| <i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml</i>                | 4                |                             |
| <i>cefepime in dextrose, iso-osm intravenous piggyback 2 gram/100 ml</i>               | 4                | MO                          |
| <i>cefixime</i>  | 4                | MO                          |
| <i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>                          | 4                |                             |
| <i>cefotetan</i>   | 4                |                             |
| <i>cefoxitin in dextrose, iso-osm</i>  | 4                |                             |
| <i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>                                 | 4                | MO                          |
| <i>cefoxitin intravenous recon soln 10 gram</i>  | 4                |                             |
| <i>cefpodoxime</i>   | 4                | MO                          |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml</i>                        | 4                | MO                          |
| <i>cefprozil oral suspension for reconstitution 250 mg/5 ml</i>                        | 2                | MO                          |
| <i>cefprozil oral tablet</i>   | 4                | MO                          |
| <b>CEFTAZIDIME IN D5W</b>  | 4                |                             |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i>                                 | 4                | MO                          |
| <i>ceftazidime injection recon soln 6 gram</i>   | 4                |                             |
| <i>ceftriaxone in dextrose, iso-os</i>   | 4                | MO                          |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i> | 4                | MO                          |
| <i>ceftriaxone injection recon soln 10 gram</i>                        | 4                |                             |
| <b>CEFTRIAXONE INJECTION RECON SOLN 100 GRAM</b>                       | 4                |                             |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>               | 4                | MO                          |
| <i>cefuroxime axetil oral tablet</i>                                   | 3                | MO                          |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                   | 4                | MO                          |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram</i>               | 4                | MO                          |
| <i>cefuroxime sodium intravenous recon soln 7.5 gram</i>               | 4                |                             |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                          | 2                | MO                          |
| <i>cephalexin oral suspension for reconstitution</i>                   | 2                | MO                          |
| <i>cephalexin oral tablet</i>  | 2                | MO                          |
| <i>chloramphenicol sod succinate</i>                                   | 4                |                             |
| <i>chloroquine phosphate</i>   | 2                | MO                          |
| <b>CIMDUO</b>  | 5                | MO; QLL (30 per 30 days)    |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>                            | 3                | MO                          |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>            | 2                | MO                          |
| <i>ciprofloxacin in 5 % dextrose</i>                                   | 4                | MO                          |
| <i>clarithromycin</i>  | 3                | MO                          |
| <i>clindamycin hcl</i>   | 2                | MO                          |
| <i>clindamycin in 5 % dextrose</i>                                     | 4                | MO                          |
| <i>clindamycin phosphate injection</i>                                 | 4                | MO                          |
| <i>clindamycin phosphate intravenous</i>                               | 4                |                             |
| <i>clotrimazole mucous membrane</i>                                    | 2                | MO                          |
| <b>COARTEM</b>   | 4                | MO                          |
| <i>colistin (colistimethate na)</i>                                    | 4                | MO                          |
| <b>COMPLERA</b>  | 5                | MO; QLL (30 per 30 days)    |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| CRIXIVAN ORAL CAPSULE 200 MG  | 4                | MO; QLL (360 per 30 days)   |
| CRIXIVAN ORAL CAPSULE 400 MG  | 4                | MO; QLL (180 per 30 days)   |
| <i>dapsone oral</i>   | 3                | MO                          |
| <i>daptomycin intravenous recon soln 500 mg</i>                       | 5                | MO                          |
| DARAPRIM  | 4                | MO                          |
| <i>demeclocycline</i>   | 4                | MO                          |
| DESCOVY   | 5                | MO; QLL (30 per 30 days)    |
| <i>dicloxacillin</i>  | 2                | MO                          |
| <i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>         | 4                | MO; QLL (60 per 30 days)    |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | 4                | MO; QLL (30 per 30 days)    |
| DORIPENEM INTRAVENOUS RECON SOLN 250 MG                               | 4                |                             |
| <i>doxy-100</i>   | 4                | MO                          |
| <i>doxycycline hyclate intravenous</i>                                | 4                |                             |
| <i>doxycycline hyclate oral capsule</i>                               | 4                | MO                          |
| <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>   | 4                | MO                          |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>             | 2                | MO                          |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>       | 4                | MO                          |
| <i>doxycycline monohydrate oral tablet 150 mg</i>                     | 3                | MO                          |
| EDURANT   | 5                | MO; QLL (30 per 30 days)    |
| <i>efavirenz oral capsule 200 mg</i>                                  | 4                | MO; QLL (120 per 30 days)   |
| <i>efavirenz oral capsule 50 mg</i>                                   | 4                | MO; QLL (360 per 30 days)   |
| <i>efavirenz oral tablet</i>  | 5                | MO; QLL (30 per 30 days)    |
| EMTRIVA ORAL CAPSULE  | 4                | MO; QLL (30 per 30 days)    |
| EMTRIVA ORAL SOLUTION   | 4                | MO; QLL (850 per 30 days)   |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| <i>entecavir</i>   | 5                | PAR; MO                       |
| EPCLUSA  | 5                | PAR; MO; QLL (30 per 30 days) |
| EPIVIR HBV ORAL SOLUTION   | 3                | MO                            |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                       | 4                | MO                            |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG                                 | 4                | MO                            |
| <i>erythromycin ethylsuccinate oral tablet</i>                           | 4                | MO                            |
| <i>erythromycin oral capsule, delayed release(dr/ec)</i>                 | 4                | MO                            |
| <i>erythromycin oral tablet</i>  | 4                | MO                            |
| <i>ethambutol</i>  | 2                | MO                            |
| EVOTAZ   | 5                | MO; QLL (30 per 30 days)      |
| <i>famciclovir oral tablet 125 mg, 250 mg</i>                            | 3                | MO; QLL (60 per 30 days)      |
| <i>famciclovir oral tablet 500 mg</i>                                    | 3                | MO; QLL (21 per 7 days)       |
| <i>fluconazole in dextrose(iso-o)</i>                                    | 4                |                               |
| FLUCONAZOLE IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML        | 4                |                               |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | 4                | MO                            |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i> | 4                |                               |
| <i>fluconazole oral suspension for reconstitution</i>                    | 3                | MO                            |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>                    | 2                | MO                            |
| <i>fluconazole oral tablet 50 mg</i>                                     | 1                | MO; CG                        |
| <i>flucytosine oral capsule 250 mg</i>                                   | 4                | MO                            |
| <i>flucytosine oral capsule 500 mg</i>                                   | 5                | MO                            |
| <i>fosamprenavir</i>   | 5                | MO; QLL (120 per 30 days)     |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| FUZEON<br>SUBCUTANEOUS<br>RECON SOLN  | 5                | MO; QLL (60 per 30 days)      |
| <i>ganciclovir sodium intravenous recon soln</i>  | 4                | B/D PAR; MO                   |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | 4                | MO                            |
| GENTAMICIN IN NACL (ISO-OSM)<br>INTRAVENOUS<br>PIGGYBACK 100 MG/50 ML, 120 MG/100 ML              | 4                |                               |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 90 mg/100 ml</i> | 4                |                               |
| <i>gentamicin injection</i>   | 4                | MO                            |
| <i>gentamicin sulfate (ped) (pf)</i>  | 4                | MO                            |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>                                  | 4                | MO                            |
| GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML   | 4                |                               |
| GENVOYA   | 5                | MO; QLL (30 per 30 days)      |
| <i>griseofulvin microsize oral suspension</i>   | 2                | MO                            |
| <i>griseofulvin ultramicrosize</i>  | 3                | MO                            |
| HARVONI   | 5                | PAR; MO; QLL (28 per 28 days) |
| <i>hydroxychloroquine</i>   | 3                | MO                            |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>  | 3                | MO                            |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i>  | 4                | MO                            |
| INTELENCE ORAL TABLET 100 MG  | 5                | MO; QLL (120 per 30 days)     |
| INTELENCE ORAL TABLET 200 MG  | 5                | MO; QLL (60 per 30 days)      |
| INTELENCE ORAL TABLET 25 MG   | 4                | MO; QLL (480 per 30 days)     |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| INVANZ<br>INTRAVENOUS   | 4                |                             |
| INVIRASE ORAL CAPSULE   | 5                | QLL (300 per 30 days)       |
| INVIRASE ORAL TABLET  | 5                | MO; QLL (120 per 30 days)   |
| ISENTRESS HD  | 5                | MO; QLL (60 per 30 days)    |
| ISENTRESS ORAL POWDER IN PACKET   | 4                | MO                          |
| ISENTRESS ORAL TABLET   | 5                | MO; QLL (120 per 30 days)   |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG   | 5                | MO; QLL (180 per 30 days)   |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG  | 3                | MO; QLL (720 per 30 days)   |
| <i>isoniazid injection</i>  | 4                |                             |
| <i>isoniazid oral solution</i>  | 3                | MO                          |
| <i>isoniazid oral tablet</i>  | 1                | MO; CG                      |
| <i>itraconazole oral capsule</i>  | 4                | PAR; MO                     |
| <i>ivermectin</i>   | 2                | MO                          |
| JULUCA  | 5                | MO; QLL (30 per 30 days)    |
| KALETRA ORAL TABLET 100-25 MG   | 4                | MO; QLL (300 per 30 days)   |
| KALETRA ORAL TABLET 200-50 MG   | 5                | MO; QLL (120 per 30 days)   |
| <i>ketoconazole oral</i>  | 2                | MO                          |
| <i>lamivudine oral solution</i>   | 4                | MO; QLL (960 per 30 days)   |
| <i>lamivudine oral tablet 100 mg</i>  | 4                | MO                          |
| <i>lamivudine oral tablet 150 mg</i>  | 3                | MO; QLL (60 per 30 days)    |
| <i>lamivudine oral tablet 300 mg</i>  | 4                | MO; QLL (30 per 30 days)    |
| <i>lamivudine-zidovudine</i>  | 4                | MO; QLL (60 per 30 days)    |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>                 | 4                |                             |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | 4                | MO                          |

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

| Drug Name  | Drug Tier | Requirements /Limits            |
|--|-----------|---------------------------------|
| <i>levofloxacin intravenous</i>  | 4         | MO                              |
| <i>levofloxacin oral solution</i>  | 4         | MO                              |
| <i>levofloxacin oral tablet</i>  | 2         | MO                              |
| LEXIVA ORAL SUSPENSION   | 4         | MO; QLL (1800 per 30 days)      |
| LEXIVA ORAL TABLET   | 5         | MO; QLL (120 per 30 days)       |
| <i>linezolid in dextrose 5%</i>  | 4         |                                 |
| <i>linezolid oral suspension for reconstitution</i>                      | 4         | PAR; MO; QLL (1800 per 30 days) |
| <i>linezolid oral tablet</i>   | 5         | PAR; MO; QLL (60 per 30 days)   |
| <i>linezolid-0.9% sodium chloride</i>                                    | 5         |                                 |
| <i>lopinavir-ritonavir</i>   | 4         | MO; QLL (480 per 30 days)       |
| <i>mefloquine</i>  | 2         | MO                              |
| <i>meropenem</i>   | 4         | MO                              |
| <i>methenamine hippurate</i>   | 4         | MO                              |
| <i>methenamine mandelate</i>   | 2         | MO                              |
| <i>metro i.v.</i>  | 4         | MO                              |
| <i>metronidazole in nacl (iso-os)</i>                                    | 4         | MO                              |
| <i>metronidazole oral tablet 250 mg</i>                                  | 1         | MO; CG                          |
| <i>metronidazole oral tablet 500 mg</i>                                  | 2         | MO                              |
| <i>minocycline oral capsule</i>  | 2         | MO                              |
| <i>minocycline oral tablet</i>   | 3         | MO                              |
| <i>morgidox oral capsule 50 mg</i>                                       | 2         | MO                              |
| <i>moxifloxacin in nacl (iso-osm)</i>                                    | 4         |                                 |
| <i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>  | 4         |                                 |
| <i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i> | 4         | MO                              |
| <i>nafcillin injection recon soln 1 gram, 2 gram</i>                     | 4         | MO                              |
| <i>nafcillin intravenous</i>   | 4         | MO                              |
| NEBUPENT   | 3         | B/D PAR; MO                     |
| <i>neomycin</i>  | 2         | MO                              |
| <i>nevirapine oral suspension</i>  | 4         | QLL (1200 per 30 days)          |
| <i>nevirapine oral tablet</i>  | 3         | MO; QLL (60 per 30 days)        |

| Drug Name  | Drug Tier | Requirements /Limits      |
|--|-----------|---------------------------|
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>              | 4         | MO                        |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>              | 4         | MO; QLL (30 per 30 days)  |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>            | 4         | PAR; MO                   |
| <i>nitrofurantoin monohydr/m-cryst</i>                                   | 4         | PAR; MO                   |
| NORVIR ORAL CAPSULE  | 4         | QLL (360 per 30 days)     |
| NORVIR ORAL POWDER IN PACKET   | 4         | MO; QLL (360 per 30 days) |
| NORVIR ORAL SOLUTION   | 4         | MO; QLL (480 per 30 days) |
| NORVIR ORAL TABLET   | 4         | MO; QLL (360 per 30 days) |
| NOXAFIL ORAL SUSPENSION  | 5         | PAR; MO                   |
| <i>nystatin oral suspension</i>  | 2         | MO                        |
| <i>nystatin oral tablet</i>  | 2         | MO                        |
| ODEFSEY  | 5         | MO; QLL (30 per 30 days)  |
| <i>oseltamivir</i>   | 3         | MO                        |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i> | 4         |                           |
| <i>oxacillin injection recon soln 1 gram</i>                             | 4         |                           |
| <i>oxacillin injection recon soln 2 gram</i>                             | 4         | MO                        |
| <i>paromomycin</i>   | 4         | MO                        |
| PASER  | 4         | MO                        |
| <i>penicillin g potassium</i>  | 4         | MO                        |
| <i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i> | 4         | MO                        |
| <i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>       | 4         |                           |
| <i>penicillin v potassium</i>  | 2         | MO                        |
| PENTAM   | 4         | MO                        |
| <i>pfizerpen-g</i>   | 4         |                           |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>piiperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | 4                | MO                          |
| PREZCOBIX   | 5                | MO; QLL (30 per 30 days)    |
| PREZISTA ORAL SUSPENSION  | 5                | MO; QLL (400 per 30 days)   |
| PREZISTA ORAL TABLET 150 MG   | 4                | MO; QLL (180 per 30 days)   |
| PREZISTA ORAL TABLET 600 MG, 800 MG   | 5                | MO; QLL (60 per 30 days)    |
| PREZISTA ORAL TABLET 75 MG  | 4                | MO; QLL (300 per 30 days)   |
| PRIFTIN   | 4                | MO                          |
| PRIMAQUINE  | 3                | MO                          |
| <i>pyrazinamide</i>   | 4                | MO                          |
| RELENZA DISKHALER   | 3                | MO; QLL (60 per 180 days)   |
| RESCRIPTOR ORAL TABLET  | 4                | MO; QLL (180 per 30 days)   |
| RESCRIPTOR ORAL TABLET, DISPERSIBLE   | 4                | MO; QLL (360 per 30 days)   |
| RETROVIR INTRAVENOUS  | 4                | MO                          |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG   | 5                | MO; QLL (60 per 30 days)    |
| REYATAZ ORAL CAPSULE 300 MG   | 5                | MO; QLL (30 per 30 days)    |
| REYATAZ ORAL POWDER IN PACKET   | 4                | MO; QLL (240 per 30 days)   |
| <i>ribasphere oral tablet 200 mg</i>  | 4                | MO                          |
| <i>ribavirin oral capsule</i>   | 3                | MO                          |
| <i>ribavirin oral tablet 200 mg</i>   | 4                | MO                          |
| <i>rifabutin</i>  | 4                | MO                          |
| <i>rifampin intravenous</i>   | 4                | MO                          |
| <i>rifampin oral</i>  | 3                | MO                          |
| RIFATER   | 3                | MO                          |
| <i>rimantadine</i>  | 3                | MO                          |
| <i>ritonavir</i>  | 4                | MO; QLL (360 per 30 days)   |
| SELZENTRY ORAL SOLUTION   | 5                | MO; QLL (1840 per 30 days)  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| SELZENTRY ORAL TABLET 150 MG, 300 MG                               | 5                | MO; QLL (120 per 30 days)     |
| SELZENTRY ORAL TABLET 25 MG  | 4                | MO; QLL (120 per 30 days)     |
| SELZENTRY ORAL TABLET 75 MG  | 4                | MO; QLL (60 per 30 days)      |
| SIRTURO  | 5                | PAR; MO; LA                   |
| <i>stavudine oral capsule 15 mg, 20 mg</i>                         | 2                | MO; QLL (120 per 30 days)     |
| <i>stavudine oral capsule 30 mg, 40 mg</i>                         | 3                | MO; QLL (60 per 30 days)      |
| STREPTOMYCIN   | 4                | MO                            |
| STRIBILD   | 5                | MO; QLL (30 per 30 days)      |
| STROMEKTOL   | 3                | ST; MO                        |
| <i>sulfadiazine</i>  | 4                | MO                            |
| <i>sulfamethoxazole-trimethoprim intravenous</i>                   | 4                | MO                            |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>               | 3                | MO                            |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                   | 2                | MO                            |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML | 4                | MO                            |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML              | 4                | MO                            |
| SUSTIVA ORAL CAPSULE 200 MG  | 4                | MO; QLL (120 per 30 days)     |
| SUSTIVA ORAL CAPSULE 50 MG   | 4                | MO; QLL (360 per 30 days)     |
| SUSTIVA ORAL TABLET  | 5                | MO; QLL (30 per 30 days)      |
| SYMFI  | 5                | MO; QLL (30 per 30 days)      |
| SYMFI LO   | 5                | MO; QLL (30 per 30 days)      |
| SYNAGIS  | 5                | PAR; MO; LA                   |
| SYNERCID   | 5                |                               |
| TAMIFLU  | 3                | MO                            |
| TECHNIVIE  | 5                | PAR; MO; QLL (56 per 28 days) |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| TEFLARO   | 4                | MO                                 |
| <i>tenofovir disoproxil fumarate</i>                            | 5                | MO; QLL (30 per 30 days)           |
| <i>terbinafine hcl oral</i>                                     | 1                | MO; CG                             |
| <i>tetracycline oral capsule 500 mg</i>                         | 4                | MO                                 |
| TIGECYCLINE   | 5                |                                    |
| <i>tinidazole oral tablet 250 mg</i>                            | 2                | MO                                 |
| <i>tinidazole oral tablet 500 mg</i>                            | 3                | MO                                 |
| TIVICAY ORAL TABLET   | 4                | MO; QLL (60 per 30 days)           |
| TIVICAY ORAL TABLET   | 5                | MO; QLL (60 per 25 MG, 50 MG)      |
| <i>tobramycin in 0.225% nacl for nebulization</i>               | 5                | B/D PAR; MO; QLL (280 per 28 days) |
| <i>tobramycin sulfate injection recon soln</i>                  | 4                |                                    |
| <i>tobramycin sulfate injection solution</i>                    | 4                | MO                                 |
| TRECTOR   | 4                | MO                                 |
| <i>trimethoprim</i>   | 2                | MO                                 |
| TRIUMEQ   | 5                | MO; QLL (30 per 30 days)           |
| TROGARZO  | 5                | MO; QLL (10.64 per 28 days)        |
| TRUVADA   | 5                | MO; QLL (30 per 30 days)           |
| TYBOST  | 3                | MO; QLL (30 per 30 days)           |
| <i>valacyclovir oral tablet 1 gram</i>                          | 2                | MO; QLL (30 per 30 days)           |
| <i>valacyclovir oral tablet 500 mg</i>                          | 2                | MO; QLL (60 per 30 days)           |
| <i>valganciclovir oral tablet</i>                               | 5                | MO                                 |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK            | 4                | B/D PAR                            |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/ 200 ML | 4                | B/D PAR; MO                        |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML | 4                | B/D PAR                       |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>    | 4                | MO                            |
| VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG                                      | 4                |                               |
| VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG                                      | 4                | B/D PAR; MO                   |
| <i>vancomycin oral capsule 250 mg</i>   | 5                | PAR; MO; QLL (80 per 10 days) |
| VIBATIV INTRAVENOUS RECON SOLN 750 MG   | 5                | PAR                           |
| VIDEX 2 GRAM PEDIATRIC  | 4                | MO; QLL (1200 per 30 days)    |
| VIDEX 4 GRAM PEDIATRIC  | 4                | MO; QLL (1200 per 30 days)    |
| VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG                           | 4                | MO; QLL (90 per 30 days)      |
| VIRACEPT ORAL TABLET 250 MG   | 5                | MO; QLL (300 per 30 days)     |
| VIRACEPT ORAL TABLET 625 MG   | 5                | MO; QLL (120 per 30 days)     |
| VIRAMUNE ORAL SUSPENSION  | 4                | MO; QLL (1200 per 30 days)    |
| VIREAD ORAL POWDER  | 5                | MO; QLL (240 per 30 days)     |
| VIREAD ORAL TABLET  | 5                | MO; QLL (30 per 30 days)      |
| <i>voriconazole intravenous</i>   | 4                | MO                            |
| <i>voriconazole oral suspension for reconstitution</i>                        | 5                | PAR; MO                       |
| <i>voriconazole oral tablet 200 mg</i>  | 5                | PAR; MO                       |
| <i>voriconazole oral tablet 50 mg</i>   | 4                | PAR; MO                       |
| VOSEVI  | 5                | PAR; MO; QLL (30 per 30 days) |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| ZERIT ORAL RECON SOLN   | 4                | MO; QLL (2400 per 30 days)     |
| ZIAGEN ORAL SOLUTION  | 4                | MO; QLL (960 per 30 days)      |
| <i>zidovudine oral capsule</i>                                  | 3                | MO; QLL (180 per 30 days)      |
| <i>zidovudine oral syrup</i>                                    | 3                | MO; QLL (1920 per 30 days)     |
| <i>zidovudine oral tablet</i>                                   | 2                | MO; QLL (60 per 30 days)       |
| ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML                       | 5                |                                |
| <b>Antineoplastic / Immunosuppressant Drugs</b>                 |                  |                                |
| ABRAXANE  | 5                | PAR; MO                        |
| <i>adriamycin intravenous recon soln 10 mg</i>                  | 4                | B/D PAR                        |
| <i>adriamycin intravenous solution</i>                          | 4                | B/D PAR                        |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i>              | 4                | B/D PAR                        |
| <i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> | 4                | B/D PAR; MO                    |
| AFINITOR  | 5                | PAR; MO                        |
| AFINITOR DISPERZ  | 5                | PAR; MO                        |
| ALECENSA  | 5                | PAR; MO; QLL (240 per 30 days) |
| ALIMTA  | 5                | PAR; MO                        |
| ALIQOPA   | 5                | PAR; MO; LA                    |
| ALKERAN ORAL  | 4                | B/D PAR; MO                    |
| ALUNBRIG ORAL TABLET 180 MG                                     | 5                | PAR; MO; QLL (30 per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG                                      | 5                | PAR; MO; QLL (180 per 30 days) |
| ALUNBRIG ORAL TABLET 90 MG                                      | 5                | PAR; MO; QLL (60 per 30 days)  |
| ALUNBRIG ORAL TABLETS,DOSE PACK                                 | 5                | PAR; MO; QLL (30 per 180 days) |
| <i>anastrozole</i>  | 2                | MO; QLL (30 per 30 days)       |
| ARRANON   | 4                | B/D PAR                        |
| ARZERRA   | 5                | PAR; MO                        |
| ASTAGRAF XL   | 4                | B/D PAR; MO                    |
| AVASTIN   | 5                | PAR; MO                        |
| <i>azacitidine</i>  | 5                | PAR; MO                        |

| <b>Drug Name</b>                        | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|---|------------------|-----------------------------------|
| <i>azathioprine</i>                     | 2                | B/D PAR; MO                       |
| <i>azathioprine sodium</i>              | 4                | B/D PAR                           |
| BAVENCIO                                | 5                | PAR; MO; LA                       |
| BELEODAQ                                | 5                | PAR; MO                           |
| BENDEKA                                 | 5                | B/D PAR; MO                       |
| BESPONSA                                | 5                | B/D PAR; MO                       |
| <i>bexarotene</i>                       | 5                | PAR; MO                           |
| <i>bicalutamide</i>                     | 2                | MO; QLL (30 per 30 days)          |
| BICNU                                   | 4                | B/D PAR; MO                       |
| <i>bleomycin</i>                        | 4                | B/D PAR; MO                       |
| BLINCYTO INTRAVENOUS KIT                | 5                | PAR; MO                           |
| BORTEZOMIB                              | 5                | PAR; MO                           |
| BOSULIF ORAL TABLET 100 MG              | 5                | PAR; MO; QLL (120 per 30 days)    |
| BOSULIF ORAL TABLET 400 MG, 500 MG      | 5                | PAR; MO; QLL (30 per 30 days)     |
| BRAFTOVI ORAL CAPSULE 50 MG             | 5                | PAR; MO; QLL (120 per 30 days)    |
| BRAFTOVI ORAL CAPSULE 75 MG             | 5                | PAR; MO; QLL (180 per 30 days)    |
| <i>busulfan</i>                         | 4                | B/D PAR                           |
| BUSULFEX                                | 4                | B/D PAR                           |
| CABOMETYX ORAL TABLET 20 MG             | 5                | PAR; MO; LA; QLL (90 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG, 60 MG      | 5                | PAR; MO; LA; QLL (30 per 30 days) |
| CALQUENCE                               | 5                | PAR; MO; LA                       |
| CAPRELSA ORAL TABLET 100 MG             | 5                | PAR; MO; LA; QLL (90 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG             | 5                | PAR; MO; LA; QLL (30 per 30 days) |
| <i>carboplatin intravenous solution</i> | 4                | B/D PAR; MO                       |
| CELLCEPT INTRAVENOUS                    | 4                | B/D PAR; MO                       |
| <i>cisplatin</i>                        | 4                | B/D PAR; MO                       |
| <i>cladribine</i>                       | 5                | B/D PAR; MO                       |
| <i>clofarabine</i>                      | 5                |                                   |
| CLOLAR                                  | 5                | B/D PAR                           |

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



| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|--|------------------|-----------------------------------|
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)  | 5                | PAR; MO; QLL (56 per 28 days)     |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)  | 5                | PAR; MO; QLL (112 per 28 days)    |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)  | 5                | PAR; MO; QLL (84 per 28 days)     |
| COSMEGEN   | 5                | B/D PAR; MO                       |
| COTELLIC   | 5                | PAR; MO; LA; QLL (90 per 30 days) |
| CYCLOPHOSPHAMIDE ORAL CAPSULE  | 4                | B/D PAR; MO                       |
| <i>cyclosporine intravenous</i>  | 4                | B/D PAR                           |
| <i>cyclosporine modified oral capsule 100 mg</i>   | 4                | B/D PAR; MO                       |
| <i>cyclosporine modified oral capsule 25 mg, 50 mg</i>                                     | 3                | B/D PAR; MO                       |
| <i>cyclosporine modified oral solution</i>   | 4                | B/D PAR; MO                       |
| <i>cyclosporine oral capsule</i>   | 4                | B/D PAR; MO                       |
| CYRAMZA  | 5                | PAR; MO                           |
| <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i> | 4                | B/D PAR; MO                       |
| <i>cytarabine (pf) injection solution 20 mg/ml</i>   | 4                | B/D PAR                           |
| <i>cytarabine injection solution 20 mg/ml</i>  | 4                | B/D PAR; MO                       |
| <i>dacarbazine</i>   | 4                | B/D PAR; MO                       |
| <i>dactinomycin</i>  | 5                | B/D PAR                           |
| DARZALEX   | 5                | PAR; MO; LA                       |
| <i>daunorubicin intravenous solution</i>   | 4                | B/D PAR                           |
| <i>decitabine</i>  | 5                | B/D PAR; MO                       |
| <i>dexrazoxane hcl intravenous recon soln 250 mg</i>                                       | 5                |                                   |
| <i>dexrazoxane hcl intravenous recon soln 500 mg</i>                                       | 5                | MO                                |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>  | 5                | B/D PAR                       |
| <i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 5                | B/D PAR; MO                   |
| DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML   | 5                | B/D PAR                       |
| <i>doxorubicin intravenous recon soln 10 mg</i>   | 4                | B/D PAR                       |
| <i>doxorubicin intravenous recon soln 50 mg</i>   | 4                | B/D PAR; MO                   |
| <i>doxorubicin intravenous solution</i>   | 4                | B/D PAR; MO                   |
| <i>doxorubicin, peg-liposomal</i>   | 5                | PAR; MO                       |
| DROXIA  | 4                | MO                            |
| ELITEK  | 5                | PAR; MO                       |
| EMCYT   | 4                | MO                            |
| EMPLICITI   | 5                | PAR; MO                       |
| ENVARUSUS XR  | 4                | B/D PAR; MO                   |
| <i>epirubicin intravenous solution</i>  | 4                | B/D PAR; MO                   |
| ERBITUX   | 5                | PAR; MO                       |
| ERIVEDGE  | 5                | PAR; MO; QLL (30 per 30 days) |
| ERLEADA   | 5                | PAR; MO                       |
| ERWINAZE  | 5                | PAR; MO                       |
| ETOPOPHOS   | 5                | B/D PAR; MO                   |
| <i>etoposide intravenous</i>  | 3                | B/D PAR; MO                   |
| EVOMELA   | 5                | B/D PAR; MO                   |
| <i>exemestane</i>   | 4                | MO; QLL (60 per 30 days)      |
| FARESTON  | 5                | MO; QLL (30 per 30 days)      |
| FARYDAK ORAL CAPSULE 10 MG  | 5                | PAR; MO; QLL (60 per 30 days) |
| FARYDAK ORAL CAPSULE 15 MG, 20 MG   | 5                | PAR; MO; QLL (30 per 30 days) |
| FASLODEX  | 5                | PAR; MO                       |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG   | 5                | PAR; MO; QLL (4 per 365 days) |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|--|------------------|-----------------------------------|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                                 | 4                | PAR; MO; QLL (1 per 28 days)      |
| <i>fludarabine intravenous recon soln</i>  | 4                | B/D PAR; MO                       |
| <i>fludarabine intravenous solution</i>  | 4                | B/D PAR                           |
| <i>fluorouracil intravenous</i>  | 4                | B/D PAR; MO                       |
| <i>flutamide</i>   | 3                | MO                                |
| FOLOTYN  | 5                | B/D PAR; MO                       |
| GAZYVA   | 5                | PAR; MO                           |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>                                     | 5                | B/D PAR; MO                       |
| <i>gemcitabine intravenous recon soln 2 gram</i>   | 5                | B/D PAR                           |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> | 5                | B/D PAR; MO                       |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML   | 5                | B/D PAR                           |
| <i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>                            | 5                | B/D PAR                           |
| <i>gengraf oral capsule 100 mg</i>   | 4                | B/D PAR; MO                       |
| <i>gengraf oral capsule 25 mg</i>  | 3                | B/D PAR; MO                       |
| <i>gengraf oral solution</i>   | 4                | B/D PAR; MO                       |
| GILOTRIF   | 5                | PAR; MO; QLL (30 per 30 days)     |
| GLEOSTINE  | 4                | PAR; MO                           |
| HALAVEN  | 5                | PAR; MO                           |
| HERCEPTIN  | 5                | B/D PAR; MO                       |
| HEXALEN  | 5                | MO                                |
| <i>hydroxyurea</i>   | 2                | MO                                |
| IBRANCE  | 5                | PAR; MO; QLL (30 per 30 days)     |
| ICLUSIG ORAL TABLET 15 MG  | 5                | PAR; MO; QLL (60 per 30 days)     |
| ICLUSIG ORAL TABLET 45 MG  | 5                | PAR; MO; QLL (30 per 30 days)     |
| <i>idarubicin</i>  | 5                | B/D PAR                           |
| IDHIFA ORAL TABLET 100 MG  | 5                | PAR; MO; LA; QLL (30 per 30 days) |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|--|------------------|-----------------------------------|
| IDHIFA ORAL TABLET 50 MG                                       | 5                | PAR; MO; LA; QLL (60 per 30 days) |
| <i>ifosfamide intravenous recon soln</i>                       | 4                | B/D PAR; MO                       |
| <i>ifosfamide intravenous solution</i>                         | 4                | B/D PAR                           |
| <i>imatinib oral tablet 100 mg</i>                             | 5                | PAR; MO; QLL (240 per 30 days)    |
| <i>imatinib oral tablet 400 mg</i>                             | 5                | PAR; MO; QLL (60 per 30 days)     |
| IMBRUVICA ORAL CAPSULE 140 MG                                  | 5                | PAR; MO; QLL (120 per 30 days)    |
| IMBRUVICA ORAL CAPSULE 70 MG                                   | 5                | PAR; MO; QLL (30 per 30 days)     |
| IMBRUVICA ORAL TABLET  | 5                | PAR; MO; QLL (30 per 30 days)     |
| IMFINZI  | 5                | PAR; MO; LA                       |
| INLYTA ORAL TABLET 1 MG  | 5                | PAR; MO; QLL (240 per 30 days)    |
| INLYTA ORAL TABLET 5 MG  | 5                | PAR; MO; QLL (120 per 30 days)    |
| IRESSA   | 5                | MO                                |
| <i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> | 4                | B/D PAR; MO                       |
| <i>irinotecan intravenous solution 500 mg/25 ml</i>            | 4                | B/D PAR                           |
| ISTODAX  | 5                | PAR; MO                           |
| IXEMPRA  | 5                | PAR; MO                           |
| JAKAFI ORAL TABLET 10 MG                                       | 5                | PAR; MO; QLL (150 per 30 days)    |
| JAKAFI ORAL TABLET 15 MG                                       | 5                | PAR; MO; QLL (100 per 30 days)    |
| JAKAFI ORAL TABLET 20 MG                                       | 5                | PAR; MO; QLL (75 per 30 days)     |
| JAKAFI ORAL TABLET 25 MG                                       | 5                | PAR; MO; QLL (60 per 30 days)     |
| JAKAFI ORAL TABLET 50 MG                                       | 5                | PAR; MO; QLL (300 per 30 days)    |
| JEVTANA  | 5                | PAR; MO                           |
| KADCYLA  | 5                | PAR; MO                           |
| KEYTRUDA INTRAVENOUS SOLUTION                                  | 5                | PAR; MO                           |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG                               | 5                | PAR; MO; QLL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG                               | 5                | PAR; MO; QLL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG                               | 5                | PAR; MO; QLL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)  | 5                | PAR; MO; QLL (21 per 21 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)  | 5                | PAR; MO; QLL (42 per 21 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)  | 5                | PAR; MO; QLL (63 per 21 days) |
| KYPROLIS   | 5                | PAR; MO                       |
| LARTRUVO   | 5                | PAR; MO; LA                   |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 4 MG                         | 5                | PAR; MO; QLL (30 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 5                | PAR; MO; QLL (60 per 30 days) |
| LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)              | 5                | PAR; MO; QLL (90 per 30 days) |
| letrozole  | 2                | MO; QLL (30 per 30 days)      |
| leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg                          | 4                | MO                            |
| leucovorin calcium injection recon soln 500 mg   | 4                |                               |
| leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg  | 2                | MO                            |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| leucovorin calcium oral tablet 25 mg                                 | 3                | MO                             |
| LEUKERAN   | 4                | MO                             |
| leuprolide subcutaneous kit  | 4                | PAR; MO                        |
| levoleucovorin intravenous recon soln 50 mg                          | 5                | PAR                            |
| LONSURF  | 5                | PAR; MO                        |
| LUPRON DEPOT   | 5                | PAR; MO; QLL (1 per 28 days)   |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)                      | 5                | PAR; MO; QLL (1 per 28 days)   |
| LYNPARZA ORAL CAPSULE  | 5                | PAR; MO; QLL (480 per 30 days) |
| LYNPARZA ORAL TABLET   | 5                | PAR; MO; QLL (120 per 30 days) |
| LYSODREN   | 3                | MO                             |
| MARQIBO  | 5                | MO                             |
| MATULANE   | 5                | MO                             |
| megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml) | 3                | PAR                            |
| megestrol oral suspension 400 mg/10 ml (40 mg/ml)                    | 3                | PAR; MO                        |
| megestrol oral tablet  | 2                | PAR; MO                        |
| MEKINIST ORAL TABLET 0.5 MG  | 5                | PAR; MO; QLL (90 per 30 days)  |
| MEKINIST ORAL TABLET 2 MG  | 5                | PAR; MO; QLL (30 per 30 days)  |
| MEKTOVI  | 5                | PAR; MO; QLL (180 per 30 days) |
| melphalan  | 4                | B/D PAR; MO                    |
| melphalan hcl  | 3                | B/D PAR                        |
| mercaptopurine   | 3                | MO                             |
| mesna  | 4                | MO                             |
| MESNEX ORAL  | 5                | MO                             |
| methotrexate sodium (pf) injection recon soln                        | 4                |                                |
| methotrexate sodium (pf) injection solution                          | 4                | MO                             |
| methotrexate sodium injection  | 4                | MO                             |
| methotrexate sodium oral   | 2                | MO                             |
| mitomycin intravenous recon soln 20 mg                               | 4                | B/D PAR; MO                    |
| mitomycin intravenous recon soln 40 mg                               | 5                | B/D PAR; MO                    |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| <i>mitoxantrone</i>   | 3                | B/D PAR; MO                        |
| <i>mycophenolate mofetil hcl</i>  | 4                | B/D PAR                            |
| <i>mycophenolate mofetil oral capsule</i>                                       | 3                | B/D PAR; MO                        |
| <i>mycophenolate mofetil oral suspension for reconstitution</i>                 | 5                | B/D PAR; MO                        |
| <i>mycophenolate mofetil oral tablet</i>  | 3                | B/D PAR; MO                        |
| MYLOTARG  | 5                | PAR; MO; LA                        |
| NERLYNX   | 5                | PAR; MO; LA; QLL (180 per 30 days) |
| NEXAVAR   | 5                | PAR; MO; LA; QLL (120 per 30 days) |
| <i>nilutamide</i>   | 5                | MO; QLL (30 per 30 days)           |
| NINLARO   | 5                | PAR; MO; QLL (3 per 28 days)       |
| NIPENT  | 5                | B/D PAR; MO                        |
| NULOJIX   | 5                | PAR; MO                            |
| <i>octreotide acetate injection solution 1,000 mcg/ml</i>                       | 5                | PAR; MO                            |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>  | 4                | PAR; MO                            |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i> | 4                | PAR; MO                            |
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>                   | 5                | PAR; MO                            |
| ODOMZO  | 5                | PAR; MO; LA; QLL (30 per 30 days)  |
| ONCASPAR  | 5                | PAR; MO                            |
| OPDIVO  | 5                | PAR; MO                            |
| <i>oxaliplatin intravenous recon soln 100 mg</i>                                | 5                | B/D PAR; MO                        |
| <i>oxaliplatin intravenous recon soln 50 mg</i>                                 | 5                | B/D PAR                            |
| <i>oxaliplatin intravenous solution 100 mg/20 ml</i>                            | 4                | B/D PAR; MO                        |
| <i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>                   | 5                | B/D PAR; MO                        |
| <i>paclitaxel</i>   | 4                | B/D PAR; MO                        |

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| PERJETA   | 5                | PAR; MO                            |
| POMALYST ORAL CAPSULE 1 MG                        | 5                | PAR; MO; QLL (120 per 30 days)     |
| POMALYST ORAL CAPSULE 2 MG                        | 5                | PAR; MO; QLL (60 per 30 days)      |
| POMALYST ORAL CAPSULE 3 MG, 4 MG                  | 5                | PAR; MO; QLL (30 per 30 days)      |
| PORTRAZZA   | 5                | MO                                 |
| PROGRAF   | 4                | B/D PAR; MO                        |
| INTRAVENOUS                                       |                  |                                    |
| PURIXAN   | 5                | PAR; MO                            |
| RAPAMUNE ORAL SOLUTION                            | 5                | B/D PAR; MO                        |
| REVLIMID ORAL CAPSULE 10 MG                       | 5                | PAR; MO; LA; QLL (60 per 30 days)  |
| REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG | 5                | PAR; MO; LA; QLL (30 per 30 days)  |
| REVLIMID ORAL CAPSULE 5 MG                        | 5                | PAR; MO; LA; QLL (150 per 30 days) |
| RITUXAN   | 5                | B/D PAR; MO                        |
| RITUXAN HYCELA                                    | 5                | B/D PAR; MO                        |
| ROMIDEPSIN  | 5                | PAR                                |
| RUBRACA ORAL TABLET 200 MG                        | 5                | PAR; MO; LA; QLL (180 per 30 days) |
| RUBRACA ORAL TABLET 250 MG, 300 MG                | 5                | PAR; MO; LA; QLL (120 per 30 days) |
| RYDAPT  | 5                | PAR; MO; QLL (240 per 30 days)     |
| SIGNIFOR  | 5                | PAR; MO                            |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG             | 5                | B/D PAR                            |
| SIMULECT INTRAVENOUS RECON SOLN 20 MG             | 5                | B/D PAR; MO                        |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i>         | 4                | B/D PAR; MO                        |
| SOLTAMOX  | 4                | MO                                 |
| SOMATULINE DEPOT                                  | 5                | PAR; MO                            |
| SPRYCEL   | 5                | PAR; MO; QLL (30 per 30 days)      |

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

| <b>Drug Name</b>                          | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|---|------------------|-----------------------------------|
| STIVARGA                                  | 5                | PAR; MO; QLL (120 per 30 days)    |
| SUTENT ORAL CAPSULE 12.5 MG               | 5                | PAR; MO; QLL (90 per 30 days)     |
| SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG | 5                | PAR; MO; QLL (30 per 30 days)     |
| SYNRIBO                                   | 5                | PAR; MO                           |
| TABLOID                                   | 4                | MO                                |
| <i>tacrolimus oral capsule 0.5 mg</i>     | 3                | B/D PAR; MO                       |
| <i>tacrolimus oral capsule 1 mg, 5 mg</i> | 4                | B/D PAR; MO                       |
| TAFINLAR                                  | 5                | PAR; MO; QLL (120 per 30 days)    |
| TAGRISSO ORAL TABLET 40 MG                | 5                | PAR; MO; LA; QLL (60 per 30 days) |
| TAGRISSO ORAL TABLET 80 MG                | 5                | PAR; MO; LA; QLL (30 per 30 days) |
| <i>tamoxifen</i>                          | 2                | MO                                |
| TARCEVA ORAL TABLET 100 MG, 150 MG        | 5                | PAR; MO; QLL (30 per 30 days)     |
| TARCEVA ORAL TABLET 25 MG                 | 5                | PAR; MO; QLL (90 per 30 days)     |
| TARGRETIN TOPICAL                         | 5                | PAR; MO; QLL (60 per 30 days)     |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG       | 5                | PAR; MO; QLL (112 per 28 days)    |
| TASIGNA ORAL CAPSULE 50 MG                | 5                | PAR; MO; QLL (56 per 28 days)     |
| TECENTRIQ                                 | 5                | PAR; MO; LA; QLL (20 per 21 days) |
| <i>temsirolimus</i>                       | 5                | PAR; MO                           |
| THALOMID ORAL CAPSULE 100 MG, 50 MG       | 5                | PAR; MO; QLL (30 per 30 days)     |
| THALOMID ORAL CAPSULE 150 MG, 200 MG      | 5                | PAR; MO; QLL (60 per 30 days)     |
| <i>thiotepa</i>                           | 4                | B/D PAR; MO                       |
| <i>toposar</i>                            | 4                | B/D PAR; MO                       |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>topotecan intravenous recon soln</i>                      | 5                | B/D PAR                            |
| <i>topotecan intravenous solution</i>                        | 5                | B/D PAR; MO                        |
| TORISEL  | 5                | PAR; MO                            |
| TREANDA INTRAVENOUS RECON SOLN                               | 5                | B/D PAR; MO                        |
| TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML                 | 5                | PAR; MO; QLL (1 per 84 days)       |
| TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML                  | 5                | PAR; MO; QLL (1 per 168 days)      |
| TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML                  | 5                | PAR; MO; QLL (1 per 28 days)       |
| <i>tretinoin (chemotherapy)</i>                              | 5                | MO                                 |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML                        | 5                | B/D PAR; MO                        |
| TYKERB   | 5                | PAR; MO; LA; QLL (180 per 30 days) |
| UNITUXIN   | 5                | B/D PAR; MO                        |
| VECTIBIX   | 5                | PAR; MO                            |
| VELCADE  | 5                | PAR; MO                            |
| VENCLEXTA ORAL TABLET 10 MG                                  | 4                | PAR; MO; LA; QLL (60 per 30 days)  |
| VENCLEXTA ORAL TABLET 100 MG                                 | 5                | PAR; MO; LA; QLL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG                                  | 4                | PAR; MO; LA; QLL (30 per 30 days)  |
| VENCLEXTA STARTING PACK                                      | 5                | PAR; MO; LA; QLL (84 per 365 days) |
| VERZENIO   | 5                | PAR; MO; LA; QLL (60 per 30 days)  |
| <i>vinblastine intravenous solution intravenous solution</i> | 4                | B/D PAR; MO                        |
| <i>vincasar pfs intravenous solution 1 mg/ml</i>             | 4                | B/D PAR                            |

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

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|--|------------------|-----------------------------------|
| <i>vincasar pfs intravenous solution 2 mg/2 ml</i> | 4                | B/D PAR; MO                       |
| <i>vincristine</i>                                 | 4                | B/D PAR; MO                       |
| <i>vinorelbine</i>                                 | 4                | B/D PAR; MO                       |
| VOTRIENT   | 5                | PAR; MO; QLL (120 per 30 days)    |
| VYXEOS   | 5                | B/D PAR; MO                       |
| XALKORI  | 5                | PAR; MO; QLL (60 per 30 days)     |
| XATMEP   | 4                | MO                                |
| XGEVA  | 5                | PAR; MO; QLL (1.7 per 28 days)    |
| XTANDI   | 5                | PAR; MO; QLL (120 per 30 days)    |
| YERVOY   | 5                | PAR; MO                           |
| YONDELIS   | 5                | B/D PAR; MO                       |
| YONSA  | 5                | PAR; MO; QLL (120 per 30 days)    |
| ZALTRAP  | 5                | PAR; MO                           |
| ZANOSAR  | 4                | B/D PAR; MO                       |
| ZEJULA   | 5                | PAR; MO; LA; QLL (90 per 30 days) |
| ZELBORAF   | 5                | PAR; MO; QLL (240 per 30 days)    |
| ZOLINZA  | 5                | PAR; MO; QLL (120 per 30 days)    |
| ZORTRESS ORAL TABLET 0.25 MG                       | 4                | B/D PAR; MO                       |
| ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG               | 5                | B/D PAR; MO                       |
| ZYDELIG  | 5                | PAR; MO; QLL (60 per 30 days)     |
| ZYKADIA  | 5                | PAR; MO; QLL (150 per 30 days)    |
| ZYTIGA ORAL TABLET 250 MG                          | 5                | PAR; MO; QLL (120 per 30 days)    |
| ZYTIGA ORAL TABLET 500 MG                          | 5                | PAR; MO; QLL (60 per 30 days)     |
| <b>Autonomic / Cns Drugs, Neurology / Psych</b>    |                  |                                   |
| ABILIFY MAINTENA                                   | 5                | MO; QLL (1 per 28 days)           |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>       |
|---|------------------|-----------------------------------|
| <i>acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 240 mg-24 mg/10 ml (10 ml), 300 mg-30 mg/12.5 ml</i> | 3                | QLL (4500 per 30 days)            |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>   | 3                | MO; QLL (4500 per 30 days)        |
| <i>acetaminophen-codeine oral tablet 300-15 mg</i>  | 2                | MO; QLL (390 per 30 days)         |
| <i>acetaminophen-codeine oral tablet 300-30 mg</i>  | 3                | MO; QLL (360 per 30 days)         |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 3                | MO; QLL (180 per 30 days)         |
| ADASUVE   | 4                | QLL (30 per 30 days)              |
| <i>alprazolam oral tablet</i>   | 2                | MO; QLL (120 per 30 days)         |
| <i>amitriptyline</i>  | 4                | PAR; MO                           |
| <i>amoxapine</i>  | 2                | MO                                |
| AMPYRA  | 5                | PAR; MO; LA; QLL (60 per 30 days) |
| APOKYN  | 5                | PAR; MO; LA                       |
| APTIOM  | 4                | ST; MO                            |
| <i>aripiprazole oral solution</i>   | 4                | MO; QLL (900 per 30 days)         |
| <i>aripiprazole oral tablet 10 mg</i>   | 4                | MO; QLL (90 per 30 days)          |
| <i>aripiprazole oral tablet 15 mg</i>   | 4                | MO; QLL (60 per 30 days)          |
| <i>aripiprazole oral tablet 2 mg</i>  | 4                | MO; QLL (450 per 30 days)         |
| <i>aripiprazole oral tablet 20 mg, 30 mg</i>  | 5                | MO; QLL (30 per 30 days)          |
| <i>aripiprazole oral tablet 5 mg</i>  | 4                | MO; QLL (180 per 30 days)         |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i>   | 5                | MO; QLL (90 per 30 days)          |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i>   | 5                | MO; QLL (60 per 30 days)          |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>  | 4                | PAR; MO; QLL (60 per 30 days)     |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>  | 4                | PAR; MO; QLL (30 per 30 days)     |
| <i>baclofen</i>   | 2                | MO                                |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|---|------------------|---------------------------------|
| BANZEL ORAL SUSPENSION  | 5                | PAR; MO; QLL (2400 per 30 days) |
| BANZEL ORAL TABLET 200 MG                                       | 4                | PAR; MO; QLL (480 per 30 days)  |
| BANZEL ORAL TABLET 400 MG                                       | 5                | PAR; MO; QLL (240 per 30 days)  |
| <i>benztropine injection</i>                                    | 4                | PAR; MO                         |
| <i>benztropine oral</i>   | 2                | PAR; MO                         |
| BRIVIACT INTRAVENOUS  | 4                | PAR                             |
| BRIVIACT ORAL SOLUTION  | 4                | PAR; MO; QLL (600 per 30 days)  |
| BRIVIACT ORAL TABLET 10 MG                                      | 5                | PAR; MO; QLL (600 per 30 days)  |
| BRIVIACT ORAL TABLET 100 MG, 75 MG                              | 5                | PAR; MO; QLL (60 per 30 days)   |
| BRIVIACT ORAL TABLET 25 MG                                      | 5                | PAR; MO; QLL (240 per 30 days)  |
| BRIVIACT ORAL TABLET 50 MG                                      | 5                | PAR; MO; QLL (120 per 30 days)  |
| <i>bromocriptine</i>  | 4                | MO                              |
| <i>buprenorphine hcl injection solution</i>                     | 4                | MO; QLL (90 per 30 days)        |
| <i>buprenorphine hcl injection syringe</i>                      | 4                | QLL (150 per 30 days)           |
| <i>buprenorphine hcl sublingual tablet 2 mg</i>                 | 3                | MO; QLL (240 per 30 days)       |
| <i>buprenorphine hcl sublingual tablet 8 mg</i>                 | 3                | MO; QLL (60 per 30 days)        |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>        | 3                | MO; QLL (360 per 30 days)       |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>          | 3                | MO; QLL (90 per 30 days)        |
| <i>bupropion hcl oral tablet 100 mg</i>                         | 2                | MO; QLL (135 per 30 days)       |
| <i>bupropion hcl oral tablet 75 mg</i>                          | 2                | MO; QLL (180 per 30 days)       |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>  | 2                | MO; QLL (90 per 30 days)        |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>  | 2                | MO; QLL (30 per 30 days)        |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> | 2                | MO; QLL (120 per 30 days)       |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i> | 2                | MO; QLL (60 per 30 days)      |
| <i>bupirone oral tablet 10 mg</i>                                       | 1                | MO; CG                        |
| <i>bupirone oral tablet 15 mg, 5 mg, 7.5 mg</i>                         | 2                | MO                            |
| <i>bupirone oral tablet 30 mg</i>                                       | 3                | MO                            |
| <i>butorphanol tartrate injection</i>                                   | 4                | MO                            |
| <i>butorphanol tartrate nasal</i>                                       | 4                | MO; QLL (5 per 28 days)       |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>                  | 4                | MO                            |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>                        | 4                | MO                            |
| <i>carbamazepine oral suspension 200 mg/10 ml</i>                       | 4                |                               |
| <i>carbamazepine oral tablet</i>  | 4                | MO                            |
| <i>carbamazepine oral tablet extended release 12 hr</i>                 | 4                | MO                            |
| <i>carbamazepine oral tablet, chewable</i>                              | 4                | MO                            |
| <i>carbidopa-levodopa oral tablet</i>                                   | 2                | MO                            |
| <i>carbidopa-levodopa oral tablet extended release</i>                  | 2                | MO                            |
| <i>carbidopa-levodopa oral tablet, disintegrating</i>                   | 4                | MO                            |
| <i>celecoxib</i>  | 3                | PAR; MO                       |
| CELONTIN ORAL CAPSULE 300 MG  | 4                | MO                            |
| <i>chlorpromazine injection</i>   | 4                | PAR; MO                       |
| <i>chlorpromazine oral tablet 10 mg</i>                                 | 3                | PAR; MO                       |
| <i>chlorpromazine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>          | 4                | PAR; MO                       |
| <i>citalopram oral solution</i>   | 2                | MO; QLL (600 per 30 days)     |
| <i>citalopram oral tablet 10 mg</i>                                     | 1                | MO; CG; QLL (120 per 30 days) |
| <i>citalopram oral tablet 20 mg</i>                                     | 1                | MO; CG; QLL (60 per 30 days)  |
| <i>citalopram oral tablet 40 mg</i>                                     | 1                | MO; CG; QLL (30 per 30 days)  |
| <i>clomipramine</i>   | 4                | PAR; MO                       |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>clonazepam oral tablet 0.5 mg</i>                    | 2                | MO; QLL (1200 per 30 days)  |
| <i>clonazepam oral tablet 1 mg</i>                      | 2                | MO; QLL (600 per 30 days)   |
| <i>clonazepam oral tablet 2 mg</i>                      | 2                | MO; QLL (300 per 30 days)   |
| <i>clonazepam oral tablet, disintegrating 0.125 mg</i>  | 3                | MO; QLL (4800 per 30 days)  |
| <i>clonazepam oral tablet, disintegrating 0.25 mg</i>   | 3                | MO; QLL (2400 per 30 days)  |
| <i>clonazepam oral tablet, disintegrating 0.5 mg</i>    | 3                | MO; QLL (1200 per 30 days)  |
| <i>clonazepam oral tablet, disintegrating 1 mg</i>      | 3                | MO; QLL (600 per 30 days)   |
| <i>clonazepam oral tablet, disintegrating 2 mg</i>      | 3                | MO; QLL (300 per 30 days)   |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | 4                | MO                          |
| <i>clorazepate dipotassium</i>                          | 3                | MO                          |
| <i>clozapine oral tablet 100 mg</i>                     | 3                | MO; QLL (270 per 30 days)   |
| <i>clozapine oral tablet 200 mg</i>                     | 3                | MO; QLL (120 per 30 days)   |
| <i>clozapine oral tablet 25 mg</i>                      | 3                | MO; QLL (1080 per 30 days)  |
| <i>clozapine oral tablet 50 mg</i>                      | 3                | MO; QLL (540 per 30 days)   |
| <i>clozapine oral tablet, disintegrating 100 mg</i>     | 4                | QLL (270 per 30 days)       |
| <i>clozapine oral tablet, disintegrating 12.5 mg</i>    | 4                | QLL (2160 per 30 days)      |
| CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG            | 4                | QLL (180 per 30 days)       |
| CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG            | 4                | QLL (120 per 30 days)       |
| <i>clozapine oral tablet, disintegrating 25 mg</i>      | 4                | QLL (1080 per 30 days)      |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i>         | 3                | MO; QLL (360 per 30 days)   |
| <i>codeine sulfate oral tablet 60 mg</i>                | 3                | MO; QLL (180 per 30 days)   |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML                                    | 5                | PAR; MO; QLL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML                                    | 5                | PAR; MO; QLL (12 per 28 days) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                            | 3                | PAR; MO                       |
| <i>cyclobenzaprine oral tablet 7.5 mg</i>                                 | 4                | PAR; MO                       |
| <i>dalfampridine</i>  | 5                | PAR; MO; QLL (60 per 30 days) |
| <i>dantrolene oral capsule 100 mg</i>                                     | 3                | MO                            |
| <i>dantrolene oral capsule 25 mg, 50 mg</i>                               | 2                | MO                            |
| <i>desipramine</i>  | 4                | PAR; MO                       |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG                  | 4                | MO; QLL (120 per 30 days)     |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG                   | 4                | MO; QLL (240 per 30 days)     |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG                   | 4                | MO; QLL (120 per 30 days)     |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG                    | 4                | MO; QLL (240 per 30 days)     |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i> | 4                | MO; QLL (120 per 30 days)     |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>  | 4                | MO; QLL (480 per 30 days)     |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>  | 4                | MO; QLL (240 per 30 days)     |
| <i>dextroamphetamine oral tablet 10 mg</i>                                | 4                | MO; QLL (180 per 30 days)     |
| <i>dextroamphetamine oral tablet 5 mg</i>                                 | 4                | MO; QLL (90 per 30 days)      |

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



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>                    | 4                | PAR; MO; QLL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | 3                | PAR; MO; QLL (90 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 30 mg</i>                                      | 3                | PAR; MO; QLL (60 per 30 days) |
| DIASTAT   | 4                | MO                            |
| DIASTAT ACUDIAL   | 4                | MO                            |
| <i>diazepam intensol</i>  | 3                | MO; QLL (240 per 30 days)     |
| <i>diazepam oral concentrate</i>  | 3                | MO; QLL (240 per 30 days)     |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>   | 3                | MO; QLL (1200 per 30 days)    |
| <i>diazepam oral tablet 10 mg</i>   | 2                | MO; QLL (120 per 30 days)     |
| <i>diazepam oral tablet 2 mg</i>  | 2                | MO; QLL (600 per 30 days)     |
| <i>diazepam oral tablet 5 mg</i>  | 2                | MO; QLL (240 per 30 days)     |
| <i>diazepam rectal</i>  | 4                | MO                            |
| <i>diclofenac potassium</i>   | 2                | MO                            |
| <i>diclofenac sodium oral</i>   | 2                | MO                            |
| <i>diclofenac sodium topical gel 1 %</i>  | 2                | MO; QLL (1000 per 30 days)    |
| <i>diflunisal</i>   | 4                | MO                            |
| <i>dihydroergotamine nasal</i>  | 5                | MO; QLL (8 per 28 days)       |
| DILANTIN INFATABS   | 3                | MO                            |
| DILANTIN ORAL CAPSULE 30 MG   | 3                | MO                            |
| <i>divalproex oral capsule, delayed rel sprinkle</i>  | 3                | MO                            |
| <i>divalproex oral tablet extended release 24 hr</i>  | 4                | MO                            |
| <i>divalproex oral tablet, delayed release (drlec)</i>                                      | 4                | MO                            |
| <i>donepezil oral tablet 10 mg, 5 mg</i>  | 1                | MO; CG; QLL (30 per 30 days)  |
| <i>donepezil oral tablet 23 mg</i>  | 4                | ST; MO; QLL (30 per 30 days)  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| <i>donepezil oral tablet, disintegrating</i>                 | 2                | MO; QLL (30 per 30 days)      |
| <i>doxepin oral capsule</i>                                  | 3                | MO                            |
| <i>doxepin oral concentrate</i>                              | 4                | MO                            |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg</i> | 4                | MO; QLL (180 per 30 days)     |
| <i>duloxetine oral capsule, delayed release(drlec) 30 mg</i> | 4                | MO; QLL (120 per 30 days)     |
| <i>duloxetine oral capsule, delayed release(drlec) 40 mg</i> | 3                | MO; QLL (90 per 30 days)      |
| <i>duloxetine oral capsule, delayed release(drlec) 60 mg</i> | 4                | MO; QLL (60 per 30 days)      |
| <i>duramorph (pf) injection solution 0.5 mg/ml</i>           | 4                | MO; QLL (180 per 30 days)     |
| <i>duramorph (pf) injection solution 1 mg/ml</i>             | 4                | QLL (180 per 30 days)         |
| EMSAM  | 5                | PAR; MO; QLL (30 per 30 days) |
| <i>endocet oral tablet 10-325 mg</i>                         | 4                | MO; QLL (360 per 30 days)     |
| <i>endocet oral tablet 5-325 mg, 7.5-325 mg</i>              | 3                | MO; QLL (360 per 30 days)     |
| <i>entacapone</i>  | 4                | MO                            |
| <i>epitol</i>  | 4                | MO                            |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG             | 4                | MO; QLL (480 per 30 days)     |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG             | 4                | MO; QLL (240 per 30 days)     |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG             | 4                | MO; QLL (180 per 30 days)     |
| <i>ergoloid</i>  | 4                | PAR; MO                       |
| ERGOMAR  | 3                | MO                            |
| <i>escitalopram oxalate oral solution</i>                    | 4                | MO; QLL (600 per 30 days)     |
| <i>escitalopram oxalate oral tablet 10 mg</i>                | 2                | MO; QLL (60 per 30 days)      |
| <i>escitalopram oxalate oral tablet 20 mg</i>                | 2                | MO; QLL (30 per 30 days)      |
| <i>escitalopram oxalate oral tablet 5 mg</i>                 | 2                | MO; QLL (120 per 30 days)     |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| <i>ethosuximide oral capsule</i>  | 4                | MO                             |
| <i>ethosuximide oral solution</i>   | 3                | MO                             |
| <i>etodolac oral capsule</i>  | 4                | MO                             |
| <i>etodolac oral tablet</i>   | 2                | MO                             |
| <i>etodolac oral tablet extended release 24 hr</i>                                    | 2                | MO                             |
| FANAPT ORAL TABLET 1 MG   | 4                | ST; MO; QLL (720 per 30 days)  |
| FANAPT ORAL TABLET 10 MG, 12 MG   | 4                | ST; MO; QLL (60 per 30 days)   |
| FANAPT ORAL TABLET 2 MG   | 4                | ST; MO; QLL (360 per 30 days)  |
| FANAPT ORAL TABLET 4 MG   | 4                | ST; MO; QLL (180 per 30 days)  |
| FANAPT ORAL TABLET 6 MG   | 4                | ST; MO; QLL (120 per 30 days)  |
| FANAPT ORAL TABLET 8 MG   | 4                | ST; MO; QLL (90 per 30 days)   |
| FANAPT ORAL TABLETS,DOSE PACK   | 4                | ST; MO; QLL (16 per 365 days)  |
| <i>felbamate</i>  | 4                | MO                             |
| <i>fenoprofen oral tablet</i>   | 3                | MO                             |
| <i>fentanyl citrate</i>   | 5                | PAR; MO; QLL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 4                | PAR; MO; QLL (15 per 30 days)  |
| <i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>                                   | 3                | PAR; MO; QLL (15 per 30 days)  |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK   | 4                | PAR; MO; QLL (56 per 365 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG                             | 4                | PAR; MO; QLL (30 per 30 days)  |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG                                     | 4                | PAR; MO; QLL (180 per 30 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG                                     | 4                | PAR; MO; QLL (90 per 30 days)  |
| <i>fluoxetine oral capsule 10 mg</i>  | 1                | MO; CG; QLL (240 per 30 days)  |
| <i>fluoxetine oral capsule 20 mg</i>  | 1                | MO; CG; QLL (120 per 30 days)  |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>  |
|--|------------------|------------------------------|
| <i>fluoxetine oral capsule 40 mg</i>                                   | 1                | MO; CG; QLL (60 per 30 days) |
| <i>fluoxetine oral solution</i>  | 2                | MO; QLL (600 per 30 days)    |
| <i>fluphenazine decanoate</i>  | 4                | MO                           |
| <i>fluphenazine hcl injection</i>                                      | 4                | MO                           |
| <i>fluphenazine hcl oral</i>   | 2                | MO                           |
| <i>flurbiprofen</i>  | 2                | MO                           |
| <i>fluvoxamine oral tablet 100 mg</i>                                  | 2                | MO; QLL (90 per 30 days)     |
| <i>fluvoxamine oral tablet 25 mg</i>                                   | 2                | MO; QLL (360 per 30 days)    |
| <i>fluvoxamine oral tablet 50 mg</i>                                   | 2                | MO; QLL (180 per 30 days)    |
| <i>fosphenytoin</i>  | 4                | MO                           |
| FYCOMPA ORAL SUSPENSION  | 4                | MO; QLL (720 per 30 days)    |
| FYCOMPA ORAL TABLET 10 MG, 12 MG                                       | 4                | MO; QLL (30 per 30 days)     |
| FYCOMPA ORAL TABLET 2 MG   | 4                | MO; QLL (180 per 30 days)    |
| FYCOMPA ORAL TABLET 4 MG   | 4                | MO; QLL (90 per 30 days)     |
| FYCOMPA ORAL TABLET 6 MG   | 4                | MO; QLL (60 per 30 days)     |
| FYCOMPA ORAL TABLET 8 MG   | 4                | MO; QLL (45 per 30 days)     |
| <i>gabapentin oral capsule 100 mg</i>                                  | 2                | MO; QLL (1080 per 30 days)   |
| <i>gabapentin oral capsule 300 mg</i>                                  | 2                | MO; QLL (360 per 30 days)    |
| <i>gabapentin oral capsule 400 mg</i>                                  | 2                | MO; QLL (270 per 30 days)    |
| <i>gabapentin oral solution 250 mg/5 ml</i>                            | 4                | MO; QLL (2160 per 30 days)   |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> | 4                | QLL (2160 per 30 days)       |
| <i>gabapentin oral tablet 600 mg</i>                                   | 2                | MO; QLL (180 per 30 days)    |
| <i>gabapentin oral tablet 800 mg</i>                                   | 2                | MO; QLL (120 per 30 days)    |
| GABITRIL ORAL TABLET 12 MG   | 4                | MO                           |
| GABITRIL ORAL TABLET 16 MG   | 5                | MO                           |

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

| Drug Name  | Drug Tier | Requirements /Limits          |
|--|-----------|-------------------------------|
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i>                      | 3         | MO; QLL (30 per 30 days)      |
| <i>galantamine oral solution</i>   | 4         | MO; QLL (180 per 30 days)     |
| <i>galantamine oral tablet</i>   | 3         | MO; QLL (60 per 30 days)      |
| GEODON INTRAMUSCULAR   | 4         | MO; QLL (6 per 28 days)       |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                              | 5         | PAR; MO; QLL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                              | 5         | PAR; MO; QLL (12 per 30 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                                 | 5         | PAR; MO; QLL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                                 | 5         | PAR; MO; QLL (12 per 28 days) |
| <i>guanfacine oral tablet extended release 24 hr</i>                         | 3         | PAR; MO; QLL (30 per 30 days) |
| <i>guanidine</i>   | 3         | MO                            |
| <i>haloperidol decanoate</i>   | 4         | MO                            |
| <i>haloperidol lactate injection</i>   | 4         | MO                            |
| <i>haloperidol lactate intramuscular</i>                                     | 4         |                               |
| <i>haloperidol lactate oral</i>  | 2         | MO                            |
| <i>haloperidol oral tablet 0.5 mg</i>  | 1         | MO; CG                        |
| <i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                | 2         | MO                            |
| HETLIOZ  | 5         | PAR; MO; QLL (30 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>              | 4         | MO; QLL (2700 per 30 days)    |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 3         | MO; QLL (360 per 30 days)     |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                          | 3         | MO; QLL (50 per 30 days)      |
| HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML                                | 4         | QLL (180 per 30 days)         |
| <i>hydromorphone (pf) injection solution 10 mg/ml</i>                        | 4         | MO; QLL (120 per 30 days)     |
| <i>hydromorphone (pf) injection solution 2 mg/ml</i>                         | 4         | QLL (180 per 30 days)         |
| <i>hydromorphone (pf) injection solution 4 mg/ml</i>                         | 4         | QLL (60 per 30 days)          |

| Drug Name  | Drug Tier | Requirements /Limits        |
|--|-----------|-----------------------------|
| HYDROMORPHONE INJECTION SOLUTION 1 MG/ML             | 4         | QLL (180 per 30 days)       |
| <i>hydromorphone injection solution 2 mg/ml</i>      | 4         | MO; QLL (180 per 30 days)   |
| HYDROMORPHONE INJECTION SOLUTION 4 MG/ML             | 4         | MO; QLL (60 per 30 days)    |
| <i>hydromorphone injection syringe 1 mg/ml</i>       | 4         |                             |
| <i>hydromorphone injection syringe 2 mg/ml</i>       | 4         | QLL (180 per 30 days)       |
| <i>hydromorphone injection syringe 4 mg/ml</i>       | 4         | MO                          |
| <i>hydromorphone oral tablet 2 mg, 4 mg</i>          | 3         | MO; QLL (360 per 30 days)   |
| <i>hydromorphone oral tablet 8 mg</i>                | 3         | MO; QLL (180 per 30 days)   |
| <i>ibu oral tablet 600 mg, 800 mg</i>                | 1         | MO; CG                      |
| <i>ibuprofen oral suspension</i>                     | 2         | MO                          |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>  | 1         | MO; CG                      |
| <i>ibuprofen-oxycodone</i>                           | 3         | MO; QLL (28 per 7 days)     |
| <i>imipramine hcl</i>                                | 4         | PAR; MO                     |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5         | MO; QLL (0.75 per 28 days)  |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML      | 5         | MO; QLL (1 per 28 days)     |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML  | 5         | MO; QLL (1.5 per 28 days)   |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML  | 4         | MO; QLL (0.25 per 28 days)  |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML   | 5         | MO; QLL (0.5 per 28 days)   |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML  | 5         | MO; QLL (0.875 per 90 days) |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML                                    | 5                | MO; QLL (1.315 per 90 days)    |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML                                     | 5                | MO; QLL (1.75 per 90 days)     |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML                                    | 5                | MO; QLL (2.625 per 90 days)    |
| <i>ketoprofen oral capsule 25 mg</i>   | 2                |                                |
| <i>ketoprofen oral capsule 75 mg</i>   | 2                | MO                             |
| <i>ketorolac oral</i>  | 3                | PAR; MO                        |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG                                      | 4                | ST; MO; QLL (120 per 30 days)  |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG                                       | 4                | ST; MO; QLL (240 per 30 days)  |
| <i>lamotrigine oral tablet</i>   | 2                | MO                             |
| <i>lamotrigine oral tablet, chewable dispersible</i>                                   | 3                | MO                             |
| LATUDA ORAL TABLET 120 MG, 60 MG   | 4                | PAR; MO; QLL (30 per 30 days)  |
| LATUDA ORAL TABLET 20 MG   | 4                | PAR; MO; QLL (240 per 30 days) |
| LATUDA ORAL TABLET 40 MG   | 4                | PAR; MO; QLL (120 per 30 days) |
| LATUDA ORAL TABLET 80 MG   | 4                | PAR; MO; QLL (60 per 30 days)  |
| LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML | 4                |                                |
| LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML                    | 4                | MO                             |
| <i>levetiracetam intravenous</i>   | 4                | MO                             |
| <i>levetiracetam oral solution 100 mg/ml</i>   | 3                | MO                             |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>          | 3                |                                |
| <i>levetiracetam oral tablet</i>                               | 3                | MO                             |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg</i> | 3                | MO; QLL (180 per 30 days)      |
| <i>levetiracetam oral tablet extended release 24 hr 750 mg</i> | 3                | MO; QLL (120 per 30 days)      |
| <i>lithium carbonate oral capsule</i>                          | 1                | MO; CG                         |
| <i>lithium carbonate oral tablet</i>                           | 1                | MO; CG                         |
| <i>lithium carbonate oral tablet extended release</i>          | 2                | MO                             |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                | 4                | MO                             |
| <i>lorazepam intensol</i>                                      | 2                | MO                             |
| <i>lorazepam oral</i>  | 2                | MO                             |
| <i>loxapine succinate</i>                                      | 2                | MO                             |
| LYRICA ORAL CAPSULE 100 MG                                     | 4                | PAR; MO; QLL (180 per 30 days) |
| LYRICA ORAL CAPSULE 150 MG                                     | 4                | PAR; MO; QLL (120 per 30 days) |
| LYRICA ORAL CAPSULE 200 MG                                     | 4                | PAR; MO; QLL (90 per 30 days)  |
| LYRICA ORAL CAPSULE 225 MG, 300 MG                             | 4                | PAR; MO; QLL (60 per 30 days)  |
| LYRICA ORAL CAPSULE 25 MG                                      | 4                | PAR; MO; QLL (720 per 30 days) |
| LYRICA ORAL CAPSULE 50 MG                                      | 4                | PAR; MO; QLL (360 per 30 days) |
| LYRICA ORAL CAPSULE 75 MG                                      | 4                | PAR; MO; QLL (240 per 30 days) |
| LYRICA ORAL SOLUTION   | 4                | PAR; MO; QLL (900 per 30 days) |
| <i>maprotiline oral tablet 25 mg</i>                           | 2                | MO; QLL (270 per 30 days)      |
| <i>maprotiline oral tablet 50 mg</i>                           | 2                | MO; QLL (135 per 30 days)      |
| <i>maprotiline oral tablet 75 mg</i>                           | 2                | MO                             |
| MARPLAN  | 4                | MO                             |
| <i>meclofenamate oral capsule 100 mg</i>                       | 3                | MO                             |
| <i>meclofenamate oral capsule 50 mg</i>                        | 4                | MO                             |
| <i>mefenamic acid</i>  | 4                | MO                             |
| <i>meloxicam oral tablet</i>                                   | 1                | MO; CG                         |

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

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| <i>memantine oral capsule, sprinkle, er 24hr</i>     | 3                | PAR; MO; QLL (30 per 30 days)  |
| <i>memantine oral solution</i>                       | 3                | PAR; MO; QLL (300 per 30 days) |
| <i>memantine oral tablet 10 mg</i>                   | 3                | PAR; MO; QLL (60 per 30 days)  |
| <i>memantine oral tablet 5 mg</i>                    | 3                | PAR; MO; QLL (90 per 30 days)  |
| MESTINON ORAL SYRUP                                  | 5                | MO                             |
| <i>methadone injection solution</i>                  | 4                | QLL (150 per 30 days)          |
| <i>methadone intensol</i>                            | 3                | MO; QLL (30 per 30 days)       |
| <i>methadone oral concentrate</i>                    | 3                | MO; QLL (30 per 30 days)       |
| <i>methadone oral solution 10 mg/5 ml</i>            | 3                | MO; QLL (900 per 30 days)      |
| <i>methadone oral solution 5 mg/5 ml</i>             | 3                | MO; QLL (1800 per 30 days)     |
| <i>methadone oral tablet 10 mg</i>                   | 3                | MO; QLL (180 per 30 days)      |
| <i>methadone oral tablet 5 mg</i>                    | 3                | MO; QLL (360 per 30 days)      |
| <i>methadose oral concentrate</i>                    | 3                | MO; QLL (30 per 30 days)       |
| <i>methylphenidate hcl oral tablet</i>               | 3                | MO; QLL (90 per 30 days)       |
| <i>mirtazapine oral tablet 15 mg</i>                 | 1                | MO; CG; QLL (90 per 30 days)   |
| <i>mirtazapine oral tablet 30 mg</i>                 | 2                | MO; QLL (45 per 30 days)       |
| <i>mirtazapine oral tablet 45 mg</i>                 | 2                | MO; QLL (30 per 30 days)       |
| <i>mirtazapine oral tablet 7.5 mg</i>                | 2                | MO; QLL (180 per 30 days)      |
| <i>mirtazapine oral tablet, disintegrating 15 mg</i> | 4                | MO; QLL (90 per 30 days)       |
| <i>mirtazapine oral tablet, disintegrating 30 mg</i> | 4                | MO; QLL (45 per 30 days)       |
| <i>mirtazapine oral tablet, disintegrating 45 mg</i> | 4                | MO; QLL (30 per 30 days)       |
| <i>modafinil oral tablet 100 mg</i>                  | 3                | PAR; MO; QLL (30 per 30 days)  |
| <i>modafinil oral tablet 200 mg</i>                  | 3                | PAR; MO; QLL (60 per 30 days)  |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>morphine (pf) injection solution 0.5 mg/ml</i>                             | 4                | QLL (180 per 30 days)       |
| <i>morphine (pf) injection solution 1 mg/ml</i>                               | 4                | MO; QLL (180 per 30 days)   |
| <i>morphine (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i> | 4                | MO; QLL (30 per 30 days)    |
| <i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i>  | 4                | QLL (180 per 30 days)       |
| <i>morphine concentrate oral solution</i>                                     | 3                | MO; QLL (270 per 30 days)   |
| <i>morphine injection solution 10 mg/ml</i>                                   | 4                | MO; QLL (120 per 30 days)   |
| MORPHINE INJECTION SOLUTION 4 MG/ML   | 4                | QLL (180 per 30 days)       |
| <i>morphine injection solution 5 mg/ml</i>                                    | 4                | MO; QLL (180 per 30 days)   |
| <i>morphine injection solution 8 mg/ml</i>                                    | 4                | QLL (180 per 30 days)       |
| <i>morphine injection syringe 10 mg/ml</i>                                    | 4                | MO; QLL (120 per 30 days)   |
| <i>morphine injection syringe 2 mg/ml, 4 mg/ml</i>                            | 3                | MO; QLL (180 per 30 days)   |
| <i>morphine injection syringe 5 mg/ml</i>                                     | 3                | QLL (180 per 30 days)       |
| <i>morphine injection syringe 8 mg/ml</i>                                     | 4                | QLL (180 per 30 days)       |
| <i>morphine intravenous cartridge 10 mg/ml</i>                                | 4                | QLL (120 per 30 days)       |
| <i>morphine intravenous cartridge 2 mg/ml, 4 mg/ml</i>                        | 3                | QLL (180 per 30 days)       |
| MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML  | 4                | QLL (180 per 30 days)       |
| <i>morphine intravenous solution 10 mg/ml</i>                                 | 4                | MO; QLL (120 per 30 days)   |
| MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML                                | 4                | MO; QLL (180 per 30 days)   |
| <i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>                          | 3                | QLL (180 per 30 days)       |
| <i>morphine oral solution 10 mg/5 ml</i>                                      | 3                | MO; QLL (2700 per 30 days)  |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>               | 3                | MO; QLL (1350 per 30 days)     |
| <i>morphine oral tablet 15 mg</i>                                | 3                | MO; QLL (360 per 30 days)      |
| <i>morphine oral tablet 30 mg</i>                                | 3                | MO; QLL (180 per 30 days)      |
| <i>morphine oral tablet extended release 100 mg</i>              | 4                | MO; QLL (90 per 30 days)       |
| <i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i> | 3                | MO; QLL (90 per 30 days)       |
| <i>morphine oral tablet extended release 200 mg</i>              | 4                | MO; QLL (60 per 30 days)       |
| <i>nabumetone</i>  | 2                | MO                             |
| <i>nalbuphine injection solution 10 mg/ml</i>                    | 3                | MO; QLL (180 per 30 days)      |
| <i>nalbuphine injection solution 20 mg/ml</i>                    | 4                | MO; QLL (90 per 30 days)       |
| <i>naloxone injection solution</i>                               | 4                | MO                             |
| <i>naloxone injection syringe 0.4 mg/ml</i>                      | 4                | MO                             |
| <i>naloxone injection syringe 1 mg/ml</i>                        | 3                | MO                             |
| <i>naltrexone</i>  | 2                | MO                             |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK                   | 3                | PAR; MO; QLL (56 per 365 days) |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR                         | 3                | PAR; MO; QLL (30 per 30 days)  |
| NAMZARIC   | 3                | PAR; MO                        |
| <i>naproxen oral suspension</i>                                  | 2                | MO                             |
| <i>naproxen oral tablet</i>                                      | 1                | MO; CG                         |
| <i>naproxen oral tablet, delayed release (drlec)</i>             | 2                | MO                             |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                | 4                | MO                             |
| <i>naratriptan</i>   | 3                | MO; QLL (9 per 30 days)        |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                   | 3                | MO                             |
| <i>nefazodone oral tablet 100 mg</i>                             | 4                | MO; QLL (180 per 30 days)      |
| <i>nefazodone oral tablet 150 mg</i>                             | 4                | MO; QLL (120 per 30 days)      |

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| <i>nefazodone oral tablet 200 mg</i>                | 4                | MO; QLL (90 per 30 days)       |
| <i>nefazodone oral tablet 250 mg</i>                | 4                | MO; QLL (72 per 30 days)       |
| <i>nefazodone oral tablet 50 mg</i>                 | 4                | MO; QLL (360 per 30 days)      |
| NEUPRO  | 4                | PAR; MO; QLL (30 per 30 days)  |
| <i>nortriptyline oral capsule 10 mg, 25 mg</i>      | 1                | MO; CG                         |
| <i>nortriptyline oral capsule 50 mg, 75 mg</i>      | 2                | MO                             |
| NORTRIPTYLINE ORAL SOLUTION                         | 4                | MO                             |
| NUEDEXTA  | 3                | MO; QLL (60 per 30 days)       |
| NUPLAZID ORAL CAPSULE                               | 5                | PAR; MO; QLL (30 per 30 days)  |
| NUPLAZID ORAL TABLET 10 MG                          | 5                | PAR; MO; QLL (30 per 30 days)  |
| NUPLAZID ORAL TABLET 17 MG                          | 5                | PAR; MO; QLL (60 per 30 days)  |
| <i>olanzapine intramuscular</i>                     | 4                | MO; QLL (60 per 30 days)       |
| <i>olanzapine oral tablet 10 mg</i>                 | 3                | MO; QLL (60 per 30 days)       |
| <i>olanzapine oral tablet 15 mg</i>                 | 3                | MO; QLL (40 per 30 days)       |
| <i>olanzapine oral tablet 2.5 mg</i>                | 3                | MO; QLL (240 per 30 days)      |
| <i>olanzapine oral tablet 20 mg</i>                 | 3                | MO; QLL (30 per 30 days)       |
| <i>olanzapine oral tablet 5 mg</i>                  | 3                | MO; QLL (120 per 30 days)      |
| <i>olanzapine oral tablet 7.5 mg</i>                | 3                | MO; QLL (80 per 30 days)       |
| <i>olanzapine oral tablet, disintegrating 10 mg</i> | 4                | MO; QLL (60 per 30 days)       |
| <i>olanzapine oral tablet, disintegrating 15 mg</i> | 4                | MO; QLL (40 per 30 days)       |
| <i>olanzapine oral tablet, disintegrating 20 mg</i> | 4                | MO; QLL (30 per 30 days)       |
| <i>olanzapine oral tablet, disintegrating 5 mg</i>  | 4                | MO; QLL (120 per 30 days)      |
| ONFI ORAL SUSPENSION                                | 4                | PAR; MO; QLL (480 per 30 days) |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| ONFI ORAL TABLET 10 MG   | 4                | PAR; MO; QLL (120 per 30 days) |
| ONFI ORAL TABLET 20 MG   | 5                | PAR; MO; QLL (60 per 30 days)  |
| <i>oxaprozin</i>   | 3                | MO                             |
| <i>oxazepam</i>  | 2                | MO; QLL (120 per 30 days)      |
| <i>oxcarbazepine oral suspension</i>   | 4                | MO                             |
| <i>oxcarbazepine oral tablet</i>   | 3                | MO                             |
| <i>oxycodone oral capsule</i>  | 4                | MO; QLL (360 per 30 days)      |
| <i>oxycodone oral concentrate</i>  | 4                | MO; QLL (180 per 30 days)      |
| <i>oxycodone oral solution</i>   | 3                | MO; QLL (1800 per 30 days)     |
| <i>oxycodone oral tablet 10 mg, 5 mg</i>   | 3                | MO; QLL (360 per 30 days)      |
| <i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>                                       | 3                | MO; QLL (180 per 30 days)      |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 3                | MO; QLL (360 per 30 days)      |
| <i>oxycodone-aspirin</i>   | 3                | MO; QLL (360 per 30 days)      |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>                           | 4                | MO; QLL (240 per 30 days)      |
| <i>paliperidone oral tablet extended release 24hr 3 mg</i>                             | 4                | MO; QLL (120 per 30 days)      |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                             | 4                | MO; QLL (60 per 30 days)       |
| <i>paliperidone oral tablet extended release 24hr 9 mg</i>                             | 4                | MO; QLL (30 per 30 days)       |
| <i>paroxetine hcl oral tablet 10 mg</i>  | 1                | MO; CG; QLL (180 per 30 days)  |
| <i>paroxetine hcl oral tablet 20 mg</i>  | 1                | MO; CG; QLL (90 per 30 days)   |
| <i>paroxetine hcl oral tablet 30 mg</i>  | 2                | MO; QLL (60 per 30 days)       |
| <i>paroxetine hcl oral tablet 40 mg</i>  | 2                | MO; QLL (45 per 30 days)       |
| PAXIL ORAL SUSPENSION  | 4                | MO; QLL (900 per 30 days)      |
| PEGANONE   | 4                | MO                             |
| <i>perphenazine</i>  | 3                | MO                             |
| <i>phenelzine</i>  | 3                | MO                             |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|--|------------------|---------------------------------|
| <i>phenobarbital oral elixir</i>                           | 3                | PAR; MO; QLL (3000 per 30 days) |
| <i>phenobarbital oral tablet 100 mg</i>                    | 4                | PAR; MO; QLL (120 per 30 days)  |
| <i>phenobarbital oral tablet 15 mg</i>                     | 4                | PAR; MO; QLL (800 per 30 days)  |
| <i>phenobarbital oral tablet 16.2 mg</i>                   | 4                | PAR; MO; QLL (741 per 30 days)  |
| <i>phenobarbital oral tablet 30 mg</i>                     | 4                | PAR; MO; QLL (400 per 30 days)  |
| <i>phenobarbital oral tablet 32.4 mg</i>                   | 4                | PAR; MO; QLL (370 per 30 days)  |
| <i>phenobarbital oral tablet 60 mg</i>                     | 4                | PAR; MO; QLL (200 per 30 days)  |
| <i>phenobarbital oral tablet 64.8 mg</i>                   | 4                | PAR; MO; QLL (185 per 30 days)  |
| <i>phenobarbital oral tablet 97.2 mg</i>                   | 4                | PAR; MO; QLL (123 per 30 days)  |
| PHENYTEK   | 4                | MO                              |
| <i>phenytoin oral suspension 100 mg/4 ml</i>               | 3                |                                 |
| <i>phenytoin oral suspension 125 mg/5 ml</i>               | 3                | MO                              |
| <i>phenytoin oral tablet, chewable</i>                     | 2                | MO                              |
| <i>phenytoin sodium extended</i>                           | 4                | MO                              |
| <i>phenytoin sodium intravenous solution</i>               | 4                | MO                              |
| <i>phenytoin sodium intravenous syringe</i>                | 4                |                                 |
| <i>pimozide</i>  | 3                | MO                              |
| <i>piroxicam</i>   | 2                | MO                              |
| <i>pramipexole oral tablet</i>                             | 2                | MO                              |
| <i>primidone</i>   | 4                | MO                              |
| <i>protriptyline</i>                                       | 4                | MO                              |
| <i>pyridostigmine bromide oral tablet</i>                  | 3                | MO                              |
| <i>pyridostigmine bromide oral tablet extended release</i> | 4                | MO                              |
| <i>quetiapine oral tablet 100 mg</i>                       | 2                | MO; QLL (240 per 30 days)       |
| <i>quetiapine oral tablet 200 mg</i>                       | 2                | MO; QLL (120 per 30 days)       |
| <i>quetiapine oral tablet 25 mg</i>                        | 2                | MO; QLL (960 per 30 days)       |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| <i>quetiapine oral tablet 300 mg</i>                            | 2                | MO; QLL (80 per 30 days)       |
| <i>quetiapine oral tablet 400 mg</i>                            | 2                | MO; QLL (60 per 30 days)       |
| <i>quetiapine oral tablet 50 mg</i>                             | 2                | MO; QLL (480 per 30 days)      |
| <i>quetiapine oral tablet extended release 24 hr 150 mg</i>     | 4                | PAR; MO; QLL (150 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 200 mg</i>     | 4                | PAR; MO; QLL (120 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 300 mg</i>     | 4                | PAR; MO; QLL (80 per 30 days)  |
| <i>quetiapine oral tablet extended release 24 hr 400 mg</i>     | 4                | PAR; MO; QLL (60 per 30 days)  |
| <i>quetiapine oral tablet extended release 24 hr 50 mg</i>      | 4                | PAR; MO; QLL (480 per 30 days) |
| <i>rasagiline</i>   | 3                | MO                             |
| <i>regonol</i>  | 4                |                                |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG                 | 5                | PAR; MO; QLL (60 per 30 days)  |
| REXULTI ORAL TABLET 3 MG, 4 MG                                  | 5                | PAR; MO; QLL (30 per 30 days)  |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML | 4                | MO; QLL (2 per 28 days)        |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML | 5                | MO; QLL (2 per 28 days)        |
| <i>risperidone oral solution</i>                                | 3                | MO; QLL (480 per 30 days)      |
| <i>risperidone oral tablet 0.25 mg</i>                          | 2                | MO; QLL (1920 per 30 days)     |
| <i>risperidone oral tablet 0.5 mg</i>                           | 2                | MO; QLL (960 per 30 days)      |
| <i>risperidone oral tablet 1 mg</i>                             | 2                | MO; QLL (480 per 30 days)      |
| <i>risperidone oral tablet 2 mg</i>                             | 2                | MO; QLL (240 per 30 days)      |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>risperidone oral tablet 3 mg</i>                    | 2                | MO; QLL (150 per 30 days)          |
| <i>risperidone oral tablet 4 mg</i>                    | 2                | MO; QLL (120 per 30 days)          |
| <i>risperidone oral tablet, disintegrating 0.25 mg</i> | 4                | MO; QLL (1920 per 30 days)         |
| <i>risperidone oral tablet, disintegrating 0.5 mg</i>  | 4                | MO; QLL (960 per 30 days)          |
| <i>risperidone oral tablet, disintegrating 1 mg</i>    | 4                | MO; QLL (480 per 30 days)          |
| <i>risperidone oral tablet, disintegrating 2 mg</i>    | 4                | MO; QLL (240 per 30 days)          |
| <i>risperidone oral tablet, disintegrating 3 mg</i>    | 4                | MO; QLL (150 per 30 days)          |
| <i>risperidone oral tablet, disintegrating 4 mg</i>    | 4                | MO; QLL (120 per 30 days)          |
| <i>rivastigmine tartrate</i>                           | 4                | MO; QLL (60 per 30 days)           |
| <i>rivastigmine transdermal patch</i>                  | 4                | MO; QLL (30 per 30 days)           |
| <i>rizatriptan</i>                                     | 3                | MO; QLL (12 per 30 days)           |
| <i>ropinirole oral tablet</i>                          | 2                | MO                                 |
| <i>ropinirole oral tablet extended release 24 hr</i>   | 4                | MO                                 |
| <i>roweepra oral tablet 500 mg</i>                     | 2                | MO                                 |
| SABRIL ORAL POWDER IN PACKET                           | 4                | PAR; MO; LA; QLL (180 per 30 days) |
| SABRIL ORAL TABLET                                     | 5                | PAR; MO; LA; QLL (180 per 30 days) |
| SAPHRIS SUBLINGUAL TABLET 10 MG                        | 4                | MO; QLL (60 per 30 days)           |
| SAPHRIS SUBLINGUAL TABLET 2.5 MG                       | 4                | MO; QLL (240 per 30 days)          |
| SAPHRIS SUBLINGUAL TABLET 5 MG                         | 4                | MO; QLL (120 per 30 days)          |
| <i>selegiline hcl</i>                                  | 3                | MO                                 |
| <i>sertraline oral concentrate</i>                     | 4                | MO; QLL (300 per 30 days)          |
| <i>sertraline oral tablet 100 mg</i>                   | 1                | MO; CG; QLL (60 per 30 days)       |
| <i>sertraline oral tablet 25 mg</i>                    | 1                | MO; CG; QLL (240 per 30 days)      |

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



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|---|------------------|--------------------------------|
| <i>sertraline oral tablet 50 mg</i>                         | 1                | MO; CG; QLL (120 per 30 days)  |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG | 4                | PAR; MO; QLL (60 per 30 days)  |
| SPRITAM ORAL TABLET FOR SUSPENSION 750 MG                   | 4                | PAR; MO; QLL (120 per 30 days) |
| SUBOXONE SUBLINGUAL FILM 12-3 MG                            | 4                | MO; QLL (60 per 30 days)       |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG                           | 4                | MO; QLL (360 per 30 days)      |
| SUBOXONE SUBLINGUAL FILM 4-1 MG                             | 4                | MO; QLL (180 per 30 days)      |
| SUBOXONE SUBLINGUAL FILM 8-2 MG                             | 4                | MO; QLL (90 per 30 days)       |
| <i>sulindac</i>   | 2                | MO                             |
| <i>sumatriptan nasal spray</i>                              | 4                | MO                             |
| <i>sumatriptan succinate oral</i>                           | 2                | MO; QLL (9 per 30 days)        |
| <i>sumatriptan succinate subcutaneous cartridge</i>         | 4                | MO                             |
| <i>sumatriptan succinate subcutaneous pen injector</i>      | 4                | MO                             |
| <i>sumatriptan succinate subcutaneous solution</i>          | 4                | MO                             |
| SURMONTIL   | 4                | PAR; MO                        |
| TECFIDERA   | 5                | PAR; MO                        |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                  | 4                | MO; QLL (30 per 30 days)       |
| <i>tetrabenazine oral tablet 12.5 mg</i>                    | 5                | PAR; MO; QLL (240 per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i>                      | 5                | PAR; MO; QLL (120 per 30 days) |
| <i>thioridazine</i>   | 2                | ST; MO                         |
| <i>thiothixene</i>  | 4                | MO                             |
| <i>tiagabine</i>  | 4                | MO                             |
| <i>tizanidine oral tablet</i>                               | 2                | MO                             |
| <i>tolcapone</i>  | 5                | PAR; MO; QLL (180 per 30 days) |
| <i>topiramate oral capsule, sprinkle 15 mg</i>              | 3                | PAR; MO                        |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|--|------------------|---------------------------------|
| <i>topiramate oral capsule, sprinkle 25 mg</i>   | 4                | PAR; MO                         |
| <i>topiramate oral tablet 100 mg</i>   | 4                | PAR; MO; QLL (480 per 30 days)  |
| <i>topiramate oral tablet 200 mg</i>   | 2                | PAR; MO; QLL (240 per 30 days)  |
| <i>topiramate oral tablet 25 mg</i>  | 4                | PAR; MO; QLL (1920 per 30 days) |
| <i>topiramate oral tablet 50 mg</i>  | 4                | PAR; MO; QLL (960 per 30 days)  |
| <i>tramadol oral tablet</i>  | 2                | MO; QLL (240 per 30 days)       |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>                            | 2                | PAR; MO; QLL (30 per 30 days)   |
| <i>tramadol-acetaminophen</i>  | 3                | MO; QLL (40 per 30 days)        |
| <i>tranlycypromine</i>   | 4                | MO                              |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>   | 1                | MO; CG                          |
| <i>trazodone oral tablet 300 mg</i>  | 4                | MO                              |
| <i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i>  | 2                | MO                              |
| <i>trifluoperazine oral tablet 10 mg</i>   | 3                | MO                              |
| <i>trihexyphenidyl</i>   | 2                | PAR; MO                         |
| <i>trimipramine</i>  | 4                | PAR; MO                         |
| TRINTELLIX ORAL TABLET 10 MG   | 4                | ST; MO; QLL (60 per 30 days)    |
| TRINTELLIX ORAL TABLET 20 MG   | 4                | ST; MO; QLL (30 per 30 days)    |
| TRINTELLIX ORAL TABLET 5 MG  | 4                | ST; MO; QLL (120 per 30 days)   |
| TYSABRI  | 5                | PAR; MO; LA                     |
| <i>valproate sodium</i>  | 4                | MO                              |
| <i>valproic acid</i>   | 4                | MO                              |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                              | 2                | MO                              |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i> | 2                |                                 |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg</i>                                | 2                | MO; QLL (60 per 30 days)        |
| <i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>                               | 2                | MO; QLL (180 per 30 days)       |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>venlafaxine oral capsule, extended release 24hr 75 mg</i> | 2                | MO; QLL (90 per 30 days)           |
| <i>venlafaxine oral tablet 100 mg</i>                        | 2                | MO; QLL (113 per 30 days)          |
| <i>venlafaxine oral tablet 25 mg</i>                         | 2                | MO; QLL (450 per 30 days)          |
| <i>venlafaxine oral tablet 37.5 mg</i>                       | 2                | MO; QLL (300 per 30 days)          |
| <i>venlafaxine oral tablet 50 mg</i>                         | 2                | MO; QLL (225 per 30 days)          |
| <i>venlafaxine oral tablet 75 mg</i>                         | 2                | MO; QLL (150 per 30 days)          |
| VERSACLOZ  | 4                | QLL (600 per 30 days)              |
| <i>vigabatrin</i>  | 5                | PAR; MO; LA; QLL (180 per 30 days) |
| VIIBRYD ORAL TABLET 10 MG                                    | 4                | ST; MO; QLL (120 per 30 days)      |
| VIIBRYD ORAL TABLET 20 MG                                    | 4                | ST; MO; QLL (60 per 30 days)       |
| VIIBRYD ORAL TABLET 40 MG                                    | 4                | ST; MO; QLL (30 per 30 days)       |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)         | 4                | ST; MO; QLL (30 per 30 days)       |
| VIMPAT INTRAVENOUS   | 4                | QLL (1200 per 30 days)             |
| VIMPAT ORAL SOLUTION   | 4                | MO; QLL (1200 per 30 days)         |
| VIMPAT ORAL TABLET 100 MG                                    | 4                | MO; QLL (120 per 30 days)          |
| VIMPAT ORAL TABLET 150 MG, 200 MG                            | 4                | MO; QLL (60 per 30 days)           |
| VIMPAT ORAL TABLET 50 MG                                     | 4                | MO; QLL (240 per 30 days)          |
| VRAYLAR ORAL CAPSULE   | 4                | PAR; MO; QLL (30 per 30 days)      |
| VRAYLAR ORAL CAPSULE,DOSE PACK                               | 4                | PAR; MO; QLL (14 per 365 days)     |
| XYREM  | 5                | PAR; MO; LA; QLL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg</i>                           | 3                | PAR; MO; QLL (60 per 30 days)      |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>zaleplon oral capsule 5 mg</i>                                   | 3                | PAR; MO; QLL (30 per 30 days) |
| <i>ziprasidone hcl oral capsule 20 mg</i>                           | 4                | MO; QLL (240 per 30 days)     |
| <i>ziprasidone hcl oral capsule 40 mg</i>                           | 4                | MO; QLL (120 per 30 days)     |
| <i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>                    | 4                | MO; QLL (60 per 30 days)      |
| <i>zolpidem oral tablet</i>   | 2                | PAR; MO; QLL (30 per 30 days) |
| <i>zonisamide oral capsule 100 mg, 50 mg</i>                        | 4                | MO                            |
| <i>zonisamide oral capsule 25 mg</i>                                | 2                | MO                            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4                | MO; QLL (2 per 28 days)       |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 5                | MO; QLL (2 per 28 days)       |
| <b>Cardiovascular, Hypertension / Lipids</b>                        |                  |                               |
| <i>acebutolol</i>   | 2                | MO                            |
| <i>afeditab cr oral tablet extended release 30 mg</i>               | 2                | MO                            |
| <i>afeditab cr oral tablet extended release 60 mg</i>               | 4                | MO                            |
| <i>amiloride</i>  | 2                | MO                            |
| <i>amiloride-hydrochlorothiazide</i>                                | 1                | MO; CG                        |
| <i>amiodarone intravenous solution</i>                              | 4                | B/D PAR; MO                   |
| <i>amiodarone intravenous syringe</i>                               | 4                | B/D PAR                       |
| <i>amiodarone oral tablet 100 mg, 200 mg</i>                        | 2                | MO                            |
| <i>amiodarone oral tablet 400 mg</i>                                | 3                | MO                            |
| <i>amlodipine besylate oral tablet</i>                              | 1                | MO; CG                        |
| <i>amlodipine-benazepril</i>  | 2                | MO                            |
| <i>amlodipine-olmesartan</i>  | 3                | MO                            |

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

| Drug Name   | Drug Tier | Requirements /Limits         |
|---|-----------|------------------------------|
| <i>amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg</i> | 2         | MO                           |
| <i>amlodipine-valsartan oral tablet 10-320 mg</i>                     | 3         | MO                           |
| <i>amlodipine-valsartan-hcthiazyd</i>                                 | 3         | MO                           |
| <i>aspirin-dipyridamole</i>   | 3         | ST; MO; QLL (60 per 30 days) |
| <i>atenolol</i>   | 1         | MO; CG                       |
| <i>atenolol-chlorthalidone</i>  | 1         | MO; CG                       |
| <i>atorvastatin</i>   | 6         | MO; CG                       |
| <i>benazepril</i>   | 6         | MO; CG                       |
| <i>benazepril-hydrochlorothiazide</i>                                 | 2         | MO                           |
| <i>betaxolol oral</i>   | 2         | MO                           |
| <i>bisoprolol fumarate</i>  | 2         | MO                           |
| <i>bisoprolol-hydrochlorothiazide</i>                                 | 1         | MO; CG                       |
| BRILINTA  | 4         | MO; QLL (60 per 30 days)     |
| <i>bumetanide injection</i>   | 4         | MO                           |
| <i>bumetanide oral</i>  | 2         | MO                           |
| BYSTOLIC ORAL TABLET 10 MG, 20 MG, 5 MG                               | 4         | ST; MO                       |
| BYSTOLIC ORAL TABLET 2.5 MG   | 4         | MO                           |
| <i>candesartan</i>  | 3         | MO                           |
| <i>candesartan-hydrochlorothiazid</i>                                 | 3         | MO                           |
| <i>captopril</i>  | 2         | MO                           |
| <i>captopril-hydrochlorothiazide</i>                                  | 2         | MO                           |
| <i>cartia xt</i>  | 2         | MO                           |
| <i>carvedilol</i>   | 1         | MO; CG                       |
| <i>chlorothiazide</i>   | 2         | MO                           |
| <i>chlorothiazide sodium</i>  | 4         | MO                           |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                        | 2         | MO                           |
| <i>cholestyramine (with sugar) oral powder</i>                        | 4         | MO                           |
| <i>cholestyramine (with sugar) oral powder in packet</i>              | 2         | MO                           |
| <i>cholestyramine light oral powder</i>                               | 2         | MO                           |
| <i>cholestyramine light oral powder in packet</i>                     | 4         | MO                           |

| Drug Name  | Drug Tier | Requirements /Limits          |
|--|-----------|-------------------------------|
| <i>cilostazol</i>  | 2         | MO                            |
| <i>clonidine hcl oral tablet</i>   | 1         | MO; CG                        |
| <i>clonidine transdermal patch</i>   | 4         | MO; QLL (4 per 28 days)       |
| <i>clopidogrel oral tablet 300 mg</i>  | 4         | MO; QLL (1 per 30 days)       |
| <i>clopidogrel oral tablet 75 mg</i>   | 2         | MO; QLL (30 per 30 days)      |
| <i>colesevelam</i>   | 4         | MO                            |
| <i>colestipol oral granules</i>  | 3         | MO                            |
| <i>colestipol oral packet</i>  | 2         | MO                            |
| <i>colestipol oral tablet</i>  | 2         | MO                            |
| CORLANOR   | 4         | PAR; MO; QLL (60 per 30 days) |
| COUMADIN ORAL  | 4         | MO                            |
| DEMSER   | 4         | MO                            |
| <i>digitek oral tablet 125 mcg</i>   | 4         | MO                            |
| <i>digitek oral tablet 250 mcg</i>   | 4         | PAR; MO                       |
| <i>digox oral tablet 125 mcg</i>   | 2         | MO                            |
| <i>digox oral tablet 250 mcg</i>   | 2         | PAR; MO                       |
| <i>digoxin injection solution</i>  | 4         | PAR; MO                       |
| <i>digoxin oral solution 50 mcg/ml</i>   | 4         | MO                            |
| <i>digoxin oral tablet 125 mcg</i>   | 4         | MO                            |
| <i>digoxin oral tablet 250 mcg</i>   | 4         | PAR; MO                       |
| <i>dilt-xr</i>   | 2         | MO                            |
| <i>diltiazem hcl intravenous</i>   | 4         |                               |
| <i>diltiazem hcl oral capsule, ext.rel 24h degradable</i>                                | 2         | MO                            |
| <i>diltiazem hcl oral capsule, extended release 12 hr</i>                                | 4         | MO                            |
| <i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 2         | MO                            |
| <i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i>                 | 4         | MO                            |
| <i>diltiazem hcl oral capsule, extended release 24hr</i>                                 | 2         | MO                            |
| <i>diltiazem hcl oral tablet 120 mg</i>  | 2         | MO                            |
| <i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>                                     | 1         | MO; CG                        |
| <i>disopyramide phosphate oral capsule</i>   | 3         | PAR; MO                       |

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

| Drug Name  | Drug Tier | Requirements /Limits       |
|--|-----------|----------------------------|
| <i>dofetilide</i>  | 4         | MO                         |
| <i>doxazosin</i>   | 2         | MO                         |
| ELIQUIS ORAL TABLET 2.5 MG   | 3         | MO; QLL (60 per 30 days)   |
| ELIQUIS ORAL TABLET 5 MG   | 3         | MO; QLL (74 per 30 days)   |
| <i>enalapril maleate</i>   | 6         | MO; CG                     |
| <i>enalapril-hydrochlorothiazide</i>   | 6         | MO; CG                     |
| <i>enoxaparin subcutaneous solution</i>  | 4         | MO; QLL (84 per 28 days)   |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>                      | 4         | MO; QLL (28 per 28 days)   |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>               | 4         | MO; QLL (22.4 per 28 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>                              | 4         | MO; QLL (8.4 per 28 days)  |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>                              | 4         | MO; QLL (11.2 per 28 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>                              | 4         | MO; QLL (16.8 per 28 days) |
| ENTRESTO   | 4         | PAR; MO                    |
| <i>eplerenone</i>  | 4         | MO                         |
| <i>eprosartan</i>  | 2         | MO                         |
| <i>ezetimibe</i>   | 4         | MO                         |
| <i>felodipine oral tablet extended release 24 hr 10 mg</i>                       | 4         | MO                         |
| <i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i>                | 2         | MO                         |
| <i>fenofibrate micronized oral capsule 130 mg</i>                                | 3         | MO                         |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>          | 2         | MO                         |
| <i>fenofibrate nanocrystallized oral tablet 48 mg, 145 mg</i>                    | 2         | MO                         |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                     | 2         | MO                         |
| <i>fenofibric acid</i>   | 4         | MO                         |
| <i>fenofibric acid (choline) dr oral capsule, delayed release(dr/lec) 135 mg</i> | 3         | MO                         |
| <i>fenofibric acid (choline) dr oral capsule, delayed release(dr/lec) 45 mg</i>  | 2         | MO                         |

| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <i>flecainide</i>  | 3         | MO                       |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>  | 5         | MO; QLL (24 per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>   | 4         | MO; QLL (15 per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>   | 5         | MO; QLL (12 per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>   | 5         | MO; QLL (18 per 30 days) |
| <i>fosinopril</i>  | 1         | MO; CG                   |
| <i>fosinopril-hydrochlorothiazide</i>  | 2         | MO                       |
| <i>furosemide injection</i>  | 4         | MO                       |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>   | 4         | MO                       |
| <i>furosemide oral tablet</i>  | 1         | MO; CG                   |
| <i>gemfibrozil</i>   | 2         | MO                       |
| <i>guanfacine oral tablet</i>  | 4         | PAR; MO                  |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>                                  | 4         |                          |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | 4         | MO                       |
| <i>heparin (porcine) in nacl (pf) injection cartridge 5,000 unit/ml (1 ml)</i>   | 4         | B/D PAR                  |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>                             | 4         | B/D PAR; MO              |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | 4         | MO                       |
| HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML   | 4         | B/D PAR                  |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>   | 4         | MO                       |

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

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i> | 4         | B/D PAR; MO          |
| <i>heparin, porcine (pf) injection 1,000 unit/ml, 5,000 unit/0.5 ml</i>                  | 4         | MO                   |
| <i>hydralazine injection</i>   | 4         | MO                   |
| <i>hydralazine oral</i>  | 2         | MO                   |
| <i>hydrochlorothiazide</i>   | 1         | MO; CG               |
| <i>indapamide</i>  | 1         | MO; CG               |
| <i>irbesartan</i>  | 2         | MO                   |
| <i>irbesartan-hydrochlorothiazide</i>  | 2         | MO                   |
| <i>isosorbide dinitrate oral tablet</i>  | 3         | MO                   |
| <i>isosorbide dinitrate oral tablet extended release</i>                                 | 3         |                      |
| <i>isosorbide mononitrate oral tablet</i>  | 2         | MO                   |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>           | 2         | MO                   |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>                   | 1         | MO; CG               |
| <i>isradipine</i>  | 2         | MO                   |
| <i>jantoven</i>  | 1         | MO; CG               |
| <i>labetalol intravenous solution</i>  | 4         | MO                   |
| <i>labetalol oral</i>  | 2         | MO                   |
| LANOXIN ORAL TABLET 125 MCG, 62.5 MCG  | 4         | MO                   |
| LANOXIN ORAL TABLET 250 MCG  | 4         | PAR; MO              |
| <i>lisinopril</i>  | 6         | MO; CG               |
| <i>lisinopril-hydrochlorothiazide</i>  | 6         | MO; CG               |
| <i>losartan</i>  | 6         | MO; CG               |
| <i>losartan-hydrochlorothiazide</i>  | 6         | MO; CG               |
| <i>lovastatin</i>  | 6         | MO; CG               |
| <i>methyclothiazide</i>  | 2         | MO                   |
| <i>methyl dopa oral tablet 250 mg</i>  | 2         | PAR; MO              |
| <i>methyl dopa oral tablet 500 mg</i>  | 4         | PAR; MO              |
| <i>metolazone</i>  | 3         | MO                   |
| <i>metoprolol succinate</i>  | 2         | MO                   |

| Drug Name  | Drug Tier | Requirements /Limits     |
|--|-----------|--------------------------|
| <i>metoprolol tartrate intravenous solution</i>            | 4         | MO                       |
| <i>metoprolol tartrate intravenous syringe</i>             | 4         |                          |
| <i>metoprolol tartrate oral</i>                            | 1         | MO; CG                   |
| <i>metoprolol tartrate-hydrochlorothiazide oral tablet</i> | 2         | MO                       |
| <i>mexiletine</i>  | 3         | MO                       |
| <i>minoxidil oral</i>                                      | 2         | MO                       |
| <i>moexipril</i>   | 2         | MO                       |
| <i>moexipril-hydrochlorothiazide</i>                       | 2         | MO                       |
| MULTAQ   | 4         | MO; QLL (60 per 30 days) |
| <i>nadolol</i>   | 3         | MO                       |
| <i>nadolol-bendroflumethiazide</i>                         | 3         | MO                       |
| <i>niacin oral tablet extended release 24 hr</i>           | 3         | MO                       |
| NIACOR   | 3         | MO                       |
| <i>nicardipine intravenous solution</i>                    | 4         | MO                       |
| <i>nicardipine oral</i>                                    | 2         | MO                       |
| <i>nifedipine oral tablet extended release</i>             | 2         | MO                       |
| <i>nifedipine oral tablet extended release 24hr</i>        | 2         | MO                       |
| <i>nitroglycerin intravenous</i>                           | 4         | B/D PAR                  |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.6 mg</i>      | 3         | MO                       |
| <i>nitroglycerin sublingual tablet 0.4 mg</i>              | 2         | MO                       |
| <i>nitroglycerin transdermal patch 24 hour</i>             | 2         | MO                       |
| <i>olmesartan</i>  | 4         | MO                       |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i>           | 3         | MO                       |
| <i>olmesartan-hydrochlorothiazide</i>                      | 4         | MO                       |
| <i>omega-3 acid ethyl esters</i>                           | 3         | MO                       |
| <i>pacerone oral tablet 100 mg, 400 mg</i>                 | 4         | MO                       |
| <i>pacerone oral tablet 200 mg</i>                         | 2         | MO                       |
| <i>pentoxifylline</i>                                      | 2         | MO                       |
| <i>perindopril erbumine</i>                                | 2         | MO                       |
| <i>pindolol</i>  | 4         | MO                       |

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

| Drug Name   | Drug Tier | Requirements /Limits              |
|---|-----------|-----------------------------------|
| PRADAXA   | 4         | MO; QLL (60 per 30 days)          |
| PRALUENT PEN  | 5         | PAR; MO; QLL (2 per 28 days)      |
| <i>prasugrel</i>  | 3         | MO; QLL (30 per 30 days)          |
| <i>pravastatin</i>                                      | 6         | MO; CG                            |
| <i>prazosin</i>   | 2         | MO                                |
| <i>prevalite</i>  | 2         | MO                                |
| <i>procainamide injection solution 100 mg/ml</i>        | 4         | MO                                |
| <i>procainamide injection solution 500 mg/ml</i>        | 4         |                                   |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG              | 5         | PAR; MO; LA; QLL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG                              | 5         | PAR; MO; LA; QLL (90 per 30 days) |
| <i>propafenone oral tablet</i>                          | 3         | MO                                |
| <i>propranolol intravenous</i>                          | 4         |                                   |
| <i>propranolol oral capsule, extended release 24 hr</i> | 4         | MO                                |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>   | 2         | MO                                |
| <i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>   | 4         | MO                                |
| <i>propranolol oral tablet</i>                          | 2         | MO                                |
| <i>propranolol-hydrochlorothiazid</i>                   | 2         | MO                                |
| <i>quinapril</i>  | 2         | MO                                |
| <i>quinapril-hydrochlorothiazide</i>                    | 2         | MO                                |
| <i>quinidine sulfate oral tablet</i>                    | 2         | MO                                |
| <i>ramipril</i>   | 1         | MO; CG                            |
| RANEXA  | 4         | ST; MO                            |
| REPATHA   | 5         | PAR; MO; QLL (3.5 per 28 days)    |
| PUSHTRONEX  |           |                                   |
| REPATHA SURECLICK                                       | 5         | PAR; MO; QLL (3 per 28 days)      |
| REPATHA SYRINGE   | 5         | PAR; MO; QLL (3 per 28 days)      |
| <i>rosuvastatin</i>                                     | 3         | MO                                |
| <i>simvastatin</i>                                      | 6         | MO; CG                            |
| <i>sorine oral tablet 120 mg, 80 mg</i>                 | 1         | MO; CG                            |
| <i>sorine oral tablet 160 mg</i>                        | 2         | MO                                |

| Drug Name  | Drug Tier | Requirements /Limits                |
|--|-----------|-------------------------------------|
| <i>sorine oral tablet 240 mg</i>   | 2         |                                     |
| <i>sotalol af oral tablet 120 mg, 160 mg</i>   | 2         | MO                                  |
| <i>sotalol af oral tablet 80 mg</i>  | 1         | MO; CG                              |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>                                    | 2         | MO                                  |
| <i>sotalol oral tablet 80 mg</i>   | 1         | MO; CG                              |
| <i>spironolactone oral tablet 100 mg, 50 mg</i>                                      | 2         | MO                                  |
| <i>spironolactone oral tablet 25 mg</i>  | 1         | MO; CG                              |
| <i>spironolactone-hydrochlorothiazide</i>  | 2         | MO                                  |
| <i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> | 2         | MO                                  |
| <i>taztia xt oral capsule, extended release 24 hr 300 mg</i>                         | 4         | MO                                  |
| <i>telmisartan</i>   | 3         | MO                                  |
| <i>telmisartan-amlodipine</i>  | 2         | MO                                  |
| <i>terazosin oral capsule</i>  | 1         | MO; CG                              |
| <i>timolol maleate oral</i>  | 4         | MO                                  |
| <i>torse mide oral tablet 10 mg</i>  | 1         | MO; CG                              |
| <i>torse mide oral tablet 100 mg, 20 mg, 5 mg</i>                                    | 2         | MO                                  |
| <i>trandolapril</i>  | 2         | MO                                  |
| <i>tranexamic acid intravenous</i>   | 3         | MO                                  |
| <i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>                       | 1         | MO; CG                              |
| <i>triamterene-hydrochlorothiazide oral capsule 50-25 mg</i>                         | 2         | MO                                  |
| <i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i>              | 1         | MO; CG                              |
| UPTRAVI ORAL TABLET  | 5         | PAR; MO; LA; QLL (60 per 30 days)   |
| UPTRAVI ORAL TABLETS, DOSE PACK  | 5         | PAR; MO; LA; QLL (400 per 365 days) |
| <i>valsartan</i>   | 2         | MO                                  |
| <i>valsartan-hydrochlorothiazide</i>   | 2         | MO                                  |
| VASCEPA  | 4         | MO                                  |
| VECAMYL  | 4         |                                     |

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

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>verapamil intravenous solution</i>                | 4                | MO                          |
| <i>verapamil intravenous syringe</i>                 | 4                |                             |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>    | 4                | MO                          |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | 4                | MO                          |
| <i>verapamil oral tablet 120 mg, 80 mg</i>           | 1                | MO; CG                      |
| <i>verapamil oral tablet 40 mg</i>                   | 2                | MO                          |
| <i>verapamil oral tablet extended release</i>        | 2                | MO                          |
| <i>warfarin</i>                                      | 1                | MO; CG                      |
| WELCHOL  | 4                | MO                          |
| XARELTO ORAL TABLET 10 MG, 20 MG                     | 3                | MO; QLL (30 per 30 days)    |
| XARELTO ORAL TABLET 15 MG                            | 3                | MO; QLL (42 per 30 days)    |
| XARELTO ORAL TABLETS,DOSE PACK                       | 3                | MO; QLL (102 per 365 days)  |
| <b>Dermatologicals/Topical Therapy</b>               |                  |                             |
| <i>acitretin oral capsule 10 mg</i>                  | 4                | MO                          |
| <i>acitretin oral capsule 17.5 mg, 25 mg</i>         | 5                | MO                          |
| <i>acyclovir topical</i>                             | 4                | MO; QLL (30 per 30 days)    |
| <i>adapalene topical gel 0.1 %</i>                   | 4                | MO                          |
| <i>ala-cort topical cream 2.5 %</i>                  | 1                | MO; CG                      |
| <i>alclometasone topical cream</i>                   | 3                | MO                          |
| <i>alclometasone topical ointment</i>                | 2                | MO                          |
| <i>amcinonide topical lotion</i>                     | 4                | MO                          |
| <i>amcinonide topical ointment</i>                   | 4                |                             |
| <i>ammonium lactate</i>                              | 2                | MO                          |
| <i>betamethasone dipropionate topical cream</i>      | 3                | MO                          |
| <i>betamethasone dipropionate topical lotion</i>     | 2                | MO                          |
| <i>betamethasone dipropionate topical ointment</i>   | 3                | MO                          |
| <i>betamethasone valerate topical cream</i>          | 2                | MO                          |
| <i>betamethasone valerate topical lotion</i>         | 2                | MO                          |
| <i>betamethasone valerate topical ointment</i>       | 2                | MO                          |

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>betamethasone, augmented topical cream</i>    | 2                | MO                          |
| <i>betamethasone, augmented topical gel</i>      | 3                | MO                          |
| <i>betamethasone, augmented topical lotion</i>   | 3                | MO                          |
| <i>betamethasone, augmented topical ointment</i> | 3                | MO                          |
| <i>calcipotriene scalp</i>                       | 4                | MO; QLL (60 per 30 days)    |
| <i>calcipotriene topical</i>                     | 4                | MO; QLL (120 per 30 days)   |
| <i>calcitriol topical</i>                        | 4                | MO                          |
| <i>ciclodan</i>                                  | 3                | MO                          |
| <i>ciclopirox topical cream</i>                  | 2                | MO                          |
| <i>ciclopirox topical gel</i>                    | 3                | MO                          |
| <i>ciclopirox topical shampoo</i>                | 3                | MO                          |
| <i>ciclopirox topical solution</i>               | 2                | MO                          |
| <i>ciclopirox topical suspension</i>             | 2                | MO                          |
| <i>claravis oral capsule 10 mg, 20 mg, 40 mg</i> | 4                | MO                          |
| <i>clindamycin phosphate topical gel</i>         | 2                | MO                          |
| <i>clindamycin phosphate topical lotion</i>      | 2                | MO                          |
| <i>clindamycin phosphate topical solution</i>    | 2                | MO                          |
| <i>clindamycin phosphate topical swab</i>        | 2                | MO                          |
| <i>clindamycin-benzoyl peroxide topical gel</i>  | 3                | MO                          |
| <i>clobetasol scalp</i>                          | 2                | MO                          |
| <i>clobetasol topical cream</i>                  | 2                | MO; QLL (120 per 30 days)   |
| <i>clobetasol topical foam</i>                   | 3                | MO; QLL (100 per 30 days)   |
| <i>clobetasol topical gel</i>                    | 2                | MO                          |
| <i>clobetasol topical lotion</i>                 | 4                | MO                          |
| <i>clobetasol topical ointment</i>               | 3                | MO; QLL (120 per 30 days)   |
| <i>clobetasol topical shampoo</i>                | 3                | MO                          |
| <i>clobetasol-emollient topical cream</i>        | 2                | MO; QLL (120 per 30 days)   |
| <i>clobetasol-emollient topical foam</i>         | 2                | MO; QLL (100 per 30 days)   |
| <i>clotrimazole topical</i>                      | 2                | MO                          |

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

| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| <i>clotrimazole-betamethasone topical cream</i>  | 2                | MO                             |
| <i>clotrimazole-betamethasone topical lotion</i> | 3                | MO                             |
| COSENTYX (2 SYRINGES)                            | 5                | PAR; MO; QLL (2 per 28 days)   |
| DENAVIR  | 5                | MO; QLL (5 per 30 days)        |
| <i>desonide</i>                                  | 3                | MO                             |
| <i>desoximetasone topical cream</i>              | 4                | MO                             |
| <i>desoximetasone topical gel</i>                | 4                | MO                             |
| <i>desoximetasone topical ointment 0.25 %</i>    | 4                | MO                             |
| <i>diclofenac sodium topical gel 3 %</i>         | 5                | PAR; MO; QLL (100 per 30 days) |
| <i>diflorasone</i>                               | 4                | MO                             |
| <i>econazole</i>                                 | 3                | MO                             |
| ELIDEL   | 4                | PAR; MO; QLL (100 per 90 days) |
| <i>ery pads</i>                                  | 2                | MO                             |
| <i>erythromycin with ethanol</i>                 | 2                | MO                             |
| <i>erythromycin-benzoyl peroxide</i>             | 4                | MO                             |
| <i>fluocinolone topical cream</i>                | 3                | MO; QLL (120 per 30 days)      |
| <i>fluocinolone topical ointment</i>             | 3                | MO; QLL (120 per 30 days)      |
| <i>fluocinolone topical solution</i>             | 4                | MO; QLL (120 per 30 days)      |
| <i>fluocinonide topical cream 0.05 %</i>         | 2                | MO; QLL (240 per 30 days)      |
| <i>fluocinonide topical gel</i>                  | 3                | MO; QLL (240 per 30 days)      |
| <i>fluocinonide topical ointment</i>             | 4                | MO; QLL (240 per 30 days)      |
| <i>fluocinonide topical solution</i>             | 3                | MO; QLL (240 per 30 days)      |
| <i>fluocinonide-e</i>                            | 3                | MO; QLL (240 per 30 days)      |
| FLUOCINONIDE-EMOLLIENT                           | 3                | QLL (240 per 30 days)          |
| <i>fluorouracil topical cream 5 %</i>            | 3                | MO                             |
| <i>fluorouracil topical solution</i>             | 3                | MO                             |
| <i>fluticasone topical cream</i>                 | 2                | MO                             |
| <i>fluticasone topical ointment</i>              | 2                | MO                             |
| <i>gentamicin topical</i>                        | 3                | MO                             |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>halobetasol propionate</i>   | 2                | MO                            |
| <i>hydrocortisone butyrate topical cream</i>                            | 2                | MO                            |
| <i>hydrocortisone butyrate topical ointment</i>                         | 2                | MO                            |
| <i>hydrocortisone butyrate topical solution</i>                         | 2                | MO                            |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>                          | 1                | MO; CG                        |
| <i>hydrocortisone topical lotion 2.5 %</i>                              | 2                | MO                            |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>                       | 1                | MO; CG                        |
| <i>hydrocortisone valerate topical cream</i>                            | 3                | MO                            |
| <i>hydrocortisone valerate topical ointment</i>                         | 4                | MO                            |
| <i>hydrocortisone-min oil-wht pet</i>                                   | 2                | MO                            |
| <i>imiquimod topical cream in packet</i>                                | 3                | MO                            |
| <i>ketoconazole topical cream</i>                                       | 2                | MO                            |
| <i>ketoconazole topical shampoo</i>                                     | 2                | MO                            |
| <i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>                | 4                | MO                            |
| <i>lidocaine hcl injection solution 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> | 4                | MO                            |
| <i>lidocaine hcl mucous membrane jelly</i>                              | 2                | MO                            |
| <i>lidocaine hcl mucous membrane jelly in applicator</i>                | 2                | MO                            |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>            | 2                | MO; QLL (300 per 30 days)     |
| <i>lidocaine topical adhesive patch, medicated</i>                      | 3                | PAR; MO; QLL (90 per 30 days) |
| <i>lidocaine viscous</i>  | 2                | MO                            |
| <i>lidocaine-prilocaine topical cream</i>                               | 3                | MO; QLL (30 per 30 days)      |
| <i>lindane topical shampoo</i>  | 4                | MO                            |
| <i>malathion</i>  | 4                | MO                            |
| <i>methoxsalen</i>  | 5                | PAR; MO                       |
| <i>metronidazole topical cream</i>                                      | 4                | MO                            |
| <i>metronidazole topical gel 0.75 %</i>                                 | 2                | MO                            |

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



| Drug Name  | Drug Tier | Requirements /Limits          |
|--|-----------|-------------------------------|
| <i>metronidazole topical lotion</i>                          | 4         | MO                            |
| <i>mometasone topical</i>                                    | 2         | MO                            |
| <i>mupirocin topical ointment</i>                            | 2         | MO                            |
| <i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>             | 4         | MO                            |
| <i>nyamyc</i>  | 2         | MO                            |
| <i>nystatin topical</i>                                      | 2         | MO                            |
| <i>nystatin-triamcinolone</i>                                | 3         | MO                            |
| <i>nystop</i>  | 2         | MO                            |
| PANRETIN   | 5         | MO                            |
| <i>permethrin topical cream</i>                              | 3         | MO                            |
| PICATO   | 4         | MO                            |
| <i>podofilox</i>   | 3         | MO                            |
| <i>prednicarbate</i>   | 2         | MO                            |
| <i>rosadan topical cream</i>                                 | 2         | MO                            |
| <i>rosadan topical gel</i>                                   | 2         | MO                            |
| SANTYL   | 4         | MO; QLL (30 per 30 days)      |
| <i>selenium sulfide topical lotion</i>                       | 2         | MO                            |
| <i>silver sulfadiazine</i>                                   | 4         | MO                            |
| <i>ssd topical cream 1%</i>                                  | 4         | MO                            |
| <i>sulfacetamide sodium (acne)</i>                           | 3         | MO                            |
| SULFAMYLON TOPICAL CREAM                                     | 4         | MO                            |
| <i>tazarotene</i>  | 4         | PAR; MO                       |
| TAZORAC  | 4         | PAR; MO                       |
| <i>tretinoin topical cream 0.025 %, 0.05 %</i>               | 2         | PAR; MO; QLL (45 per 30 days) |
| <i>tretinoin topical cream 0.1 %</i>                         | 4         | PAR; MO; QLL (45 per 30 days) |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i>                 | 2         | PAR; MO; QLL (45 per 30 days) |
| <i>triamcinolone acetonide topical cream</i>                 | 2         | MO                            |
| <i>triamcinolone acetonide topical lotion 0.025 %</i>        | 2         | MO                            |
| <i>triamcinolone acetonide topical lotion 0.1 %</i>          | 3         | MO                            |
| <i>triamcinolone acetonide topical ointment 0.025 %</i>      | 1         | MO; CG                        |
| <i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i> | 2         | MO                            |
| <i>triderm topical cream</i>                                 | 2         | MO                            |
| UVADEX   | 4         | B/D PAR                       |

| Drug Name                                 | Drug Tier | Requirements /Limits            |
|---|-----------|---------------------------------|
| VALCHLOR                                  | 5         | PAR; MO                         |
| <b>Diagnostics / Miscellaneous Agents</b> |           |                                 |
| <i>acamprosate</i>                        | 4         | MO                              |
| <i>acetic acid irrigation</i>             | 2         | MO                              |
| <i>acetylcysteine intravenous</i>         | 2         | MO                              |
| ADAGEN                                    | 5         | MO                              |
| <i>alendronate oral tablet 40 mg</i>      | 6         | MO; CG; QLL (30 per 30 days)    |
| <i>anagrelide</i>                         | 2         | MO                              |
| BUPHENYL ORAL TABLET                      | 5         | PAR; MO                         |
| <i>bupropion hcl (smoking deter)</i>      | 2         | MO; QLL (60 per 30 days)        |
| CARBAGLU                                  | 5         | PAR; MO; LA                     |
| CHANTIX                                   | 4         | PAR; MO; QLL (60 per 30 days)   |
| CHANTIX CONTINUING MONTH BOX              | 4         | PAR; MO; QLL (56 per 28 days)   |
| CHANTIX STARTING MONTH BOX                | 4         | PAR; MO; QLL (106 per 365 days) |
| CLINIMIX 4.25%/D5W SULFIT FREE            | 4         | B/D PAR                         |
| CLINIMIX E 2.75%/D10W SUL FREE            | 4         | B/D PAR                         |
| CLINIMIX E 2.75%/D5W SULF FREE            | 4         | B/D PAR                         |
| CLINIMIX N9G20E 2.75%-D10W(SF)            | 4         | B/D PAR                         |
| <i>d10 %-0.45 % sodium chloride</i>       | 4         |                                 |
| <i>d2.5 %-0.45 % sodium chloride</i>      | 4         |                                 |
| <i>d5 % and 0.9 % sodium chloride</i>     | 4         | MO                              |
| <i>d5 %-0.45 % sodium chloride</i>        | 4         | MO                              |
| <i>dextrose 10 % and 0.2 % nacl</i>       | 4         |                                 |
| <i>dextrose 10 % in water (d10w)</i>      | 4         | MO                              |
| <i>dextrose 25 % in water (d25w)</i>      | 4         |                                 |
| <i>dextrose 30 % in water (d30w)</i>      | 4         |                                 |

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

| Drug Name   | Drug Tier | Requirements /Limits           |
|---|-----------|--------------------------------|
| dextrose 40 % in water (d40w)                                 | 4         |                                |
| dextrose 5 % in water (d5w)                                   | 4         | MO                             |
| dextrose 5 %-lactated ringers                                 | 4         | MO                             |
| dextrose 5%-0.2 % sod chloride                                | 4         |                                |
| dextrose 5%-0.3 % sod.chloride                                | 4         |                                |
| dextrose 50 % in water (d50w) intravenous parenteral solution | 4         | MO                             |
| dextrose 50 % in water (d50w) intravenous syringe             | 4         |                                |
| dextrose 70 % in water (d70w)                                 | 4         | MO                             |
| dextrose with sodium chloride disulfiram                      | 4         | MO                             |
| EXJADE  | 5         | PAR; MO; LA                    |
| INCRELEX  | 5         | PAR; MO; LA                    |
| kionex (with sorbitol)  | 4         | MO                             |
| lactated ringers irrigation                                   | 4         | MO                             |
| levocarnitine (with sugar)                                    | 4         | B/D PAR; MO                    |
| levocarnitine oral tablet                                     | 3         | MO                             |
| midodrine oral tablet 10 mg                                   | 4         | MO                             |
| midodrine oral tablet 2.5 mg, 5 mg                            | 3         | MO                             |
| neomycin-polymyxin b gu                                       | 2         | MO                             |
| NICOTROL NS   | 4         | MO; QLL (120 per 30 days)      |
| NORTHERA ORAL CAPSULE 100 MG                                  | 5         | PAR; MO; QLL (540 per 30 days) |
| NORTHERA ORAL CAPSULE 200 MG                                  | 5         | PAR; MO; QLL (270 per 30 days) |
| NORTHERA ORAL CAPSULE 300 MG                                  | 5         | PAR; MO; QLL (180 per 30 days) |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG                        | 5         | PAR; LA                        |
| ORFADIN ORAL CAPSULE 20 MG                                    | 5         | PAR; MO; LA                    |
| ORFADIN ORAL SUSPENSION                                       | 5         | PAR; MO; LA                    |
| PHYSIOLYTE  | 4         |                                |
| PHYSIOSOL IRRIGATION  | 4         |                                |
| pilocarpine hcl oral  | 4         | MO                             |

| Drug Name  | Drug Tier | Requirements /Limits           |
|--|-----------|--------------------------------|
| PROLASTIN-C INTRAVENOUS RECON SOLN                 | 5         | PAR; LA                        |
| PROLASTIN-C INTRAVENOUS SOLUTION                   | 5         | PAR; MO                        |
| RAVICTI  | 5         | PAR; MO; QLL (525 per 30 days) |
| RENVELA ORAL TABLET                                | 3         | MO; QLL (540 per 30 days)      |
| riluzole   | 4         | MO                             |
| ringer's irrigation                                | 4         | MO                             |
| sevelamer carbonate oral powder in packet 0.8 gram | 3         | MO; QLL (540 per 30 days)      |
| sevelamer carbonate oral powder in packet 2.4 gram | 3         | MO; QLL (180 per 30 days)      |
| sevelamer carbonate oral tablet                    | 3         | MO; QLL (540 per 30 days)      |
| sodium chloride 0.9 % intravenous                  | 4         | MO                             |
| sodium chloride irrigation                         | 4         | MO                             |
| sodium phenylbutyrate                              | 5         | PAR; MO                        |
| sodium polystyrene (sorb free)                     | 3         | MO                             |
| sodium polystyrene sulfonate oral                  | 2         | MO                             |
| sodium polystyrene sulfonate rectal                | 2         |                                |
| sps (with sorbitol) oral                           | 2         | MO                             |
| sps (with sorbitol) rectal                         | 2         |                                |
| SYPRINE  | 5         | MO                             |
| trientine  | 5         | MO                             |
| water for irrigation, sterile                      | 4         | MO                             |
| zoledronic acid-mannitol-water 5 mg/100 ml         | 4         | PAR; MO                        |
| <b>Ear, Nose / Throat Medications</b>              |           |                                |
| acetic acid otic (ear)                             | 2         | MO                             |
| azelastine nasal                                   | 3         | MO; QLL (30 per 25 days)       |
| chlorhexidine gluconate mucous membrane            | 1         | MO; CG                         |
| CIPRODEX   | 4         | MO                             |
| denta 5000 plus                                    | 2         | MO                             |
| dentagel   | 2         | MO                             |
| fluocinolone acetonide oil                         | 3         | MO                             |
| hydrocortisone-acetic acid                         | 4         | MO                             |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>      |
|---|------------------|----------------------------------|
| <i>ipratropium bromide nasal</i>  | 2                | MO; QLL (30 per 30 days)         |
| <i>neomycin-polymyxin-hc otic (ear)</i>                                   | 2                | MO                               |
| <i>ofloxacin otic (ear)</i>   | 4                | MO                               |
| <i>paroex oral rinse</i>  | 1                | MO; CG                           |
| <i>periogard</i>  | 1                | MO; CG                           |
| <i>sf 5000 plus</i>   | 2                | MO                               |
| <i>triamcinolone acetonide dental</i>                                     | 3                | MO                               |
| <b>Endocrine/Diabetes</b>   |                  |                                  |
| <i>a-hydrocort</i>  | 4                | MO                               |
| <i>acarbose oral tablet 100 mg</i>  | 2                | MO; QLL (90 per 30 days)         |
| <i>acarbose oral tablet 25 mg</i>   | 2                | MO; QLL (360 per 30 days)        |
| <i>acarbose oral tablet 50 mg</i>   | 2                | MO; QLL (180 per 30 days)        |
| <i>alcohol pads</i>   | 1                | MO; CG                           |
| ALDURAZYME  | 5                | PAR; MO                          |
| ANADROL-50  | 5                | PAR; MO                          |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | 3                | PAR; MO; QLL (150 per 30 days)   |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)            | 3                | PAR; MO; QLL (112.5 per 30 days) |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)              | 3                | PAR; MO; QLL (150 per 30 days)   |
| BYDUREON  | 3                | MO; QLL (4 per 28 days)          |
| BYDUREON BCISE  | 3                | MO; QLL (4 per 28 days)          |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML           | 3                | MO; QLL (2.4 per 30 days)        |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | 3                | MO; QLL (1.2 per 30 days)     |
| <i>cabergoline</i>  | 4                | MO                            |
| <i>calcitonin (salmon)</i>                                      | 3                | MO; QLL (4 per 30 days)       |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                 | 4                | MO                            |
| <i>calcitriol oral capsule</i>                                  | 2                | MO                            |
| <i>calcitriol oral solution</i>                                 | 2                | B/D PAR; MO                   |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT                        | 5                | PAR; MO                       |
| <i>cortisone oral tablet</i>                                    | 3                | MO                            |
| CYCLOSET  | 4                | ST; MO; QLL (180 per 30 days) |
| <i>danazol oral capsule 100 mg, 200 mg</i>                      | 4                | MO                            |
| <i>danazol oral capsule 50 mg</i>                               | 3                | MO                            |
| <i>desmopressin injection</i>                                   | 4                | MO                            |
| <i>desmopressin nasal spray with pump</i>                       | 3                | MO                            |
| <i>desmopressin nasal spray, non-aerosol</i>                    | 4                | MO                            |
| <i>desmopressin oral</i>  | 2                | MO                            |
| <i>dexamethasone intensol</i>                                   | 3                | MO                            |
| <i>dexamethasone oral elixir</i>                                | 2                | MO                            |
| <i>dexamethasone oral solution</i>                              | 2                | MO                            |
| <i>dexamethasone oral tablet</i>                                | 2                | MO                            |
| <i>dexamethasone sodium phos (pf)</i>                           | 4                | MO                            |
| <i>dexamethasone sodium phosphate injection</i>                 | 4                | MO                            |
| <i>doxercalciferol intravenous</i>                              | 4                | MO                            |
| <i>doxercalciferol oral capsule 0.5 mcg</i>                     | 4                | B/D PAR; MO                   |
| ELAPRASE  | 5                | PAR; MO                       |
| FABRAZYME   | 5                | PAR; MO                       |
| <i>fludrocortisone</i>  | 2                | MO                            |
| <i>gauze pads 2 x 2</i>   | 1                | MO; CG; QLL (200 per 30 days) |
| <i>glimepiride oral tablet 1 mg</i>                             | 6                | MO; CG; QLL (240 per 30 days) |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>    | <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|--------------------------------|---|------------------|-----------------------------|
| <i>glimepiride oral tablet 2 mg</i>                         | 6                | MO; CG; QLL (120 per 30 days)  | HUMALOG MIX 75-25 KWIKPEN                   | 3                | MO                          |
| <i>glimepiride oral tablet 4 mg</i>                         | 6                | MO; CG; QLL (60 per 30 days)   | HUMALOG MIX 75-25(U-100)INSULN              | 3                | MO                          |
| <i>glipizide oral tablet 10 mg</i>                          | 6                | MO; CG; QLL (120 per 30 days)  | HUMALOG U-100 INSULIN                       | 3                | MO                          |
| <i>glipizide oral tablet 5 mg</i>                           | 6                | MO; CG; QLL (240 per 30 days)  | HUMULIN 70/30 U-100 INSULIN                 | 3                | MO                          |
| <i>glipizide oral tablet extended release 24hr 10 mg</i>    | 6                | MO; CG; QLL (60 per 30 days)   | HUMULIN 70/30 U-100 KWIKPEN                 | 3                | MO                          |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i>   | 6                | MO; CG; QLL (240 per 30 days)  | HUMULIN N NPH INSULIN KWIKPEN               | 3                | MO                          |
| <i>glipizide oral tablet extended release 24hr 5 mg</i>     | 6                | MO; CG; QLL (120 per 30 days)  | HUMULIN N NPH U-100 INSULIN                 | 3                | MO                          |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i>           | 2                | MO; QLL (240 per 30 days)      | HUMULIN R REGULAR U-100 INSULN              | 3                | MO                          |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 2                | MO; QLL (120 per 30 days)      | <i>hydrocortisone oral</i>                  | 3                | MO                          |
| GLUCAGEN HYPOKIT  | 3                | MO                             | INSULIN PEN NEEDLE                          | 3                | MO; QLL (200 per 30 days)   |
| GLUCAGON  | 4                | MO                             | INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML | 3                | MO; QLL (200 per 30 days)   |
| EMERGENCY KIT (HUMAN)                                       |                  |                                | <i>insulin syringe (disp) u-100 1 ml</i>    | 3                | MO; QLL (200 per 30 days)   |
| <i>glyburide micronized oral tablet 1.5 mg</i>              | 4                | PAR; MO; QLL (240 per 30 days) | JANUMET                                     | 3                | MO; QLL (60 per 30 days)    |
| <i>glyburide micronized oral tablet 3 mg</i>                | 4                | PAR; MO; QLL (120 per 30 days) | JANUMET XR ORAL TABLET, ER                  | 3                | MO; QLL (30 per 30 days)    |
| <i>glyburide micronized oral tablet 6 mg</i>                | 4                | PAR; MO; QLL (60 per 30 days)  | MULTIPHASE 24 HR 100-1,000 MG               |                  |                             |
| <i>glyburide oral tablet 1.25 mg</i>                        | 4                | PAR; MO; QLL (480 per 30 days) | JANUMET XR ORAL TABLET, ER                  | 3                | MO; QLL (60 per 30 days)    |
| <i>glyburide oral tablet 2.5 mg</i>                         | 4                | PAR; MO; QLL (240 per 30 days) | MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG     |                  |                             |
| <i>glyburide oral tablet 5 mg</i>                           | 4                | PAR; MO; QLL (120 per 30 days) | JANUVIA ORAL TABLET 100 MG                  | 3                | MO; QLL (30 per 30 days)    |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i>          | 4                | PAR; MO; QLL (240 per 30 days) | JANUVIA ORAL TABLET 25 MG                   | 3                | MO; QLL (120 per 30 days)   |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 4                | PAR; MO; QLL (120 per 30 days) | JANUVIA ORAL TABLET 50 MG                   | 3                | MO; QLL (60 per 30 days)    |
| HUMALOG JUNIOR  | 3                | MO                             | JARDIANCE                                   | 3                | MO; QLL (30 per 30 days)    |
| KWIKPEN U-100   |                  |                                | JENTADUETO                                  | 3                | MO; QLL (60 per 30 days)    |
| HUMALOG KWIKPEN   | 3                | MO                             |   |                  |                             |
| INSULIN   |                  |                                |   |                  |                             |
| HUMALOG MIX 50-50   | 3                | MO                             |   |                  |                             |
| INSULN U-100  |                  |                                |   |                  |                             |
| HUMALOG MIX 50-50   | 3                | MO                             |   |                  |                             |
| KWIKPEN   |                  |                                |   |                  |                             |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG  | 3                | MO; QLL (60 per 30 days)      |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG  | 3                | MO; QLL (30 per 30 days)      |
| KORLYM  | 5                | PAR; MO                       |
| KUVAN ORAL TABLET, SOLUBLE  | 5                | PAR; MO                       |
| LANTUS SOLOSTAR U-100 INSULIN   | 3                | MO                            |
| LANTUS U-100 INSULIN  | 3                | MO                            |
| levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | 1                | MO; CG                        |
| levothyroxine oral tablet 300 mcg   | 2                | MO                            |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg       | 4                | MO                            |
| liothyronine intravenous  | 5                | MO                            |
| liothyronine oral   | 2                | MO                            |
| metformin oral tablet 1,000 mg  | 6                | MO; CG; QLL (60 per 30 days)  |
| metformin oral tablet 500 mg  | 6                | MO; CG; QLL (150 per 30 days) |
| metformin oral tablet 850 mg  | 6                | MO; CG; QLL (90 per 30 days)  |
| metformin oral tablet extended release 24 hr 500 mg   | 6                | MO; CG; QLL (120 per 30 days) |
| metformin oral tablet extended release 24 hr 750 mg   | 6                | MO; CG; QLL (60 per 30 days)  |
| methimazole oral tablet 10 mg   | 2                | MO                            |
| methimazole oral tablet 5 mg  | 1                | MO; CG                        |
| methylprednisolone  | 2                | MO                            |
| methylprednisolone acetate  | 4                | MO                            |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>      |
|--|------------------|----------------------------------|
| methylprednisolone sodium succ injection recon soln 125 mg, 40 mg  | 4                | MO                               |
| methylprednisolone sodium succ intravenous   | 4                | MO                               |
| MIACALCIN INJECTION  | 4                | B/D PAR; MO                      |
| miglustat  | 5                | PAR; MO; LA                      |
| NAGLAZYME  | 5                | PAR; MO; LA                      |
| nateglinide oral tablet 120 mg   | 2                | MO; QLL (90 per 30 days)         |
| nateglinide oral tablet 60 mg  | 2                | MO; QLL (180 per 30 days)        |
| NATPARA  | 5                | PAR; MO; LA; QLL (2 per 28 days) |
| needles, insulin disp.,safety  | 2                | MO; QLL (200 per 30 days)        |
| oxandrolone oral tablet 2.5 mg   | 3                | PAR; MO; QLL (240 per 30 days)   |
| pamidronate intravenous recon soln   | 4                | MO                               |
| pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)  | 4                | MO                               |
| pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)   | 4                | B/D PAR; MO                      |
| paricalcitol oral capsule 1 mcg  | 3                | MO                               |
| paricalcitol oral capsule 2 mcg, 4 mcg   | 4                | MO                               |
| pioglitazone oral tablet 15 mg   | 2                | MO; QLL (90 per 30 days)         |
| pioglitazone oral tablet 30 mg   | 2                | MO; QLL (45 per 30 days)         |
| pioglitazone oral tablet 45 mg   | 2                | MO; QLL (30 per 30 days)         |
| prednisolone oral solution 15 mg/5 ml  | 2                | MO                               |
| prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) | 2                | MO                               |
| prednisone intensol  | 2                | MO                               |
| prednisone oral solution   | 2                | MO                               |
| prednisone oral tablet   | 1                | MO; CG                           |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| <i>prednisone oral tablets,dose pack</i>   | 1                | MO; CG                             |
| PROGLYCEM  | 4                | MO                                 |
| <i>propylthiouracil</i>  | 2                | MO                                 |
| <i>repaglinide oral tablet 0.5 mg</i>  | 2                | MO; QLL (960 per 30 days)          |
| <i>repaglinide oral tablet 1 mg</i>  | 3                | MO; QLL (480 per 30 days)          |
| <i>repaglinide oral tablet 2 mg</i>  | 3                | MO; QLL (240 per 30 days)          |
| <i>repaglinide-metformin</i>   | 4                | MO; QLL (150 per 30 days)          |
| SAMSCA ORAL TABLET 15 MG   | 5                | PAR; MO; QLL (30 per 30 days)      |
| SAMSCA ORAL TABLET 30 MG   | 5                | PAR; MO; QLL (60 per 30 days)      |
| SENSIPAR ORAL TABLET 30 MG   | 3                | B/D PAR; MO; QLL (60 per 30 days)  |
| SENSIPAR ORAL TABLET 60 MG   | 5                | B/D PAR; MO; QLL (60 per 30 days)  |
| SENSIPAR ORAL TABLET 90 MG   | 5                | B/D PAR; MO; QLL (120 per 30 days) |
| SOMAVERT   | 5                | PAR; MO                            |
| STIMATE  | 5                | MO                                 |
| SYNAREL  | 5                | PAR; MO                            |
| SYNJARDY   | 3                | MO; QLL (60 per 30 days)           |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG | 3                | MO; QLL (60 per 30 days)           |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG                            | 3                | MO; QLL (30 per 30 days)           |
| SYNTHROID  | 3                | MO                                 |
| TANZEUM  | 4                | MO; QLL (4 per 28 days)            |
| <i>testosterone cypionate</i>  | 4                | PAR; MO                            |
| <i>testosterone enanthate</i>  | 4                | PAR; MO                            |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>                      | 3                | PAR; MO; QLL (300 per 30 days)     |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>      |
|--|------------------|----------------------------------|
| TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)  | 3                | PAR; MO; QLL (300 per 30 days)   |
| <i>tolazamide oral tablet 250 mg</i>   | 2                | MO; QLL (120 per 30 days)        |
| <i>tolazamide oral tablet 500 mg</i>   | 2                | MO; QLL (60 per 30 days)         |
| <i>tolbutamide</i>   | 2                | MO; QLL (180 per 30 days)        |
| TOUJEO MAX U-300 SOLOSTAR  | 3                | MO                               |
| TOUJEO SOLOSTAR U-300 INSULIN  | 3                | MO                               |
| TRADJENTA  | 3                | MO; QLL (30 per 30 days)         |
| <i>triamcinolone acetonide injection</i>   | 4                | MO                               |
| TRULICITY  | 4                | MO; QLL (2 per 28 days)          |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 4                | MO                               |
| <i>unithroid oral tablet 137 mcg</i>   | 1                | MO; CG                           |
| VICTOZA 2-PAK  | 3                | MO; QLL (9 per 30 days)          |
| VICTOZA 3-PAK  | 3                | MO; QLL (9 per 30 days)          |
| VPRIV  | 5                | PAR; MO                          |
| ZAVESCA  | 5                | PAR; MO; LA                      |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>  | 4                | PAR; MO                          |
| ZOMETA   | 5                | PAR; MO                          |
| INTRAVENOUS PIGGYBACK  |                  |                                  |
| <b>Gastroenterology</b>  |                  |                                  |
| <i>alosetron</i>   | 5                | PAR; MO; QLL (60 per 30 days)    |
| AMITIZA  | 3                | MO; QLL (60 per 30 days)         |
| <i>aprepitant oral capsule 125 mg</i>  | 4                | B/D PAR; MO; QLL (5 per 30 days) |

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

| Drug Name  | Drug Tier | Requirements /Limits               |
|--|-----------|------------------------------------|
| <i>aprepitant oral capsule 40 mg</i>                     | 4         | B/D PAR; MO; QLL (1 per 28 days)   |
| <i>aprepitant oral capsule 80 mg</i>                     | 4         | B/D PAR; MO; QLL (10 per 30 days)  |
| <i>aprepitant oral capsule, dose pack</i>                | 4         | B/D PAR; MO; QLL (15 per 30 days)  |
| APRISO   | 3         | MO                                 |
| ASACOL HD  | 4         | MO                                 |
| <i>atropine injection solution 0.4 mg/ml</i>             | 4         | MO                                 |
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>  | 4         |                                    |
| <i>balsalazide</i>                                       | 3         | MO                                 |
| <i>budesonide oral capsule, delayed, extend. release</i> | 5         | MO                                 |
| CANASA   | 4         | MO                                 |
| <i>colocort</i>  | 3         | MO                                 |
| <i>compro</i>  | 4         | MO                                 |
| <i>constulose</i>  | 2         | MO                                 |
| CREON  | 3         | MO                                 |
| <i>cromolyn oral</i>                                     | 4         | MO                                 |
| CYSTADANE  | 5         | MO                                 |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)             | 3         | MO                                 |
| <i>dicyclomine oral capsule</i>                          | 2         | MO                                 |
| <i>dicyclomine oral solution</i>                         | 2         | MO                                 |
| <i>dicyclomine oral tablet</i>                           | 4         | MO                                 |
| DIPENTUM   | 5         | MO                                 |
| <i>diphenoxylate-atropine oral liquid</i>                | 2         | MO                                 |
| <i>diphenoxylate-atropine oral tablet</i>                | 3         | MO                                 |
| <i>dronabinol oral capsule 10 mg</i>                     | 5         | B/D PAR; MO; QLL (120 per 30 days) |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i>              | 4         | B/D PAR; MO; QLL (120 per 30 days) |
| <i>enulose</i>   | 2         | MO                                 |
| <i>esomeprazole sodium intravenous recon soln 20 mg</i>  | 4         |                                    |

| Drug Name  | Drug Tier | Requirements /Limits              |
|--|-----------|-----------------------------------|
| <i>esomeprazole sodium intravenous recon soln 40 mg</i>            | 4         | MO                                |
| <i>famotidine (pf)</i>   | 4         | MO                                |
| <i>famotidine (pf)-nacl (iso-os)</i>                               | 4         | MO                                |
| <i>famotidine intravenous solution</i>                             | 4         | MO                                |
| <i>famotidine oral suspension</i>                                  | 3         | MO                                |
| <i>famotidine oral tablet 20 mg</i>                                | 1         | MO; CG                            |
| <i>famotidine oral tablet 40 mg</i>                                | 2         | MO                                |
| GATTEX 30-VIAL   | 5         | PAR; MO                           |
| GATTEX ONE-VIAL  | 5         | PAR; MO                           |
| <i>gavilyte-c</i>  | 1         | MO; CG                            |
| <i>gavilyte-g</i>  | 2         | MO                                |
| <i>gavilyte-n</i>  | 2         | MO                                |
| <i>generlac</i>  | 2         | MO                                |
| <i>glycopyrrolate injection</i>                                    | 4         | MO                                |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                       | 2         | MO                                |
| <i>granisetron (pf)</i>  | 4         | MO                                |
| <i>granisetron hcl intravenous</i>                                 | 4         | MO                                |
| <i>granisetron hcl oral</i>  | 3         | B/D PAR; MO; QLL (30 per 30 days) |
| <i>hydrocortisone rectal</i>                                       | 3         | MO                                |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | 1         | MO; CG                            |
| <i>lactulose oral solution</i>                                     | 2         | MO                                |
| <i>lansoprazole oral capsule, delayed release(dr/ec)</i>           | 4         | MO; QLL (30 per 30 days)          |
| LIALDA   | 3         | MO                                |
| LINZESS  | 3         | MO; QLL (30 per 30 days)          |
| <i>loperamide oral capsule</i>                                     | 3         | MO                                |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                        | 2         | MO                                |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>    | 3         | MO                                |
| MESALAMINE ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG             | 4         | MO                                |
| <i>mesalamine rectal</i>   | 3         | MO                                |
| <i>mesalamine with cleansing wipe</i>                              | 4         | MO                                |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| <i>methscopolamine oral tablet 2.5 mg</i>                               | 2                | MO                                 |
| <i>methscopolamine oral tablet 5 mg</i>                                 | 3                | MO                                 |
| <i>metoclopramide hcl injection solution</i>                            | 4                | MO                                 |
| <i>metoclopramide hcl injection syringe</i>                             | 4                |                                    |
| <i>metoclopramide hcl oral solution</i>                                 | 1                | MO; CG                             |
| <i>metoclopramide hcl oral tablet</i>                                   | 1                | MO; CG                             |
| <i>misoprostol</i>  | 3                | MO                                 |
| MOVIPREP  | 4                | MO                                 |
| <i>nizatidine oral capsule</i>  | 2                | MO                                 |
| <i>omeprazole oral capsule, delayed release(dr/ec)</i>                  | 2                | MO; QLL (30 per 30 days)           |
| <i>ondansetron hcl (pf)</i>   | 4                | MO                                 |
| <i>ondansetron hcl intravenous</i>                                      | 4                | MO                                 |
| <i>ondansetron hcl oral solution</i>                                    | 4                | B/D PAR; MO; QLL (450 per 30 days) |
| <i>ondansetron hcl oral tablet 24 mg</i>                                | 4                | B/D PAR; QLL (30 per 30 days)      |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                           | 2                | B/D PAR; MO; QLL (90 per 30 days)  |
| <i>ondansetron oral tablet, disintegrating</i>                          | 2                | B/D PAR; MO; QLL (90 per 30 days)  |
| <i>opium tincture</i>   | 2                | MO                                 |
| <i>pantoprazole intravenous</i>   | 4                | MO                                 |
| <i>pantoprazole oral</i>  | 2                | MO; QLL (30 per 30 days)           |
| <i>paregoric</i>  | 2                | MO                                 |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i> | 2                | MO                                 |
| <i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 - 5.84 gram</i> | 2                |                                    |
| <i>peg-electrolyte soln</i>   | 2                |                                    |
| PENTASA   | 4                | MO                                 |
| <i>polyethylene glycol 3350</i>   | 2                | MO                                 |
| <i>prochlorperazine</i>   | 4                | MO                                 |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|---|------------------|-------------------------------|
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | 4                | MO                            |
| <i>prochlorperazine maleate</i>   | 2                | MO                            |
| <i>procto-pak</i>   | 2                | MO                            |
| <i>proctosol hc topical</i>   | 2                | MO                            |
| <i>proctozone-hc</i>  | 2                | MO                            |
| <i>propantheline</i>  | 2                | MO                            |
| PROTONIX<br>INTRAVENOUS   | 3                | MO                            |
| <i>ranitidine hcl injection</i>   | 4                | MO                            |
| <i>ranitidine hcl oral syrup</i>  | 2                | MO                            |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i>                          | 1                | MO; CG                        |
| RELISTOR<br>SUBCUTANEOUS<br>SOLUTION                                      | 5                | PAR; MO; QLL (18 per 30 days) |
| RELISTOR<br>SUBCUTANEOUS<br>SYRINGE 12 MG/0.6 ML                          | 5                | PAR; MO; QLL (18 per 30 days) |
| RELISTOR<br>SUBCUTANEOUS<br>SYRINGE 8 MG/0.4 ML                           | 5                | PAR; MO; QLL (12 per 30 days) |
| REMICADE  | 5                | PAR; MO                       |
| <i>scopolamine base</i>   | 4                | MO; QLL (10 per 30 days)      |
| SUCRAID   | 5                | MO                            |
| <i>sucralfate oral tablet</i>   | 2                | MO                            |
| <i>sulfasalazine</i>  | 2                | MO                            |
| SUPREP BOWEL PREP<br>KIT  | 3                | MO                            |
| <i>transderm-scop</i>   | 4                | MO; QLL (10 per 30 days)      |
| <i>trilyte with flavor packets</i>  | 2                | MO                            |
| <i>ursodiol</i>   | 3                | MO                            |

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



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | 4                | MO                          |
| <b>Immunology, Vaccines / Biotechnology</b>   |                  |                             |
| ACTHIB (PF)   | 3                | MO                          |
| ACTIMMUNE   | 5                | PAR; MO                     |
| ADACEL (TDAP ADOLESN/ADULT) (PF)  | 3                | MO                          |
| ARCALYST  | 5                | PAR; MO                     |
| BCG VACCINE, LIVE (PF)  | 4                | MO                          |
| BETASERON SUBCUTANEOUS KIT  | 5                | PAR; MO                     |
| BEXSERO   | 3                | MO                          |
| BOOSTRIX TDAP   | 3                | MO                          |
| DAPTACEL (DTAP PEDIATRIC) (PF)  | 3                | MO                          |
| ENGERIX-B (PF)  | 3                | B/D PAR; MO                 |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE  | 3                | B/D PAR; MO                 |
| <i>fomepizole</i>   | 5                |                             |
| GAMUNEX-C   | 5                | PAR; MO                     |
| GARDASIL 9 (PF)   | 3                | MO                          |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION  | 3                | MO                          |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML   | 3                | MO                          |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML   | 3                |                             |
| HIBERIX (PF)  | 3                | MO                          |
| HYPERRAB (PF)   | 5                |                             |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| ILARIS (PF) SUBCUTANEOUS SOLUTION                          | 5                | PAR; MO; LA                    |
| IMOVAX RABIES VACCINE (PF)                                 | 3                | MO                             |
| INFANRIX (DTAP) (PF)                                       | 3                | MO                             |
| INTRON A INJECTION   | 5                | PAR; MO                        |
| IPOLE  | 3                | MO                             |
| IXIARO (PF)  | 3                | MO                             |
| KEDRAB (PF)  | 3                |                                |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION                       | 3                | MO                             |
| KINRIX (PF) INTRAMUSCULAR SYRINGE                          | 3                | MO                             |
| M-M-R II (PF)  | 3                | MO                             |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION                       | 3                | MO                             |
| MENVEO A-C-Y-W-135-DIP (PF)                                | 3                | MO                             |
| MOZOBIL  | 5                | PAR; MO                        |
| NEULASTA   | 5                | PAR; MO; QLL (1.2 per 28 days) |
| NEUPOGEN   | 5                | PAR; MO                        |
| NORDITROPIN FLEXPRO  | 5                | PAR; MO                        |
| OCTAGAM  | 5                | PAR; MO                        |
| PEDIARIX (PF)  | 3                | MO                             |
| PEDVAX HIB (PF)  | 3                | MO                             |
| PEGASYS  | 5                | PAR; MO                        |
| PEGASYS PROCLICK   | 5                | PAR; MO                        |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML                   | 5                | PAR; MO                        |
| PENTACEL (PF)  | 3                | MO                             |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5                | PAR; MO; QLL (1 per 28 days)   |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 4                | PAR; MO                     |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML  | 5                | PAR; MO                     |
| PROLEUKIN  | 5                | B/D PAR; MO                 |
| PROQUAD (PF)   | 3                | MO                          |
| QUADRACEL (PF)   | 3                | MO                          |
| RABAVERT (PF)  | 4                | MO                          |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION  | 3                | B/D PAR; MO                 |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML   | 3                | B/D PAR; MO                 |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML  | 3                | B/D PAR                     |
| ROTARIX  | 3                |                             |
| ROTATEQ VACCINE  | 3                | MO                          |
| SHINGRIX (PF)  | 3                | MO                          |
| STAMARIL (PF)  | 3                |                             |
| SYLATRON   | 5                | PAR; MO                     |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE   | 3                | MO                          |
| TETANUS,DIPHThERIA TOX PED(PF)   | 3                | MO                          |
| TETANUS-DIPHThERIA TOXOIDS-TD  | 3                | MO                          |
| THYMOGLOBULIN  | 5                | B/D PAR                     |
| TICE BCG   | 4                | B/D PAR; MO                 |
| TRUMENBA   | 3                | MO                          |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE   | 3                | MO                          |
| TYPHIM VI INTRAMUSCULAR SOLUTION   | 3                |                             |

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|--|------------------|---------------------------------|
| TYPHIM VI INTRAMUSCULAR SYRINGE                | 3                | MO                              |
| VAQTA (PF)                                     | 3                | MO                              |
| VARIVAX (PF)                                   | 3                | MO                              |
| VARIZIG INTRAMUSCULAR SOLUTION                 | 3                | MO                              |
| YF-VAX (PF)                                    | 3                | MO                              |
| ZOSTAVAX (PF)                                  | 4                | MO                              |
| <b>Musculoskeletal / Rheumatology</b>          |                  |                                 |
| <i>alendronate oral solution</i>               | 4                | MO; QLL (300 per 28 days)       |
| <i>alendronate oral tablet 10 mg, 5 mg</i>     | 6                | MO; CG; QLL (30 per 30 days)    |
| <i>alendronate oral tablet 35 mg, 70 mg</i>    | 6                | MO; CG; QLL (4 per 28 days)     |
| <i>allopurinol</i>                             | 1                | MO; CG                          |
| <i>allopurinol sodium</i>                      | 4                |                                 |
| <i>aloprim</i>                                 | 4                |                                 |
| BENLYSTA                                       | 5                | PAR; MO                         |
| BONIVA INTRAVENOUS                             | 4                | B/D PAR; MO                     |
| COLCRYS  | 3                | MO                              |
| DEPEN TITRATABS                                | 5                | MO                              |
| ENBREL MINI                                    | 5                | PAR; MO; QLL (8 per 28 days)    |
| ENBREL SUBCUTANEOUS RECON SOLN                 | 5                | PAR; MO; QLL (8 per 28 days)    |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51) | 5                | PAR; MO; QLL (4.08 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML) | 5                | PAR; MO; QLL (8 per 28 days)    |
| ENBREL SURECLICK                               | 5                | PAR; MO; QLL (8 per 28 days)    |
| FORTEO   | 5                | PAR; MO; QLL (3 per 28 days)    |
| FOSAMAX ORAL TABLET 70 MG                      | 3                | MO; QLL (4 per 28 days)         |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>    |
|--|------------------|--------------------------------|
| HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)          | 5                | PAR; MO; QLL (12 per 365 days) |
| HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML     | 5                | PAR; MO; QLL (6 per 365 days)  |
| HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML      | 5                | PAR; MO; QLL (4 per 365 days)  |
| HUMIRA PEN   | 5                | PAR; MO; QLL (4 per 28 days)   |
| HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML              | 5                | PAR; MO; QLL (12 per 365 days) |
| HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML              | 5                | PAR; MO; QLL (6 per 365 days)  |
| HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                | 5                | PAR; MO; QLL (4 per 28 days)   |
| HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML   | 5                | PAR; MO; QLL (6 per 365 days)  |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML | 5                | PAR; MO; QLL (2 per 28 days)   |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>   |
|--|------------------|-------------------------------|
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 5                | PAR; MO; QLL (4 per 28 days)  |
| <i>ibandronate intravenous solution</i>                    | 4                | B/D PAR; MO                   |
| <i>ibandronate intravenous syringe</i>                     | 4                | MO                            |
| <i>ibandronate oral</i>                                    | 2                | MO; QLL (1 per 28 days)       |
| <i>leflunomide</i>   | 2                | MO                            |
| <i>probenecid</i>  | 2                | MO                            |
| <i>probenecid-colchicine</i>                               | 2                | MO                            |
| PROLIA   | 4                | PAR; MO; QLL (2 per 365 days) |
| <i>raloxifene</i>  | 3                | MO; QLL (30 per 30 days)      |
| SAVELLA ORAL TABLET 100 MG                                 | 3                | MO; QLL (60 per 30 days)      |
| SAVELLA ORAL TABLET 12.5 MG                                | 3                | MO; QLL (480 per 30 days)     |
| SAVELLA ORAL TABLET 25 MG                                  | 3                | MO; QLL (240 per 30 days)     |
| SAVELLA ORAL TABLET 50 MG                                  | 3                | MO; QLL (120 per 30 days)     |
| SAVELLA ORAL TABLETS,DOSE PACK                             | 3                | MO; QLL (110 per 365 days)    |
| ULORIC   | 3                | ST; MO                        |
| XELJANZ  | 5                | PAR; MO; QLL (60 per 30 days) |
| <b>Obstetrics / Gynecology</b>                             |                  |                               |
| <i>altavera (28)</i>                                       | 4                | MO                            |
| <i>alyacen 1/35 (28)</i>                                   | 4                | MO                            |
| <i>alyacen 7/7/7 (28)</i>                                  | 4                | MO                            |
| <i>apri</i>  | 3                | MO                            |
| <i>aranelle (28)</i>                                       | 3                | MO                            |
| <i>azurette (28)</i>                                       | 4                | MO                            |
| <i>balziva (28)</i>  | 3                | MO                            |
| <i>blisovi fe 1.5/30 (28)</i>                              | 4                | MO                            |
| <i>briellyn</i>  | 3                | MO                            |
| <i>camila</i>  | 3                | MO                            |
| <i>caziant (28)</i>  | 4                | MO                            |
| <i>clindamycin phosphate vaginal</i>                       | 4                | MO                            |
| <i>cryselle (28)</i>                                       | 3                | MO                            |
| <i>cyclafem 1/35 (28)</i>                                  | 3                | MO                            |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>     |
|--|------------------|---------------------------------|
| <i>cyclafem 7/7/7 (28)</i>   | 3                | MO                              |
| <i>dasetta 1/35 (28)</i>   | 4                | MO                              |
| <i>dasetta 7/7/7 (28)</i>  | 4                | MO                              |
| DEPO-ESTRADIOL   | 4                | MO                              |
| DEPO-PROVERA   | 4                | MO                              |
| INTRAMUSCULAR<br>SUSPENSION 400 MG/<br>ML                              |                  |                                 |
| <i>drospirenone-ethinyl estradiol<br/>oral tablet 3-0.03 mg</i>        | 3                | MO                              |
| <i>elinest</i>   | 4                | MO                              |
| ELLA   | 3                |                                 |
| <i>emoquette</i>   | 3                | MO                              |
| <i>enpresse</i>  | 3                | MO                              |
| <i>errin</i>   | 3                | MO                              |
| <i>estarylla</i>   | 4                | MO                              |
| ESTRACE VAGINAL  | 4                | MO                              |
| <i>estradiol oral</i>  | 2                | PAR; MO                         |
| <i>estradiol transdermal patch<br/>weekly</i>                          | 3                | PAR; MO; QLL (4<br>per 28 days) |
| <i>estradiol vaginal cream</i>   | 4                | MO                              |
| <i>estradiol valerate<br/>intramuscular oil 20 mg/ml,<br/>40 mg/ml</i> | 4                | MO                              |
| ESTRING  | 4                | MO; QLL (1 per<br>90 days)      |
| <i>estropipate oral tablet 0.75<br/>mg</i>                             | 2                | PAR; MO                         |
| FEMRING  | 4                | MO; QLL (1 per<br>90 days)      |
| <i>heather</i>   | 4                | MO                              |
| <i>hydroxyprogesterone caproate<br/>introvale</i>                      | 3                | MO                              |
| <i>jinteli</i>   | 4                | PAR; MO                         |
| <i>jolessa</i>   | 4                | MO                              |
| <i>jolivette</i>   | 3                | MO                              |
| <i>junel 1.5/30 (21)</i>   | 3                | MO                              |
| <i>junel 1/20 (21)</i>   | 3                | MO                              |
| <i>junel fe 1.5/30 (28)</i>  | 3                | MO                              |
| <i>junel fe 1/20 (28)</i>  | 3                | MO                              |
| <i>kariva (28)</i>   | 3                | MO                              |
| <i>kelnor 1/35 (28)</i>  | 3                | MO                              |
| <i>leena 28</i>  | 3                | MO                              |
| <i>lessina</i>   | 3                | MO                              |
| <i>levonest (28)</i>   | 3                | MO                              |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>levonorg-eth estrad triphasic</i>   | 3                | MO                          |
| <i>levonorgestrel-ethinyl estrad<br/>oral tablet 0.1-20 mg-mcg,<br/>0.15-0.03 mg</i>                         | 3                | MO                          |
| <i>levonorgestrel-ethinyl estrad<br/>oral tablets,dose pack,3 month</i>                                      | 3                | MO                          |
| <i>levora-28</i>   | 3                | MO                          |
| <i>low-ogestrel (28)</i>   | 3                | MO                          |
| <i>luteru (28)</i>   | 3                | MO                          |
| <i>lyza</i>  | 3                | MO                          |
| <i>marlissa</i>  | 3                | MO                          |
| <i>medroxyprogesterone<br/>intramuscular</i>   | 3                | MO                          |
| <i>medroxyprogesterone oral</i>  | 1                | MO; CG                      |
| MENEST   | 4                | PAR; MO                     |
| <i>metronidazole vaginal</i>   | 2                | MO                          |
| <i>miconazole-3 vaginal<br/>suppository</i>  | 3                | MO                          |
| <i>microgestin 1.5/30 (21)</i>   | 3                | MO                          |
| <i>microgestin 1/20 (21)</i>   | 3                | MO                          |
| <i>microgestin fe 1.5/30 (28)</i>  | 3                | MO                          |
| <i>microgestin fe 1/20 (28)</i>  | 3                | MO                          |
| <i>mono-linyah</i>   | 4                | MO                          |
| <i>mononessa (28)</i>  | 3                | MO                          |
| <i>myzilra</i>   | 4                | MO                          |
| <i>necon 0.5/35 (28)</i>   | 3                | MO                          |
| <i>necon 7/7/7 (28)</i>  | 3                | MO                          |
| <i>nora-be</i>   | 3                | MO                          |
| <i>norethindrone (contraceptive)</i>   | 3                | MO                          |
| <i>norethindrone acetate</i>   | 2                | MO                          |
| <i>norgestimate-ethinyl estradiol<br/>oral tablet 0.18/0.215/0.25<br/>mg-35 mcg (28), 0.25-35<br/>mg-mcg</i> | 4                | MO                          |
| <i>nortrel 0.5/35 (28)</i>   | 3                | MO                          |
| <i>nortrel 1/35 (21)</i>   | 3                | MO                          |
| <i>nortrel 1/35 (28)</i>   | 3                | MO                          |
| <i>nortrel 7/7/7 (28)</i>  | 3                | MO                          |
| <i>ocella</i>  | 3                | MO                          |
| <i>ogestrel (28)</i>   | 3                | MO                          |
| <i>orsythia</i>  | 3                | MO                          |
| <i>philith</i>   | 4                | MO                          |
| <i>pirmella oral tablet 1-35 mg-<br/>mcg</i>   | 3                | MO                          |
| <i>portia</i>  | 3                | MO                          |

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

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| PREMARIN ORAL                                       | 3                | PAR; MO                     |
| PREMARIN VAGINAL                                    | 3                | MO                          |
| PREMPRO   | 4                | PAR; MO                     |
| <i>previfem</i>                                     | 3                | MO                          |
| <i>progesterone micronized</i>                      | 2                | MO                          |
| <i>quasense</i>                                     | 3                | MO                          |
| <i>reclipsen (28)</i>                               | 3                | MO                          |
| <i>sprintec (28)</i>                                | 3                | MO                          |
| <i>sronyx</i>                                       | 3                | MO                          |
| <i>syeda</i>  | 4                | MO                          |
| <i>terconazole vaginal cream</i>                    | 2                | MO                          |
| <i>terconazole vaginal suppository</i>              | 3                | MO                          |
| <i>tilia fe</i>                                     | 4                | MO                          |
| <i>tranexamic acid oral</i>                         | 4                | MO                          |
| <i>tri-estarylla</i>                                | 4                | MO                          |
| <i>tri-legest fe</i>                                | 3                | MO                          |
| <i>tri-linyah</i>                                   | 4                | MO                          |
| <i>tri-previfem (28)</i>                            | 3                | MO                          |
| <i>tri-sprintec (28)</i>                            | 3                | MO                          |
| <i>trinessa (28)</i>                                | 3                | MO                          |
| <i>trivora (28)</i>                                 | 3                | MO                          |
| <i>vandazole</i>                                    | 4                | MO                          |
| <i>velivet triphasic regimen (28)</i>               | 3                | MO                          |
| <i>viorele (28)</i>                                 | 4                | MO                          |
| <i>zarah</i>  | 4                | MO                          |
| <i>zenchent (28)</i>                                | 3                | MO                          |
| <i>zovia 1/35e (28)</i>                             | 3                | MO                          |
| <b>Ophthalmology</b>                                |                  |                             |
| <i>acetazolamide oral capsule, extended release</i> | 4                | MO                          |
| <i>acetazolamide oral tablet</i>                    | 3                | MO                          |
| <i>acetazolamide sodium</i>                         | 4                | MO                          |
| ALPHAGAN P<br>OPHTHALMIC (EYE)<br>DROPS 0.1 %       | 3                | MO                          |
| <i>apraclonidine</i>                                | 2                | MO                          |
| <i>atropine ophthalmic (eye) drops</i>              | 4                | MO                          |
| AZASITE   | 4                | MO                          |
| <i>azelastine ophthalmic (eye)</i>                  | 2                | MO                          |
| AZOPT   | 4                | MO                          |
| <i>bacitracin ophthalmic (eye)</i>                  | 4                | MO                          |
| <i>bacitracin-polymyxin b ophthalmic (eye)</i>      | 2                | MO                          |

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| <i>betaxolol ophthalmic (eye)</i>                      | 2                | MO                          |
| BETIMOL  | 4                | MO                          |
| BETOPTIC S   | 4                | MO                          |
| <i>bimatoprost ophthalmic (eye)</i>                    | 3                | MO                          |
| BLEPHAMIDE S.O.P.                                      | 4                | MO                          |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>       | 4                | MO                          |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>        | 2                | MO                          |
| <i>carteolol</i>                                       | 1                | MO; CG                      |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>              | 1                | MO; CG                      |
| COMBIGAN   | 3                | MO                          |
| <i>cromolyn ophthalmic (eye)</i>                       | 1                | MO; CG                      |
| CYSTARAN   | 5                | MO                          |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 2                | MO                          |
| <i>diclofenac sodium ophthalmic (eye)</i>              | 2                | MO                          |
| <i>dorzolamide</i>                                     | 2                | MO                          |
| <i>dorzolamide-timolol</i>                             | 1                | MO; CG                      |
| DUREZOL  | 3                | MO                          |
| <i>erythromycin ophthalmic (eye)</i>                   | 1                | MO; CG                      |
| <i>fluorometholone</i>                                 | 2                | MO                          |
| <i>flurbiprofen ophthalmic drops</i>                   | 1                | MO; CG                      |
| <i>gentak ophthalmic (eye) ointment</i>                | 2                | MO                          |
| <i>gentamicin ophthalmic (eye) drops</i>               | 1                | MO; CG                      |
| <i>gentamicin ophthalmic (eye) ointment</i>            | 2                |                             |
| ILEVRO   | 3                | MO                          |
| <i>ketorolac ophthalmic (eye)</i>                      | 2                | MO                          |
| LACRISERT  | 4                | MO; QLL (60 per 30 days)    |
| <i>latanoprost</i>                                     | 1                | MO; CG                      |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>        | 2                | MO                          |
| <i>levofloxacin ophthalmic (eye)</i>                   | 4                | MO                          |
| LUMIGAN  | 3                | MO                          |
| OPHTHALMIC (EYE)<br>DROPS 0.01 %                       |                  |                             |
| <i>methazolamide</i>                                   | 4                | MO                          |
| <i>metipranolol</i>                                    | 2                |                             |

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

| Drug Name  | Drug Tier | Requirements /Limits |
|--|-----------|----------------------|
| MOXIFLOXACIN   | 3         | MO                   |
| OPHTHALMIC (EYE)   |           |                      |
| NATACYN  | 4         | MO                   |
| <i>neo-polycin</i>   | 2         | MO                   |
| <i>neo-polycin hc</i>  | 2         | MO                   |
| <i>neomycin-bacitracin-poly-hc</i>                           | 3         | MO                   |
| <i>neomycin-bacitracin-polymyxin</i>                         | 2         | MO                   |
| <i>neomycin-polymyxin b-dexameth</i>                         | 2         | MO                   |
| <i>neomycin-polymyxin-gramicidin</i>                         | 2         | MO                   |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>                | 4         | MO                   |
| NEVANAC  | 3         | MO                   |
| <i>ofloxacin ophthalmic (eye)</i>                            | 1         | MO; CG               |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i>              | 3         | MO                   |
| PAZEO  | 3         | MO                   |
| PHOSPHOLINE IODIDE   | 4         | MO                   |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>  | 4         | MO                   |
| <i>polycin</i>   | 2         | MO                   |
| <i>polymyxin b sulf-trimethoprim</i>                         | 1         | MO; CG               |
| <i>prednisolone acetate</i>                                  | 2         | MO                   |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>        | 2         | MO                   |
| SIMBRINZA  | 4         | MO                   |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i>           | 2         | MO                   |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i>        | 3         | MO                   |
| <i>sulfacetamide-prednisolone</i>                            | 2         | MO                   |
| <i>timolol maleate ophthalmic (eye) drops</i>                | 1         | MO; CG               |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 2         | MO                   |
| TOBRADEX   | 3         | MO                   |
| OPHTHALMIC (EYE) OINTMENT                                    |           |                      |
| TOBRADEX ST  | 3         | MO                   |
| <i>tobramycin</i>  | 2         | MO                   |
| <i>tobramycin-dexamethasone ophthalmic suspension</i>        | 3         | MO                   |
| TRAVATAN Z   | 3         | MO                   |

| Drug Name  | Drug Tier | Requirements /Limits               |
|--|-----------|------------------------------------|
| <i>trifluridine</i>  | 3         | MO                                 |
| XIIDRA   | 3         | PAR; MO; QLL (60 per 30 days)      |
| ZIRGAN   | 4         | MO                                 |
| <b>Respiratory And Allergy</b>   |           |                                    |
| <i>acetylcysteine</i>  | 2         | B/D PAR; MO                        |
| ADEMPAS  | 5         | PAR; MO; LA                        |
| ADVAIR DISKUS  | 3         | MO; QLL (60 per 30 days)           |
| ADVAIR HFA   | 3         | MO; QLL (12 per 30 days)           |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | 2         | B/D PAR; MO; QLL (360 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>                             | 2         | B/D PAR; MO; QLL (60 per 30 days)  |
| <i>albuterol sulfate oral syrup</i>  | 1         | MO; CG                             |
| <i>albuterol sulfate oral tablet</i>   | 4         | MO                                 |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>   | 2         | MO                                 |
| <i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>   | 3         | MO                                 |
| <i>aminophylline intravenous</i>   | 4         |                                    |
| ANORO ELLIPTA  | 3         | MO; QLL (60 per 30 days)           |
| ARNUTY ELLIPTA   | 3         | MO; QLL (30 per 30 days)           |
| ATROVENT HFA   | 4         | MO; QLL (26 per 30 days)           |
| BROVANA  | 5         | B/D PAR; MO; QLL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>                               | 4         | B/D PAR; MO; QLL (120 per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>   | 4         | B/D PAR; MO; QLL (60 per 30 days)  |
| <i>cetirizine oral solution 1 mg/ml</i>  | 2         | MO                                 |
| <i>clemastine oral tablet 2.68 mg</i>  | 3         | PAR; MO                            |
| COMBIVENT RESPIMAT   | 4         | MO; QLL (8 per 30 days)            |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| <i>cromolyn inhalation</i>  | 3                | B/D PAR; MO; QLL (240 per 30 days) |
| <i>cyproheptadine oral tablet</i>   | 3                | PAR; MO                            |
| DALIRESP  | 4                | PAR; MO; QLL (30 per 30 days)      |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                            | 4                | PAR; MO                            |
| <i>diphenhydramine hcl injection syringe</i>                                      | 4                | PAR; MO                            |
| DULERA  | 3                | MO; QLL (13 per 30 days)           |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML  | 3                | MO                                 |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml</i>        | 3                | MO; QLL (2 per 28 days)            |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML                                 | 3                | MO; QLL (2 per 28 days)            |
| ESBRIET ORAL CAPSULE  | 5                | PAR; MO; QLL (270 per 30 days)     |
| ESBRIET ORAL TABLET 267 MG  | 5                | PAR; MO; QLL (270 per 30 days)     |
| ESBRIET ORAL TABLET 801 MG  | 5                | PAR; MO; QLL (90 per 30 days)      |
| FIRAZYR   | 5                | PAR; MO                            |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 3                | MO; QLL (60 per 30 days)           |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION                   | 3                | MO; QLL (240 per 30 days)          |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION                      | 3                | MO; QLL (12 per 30 days)           |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION                      | 3                | MO; QLL (24 per 30 days)           |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|---|------------------|------------------------------------|
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION   | 3                | MO; QLL (11 per 30 days)           |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>  | 2                | MO; QLL (75 per 30 days)           |
| <i>fluticasone nasal</i>  | 2                | MO; QLL (16 per 30 days)           |
| <i>hydroxyzine hcl intramuscular</i>  | 4                | PAR; MO                            |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>   | 4                | PAR; MO                            |
| <i>hydroxyzine hcl oral tablet</i>  | 4                | PAR; MO                            |
| <i>ipratropium bromide inhalation</i>   | 2                | B/D PAR; MO                        |
| <i>ipratropium-albuterol inhalation</i>   | 2                | B/D PAR; MO; QLL (540 per 30 days) |
| KALYDECO ORAL TABLET  | 5                | PAR; MO; QLL (60 per 30 days)      |
| LETAIRIS  | 5                | PAR; MO; LA; QLL (30 per 30 days)  |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | 3                | B/D PAR; MO; QLL (270 per 30 days) |
| <i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>                               | 3                | B/D PAR; MO; QLL (540 per 30 days) |
| LEVALBUTEROL TARTRATE   | 4                | MO; QLL (45 per 30 days)           |
| <i>levocetirizine oral tablet</i>   | 2                | MO                                 |
| <i>metaproterenol</i>   | 2                | MO                                 |
| <i>metetasone nasal</i>   | 3                | MO                                 |
| <i>montelukast oral granules in packet</i>  | 4                | MO                                 |
| <i>montelukast oral tablet</i>  | 2                | MO                                 |
| <i>montelukast oral tablet, chewable</i>  | 2                | MO                                 |
| OFEV ORAL CAPSULE 150 MG  | 5                | PAR; MO; QLL (60 per 30 days)      |
| ORKAMBI ORAL TABLET   | 5                | PAR; MO; QLL (120 per 30 days)     |
| PERFOROMIST   | 5                | B/D PAR; MO; QLL (120 per 30 days) |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b>        |
|--|------------------|------------------------------------|
| PROAIR HFA   | 3                | MO; QLL (18 per 30 days)           |
| PROAIR RESPICLICK  | 3                | MO; QLL (2 per 30 days)            |
| <i>promethazine injection solution</i>                     | 4                | PAR; MO                            |
| <i>promethazine oral tablet</i>                            | 4                | PAR; MO                            |
| PULMOZYME  | 5                | B/D PAR; MO                        |
| RUCONEST   | 5                | PAR; MO                            |
| SEREVENT DISKUS  | 3                | MO; QLL (60 per 30 days)           |
| <i>sildenafil (antihypertensive) oral</i>                  | 4                | PAR; MO; QLL (90 per 30 days)      |
| SPIRIVA RESPIMAT   | 3                | MO; QLL (4 per 30 days)            |
| SPIRIVA WITH HANDIHALER                                    | 3                | MO; QLL (30 per 30 days)           |
| <i>terbutaline</i>   | 4                | MO                                 |
| <i>theophylline oral elixir</i>                            | 3                |                                    |
| <i>theophylline oral solution</i>                          | 3                | MO                                 |
| <i>theophylline oral tablet extended release 12 hr</i>     | 2                | MO                                 |
| <i>theophylline oral tablet extended release 24 hr</i>     | 2                | MO                                 |
| TRACLEER ORAL TABLET                                       | 5                | PAR; MO; LA; QLL (60 per 30 days)  |
| TRACLEER ORAL TABLET FOR SUSPENSION                        | 5                | PAR; MO; LA; QLL (120 per 30 days) |
| VENTAVIS   | 5                | PAR; MO; QLL (270 per 30 days)     |
| XOLAIR   | 5                | PAR; MO; LA; QLL (6 per 28 days)   |
| <i>zafirlukast</i>   | 4                | MO                                 |
| <b>Urologicals</b>   |                  |                                    |
| <i>alfuzosin</i>   | 2                | MO                                 |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i> | 2                | MO                                 |
| <i>bethanechol chloride oral tablet 50 mg</i>              | 3                | MO                                 |
| CYSTAGON   | 4                | MO; LA                             |
| <i>dutasteride</i>   | 3                | MO; QLL (30 per 30 days)           |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>dutasteride-tamsulosin</i>   | 3                | MO; QLL (30 per 30 days)    |
| ELMIRON   | 4                | MO                          |
| <i>finasteride oral tablet 5 mg</i>                                       | 4                | MO                          |
| <i>flavoxate</i>  | 3                | MO                          |
| MYRBETRIQ   | 4                | MO; QLL (30 per 30 days)    |
| <i>oxybutynin chloride oral syrup</i>                                     | 2                | MO; QLL (600 per 30 days)   |
| <i>oxybutynin chloride oral tablet</i>                                    | 2                | MO; QLL (120 per 30 days)   |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i> | 2                | MO; QLL (60 per 30 days)    |
| <i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>         | 2                | MO; QLL (30 per 30 days)    |
| <i>potassium citrate</i>  | 3                | MO                          |
| RAPAFLO   | 4                | MO                          |
| <i>tamsulosin</i>   | 4                | MO                          |
| <i>tolterodine oral tablet 1 mg</i>                                       | 4                | MO; QLL (60 per 30 days)    |
| <i>tolterodine oral tablet 2 mg</i>                                       | 3                | MO; QLL (60 per 30 days)    |
| TOVIAZ  | 4                | MO; QLL (30 per 30 days)    |
| <i>trospium oral tablet</i>   | 3                | MO; QLL (60 per 30 days)    |
| VESICARE  | 4                | MO; QLL (30 per 30 days)    |
| <b>Vitamins, Hematinics / Electrolytes</b>                                |                  |                             |
| AMINOSYN 10 %   | 4                | B/D PAR                     |
| AMINOSYN 7 % WITH ELECTROLYTES  | 4                | B/D PAR                     |
| AMINOSYN 8.5 %  | 4                | B/D PAR                     |
| AMINOSYN 8.5 %-ELECTROLYTES   | 4                | B/D PAR                     |
| AMINOSYN II 10 %  | 4                | B/D PAR                     |
| AMINOSYN II 15 %  | 4                | B/D PAR                     |
| AMINOSYN II 7 %   | 4                | B/D PAR                     |
| AMINOSYN II 8.5 %   | 4                | B/D PAR                     |
| AMINOSYN II 8.5 %-ELECTROLYTES  | 4                | B/D PAR                     |
| AMINOSYN M 3.5 %  | 4                | B/D PAR                     |
| AMINOSYN-HBC 7%   | 4                | B/D PAR                     |
| AMINOSYN-PF 10 %  | 4                | B/D PAR                     |

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



| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| AMINOSYN-PF 7 %<br>(SULFITE-FREE)   | 4                | B/D PAR                     |
| AMINOSYN-RF 5.2 %   | 4                | B/D PAR                     |
| <i>calcium acetate oral capsule</i>   | 3                | MO                          |
| CLINIMIX 5%/D15W<br>SULFITE FREE  | 4                | B/D PAR                     |
| CLINIMIX 5%/D25W<br>SULFITE-FREE  | 4                | B/D PAR                     |
| CLINIMIX 2.75%/D5W<br>SULFIT FREE   | 4                | B/D PAR                     |
| CLINIMIX 4.25%-D20W<br>SULF-FREE  | 4                | B/D PAR                     |
| CLINIMIX 4.25%-D25W<br>SULF-FREE  | 4                | B/D PAR                     |
| CLINIMIX 4.25%/D10W<br>SULF FREE  | 4                | B/D PAR                     |
| CLINIMIX 5%-<br>D20W(SULFITE-FREE)  | 4                | B/D PAR                     |
| CLINIMIX E 4.25%/<br>D10W SUL FREE  | 4                | B/D PAR                     |
| CLINIMIX E 4.25%/<br>D25W SUL FREE  | 4                | B/D PAR                     |
| CLINIMIX E 4.25%/D5W<br>SULF FREE   | 4                | B/D PAR                     |
| CLINIMIX E 5%/D15W<br>SULFIT FREE   | 4                | B/D PAR                     |
| CLINIMIX E 5%/D20W<br>SULFIT FREE   | 4                | B/D PAR                     |
| CLINIMIX E 5%/D25W<br>SULFIT FREE   | 4                | B/D PAR                     |
| CLINIMIX N14G30E<br>4.25%-D15W SF   | 4                | B/D PAR                     |
| CLINIMIX N9G15E<br>2.75%-D7.5W SF   | 4                | B/D PAR                     |
| <i>fluoride (sodium) oral tablet</i>  | 4                | MO                          |
| <i>fluoride (sodium) oral tablet,<br/>chewable 0.25 mg(0.55 mg<br/>sod. fluoride), 0.5 mg (1.1 mg<br/>sodium fluorid)</i> | 2                | MO                          |
| <i>fluoride (sodium) oral tablet,<br/>chewable 1 mg (2.2 mg sod.<br/>fluoride)</i>  | 4                | MO                          |
| <i>fluoritab oral tablet, chewable<br/>1 mg (2.2 mg sod. fluoride)</i>  | 4                | MO                          |
| <i>freamine iii 10 %</i>  | 4                | B/D PAR                     |
| HEPATAMINE 8%   | 4                | B/D PAR                     |

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| <i>intralipid intravenous<br/>emulsion 20 %</i>   | 4                | B/D PAR                     |
| INTRALIPID  | 4                | B/D PAR                     |
| INTRAVENOUS<br>EMULSION 30 %  |                  |                             |
| IONOSOL-B IN D5W  | 4                |                             |
| IONOSOL-MB IN D5W   | 4                |                             |
| ISOLYTE S PH 7.4  | 4                |                             |
| ISOLYTE-P IN 5 %<br>DEXTROSE  | 4                |                             |
| ISOLYTE-S   | 4                |                             |
| <i>k-effervescent</i>   | 1                | MO; CG                      |
| <i>k-tab oral tablet extended<br/>release 8 meq</i>   | 4                | MO                          |
| <i>klor-con 10</i>  | 4                | MO                          |
| <i>klor-con 8</i>   | 4                | MO                          |
| <i>klor-con m10</i>   | 2                | MO                          |
| <i>klor-con m15</i>   | 2                | MO                          |
| <i>klor-con m20</i>   | 2                | MO                          |
| <i>klor-con/ef</i>  | 1                | MO; CG                      |
| <i>lactated ringers intravenous</i>   | 4                | MO                          |
| <i>ludent fluoride oral tablet,<br/>chewable 0.25 mg(0.55 mg<br/>sod. fluoride), 0.5 mg (1.1 mg<br/>sodium fluorid)</i> | 2                | MO                          |
| <i>ludent fluoride oral tablet,<br/>chewable 1 mg (2.2 mg sod.<br/>fluoride)</i>  | 4                | MO                          |
| <i>magnesium sulfate in water<br/>intravenous parenteral<br/>solution</i>   | 4                |                             |
| <i>magnesium sulfate in water<br/>intravenous piggyback 2<br/>gram/50 ml (4 %), 4 gram/<br/>50 ml (8 %)</i>             | 4                |                             |
| <i>magnesium sulfate in water<br/>intravenous piggyback 4<br/>gram/100 ml (4 %)</i>                                     | 4                | MO                          |
| <i>magnesium sulfate injection<br/>solution</i>   | 4                | MO                          |
| <i>magnesium sulfate injection<br/>syringe</i>  | 4                |                             |
| NEPHRAMINE 5.4 %  | 4                | B/D PAR                     |
| NORMOSOL-M IN 5 %<br>DEXTROSE   | 4                |                             |
| NORMOSOL-R  | 4                | MO                          |

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

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|---|------------------|-----------------------------|
| NORMOSOL-R IN 5 % DEXTROSE  | 4                |                             |
| NORMOSOL-R PH 7.4   | 4                |                             |
| PLASMA-LYTE 148   | 4                |                             |
| PLASMA-LYTE A   | 4                |                             |
| potassium bicarb and chloride   | 2                | MO                          |
| potassium bicarb-citric acid  | 1                | MO; CG                      |
| potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l                 | 4                |                             |
| potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l                                     | 4                | MO                          |
| potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l                           | 4                |                             |
| potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l                  | 4                |                             |
| potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l  | 4                | MO                          |
| potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l  | 4                |                             |
| potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml                               | 4                | MO                          |
| potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml | 4                |                             |
| potassium chloride intravenous solution   | 4                | MO                          |
| potassium chloride oral capsule, extended release   | 2                | MO                          |
| potassium chloride oral liquid  | 4                | MO                          |
| potassium chloride oral tablet extended release   | 2                | MO                          |
| potassium chloride oral tablet, er particles/crystals   | 2                | MO                          |

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| potassium chloride-0.45 % nacl   | 4                |                             |
| potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l              | 4                | MO                          |
| potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l    | 4                |                             |
| potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l              | 4                | MO                          |
| potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l              | 4                |                             |
| potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l              | 4                |                             |
| premasol 10 %  | 4                | B/D PAR; MO                 |
| PREMASOL 6 %   | 4                | B/D PAR                     |
| prenatal vitamin oral tablet   | 2                | MO                          |
| PROCALAMINE 3%   | 4                | B/D PAR                     |
| PROSOL 20 %  | 4                | B/D PAR; MO                 |
| ringer's intravenous sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 % | 4                | MO                          |
| sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)      | 4                | MO                          |
| sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)          | 4                |                             |
| sodium chloride 0.45 % intravenous parenteral solution                               | 4                | MO                          |
| sodium chloride 0.45 % intravenous piggyback   | 4                |                             |
| sodium chloride 3 % intravenous injection solution                                   | 4                | MO                          |
| sodium chloride 5 % intravenous injection solution                                   | 4                |                             |
| sodium chloride intravenous  | 4                | MO                          |
| sodium lactate   | 4                |                             |

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

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements /Limits</b> |
|--|------------------|-----------------------------|
| TPN ELECTROLYTES<br>INTRAVENOUS<br>SOLUTION 35 MEQ-20<br>MEQ-5 MEQ/20 ML | 4                |                             |
| <i>travasol 10 %</i>   | 4                | B/D PAR; MO                 |
| TROPHAMINE 10 %  | 4                | B/D PAR; MO                 |
| TROPHAMINE 6%  | 4                | B/D PAR                     |

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

# Index of Drugs

## Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. 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.

| <b>Drug Name</b>   | <b>Page</b> |
|--|-------------|
| <i>a-hydrocort</i> .....   | 43          |
| <i>abacavir oral solution</i> .....  | 8           |
| <i>abacavir oral tablet</i> .....  | 8           |
| <i>abacavir-lamivudine</i> .....   | 8           |
| <i>abacavir-lamivudine-zidovudine</i> .....  | 8           |
| ABELCET.....   | 8           |
| ABILIFY MAINTENA.....  | 22          |
| ABRAXANE.....  | 16          |
| <i>acamprosate</i> .....   | 41          |
| <i>acarbose oral tablet 100 mg</i> .....   | 43          |
| <i>acarbose oral tablet 25 mg</i> .....  | 43          |
| <i>acarbose oral tablet 50 mg</i> .....  | 43          |
| <i>acebutolol</i> .....  | 34          |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg<br/>15 ml (5 ml), 240 mg-24 mg/10 ml (10 ml), 300<br/>mg-30 mg/12.5 ml</i> ..... | 22          |
| <i>acetaminophen-codeine oral solution 120-12 mg/5<br/>ml</i> .....  | 22          |
| <i>acetaminophen-codeine oral tablet 300-15 mg</i> .....   | 22          |
| <i>acetaminophen-codeine oral tablet 300-30 mg</i> .....   | 22          |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> .....   | 22          |
| <i>acetazolamide oral capsule, extended release</i> .....  | 53          |
| <i>acetazolamide oral tablet</i> .....   | 53          |
| <i>acetazolamide sodium</i> .....  | 53          |
| <i>acetic acid irrigation</i> .....  | 41          |
| <i>acetic acid otic (ear)</i> .....  | 42          |
| <i>acetylcysteine</i> .....  | 54          |
| <i>acetylcysteine intravenous</i> .....  | 41          |
| <i>acitretin oral capsule 10 mg</i> .....  | 39          |
| <i>acitretin oral capsule 17.5 mg, 25 mg</i> .....   | 39          |
| ACTHIB (PF).....   | 49          |
| ACTIMMUNE.....   | 49          |
| <i>acyclovir oral capsule</i> .....  | 8           |
| <i>acyclovir oral suspension 200 mg/5 ml</i> .....   | 8           |
| <i>acyclovir oral tablet</i> .....   | 8           |
| <i>acyclovir sodium 50 mg/ml intravenous solution</i> .....  | 8           |
| <i>acyclovir topical</i> .....   | 39          |
| ADACEL(TDAP ADOLESN/ADULT)(PF).....  | 49          |
| ADAGEN.....  | 41          |
| <i>adapalene topical gel 0.1 %</i> .....   | 39          |
| ADASUVE.....   | 22          |
| <i>adefovir</i> .....  | 8           |
| ADEMPAS.....   | 54          |
| <i>adriamycin intravenous recon soln 10 mg</i> .....   | 16          |
| <i>adriamycin intravenous solution</i> .....   | 16          |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> .....   | 16          |
| <i>adrucil intravenous solution 5 gram/100 ml, 500<br/>mg/10 ml</i> .....  | 16          |
| ADVAIR DISKUS.....   | 54          |
| ADVAIR HFA.....  | 54          |
| <i>afeditab cr oral tablet extended release 30 mg</i> .....  | 34          |
| <i>afeditab cr oral tablet extended release 60 mg</i> .....  | 34          |
| AFINITOR.....  | 16          |
| AFINITOR DISPERZ.....  | 16          |
| <i>ala-cort topical cream 2.5 %</i> .....  | 39          |
| ALBENZA.....   | 8           |
| <i>albuterol sulfate inhalation solution for nebulization<br/>0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083<br/>%)</i> .....        | 54          |
| <i>albuterol sulfate inhalation solution for nebulization<br/>2.5 mg/0.5 ml, 5 mg/ml</i> .....                                       | 54          |
| <i>albuterol sulfate oral syrup</i> .....  | 54          |
| <i>albuterol sulfate oral tablet</i> .....   | 54          |
| <i>albuterol sulfate oral tablet extended release 12 hr 4<br/>mg</i> .....   | 54          |
| <i>albuterol sulfate oral tablet extended release 12 hr 8<br/>mg</i> .....   | 54          |
| <i>alclometasone topical cream</i> .....   | 39          |
| <i>alclometasone topical ointment</i> .....  | 39          |
| <i>alcohol pads</i> .....  | 43          |
| ALDURAZYME.....  | 43          |
| ALECENSA.....  | 16          |

|   |    |  |    |
|---|----|--|----|
| <i>alendronate oral solution</i> .....  | 50 | AMINOSYN-PF 7 % (SULFITE-FREE).....  | 57 |
| <i>alendronate oral tablet 10 mg, 5 mg</i> .....                              | 50 | AMINOSYN-RF 5.2 %.....   | 57 |
| <i>alendronate oral tablet 35 mg, 70 mg</i> .....                             | 50 | <i>amiodarone intravenous solution</i> .....   | 34 |
| <i>alendronate oral tablet 40 mg</i> .....                                    | 41 | <i>amiodarone intravenous syringe</i> .....  | 34 |
| <i>alfuzosin</i> .....  | 56 | <i>amiodarone oral tablet 100 mg, 200 mg</i> .....   | 34 |
| ALIMTA.....   | 16 | <i>amiodarone oral tablet 400 mg</i> .....   | 34 |
| ALINIA ORAL SUSPENSION FOR<br>RECONSTITUTION.....                             | 8  | AMITIZA.....   | 46 |
| ALINIA ORAL TABLET.....   | 8  | <i>amitriptyline</i> .....   | 22 |
| ALIQOPA.....  | 16 | <i>amlodipine besylate oral tablet</i> .....   | 34 |
| ALKERAN ORAL.....   | 16 | <i>amlodipine-benazepril</i> .....   | 34 |
| <i>allopurinol</i> .....  | 50 | <i>amlodipine-olmesartan</i> .....   | 34 |
| <i>allopurinol sodium</i> .....   | 50 | <i>amlodipine-valsartan oral tablet 10-160 mg, 5-160</i><br><i>mg, 5-320 mg</i> .....  | 35 |
| <i>aloprim</i> .....  | 50 | <i>amlodipine-valsartan oral tablet 10-320 mg</i> .....  | 35 |
| <i>alosetron</i> .....  | 46 | <i>amlodipine-valsartan-hcthiazid</i> .....  | 35 |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS<br>0.1 %.....                               | 53 | <i>ammonium lactate</i> .....  | 39 |
| <i>alprazolam oral tablet</i> .....   | 22 | <i>amoxapine</i> .....   | 22 |
| <i>altavera (28)</i> .....  | 51 | <i>amoxicillin oral capsule</i> .....  | 8  |
| ALUNBRIG ORAL TABLET 180 MG.....  | 16 | <i>amoxicillin oral suspension for reconstitution</i> .....  | 8  |
| ALUNBRIG ORAL TABLET 30 MG.....   | 16 | <i>amoxicillin oral tablet</i> .....   | 8  |
| ALUNBRIG ORAL TABLET 90 MG.....   | 16 | <i>amoxicillin oral tablet, chewable 125 mg, 250</i><br><i>mg</i> .....  | 9  |
| ALUNBRIG ORAL TABLETS, DOSE<br>PACK.....                                      | 16 | <i>amoxicillin-pot clavulanate oral suspension for</i><br><i>reconstitution 200-28.5 mg/5 ml, 400-57 mg/5</i><br><i>ml, 600-42.9 mg/5 ml</i> ..... | 9  |
| <i>alyacen 1/35 (28)</i> .....  | 51 | <i>amoxicillin-pot clavulanate oral suspension for</i><br><i>reconstitution 250-62.5 mg/5 ml</i> .....   | 9  |
| <i>alyacen 7/7/7 (28)</i> .....   | 51 | <i>amoxicillin-pot clavulanate oral tablet 250-125</i><br><i>mg</i> .....  | 9  |
| <i>amantadine hcl</i> .....   | 8  | <i>amoxicillin-pot clavulanate oral tablet 500-125 mg,</i><br><i>875-125 mg</i> .....  | 9  |
| AMBISOME.....   | 8  | <i>amoxicillin-pot clavulanate oral tablet extended</i><br><i>release 12 hr</i> .....  | 9  |
| <i>amcinonide topical lotion</i> .....  | 39 | <i>amoxicillin-pot clavulanate oral tablet, chewable</i> .....   | 9  |
| <i>amcinonide topical ointment</i> .....                                      | 39 | <i>amphotericin b</i> .....  | 9  |
| <i>amikacin injection solution 1,000 mg/4 ml, 500</i><br><i>mg/2 ml</i> ..... | 8  | <i>ampicillin oral capsule 500 mg</i> .....  | 9  |
| <i>amiloride</i> .....  | 34 | <i>ampicillin sodium injection</i> .....   | 9  |
| <i>amiloride-hydrochlorothiazide</i> .....                                    | 34 | <i>ampicillin sodium intravenous</i> .....   | 9  |
| <i>aminophylline intravenous</i> .....  | 54 | <i>ampicillin-sulbactam injection recon soln 1.5 gram,</i><br><i>3 gram</i> .....  | 9  |
| AMINOSYN 10 %.....  | 56 | <i>ampicillin-sulbactam injection recon soln 15</i><br><i>gram</i> .....   | 9  |
| AMINOSYN 7 % WITH<br>ELECTROLYTES.....  | 56 | <i>ampicillin-sulbactam intravenous recon soln 1.5</i><br><i>gram</i> .....  | 9  |
| AMINOSYN 8.5 %.....   | 56 | <i>ampicillin-sulbactam intravenous recon soln 3</i><br><i>gram</i> .....  | 9  |
| AMINOSYN 8.5 %-ELECTROLYTES.....  | 56 | AMPYRA.....  | 22 |
| AMINOSYN II 10 %.....   | 56 | ANADROL-50.....  | 43 |
| AMINOSYN II 15 %.....   | 56 |  |    |
| AMINOSYN II 7 %.....  | 56 |  |    |
| AMINOSYN II 8.5 %.....  | 56 |  |    |
| AMINOSYN II 8.5 %-ELECTROLYTES.....   | 56 |  |    |
| AMINOSYN M 3.5 %.....   | 56 |  |    |
| AMINOSYN-HBC 7%.....  | 56 |  |    |
| AMINOSYN-PF 10 %.....   | 56 |  |    |

|   |    |  |    |
|---|----|--|----|
| <i>anagrelide</i> .....   | 41 | <i>atovaquone-proguanil oral tablet 250-100 mg</i> .....                     | 9  |
| <i>anastrozole</i> .....  | 16 | <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> .....                     | 9  |
| ANDROGEL TRANSDERMAL GEL IN<br>METERED-DOSE PUMP 20.25 MG/1.25<br>GRAM (1.62 %) | 43 | ATRIPLA.....   | 9  |
| ANDROGEL TRANSDERMAL GEL IN<br>PACKET 1.62 % (20.25 MG/1.25<br>GRAM)            | 43 | <i>atropine injection solution 0.4 mg/ml</i> .....                           | 47 |
| ANDROGEL TRANSDERMAL GEL IN<br>PACKET 1.62 % (40.5 MG/2.5 GRAM)                 | 43 | <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/<br/>ml</i> .....           | 47 |
| ANORO ELLIPTA.....  | 54 | <i>atropine ophthalmic (eye) drops</i> .....                                 | 53 |
| APOKYN.....   | 22 | ATROVENT HFA.....  | 54 |
| <i>apraclonidine</i> .....  | 53 | AUGMENTIN ORAL SUSPENSION FOR<br>RECONSTITUTION 125-31.25 MG/5<br>ML.....    | 9  |
| <i>aprepitant oral capsule 125 mg</i> .....                                     | 46 | AVASTIN.....   | 16 |
| <i>aprepitant oral capsule 40 mg</i> .....                                      | 47 | AVELOX IN NA <sub>2</sub> CO <sub>3</sub> (ISO-OSMOTIC).....                 | 9  |
| <i>aprepitant oral capsule 80 mg</i> .....                                      | 47 | <i>azacitidine</i> .....   | 16 |
| <i>aprepitant oral capsule, dose pack</i> .....                                 | 47 | AZACTAM.....   | 9  |
| <i>apri</i> .....   | 51 | AZACTAM IN DEXTROSE (ISO-OSM).....   | 9  |
| APRISO.....   | 47 | AZASITE.....   | 53 |
| APTIOM.....   | 22 | <i>azathioprine</i> .....  | 16 |
| APTIVUS ORAL CAPSULE.....   | 9  | <i>azathioprine sodium</i> .....   | 16 |
| APTIVUS ORAL SOLUTION.....  | 9  | <i>azelastine nasal</i> .....  | 42 |
| <i>aranelle (28)</i> .....  | 51 | <i>azelastine ophthalmic (eye)</i> .....                                     | 53 |
| ARCALYST.....   | 49 | <i>azithromycin intravenous</i> .....  | 9  |
| <i>aripiprazole oral solution</i> .....   | 22 | <i>azithromycin oral packet</i> .....  | 9  |
| <i>aripiprazole oral tablet 10 mg</i> .....                                     | 22 | <i>azithromycin oral suspension for reconstitution 100<br/>mg/5 ml</i> ..... | 9  |
| <i>aripiprazole oral tablet 15 mg</i> .....                                     | 22 | <i>azithromycin oral suspension for reconstitution 200<br/>mg/5 ml</i> ..... | 9  |
| <i>aripiprazole oral tablet 2 mg</i> .....                                      | 22 | <i>azithromycin oral tablet 250 mg (6 pack)</i> .....                        | 9  |
| <i>aripiprazole oral tablet 20 mg, 30 mg</i> .....                              | 22 | <i>azithromycin oral tablet 250 mg, 500 mg, 600<br/>mg</i> .....             | 9  |
| <i>aripiprazole oral tablet 5 mg</i> .....                                      | 22 | AZOPT.....   | 53 |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i> .....                     | 22 | <i>aztreonam</i> .....   | 9  |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i> .....                     | 22 | <i>azurette (28)</i> .....   | 51 |
| ARNUITY ELLIPTA.....  | 54 | <i>bacim</i> .....   | 9  |
| ARRANON.....  | 16 | <i>bacitracin intramuscular</i> .....  | 9  |
| ARZERRA.....  | 16 | <i>bacitracin ophthalmic (eye)</i> .....                                     | 53 |
| ASACOL HD.....  | 47 | <i>bacitracin-polymyxin b ophthalmic (eye)</i> .....                         | 53 |
| <i>aspirin-dipyridamole</i> .....   | 35 | <i>baclofen</i> .....  | 22 |
| ASTAGRAF XL.....  | 16 | <i>balsalazide</i> .....   | 47 |
| <i>atazanavir oral capsule 150 mg, 200 mg</i> .....                             | 9  | <i>balziva (28)</i> .....  | 51 |
| <i>atazanavir oral capsule 300 mg</i> .....                                     | 9  | BANZEL ORAL SUSPENSION.....  | 23 |
| <i>atenolol</i> .....   | 35 | BANZEL ORAL TABLET 200 MG.....   | 23 |
| <i>atenolol-chlorthalidone</i> .....  | 35 | BANZEL ORAL TABLET 400 MG.....   | 23 |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40<br/>mg</i> .....            | 22 | BARACLUDE ORAL SOLUTION.....   | 9  |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80<br/>mg</i> .....                  | 22 | BAVENCIO.....  | 16 |
| <i>atorvastatin</i> .....   | 35 | BCG VACCINE, LIVE (PF).....  | 49 |
| <i>atovaquone</i> .....   | 9  | BELEODAQ.....  | 16 |
|   |    | <i>benazepril</i> .....  | 35 |

|  |    |  |    |
|--|----|--|----|
| <i>benazepril-hydrochlorothiazide</i> .....                          | 35 | <i>brimonidine ophthalmic (eye) drops 0.15 %</i> .....                                     | 53 |
| BENDEKA.....   | 16 | <i>brimonidine ophthalmic (eye) drops 0.2 %</i> .....                                      | 53 |
| BENLYSTA.....  | 50 | BRIVIACT INTRAVENOUS.....  | 23 |
| <i>benztropine injection</i> .....                                   | 23 | BRIVIACT ORAL SOLUTION.....  | 23 |
| <i>benztropine oral</i> .....  | 23 | BRIVIACT ORAL TABLET 10 MG.....  | 23 |
| BESPONSA.....  | 16 | BRIVIACT ORAL TABLET 100 MG, 75<br>MG.....   | 23 |
| <i>betamethasone dipropionate topical cream</i> .....                | 39 | BRIVIACT ORAL TABLET 25 MG.....  | 23 |
| <i>betamethasone dipropionate topical lotion</i> .....               | 39 | BRIVIACT ORAL TABLET 50 MG.....  | 23 |
| <i>betamethasone dipropionate topical ointment</i> .....             | 39 | <i>bromocriptine</i> .....   | 23 |
| <i>betamethasone valerate topical cream</i> .....                    | 39 | BROVANA.....   | 54 |
| <i>betamethasone valerate topical lotion</i> .....                   | 39 | <i>budesonide inhalation suspension for nebulization</i><br>0.25 mg/2 ml, 0.5 mg/2 ml..... | 54 |
| <i>betamethasone valerate topical ointment</i> .....                 | 39 | <i>budesonide inhalation suspension for nebulization</i><br>1 mg/2 ml.....                 | 54 |
| <i>betamethasone, augmented topical cream</i> .....                  | 39 | <i>budesonide oral capsule, delayed, extend. release</i> .....                             | 47 |
| <i>betamethasone, augmented topical gel</i> .....                    | 39 | <i>bumetanide injection</i> .....  | 35 |
| <i>betamethasone, augmented topical lotion</i> .....                 | 39 | <i>bumetanide oral</i> .....   | 35 |
| <i>betamethasone, augmented topical ointment</i> .....               | 39 | BUPHENYL ORAL TABLET.....  | 41 |
| BETASERON SUBCUTANEOUS KIT.....                                      | 49 | <i>buprenorphine hcl injection solution</i> .....  | 23 |
| <i>betaxolol ophthalmic (eye)</i> .....                              | 53 | <i>buprenorphine hcl injection syringe</i> .....   | 23 |
| <i>betaxolol oral</i> .....  | 35 | <i>buprenorphine hcl sublingual tablet 2 mg</i> .....                                      | 23 |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5<br/>mg</i> ..... | 56 | <i>buprenorphine hcl sublingual tablet 8 mg</i> .....                                      | 23 |
| <i>bethanechol chloride oral tablet 50 mg</i> .....                  | 56 | <i>buprenorphine-naloxone sublingual tablet 2-0.5<br/>mg</i> .....                         | 23 |
| BETIMOL.....   | 53 | <i>buprenorphine-naloxone sublingual tablet 8-2<br/>mg</i> .....                           | 23 |
| BETOPTIC S.....  | 53 | <i>bupropion hcl (smoking deter)</i> .....   | 41 |
| <i>bexarotene</i> .....  | 16 | <i>bupropion hcl oral tablet 100 mg</i> .....  | 23 |
| BEXSERO.....   | 49 | <i>bupropion hcl oral tablet 75 mg</i> .....   | 23 |
| <i>bicalutamide</i> .....  | 16 | <i>bupropion hcl oral tablet extended release 24 hr 150<br/>mg</i> .....                   | 23 |
| BICILLIN C-R.....  | 9  | <i>bupropion hcl oral tablet extended release 24 hr 300<br/>mg</i> .....                   | 23 |
| BICILLIN L-A.....  | 9  | <i>bupropion hcl oral tablet sustained-release 12 hr 100<br/>mg</i> .....                  | 23 |
| BICNU.....   | 16 | <i>bupropion hcl oral tablet sustained-release 12 hr 150<br/>mg, 200 mg</i> .....          | 23 |
| BIKTARVY.....  | 9  | <i>bupirone oral tablet 10 mg</i> .....  | 23 |
| <i>bimatoprost ophthalmic (eye)</i> .....                            | 53 | <i>bupirone oral tablet 15 mg, 5 mg, 7.5 mg</i> .....                                      | 23 |
| <i>bisoprolol fumarate</i> .....                                     | 35 | <i>bupirone oral tablet 30 mg</i> .....  | 23 |
| <i>bisoprolol-hydrochlorothiazide</i> .....                          | 35 | <i>busulfan</i> .....  | 16 |
| <i>bleomycin</i> .....   | 16 | BUSULFEX.....  | 16 |
| BLEPHAMIDE S.O.P.....  | 53 | <i>butorphanol tartrate injection</i> .....  | 23 |
| BLINCYTO INTRAVENOUS KIT.....  | 16 | <i>butorphanol tartrate nasal</i> .....  | 23 |
| <i>blisovi fe 1.5/30 (28)</i> .....                                  | 51 | BYDUREON.....  | 43 |
| BONIVA INTRAVENOUS.....  | 50 | BYDUREON BCISE.....  | 43 |
| BOOSTRIX TDAP.....   | 49 |  |    |
| BORTEZOMIB.....  | 16 |  |    |
| BOSULIF ORAL TABLET 100 MG.....                                      | 16 |  |    |
| BOSULIF ORAL TABLET 400 MG, 500<br>MG.....                           | 16 |  |    |
| BRAFTOVI ORAL CAPSULE 50 MG.....                                     | 16 |  |    |
| BRAFTOVI ORAL CAPSULE 75 MG.....                                     | 16 |  |    |
| <i>briellyn</i> .....  | 51 |  |    |
| BRILINTA.....  | 35 |  |    |

|   |    |
|---|----|
| BYETTA SUBCUTANEOUS PEN INJECTOR  |    |
| 10 MCG/DOSE(250 MCG/ML) 2.4 ML.....   | 43 |
| BYETTA SUBCUTANEOUS PEN INJECTOR  |    |
| 5 MCG/DOSE (250 MCG/ML) 1.2 ML.....   | 43 |
| BYSTOLIC ORAL TABLET 10 MG, 20 MG,  |    |
| 5 MG.....   | 35 |
| BYSTOLIC ORAL TABLET 2.5 MG.....  | 35 |
| <i>cabergoline</i> .....  | 43 |
| CABOMETYX ORAL TABLET 20 MG.....  | 16 |
| CABOMETYX ORAL TABLET 40 MG, 60   |    |
| MG.....   | 16 |
| <i>calcipotriene scalp</i> .....  | 39 |
| <i>calcipotriene topical</i> .....  | 39 |
| <i>calcitonin (salmon)</i> .....  | 43 |
| <i>calcitriol intravenous solution 1 mcg/ml</i> .....                         | 43 |
| <i>calcitriol oral capsule</i> .....  | 43 |
| <i>calcitriol oral solution</i> .....   | 43 |
| <i>calcitriol topical</i> .....   | 39 |
| <i>calcium acetate oral capsule</i> .....                                     | 57 |
| CALQUENCE.....  | 16 |
| <i>camila</i> .....   | 51 |
| CANASA.....   | 47 |
| CANCIDAS.....   | 9  |
| <i>candesartan</i> .....  | 35 |
| <i>candesartan-hydrochlorothiazid</i> .....                                   | 35 |
| CAPASTAT.....   | 9  |
| CAPRELSA ORAL TABLET 100 MG.....  | 16 |
| CAPRELSA ORAL TABLET 300 MG.....  | 16 |
| <i>captopril</i> .....  | 35 |
| <i>captopril-hydrochlorothiazide</i> .....                                    | 35 |
| CARBAGLU.....   | 41 |
| <i>carbamazepine oral capsule, er multiphase 12</i>                           |    |
| <i>hr</i> .....   | 23 |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> .....                        | 23 |
| <i>carbamazepine oral suspension 200 mg/10 ml</i> .....                       | 23 |
| <i>carbamazepine oral tablet</i> .....  | 23 |
| <i>carbamazepine oral tablet extended release 12</i>                          |    |
| <i>hr</i> .....   | 23 |
| <i>carbamazepine oral tablet, chewable</i> .....                              | 23 |
| <i>carbidopa-levodopa oral tablet</i> .....                                   | 23 |
| <i>carbidopa-levodopa oral tablet extended release</i> .....                  | 23 |
| <i>carbidopa-levodopa oral tablet, disintegrating</i> .....                   | 23 |
| <i>carboplatin intravenous solution</i> .....                                 | 16 |
| <i>carteolol</i> .....  | 53 |
| <i>cartia xt</i> .....  | 35 |
| <i>carvedilol</i> .....   | 35 |
| CAYSTON.....  | 9  |
| <i>caziant (28)</i> .....   | 51 |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 500 mg</i> .....          | 10 |
| <i>cefazolin injection recon soln 1 gram, 500 mg</i> .....                    | 10 |
| <i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i> ..... | 10 |
| <i>cefazolin intravenous</i> .....  | 10 |
| <i>cefepime</i> .....   | 10 |
| <i>cefepime in dextrose, iso-osm intravenous piggyback</i>                    |    |
| <i>1 gram/50 ml, 2 gram/50 ml</i> .....                                       | 10 |
| <i>cefepime in dextrose, iso-osm intravenous piggyback</i>                    |    |
| <i>2 gram/100 ml</i> .....  | 10 |
| <i>cefixime</i> .....   | 10 |
| <i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i> .....           | 10 |
| <i>cefotetan</i> .....  | 10 |
| <i>cefoxitin in dextrose, iso-osm</i> .....                                   | 10 |
| <i>cefoxitin intravenous recon soln 1 gram, 2 gram</i> .....                  | 10 |
| <i>cefoxitin intravenous recon soln 10 gram</i> .....                         | 10 |
| <i>cefpodoxime</i> .....  | 10 |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml</i> .....         | 10 |
| <i>cefprozil oral suspension for reconstitution 250 mg/5 ml</i> .....         | 10 |
| <i>cefprozil oral tablet</i> .....  | 10 |
| CEFTAZIDIME IN D5W.....   | 10 |
| <i>ceftazidime injection recon soln 1 gram, 2 gram</i> .....                  | 10 |
| <i>ceftazidime injection recon soln 6 gram</i> .....                          | 10 |
| <i>ceftriaxone in dextrose, iso-os</i> .....                                  | 10 |
| <i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i> .....  | 10 |
| <i>ceftriaxone injection recon soln 10 gram</i> .....                         | 10 |
| CEFTRIAZONE INJECTION RECON SOLN  |    |
| 100 GRAM.....   | 10 |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i> .....                | 10 |



|  |    |  |    |
|--|----|--|----|
| <i>cefuroxime axetil oral tablet</i> .....                 | 10 | <i>cisplatin</i> .....                                 | 16 |
| <i>cefuroxime sodium injection recon soln 750 mg</i> ..... | 10 | <i>citalopram oral solution</i> .....                  | 23 |
| <i>cefuroxime sodium intravenous recon soln 1.5</i>        |    | <i>citalopram oral tablet 10 mg</i> .....              | 23 |
| <i>gram</i> .....  | 10 | <i>citalopram oral tablet 20 mg</i> .....              | 23 |
| <i>cefuroxime sodium intravenous recon soln 7.5</i>        |    | <i>citalopram oral tablet 40 mg</i> .....              | 23 |
| <i>gram</i> .....  | 10 | <i>cladribine</i> .....                                | 16 |
| <i>celecoxib</i> .....                                     | 23 | <i>claravis oral capsule 10 mg, 20 mg, 40 mg</i> ..... | 39 |
| CELLCEPT INTRAVENOUS.....                                  | 16 | <i>clarithromycin</i> .....                            | 10 |
| CELONTIN ORAL CAPSULE 300 MG.....                          | 23 | <i>clemastine oral tablet 2.68 mg</i> .....            | 54 |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> .....        | 10 | <i>clindamycin hcl</i> .....                           | 10 |
| <i>cephalexin oral suspension for reconstitution</i> ..... | 10 | <i>clindamycin in 5 % dextrose</i> .....               | 10 |
| <i>cephalexin oral tablet</i> .....                        | 10 | <i>clindamycin phosphate injection</i> .....           | 10 |
| CEREZYME INTRAVENOUS RECON SOLN                            |    | <i>clindamycin phosphate intravenous</i> .....         | 10 |
| 400 UNIT.....  | 43 | <i>clindamycin phosphate topical gel</i> .....         | 39 |
| <i>cetirizine oral solution 1 mg/ml</i> .....              | 54 | <i>clindamycin phosphate topical lotion</i> .....      | 39 |
| CHANTIX.....   | 41 | <i>clindamycin phosphate topical solution</i> .....    | 39 |
| CHANTIX CONTINUING MONTH                                   |    | <i>clindamycin phosphate topical swab</i> .....        | 39 |
| BOX.....   | 41 | <i>clindamycin phosphate vaginal</i> .....             | 51 |
| CHANTIX STARTING MONTH BOX.....                            | 41 | <i>clindamycin-benzoyl peroxide topical gel</i> .....  | 39 |
| <i>chloramphenicol sod succinate</i> .....                 | 10 | CLINIMIX 2.75%/D5W SULFIT FREE.....                    | 57 |
| <i>chlorhexidine gluconate mucous membrane</i> .....       | 42 | CLINIMIX 4.25%-D20W SULF-FREE.....                     | 57 |
| <i>chloroquine phosphate</i> .....                         | 10 | CLINIMIX 4.25%-D25W SULF-FREE.....                     | 57 |
| <i>chlorothiazide</i> .....                                | 35 | CLINIMIX 4.25%/D10W SULF FREE.....                     | 57 |
| <i>chlorothiazide sodium</i> .....                         | 35 | CLINIMIX 4.25%/D5W SULFIT FREE.....                    | 41 |
| <i>chlorpromazine injection</i> .....                      | 23 | CLINIMIX 5%-D20W(SULFITE-FREE).....                    | 57 |
| <i>chlorpromazine oral tablet 10 mg</i> .....              | 23 | CLINIMIX 5%/D15W SULFITE FREE.....                     | 57 |
| <i>chlorpromazine oral tablet 100 mg, 200 mg, 25 mg,</i>   |    | CLINIMIX 5%/D25W SULFITE-FREE.....                     | 57 |
| <i>50 mg</i> .....   | 23 | CLINIMIX E 2.75%/D10W SUL FREE.....                    | 41 |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> .....       | 35 | CLINIMIX E 2.75%/D5W SULF FREE.....                    | 41 |
| <i>cholestyramine (with sugar) oral powder</i> .....       | 35 | CLINIMIX E 4.25%/D10W SUL FREE.....                    | 57 |
| <i>cholestyramine (with sugar) oral powder in</i>          |    | CLINIMIX E 4.25%/D25W SUL FREE.....                    | 57 |
| <i>packet</i> .....  | 35 | CLINIMIX E 4.25%/D5W SULF FREE.....                    | 57 |
| <i>cholestyramine light oral powder</i> .....              | 35 | CLINIMIX E 5%/D15W SULFIT FREE.....                    | 57 |
| <i>cholestyramine light oral powder in packet</i> .....    | 35 | CLINIMIX E 5%/D20W SULFIT FREE.....                    | 57 |
| <i>ciclodan</i> .....                                      | 39 | CLINIMIX E 5%/D25W SULFIT FREE.....                    | 57 |
| <i>ciclopirox topical cream</i> .....                      | 39 | CLINIMIX N14G30E 4.25%-D15W SF.....                    | 57 |
| <i>ciclopirox topical gel</i> .....                        | 39 | CLINIMIX N9G15E 2.75%-D7.5W SF.....                    | 57 |
| <i>ciclopirox topical shampoo</i> .....                    | 39 | CLINIMIX N9G20E 2.75%-D10W(SF).....                    | 41 |
| <i>ciclopirox topical solution</i> .....                   | 39 | <i>clobetasol scalp</i> .....                          | 39 |
| <i>ciclopirox topical suspension</i> .....                 | 39 | <i>clobetasol topical cream</i> .....                  | 39 |
| <i>cilostazol</i> .....                                    | 35 | <i>clobetasol topical foam</i> .....                   | 39 |
| CIMDUO.....  | 10 | <i>clobetasol topical gel</i> .....                    | 39 |
| CIPRODEX.....  | 42 | <i>clobetasol topical lotion</i> .....                 | 39 |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> .....            | 53 | <i>clobetasol topical ointment</i> .....               | 39 |
| <i>ciprofloxacin hcl oral tablet 100 mg</i> .....          | 10 | <i>clobetasol topical shampoo</i> .....                | 39 |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750</i>   |    | <i>clobetasol-emollient topical cream</i> .....        | 39 |
| <i>mg</i> .....  | 10 | <i>clobetasol-emollient topical foam</i> .....         | 39 |
| <i>ciprofloxacin in 5 % dextrose</i> .....                 | 10 | <i>clofarabine</i> .....                               | 16 |

|   |    |   |    |
|---|----|---|----|
| CLOLAR.....   | 16 | COMETRIQ ORAL CAPSULE 60 MG/DAY                           |    |
| <i>clomipramine</i> .....                                     | 23 | (20 MG X 3/DAY).....                                      | 17 |
| <i>clonazepam oral tablet 0.5 mg</i> .....                    | 24 | COMPLERA.....   | 10 |
| <i>clonazepam oral tablet 1 mg</i> .....                      | 24 | <i>compro</i> .....                                       | 47 |
| <i>clonazepam oral tablet 2 mg</i> .....                      | 24 | <i>constulose</i> .....                                   | 47 |
| <i>clonazepam oral tablet, disintegrating 0.125 mg</i> .....  | 24 | COPAXONE SUBCUTANEOUS SYRINGE                             |    |
| <i>clonazepam oral tablet, disintegrating 0.25 mg</i> .....   | 24 | 20 MG/ML.....   | 24 |
| <i>clonazepam oral tablet, disintegrating 0.5 mg</i> .....    | 24 | COPAXONE SUBCUTANEOUS SYRINGE                             |    |
| <i>clonazepam oral tablet, disintegrating 1 mg</i> .....      | 24 | 40 MG/ML.....   | 24 |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> .....      | 24 | CORLANOR.....   | 35 |
| <i>clonidine hcl oral tablet</i> .....                        | 35 | <i>cortisone oral tablet</i> .....                        | 43 |
| <i>clonidine hcl oral tablet extended release 12 hr</i> ..... | 24 | COSENTYX (2 SYRINGES).....                                | 40 |
| <i>clonidine transdermal patch</i> .....                      | 35 | COSMEGEN.....   | 17 |
| <i>clopidogrel oral tablet 300 mg</i> .....                   | 35 | COTELLIC.....   | 17 |
| <i>clopidogrel oral tablet 75 mg</i> .....                    | 35 | COUMADIN ORAL.....  | 35 |
| <i>clorazepate dipotassium</i> .....                          | 24 | CREON.....  | 47 |
| <i>clotrimazole mucous membrane</i> .....                     | 10 | CRIXIVAN ORAL CAPSULE 200 MG.....                         | 11 |
| <i>clotrimazole topical</i> .....                             | 39 | CRIXIVAN ORAL CAPSULE 400 MG.....                         | 11 |
| <i>clotrimazole-betamethasone topical cream</i> .....         | 40 | <i>cromolyn inhalation</i> .....                          | 55 |
| <i>clotrimazole-betamethasone topical lotion</i> .....        | 40 | <i>cromolyn ophthalmic (eye)</i> .....                    | 53 |
| <i>clozapine oral tablet 100 mg</i> .....                     | 24 | <i>cromolyn oral</i> .....                                | 47 |
| <i>clozapine oral tablet 200 mg</i> .....                     | 24 | <i>cryselle (28)</i> .....                                | 51 |
| <i>clozapine oral tablet 25 mg</i> .....                      | 24 | <i>cyclafem 1/35 (28)</i> .....                           | 51 |
| <i>clozapine oral tablet 50 mg</i> .....                      | 24 | <i>cyclafem 7/7/7 (28)</i> .....                          | 52 |
| <i>clozapine oral tablet, disintegrating 100 mg</i> .....     | 24 | <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> .....      | 24 |
| <i>clozapine oral tablet, disintegrating 12.5 mg</i> .....    | 24 | <i>cyclobenzaprine oral tablet 7.5 mg</i> .....           | 24 |
| CLOZAPINE ORAL TABLET,  |    | CYCLOPHOSPHAMIDE ORAL                                     |    |
| DISINTEGRATING 150 MG.....                                    | 24 | CAPSULE.....  | 17 |
| CLOZAPINE ORAL TABLET,  |    | CYCLOSET.....   | 43 |
| DISINTEGRATING 200 MG.....                                    | 24 | <i>cyclosporine intravenous</i> .....                     | 17 |
| <i>clozapine oral tablet, disintegrating 25 mg</i> .....      | 24 | <i>cyclosporine modified oral capsule 100 mg</i> .....    | 17 |
| COARTEM.....  | 10 | <i>cyclosporine modified oral capsule 25 mg, 50</i>       |    |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i> .....         | 24 | <i>mg</i> .....   | 17 |
| <i>codeine sulfate oral tablet 60 mg</i> .....                | 24 | <i>cyclosporine modified oral solution</i> .....          | 17 |
| COLCRYS.....  | 50 | <i>cyclosporine oral capsule</i> .....                    | 17 |
| <i>colesevelam</i> .....                                      | 35 | <i>cyproheptadine oral tablet</i> .....                   | 55 |
| <i>colestipol oral granules</i> .....                         | 35 | CYRAMZA.....  | 17 |
| <i>colestipol oral packet</i> .....                           | 35 | CYSTADANE.....  | 47 |
| <i>colestipol oral tablet</i> .....                           | 35 | CYSTAGON.....   | 56 |
| <i>colistin (colistimethate na)</i> .....                     | 10 | CYSTARAN.....   | 53 |
| <i>colocort</i> .....   | 47 | <i>cytarabine (pf) injection solution 100 mg/5 ml (20</i> |    |
| COMBIGAN.....   | 53 | <i>mg/ml), 2 gram/20 ml (100 mg/ml)</i> .....             | 17 |
| COMBIVENT RESPIMAT.....                                       | 54 | <i>cytarabine (pf) injection solution 20 mg/ml</i> .....  | 17 |
| COMETRIQ ORAL CAPSULE 100 MG/                                 |    | <i>cytarabine injection solution 20 mg/ml</i> .....       | 17 |
| DAY(80 MG X1-20 MG X1).....                                   | 17 | <i>d10 %-0.45 % sodium chloride</i> .....                 | 41 |
| COMETRIQ ORAL CAPSULE 140 MG/                                 |    | <i>d2.5 %-0.45 % sodium chloride</i> .....                | 41 |
| DAY(80 MG X1-20 MG X3).....                                   | 17 | <i>d5 % and 0.9 % sodium chloride</i> .....               | 41 |
|   |    | <i>d5 %-0.45 % sodium chloride</i> .....                  | 41 |

|  |    |  |    |
|--|----|--|----|
| <i>dacarbazine</i> .....                                     | 17 | <i>desvenlafaxine succinate oral tablet extended release</i> |    |
| <i>dactinomycin</i> .....                                    | 17 | 24 hr 25 mg.....   | 24 |
| <i>dalfampridine</i> .....                                   | 24 | <i>desvenlafaxine succinate oral tablet extended release</i> |    |
| DALIRESP.....  | 55 | 24 hr 50 mg.....   | 24 |
| <i>danazol oral capsule 100 mg, 200 mg</i> .....             | 43 | <i>dexamethasone intensol</i> .....                          | 43 |
| <i>danazol oral capsule 50 mg</i> .....                      | 43 | <i>dexamethasone oral elixir</i> .....                       | 43 |
| <i>dantrolene oral capsule 100 mg</i> .....                  | 24 | <i>dexamethasone oral solution</i> .....                     | 43 |
| <i>dantrolene oral capsule 25 mg, 50 mg</i> .....            | 24 | <i>dexamethasone oral tablet</i> .....                       | 43 |
| <i>dapsone oral</i> .....                                    | 11 | <i>dexamethasone sodium phos (pf)</i> .....                  | 43 |
| DAPTACEL (DTAP PEDIATRIC) (PF).....                          | 49 | <i>dexamethasone sodium phosphate injection</i> .....        | 43 |
| <i>daptomycin intravenous recon soln 500 mg</i> .....        | 11 | <i>dexamethasone sodium phosphate ophthalmic</i>             |    |
| DARAPRIM.....  | 11 | (eye).....   | 53 |
| DARZALEX.....  | 17 | <i>dexrazoxane hcl intravenous recon soln 250 mg</i> .....   | 17 |
| <i>dasetta 1/35 (28)</i> .....                               | 52 | <i>dexrazoxane hcl intravenous recon soln 500 mg</i> .....   | 17 |
| <i>dasetta 7/7/7 (28)</i> .....                              | 52 | <i>dextroamphetamine oral tablet 10 mg</i> .....             | 24 |
| <i>daunorubicin intravenous solution</i> .....               | 17 | <i>dextroamphetamine oral tablet 5 mg</i> .....              | 24 |
| <i>decitabine</i> .....                                      | 17 | <i>dextroamphetamine-amphetamine oral capsule,</i>           |    |
| DELZICOL ORAL CAPSULE (WITH DEL                              |    | <i>extended release 24hr</i> .....                           | 25 |
| REL TABLETS).....  | 47 | <i>dextroamphetamine-amphetamine oral tablet 10</i>          |    |
| <i>demeclocycline</i> .....                                  | 11 | <i>mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> .....         | 25 |
| DEMSEK.....  | 35 | <i>dextroamphetamine-amphetamine oral tablet 30</i>          |    |
| DENAVIR.....   | 40 | <i>mg</i> .....  | 25 |
| <i>denta 5000 plus</i> .....                                 | 42 | <i>dextrose 10 % and 0.2 % nacl</i> .....                    | 41 |
| <i>dentagel</i> .....  | 42 | <i>dextrose 10 % in water (d10w)</i> .....                   | 41 |
| DEPEN TITRATABS.....   | 50 | <i>dextrose 25 % in water (d25w)</i> .....                   | 41 |
| DEPO-ESTRADIOL.....  | 52 | <i>dextrose 30 % in water (d30w)</i> .....                   | 41 |
| DEPO-PROVERA INTRAMUSCULAR                                   |    | <i>dextrose 40 % in water (d40w)</i> .....                   | 42 |
| SUSPENSION 400 MG/ML.....                                    | 52 | <i>dextrose 5 % in water (d5w)</i> .....                     | 42 |
| DESCOVY.....   | 11 | <i>dextrose 5 %-lactated ringers</i> .....                   | 42 |
| <i>desipramine</i> .....                                     | 24 | <i>dextrose 5%-0.2 % sod chloride</i> .....                  | 42 |
| <i>desmopressin injection</i> .....                          | 43 | <i>dextrose 5%-0.3 % sod.chloride</i> .....                  | 42 |
| <i>desmopressin nasal spray with pump</i> .....              | 43 | <i>dextrose 50 % in water (d50w) intravenous</i>             |    |
| <i>desmopressin nasal spray,non-aerosol</i> .....            | 43 | <i>parenteral solution</i> .....                             | 42 |
| <i>desmopressin oral</i> .....                               | 43 | <i>dextrose 50 % in water (d50w) intravenous</i>             |    |
| <i>desonide</i> .....  | 40 | <i>syringe</i> .....   | 42 |
| <i>desoximetasone topical cream</i> .....                    | 40 | <i>dextrose 70 % in water (d70w)</i> .....                   | 42 |
| <i>desoximetasone topical gel</i> .....                      | 40 | <i>dextrose with sodium chloride</i> .....                   | 42 |
| <i>desoximetasone topical ointment 0.25 %</i> .....          | 40 | DIASTAT.....   | 25 |
| DESVENLAFAXINE ORAL TABLET                                   |    | DIASTAT ACUDIAL.....   | 25 |
| EXTENDED RELEASE 24 HR 100 MG.....                           | 24 | <i>diazepam intensol</i> .....                               | 25 |
| DESVENLAFAXINE ORAL TABLET                                   |    | <i>diazepam oral concentrate</i> .....                       | 25 |
| EXTENDED RELEASE 24 HR 50 MG.....                            | 24 | <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> .....      | 25 |
| DESVENLAFAXINE ORAL TABLET                                   |    | <i>diazepam oral tablet 10 mg</i> .....                      | 25 |
| EXTENDED RELEASE 24HR 100 MG.....                            | 24 | <i>diazepam oral tablet 2 mg</i> .....                       | 25 |
| DESVENLAFAXINE ORAL TABLET                                   |    | <i>diazepam oral tablet 5 mg</i> .....                       | 25 |
| EXTENDED RELEASE 24HR 50 MG.....                             | 24 | <i>diazepam rectal</i> .....                                 | 25 |
| <i>desvenlafaxine succinate oral tablet extended release</i> |    | <i>diclofenac potassium</i> .....                            | 25 |
| 24 hr 100 mg.....  | 24 | <i>diclofenac sodium ophthalmic (eye)</i> .....              | 53 |

|  |    |   |    |
|--|----|---|----|
| <i>diclofenac sodium oral</i> .....  | 25 | <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i> .....  | 17 |
| <i>diclofenac sodium topical gel 1 %</i> .....   | 25 | <i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> ..... | 17 |
| <i>diclofenac sodium topical gel 3 %</i> .....   | 40 | DOCETAXEL INTRAVENOUS SOLUTION  |    |
| <i>dicloxacillin</i> .....   | 11 | 20 MG/ML.....   | 17 |
| <i>dicyclomine oral capsule</i> .....  | 47 | <i>dofetilide</i> .....   | 36 |
| <i>dicyclomine oral solution</i> .....   | 47 | <i>donepezil oral tablet 10 mg, 5 mg</i> .....  | 25 |
| <i>dicyclomine oral tablet</i> .....   | 47 | <i>donepezil oral tablet 23 mg</i> .....  | 25 |
| <i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i> .....                            | 11 | <i>donepezil oral tablet, disintegrating</i> .....  | 25 |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> .....                    | 11 | DORIPENEM INTRAVENOUS RECON   |    |
| <i>diflorasone</i> .....   | 40 | SOLN 250 MG.....  | 11 |
| <i>diflunisal</i> .....  | 25 | <i>dorzolamide</i> .....  | 53 |
| <i>digitek oral tablet 125 mcg</i> .....   | 35 | <i>dorzolamide-timolol</i> .....  | 53 |
| <i>digitek oral tablet 250 mcg</i> .....   | 35 | <i>doxazosin</i> .....  | 36 |
| <i>digox oral tablet 125 mcg</i> .....   | 35 | <i>doxepin oral capsule</i> .....   | 25 |
| <i>digox oral tablet 250 mcg</i> .....   | 35 | <i>doxepin oral concentrate</i> .....   | 25 |
| <i>digoxin injection solution</i> .....  | 35 | <i>doxercalciferol intravenous</i> .....  | 43 |
| <i>digoxin oral solution 50 mcg/ml</i> .....   | 35 | <i>doxercalciferol oral capsule 0.5 mcg</i> .....   | 43 |
| <i>digoxin oral tablet 125 mcg</i> .....   | 35 | <i>doxorubicin intravenous recon soln 10 mg</i> .....   | 17 |
| <i>digoxin oral tablet 250 mcg</i> .....   | 35 | <i>doxorubicin intravenous recon soln 50 mg</i> .....   | 17 |
| <i>dihydroergotamine nasal</i> .....   | 25 | <i>doxorubicin intravenous solution</i> .....   | 17 |
| DILANTIN INFATABS.....   | 25 | <i>doxorubicin, peg-liposomal</i> .....   | 17 |
| DILANTIN ORAL CAPSULE 30 MG.....   | 25 | <i>doxy-100</i> .....   | 11 |
| <i>dilt-xr</i> .....   | 35 | <i>doxycycline hyclate intravenous</i> .....  | 11 |
| <i>diltiazem hcl intravenous</i> .....   | 35 | <i>doxycycline hyclate oral capsule</i> .....   | 11 |
| <i>diltiazem hcl oral capsule, ext. rel 24h degradable</i> .....                               | 35 | <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 200 mg, 75 mg</i> .....  | 11 |
| <i>diltiazem hcl oral capsule, extended release 12 hr</i> .....                                | 35 | <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> .....   | 11 |
| <i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i> ..... | 35 | <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i> .....   | 11 |
| <i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> .....                 | 35 | <i>doxycycline monohydrate oral tablet 150 mg</i> .....   | 11 |
| <i>diltiazem hcl oral capsule, extended release 24hr</i> .....                                 | 35 | <i>dronabinol oral capsule 10 mg</i> .....  | 47 |
| <i>diltiazem hcl oral tablet 120 mg</i> .....  | 35 | <i>dronabinol oral capsule 2.5 mg, 5 mg</i> .....   | 47 |
| <i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i> .....                                     | 35 | <i>drosiprenone-ethinyl estradiol oral tablet 3-0.03 mg</i> .....   | 52 |
| DIPENTUM.....  | 47 | DROXIA.....   | 17 |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> .....                                   | 55 | DULERA.....   | 55 |
| <i>diphenhydramine hcl injection syringe</i> .....   | 55 | <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i> .....  | 25 |
| <i>diphenoxylate-atropine oral liquid</i> .....  | 47 | <i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> .....  | 25 |
| <i>diphenoxylate-atropine oral tablet</i> .....  | 47 | <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i> .....  | 25 |
| <i>disopyramide phosphate oral capsule</i> .....   | 35 | <i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i> .....  | 25 |
| <i>disulfiram</i> .....  | 42 |   |    |
| <i>divalproex oral capsule, delayed rel sprinkle</i> .....                                     | 25 |   |    |
| <i>divalproex oral tablet extended release 24 hr</i> .....                                     | 25 |   |    |
| <i>divalproex oral tablet, delayed release (dr/ec)</i> .....                                   | 25 |   |    |

|  |    |  |    |
|--|----|--|----|
| <i>duramorph (pf) injection solution 0.5 mg/ml</i> .....                 | 25 | <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> .....                        | 36 |
| <i>duramorph (pf) injection solution 1 mg/ml</i> .....                   | 25 | <i>enpresse</i> .....  | 52 |
| DUREZOL.....   | 53 | <i>entacapone</i> .....  | 25 |
| <i>dutasteride</i> .....   | 56 | <i>entecavir</i> .....   | 11 |
| <i>dutasteride-tamsulosin</i> .....                                      | 56 | ENTRESTO.....  | 36 |
| <i>econazole</i> .....   | 40 | <i>enulose</i> .....   | 47 |
| EDURANT.....   | 11 | ENVARBUS XR.....   | 17 |
| <i>efavirenz oral capsule 200 mg</i> .....                               | 11 | EPCLUSA.....   | 11 |
| <i>efavirenz oral capsule 50 mg</i> .....                                | 11 | <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml</i> ..... | 55 |
| <i>efavirenz oral tablet</i> .....                                       | 11 | EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML.....                           | 55 |
| ELAPRASE.....  | 43 | <i>epirubicin intravenous solution</i> .....                                     | 17 |
| ELIDEL.....  | 40 | <i>epitol</i> .....  | 25 |
| <i>elinest</i> .....   | 52 | EPIVIR HBV ORAL SOLUTION.....  | 11 |
| ELIQUIS ORAL TABLET 2.5 MG.....  | 36 | <i>eplerenone</i> .....  | 36 |
| ELIQUIS ORAL TABLET 5 MG.....  | 36 | <i>eprosartan</i> .....  | 36 |
| ELITEK.....  | 17 | EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG.....                            | 25 |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML.....                                | 55 | EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG.....                            | 25 |
| ELLA.....  | 52 | EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG.....                            | 25 |
| ELMIRON.....   | 56 | ERBITUX.....   | 17 |
| EMCYT.....   | 17 | <i>ergoloid</i> .....  | 25 |
| <i>emoquette</i> .....   | 52 | ERGOMAR.....   | 25 |
| EMPLICITI.....   | 17 | ERIVEDGE.....  | 17 |
| EMSAM.....   | 25 | ERLEADA.....   | 17 |
| EMTRIVA ORAL CAPSULE.....  | 11 | <i>errin</i> .....   | 52 |
| EMTRIVA ORAL SOLUTION.....   | 11 | ERWINAZE.....  | 17 |
| <i>enalapril maleate</i> .....   | 36 | <i>ery pads</i> .....  | 40 |
| <i>enalapril-hydrochlorothiazide</i> .....                               | 36 | <i>erythrocin (as stearate) oral tablet 250 mg</i> .....                         | 11 |
| ENBREL MINI.....   | 50 | ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG.....                                    | 11 |
| ENBREL SUBCUTANEOUS RECON SOLN.....                                      | 50 | <i>erythromycin ethylsuccinate oral tablet</i> .....                             | 11 |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51).....                      | 50 | <i>erythromycin ophthalmic (eye)</i> .....                                       | 53 |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML).....                      | 50 | <i>erythromycin oral capsule, delayed release(dr/ec)</i> .....                   | 11 |
| ENBREL SURECLICK.....  | 50 | <i>erythromycin oral tablet</i> .....  | 11 |
| <i>endocet oral tablet 10-325 mg</i> .....                               | 25 | <i>erythromycin with ethanol</i> .....   | 40 |
| <i>endocet oral tablet 5-325 mg, 7.5-325 mg</i> .....                    | 25 | <i>erythromycin-benzoyl peroxide</i> .....                                       | 40 |
| ENGERIX-B (PF).....  | 49 | ESBRIET ORAL CAPSULE.....  | 55 |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE.....                      | 49 | ESBRIET ORAL TABLET 267 MG.....  | 55 |
| <i>enoxaparin subcutaneous solution</i> .....                            | 36 | ESBRIET ORAL TABLET 801 MG.....  | 55 |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> .....        | 36 | <i>escitalopram oxalate oral solution</i> .....                                  | 25 |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> ..... | 36 | <i>escitalopram oxalate oral tablet 10 mg</i> .....                              | 25 |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> .....                | 36 | <i>escitalopram oxalate oral tablet 20 mg</i> .....                              | 25 |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> .....                | 36 | <i>escitalopram oxalate oral tablet 5 mg</i> .....                               | 25 |

|  |    |   |    |
|--|----|---|----|
| <i>esomeprazole sodium intravenous recon soln 20 mg</i> .....        | 47 | <i>felodipine oral tablet extended release 24 hr 10 mg</i> .....                            | 36 |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i> .....        | 47 | <i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i> .....                     | 36 |
| <i>estarylla</i> .....   | 52 | FEMRING.....  | 52 |
| ESTRACE VAGINAL.....   | 52 | <i>fenofibrate micronized oral capsule 130 mg</i> .....                                     | 36 |
| <i>estradiol oral</i> .....  | 52 | <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> .....               | 36 |
| <i>estradiol transdermal patch weekly</i> .....                      | 52 | <i>fenofibrate nanocrystallized oral tablet 48 mg, 145 mg</i> .....                         | 36 |
| <i>estradiol vaginal cream</i> .....                                 | 52 | <i>fenofibrate oral tablet 160 mg, 54 mg</i> .....  | 36 |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> ..... | 52 | <i>fenofibric acid</i> .....  | 36 |
| ESTRING.....   | 52 | <i>fenofibric acid (choline) dr oral capsule, delayed release(drlec) 135 mg</i> .....       | 36 |
| <i>estropipate oral tablet 0.75 mg</i> .....                         | 52 | <i>fenofibric acid (choline) dr oral capsule, delayed release(drlec) 45 mg</i> .....        | 36 |
| <i>ethambutol</i> .....  | 11 | <i>fenopropfen oral tablet</i> .....  | 26 |
| <i>ethosuximide oral capsule</i> .....                               | 26 | <i>fentanyl citrate</i> .....   | 26 |
| <i>ethosuximide oral solution</i> .....                              | 26 | <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> ..... | 26 |
| <i>etodolac oral capsule</i> .....                                   | 26 | <i>fentanyl transdermal patch 72 hour 25 mcg/hr</i> .....                                   | 26 |
| <i>etodolac oral tablet</i> .....                                    | 26 | FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK.....  | 26 |
| <i>etodolac oral tablet extended release 24 hr</i> .....             | 26 | FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG.....                              | 26 |
| ETOPOPHOS.....   | 17 | FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG.....                                      | 26 |
| <i>etoposide intravenous</i> .....                                   | 17 | FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG.....                                      | 26 |
| EVOMELA.....   | 17 | <i>finasteride oral tablet 5 mg</i> .....   | 56 |
| EVOTAZ.....  | 11 | FIRAZYR.....  | 55 |
| <i>exemestane</i> .....  | 17 | FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.....                          | 17 |
| EXJADE.....  | 42 | FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.....                           | 18 |
| <i>ezetimibe</i> .....   | 36 | <i>flavoxate</i> .....  | 56 |
| FABRAZYME.....   | 43 | <i>flecainide</i> .....   | 36 |
| <i>famciclovir oral tablet 125 mg, 250 mg</i> .....                  | 11 | FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.....      | 55 |
| <i>famciclovir oral tablet 500 mg</i> .....                          | 11 | FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.....                        | 55 |
| <i>famotidine (pf)</i> .....   | 47 | FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION.....                           | 55 |
| <i>famotidine (pf)-nacl (iso-os)</i> .....                           | 47 |   |    |
| <i>famotidine intravenous solution</i> .....                         | 47 |   |    |
| <i>famotidine oral suspension</i> .....                              | 47 |   |    |
| <i>famotidine oral tablet 20 mg</i> .....                            | 47 |   |    |
| <i>famotidine oral tablet 40 mg</i> .....                            | 47 |   |    |
| FANAPT ORAL TABLET 1 MG.....   | 26 |   |    |
| FANAPT ORAL TABLET 10 MG, 12 MG.....                                 | 26 |   |    |
| FANAPT ORAL TABLET 2 MG.....   | 26 |   |    |
| FANAPT ORAL TABLET 4 MG.....   | 26 |   |    |
| FANAPT ORAL TABLET 6 MG.....   | 26 |   |    |
| FANAPT ORAL TABLET 8 MG.....   | 26 |   |    |
| FANAPT ORAL TABLETS,DOSE PACK.....                                   | 26 |   |    |
| FARESTON.....  | 17 |   |    |
| FARYDAK ORAL CAPSULE 10 MG.....                                      | 17 |   |    |
| FARYDAK ORAL CAPSULE 15 MG, 20 MG.....                               | 17 |   |    |
| FASLODEX.....  | 17 |   |    |
| <i>felbamate</i> .....   | 26 |   |    |

|   |    |  |    |
|---|----|--|----|
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 220 MCG/<br>ACTUATION.....  | 55 | <i>fluoxetine oral capsule 20 mg</i> .....                               | 26 |
| FLOVENT HFA INHALATION HFA<br>AEROSOL INHALER 44 MCG/<br>ACTUATION.....   | 55 | <i>fluoxetine oral capsule 40 mg</i> .....                               | 26 |
| <i>fluconazole in dextrose(iso-o)</i> .....   | 11 | <i>fluoxetine oral solution</i> .....                                    | 26 |
| FLUCONAZOLE IN NAACL (ISO-OSM)<br>INTRAVENOUS PIGGYBACK 100 MG/50<br>ML.....  | 11 | <i>fluphenazine decanoate</i> .....                                      | 26 |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback<br/>200 mg/100 ml</i> .....  | 11 | <i>fluphenazine hcl injection</i> .....                                  | 26 |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback<br/>400 mg/200 ml</i> .....  | 11 | <i>fluphenazine hcl oral</i> .....                                       | 26 |
| <i>fluconazole oral suspension for reconstitution</i> .....   | 11 | <i>flurbiprofen</i> .....  | 26 |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200<br/>mg</i> .....   | 11 | <i>flurbiprofen ophthalmic drops</i> .....                               | 53 |
| <i>fluconazole oral tablet 50 mg</i> .....  | 11 | <i>flutamide</i> .....   | 18 |
| <i>flucytosine oral capsule 250 mg</i> .....  | 11 | <i>fluticasone nasal</i> .....   | 55 |
| <i>flucytosine oral capsule 500 mg</i> .....  | 11 | <i>fluticasone topical cream</i> .....                                   | 40 |
| <i>fludarabine intravenous recon soln</i> .....   | 18 | <i>fluticasone topical ointment</i> .....                                | 40 |
| <i>fludarabine intravenous solution</i> .....   | 18 | <i>fluvoxamine oral tablet 100 mg</i> .....                              | 26 |
| <i>fludrocortisone</i> .....  | 43 | <i>fluvoxamine oral tablet 25 mg</i> .....                               | 26 |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025<br/>%)</i> .....  | 55 | <i>fluvoxamine oral tablet 50 mg</i> .....                               | 26 |
| <i>fluocinolone acetonide oil</i> .....   | 42 | FOLOTYN.....   | 18 |
| <i>fluocinolone topical cream</i> .....   | 40 | <i>fomepizole</i> .....  | 49 |
| <i>fluocinolone topical ointment</i> .....  | 40 | <i>fondaparinux subcutaneous syringe 10 mg/0.8<br/>ml</i> .....          | 36 |
| <i>fluocinolone topical solution</i> .....  | 40 | <i>fondaparinux subcutaneous syringe 2.5 mg/0.5<br/>ml</i> .....         | 36 |
| <i>fluocinonide topical cream 0.05 %</i> .....  | 40 | <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> .....               | 36 |
| <i>fluocinonide topical gel</i> .....   | 40 | <i>fondaparinux subcutaneous syringe 7.5 mg/0.6<br/>ml</i> .....         | 36 |
| <i>fluocinonide topical ointment</i> .....  | 40 | FORTEO.....  | 50 |
| <i>fluocinonide topical solution</i> .....  | 40 | FOSAMAX ORAL TABLET 70 MG.....   | 50 |
| <i>fluocinonide-e</i> .....   | 40 | <i>fosamprenavir</i> .....   | 11 |
| FLUOCINONIDE-EMOLLIENT.....   | 40 | <i>fosinopril</i> .....  | 36 |
| <i>fluoride (sodium) oral tablet</i> .....  | 57 | <i>fosinopril-hydrochlorothiazide</i> .....                              | 36 |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55<br/>mg sod. fluoride), 0.5 mg (1.1 mg sodium<br/>fluorid)</i> ..... | 57 | <i>fosphenytoin</i> .....  | 26 |
| <i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg<br/>sod. fluoride)</i> .....  | 57 | <i>freamine iii 10 %</i> .....   | 57 |
| <i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod.<br/>fluoride)</i> .....  | 57 | <i>furosemide injection</i> .....  | 36 |
| <i>fluorometholone</i> .....  | 53 | <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8<br/>mg/ml)</i> ..... | 36 |
| <i>fluorouracil intravenous</i> .....   | 18 | <i>furosemide oral tablet</i> .....                                      | 36 |
| <i>fluorouracil topical cream 5 %</i> .....   | 40 | FUZEON SUBCUTANEOUS RECON<br>SOLN.....                                   | 12 |
| <i>fluorouracil topical solution</i> .....  | 40 | FYCOMPA ORAL SUSPENSION.....   | 26 |
| <i>fluoxetine oral capsule 10 mg</i> .....  | 26 | FYCOMPA ORAL TABLET 10 MG, 12<br>MG.....                                 | 26 |
|   |    | FYCOMPA ORAL TABLET 2 MG.....  | 26 |
|   |    | FYCOMPA ORAL TABLET 4 MG.....  | 26 |
|   |    | FYCOMPA ORAL TABLET 6 MG.....  | 26 |
|   |    | FYCOMPA ORAL TABLET 8 MG.....  | 26 |
|   |    | <i>gabapentin oral capsule 100 mg</i> .....                              | 26 |
|   |    | <i>gabapentin oral capsule 300 mg</i> .....                              | 26 |
|   |    | <i>gabapentin oral capsule 400 mg</i> .....                              | 26 |
|   |    | <i>gabapentin oral solution 250 mg/5 ml</i> .....                        | 26 |

|   |    |
|---|----|
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> .....                            | 26 |
| <i>gabapentin oral tablet 600 mg</i> .....  | 26 |
| <i>gabapentin oral tablet 800 mg</i> .....  | 26 |
| GABITRIL ORAL TABLET 12 MG.....   | 26 |
| GABITRIL ORAL TABLET 16 MG.....   | 26 |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i> .....   | 27 |
| <i>galantamine oral solution</i> .....  | 27 |
| <i>galantamine oral tablet</i> .....  | 27 |
| GAMUNEX-C.....  | 49 |
| <i>ganciclovir sodium intravenous recon soln</i> .....  | 12 |
| GARDASIL 9 (PF).....  | 49 |
| GATTEX 30-VIAL.....   | 47 |
| GATTEX ONE-VIAL.....  | 47 |
| <i>gauze pads 2 x 2</i> .....   | 43 |
| <i>gavilyte-c</i> .....   | 47 |
| <i>gavilyte-g</i> .....   | 47 |
| <i>gavilyte-n</i> .....   | 47 |
| GAZYVA.....   | 18 |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> .....  | 18 |
| <i>gemcitabine intravenous recon soln 2 gram</i> .....  | 18 |
| <i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> .....      | 18 |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML.....   | 18 |
| <i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i> .....                                 | 18 |
| <i>gemfibrozil</i> .....  | 36 |
| <i>generlac</i> .....   | 47 |
| <i>gengraf oral capsule 100 mg</i> .....  | 18 |
| <i>gengraf oral capsule 25 mg</i> .....   | 18 |
| <i>gengraf oral solution</i> .....  | 18 |
| <i>gentak ophthalmic (eye) ointment</i> .....   | 53 |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> ..... | 12 |
| GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML.....                    | 12 |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 70 mg/50 ml, 80 mg/100 ml, 90 mg/100 ml</i> ..... | 12 |
| <i>gentamicin injection</i> .....   | 12 |
| <i>gentamicin ophthalmic (eye) drops</i> .....  | 53 |
| <i>gentamicin ophthalmic (eye) ointment</i> .....   | 53 |
| <i>gentamicin sulfate (ped) (pf)</i> .....  | 12 |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i> .....                                  | 12 |

|   |    |
|---|----|
| GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML.....      | 12 |
| <i>gentamicin topical</i> .....                                   | 40 |
| GENVOYA.....  | 12 |
| GEODON INTRAMUSCULAR.....   | 27 |
| GILOTRIF.....   | 18 |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> .....             | 27 |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> .....             | 27 |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> .....                | 27 |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> .....                | 27 |
| GLEOSTINE.....  | 18 |
| <i>glimepiride oral tablet 1 mg</i> .....                         | 43 |
| <i>glimepiride oral tablet 2 mg</i> .....                         | 44 |
| <i>glimepiride oral tablet 4 mg</i> .....                         | 44 |
| <i>glipizide oral tablet 10 mg</i> .....                          | 44 |
| <i>glipizide oral tablet 5 mg</i> .....                           | 44 |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> .....    | 44 |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i> .....   | 44 |
| <i>glipizide oral tablet extended release 24hr 5 mg</i> .....     | 44 |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> .....           | 44 |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> ..... | 44 |
| GLUCAGEN HYPOKIT.....   | 44 |
| GLUCAGON EMERGENCY KIT (HUMAN).....                               | 44 |
| <i>glyburide micronized oral tablet 1.5 mg</i> .....              | 44 |
| <i>glyburide micronized oral tablet 3 mg</i> .....                | 44 |
| <i>glyburide micronized oral tablet 6 mg</i> .....                | 44 |
| <i>glyburide oral tablet 1.25 mg</i> .....                        | 44 |
| <i>glyburide oral tablet 2.5 mg</i> .....                         | 44 |
| <i>glyburide oral tablet 5 mg</i> .....                           | 44 |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i> .....          | 44 |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> ..... | 44 |
| <i>glycopyrrolate injection</i> .....                             | 47 |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> .....                | 47 |
| <i>granisetron (pf)</i> .....                                     | 47 |
| <i>granisetron hcl intravenous</i> .....                          | 47 |
| <i>granisetron hcl oral</i> .....                                 | 47 |
| <i>griseofulvin microsize oral suspension</i> .....               | 12 |
| <i>griseofulvin ultramicrosize</i> .....                          | 12 |
| <i>guanfacine oral tablet</i> .....                               | 36 |
| <i>guanfacine oral tablet extended release 24 hr</i> .....        | 27 |
| <i>guanidine</i> .....  | 27 |
| HALAVEN.....  | 18 |



|   |    |   |    |
|---|----|---|----|
| <i>halobetasol propionate</i> .....                         | 40 | HUMALOG MIX 75-25(U-100)INSULN.....                       | 44 |
| <i>haloperidol decanoate</i> .....                          | 27 | HUMALOG U-100 INSULIN.....                                | 44 |
| <i>haloperidol lactate injection</i> .....                  | 27 | HUMIRA PEDIATRIC CROHN'S START                            |    |
| <i>haloperidol lactate intramuscular</i> .....              | 27 | SUBCUTANEOUS SYRINGE KIT 40 MG/                           |    |
| <i>haloperidol lactate oral</i> .....                       | 27 | 0.8 ML (6 PACK).....                                      | 51 |
| <i>haloperidol oral tablet 0.5 mg</i> .....                 | 27 | HUMIRA PEDIATRIC CROHN'S START                            |    |
| <i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg,</i>    |    | SUBCUTANEOUS SYRINGE KIT 40 MG/                           |    |
| <i>5 mg</i> .....   | 27 | 0.8 ML, 80 MG/0.8 ML.....                                 | 51 |
| HARVONI.....  | 12 | HUMIRA PEDIATRIC CROHN'S START                            |    |
| HAVRIX (PF) INTRAMUSCULAR                                   |    | SUBCUTANEOUS SYRINGE KIT 80 MG/                           |    |
| SUSPENSION.....   | 49 | 0.8 ML-40 MG/0.4 ML.....                                  | 51 |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE                           |    | HUMIRA PEN.....   | 51 |
| 1,440 ELISA UNIT/ML.....                                    | 49 | HUMIRA PEN CROHN'S-UC-HS START                            |    |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE                           |    | SUBCUTANEOUS PEN INJECTOR KIT 40                          |    |
| 720 ELISA UNIT/0.5 ML.....                                  | 49 | MG/0.8 ML.....  | 51 |
| <i>heather</i> .....  | 52 | HUMIRA PEN CROHN'S-UC-HS START                            |    |
| <i>heparin (porcine) in 5 % dex intravenous parenteral</i>  |    | SUBCUTANEOUS PEN INJECTOR KIT 80                          |    |
| <i>solution 20,000 unit/500 ml (40 unit/ml)</i> .....       | 36 | MG/0.8 ML.....  | 51 |
| <i>heparin (porcine) in 5 % dex intravenous parenteral</i>  |    | HUMIRA PEN PSORIASIS-UVEITIS                              |    |
| <i>solution 25,000 unit/250 ml(100 unit/ml), 25,</i>        |    | SUBCUTANEOUS PEN INJECTOR KIT 40                          |    |
| <i>000 unit/500 ml (50 unit/ml)</i> .....                   | 36 | MG/0.8 ML.....  | 51 |
| <i>heparin (porcine) in nacl (pf)</i> .....                 | 36 | HUMIRA PEN PSORIASIS-UVEITIS                              |    |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml</i>  |    | SUBCUTANEOUS PEN INJECTOR KIT 80                          |    |
| <i>(1 ml)</i> .....   | 36 | MG/0.8 ML-40 MG/0.4 ML.....                               | 51 |
| <i>heparin (porcine) injection solution 1,000 unit/ml,</i>  |    | HUMIRA SUBCUTANEOUS SYRINGE KIT                           |    |
| <i>10,000 unit/ml, 20,000 unit/ml, 5,000 unit/</i>          |    | 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2                     |    |
| <i>ml</i> .....   | 36 | ML, 20 MG/0.4 ML.....                                     | 51 |
| <i>heparin (porcine) injection syringe 5,000 unit/</i>      |    | HUMIRA SUBCUTANEOUS SYRINGE KIT                           |    |
| <i>ml</i> .....   | 36 | 40 MG/0.4 ML, 40 MG/0.8 ML.....                           | 51 |
| HEPARIN(PORCINE) IN 0.45% NACL                              |    | HUMULIN 70/30 U-100 INSULIN.....                          | 44 |
| INTRAVENOUS PARENTERAL                                      |    | HUMULIN 70/30 U-100 KWIKPEN.....                          | 44 |
| SOLUTION 12,500 UNIT/250 ML.....                            | 36 | HUMULIN N NPH INSULIN KWIKPEN.....                        | 44 |
| <i>heparin(porcine) in 0.45% nacl intravenous</i>           |    | HUMULIN N NPH U-100 INSULIN.....                          | 44 |
| <i>parenteral solution 25,000 unit/250 ml</i> .....         | 36 | HUMULIN R REGULAR U-100 INSULN.....                       | 44 |
| <i>heparin(porcine) in 0.45% nacl intravenous</i>           |    | <i>hydralazine injection</i> .....                        | 37 |
| <i>parenteral solution 25,000 unit/500 ml</i> .....         | 37 | <i>hydralazine oral</i> .....                             | 37 |
| <i>heparin, porcine (pf) injection 1,000 unit/ml, 5,000</i> |    | <i>hydrochlorothiazide</i> .....                          | 37 |
| <i>unit/0.5 ml</i> .....                                    | 37 | <i>hydrocodone-acetaminophen oral solution 7.5-325</i>    |    |
| HEPATAMINE 8%.....  | 57 | <i>mg/15 ml</i> .....                                     | 27 |
| HERCEPTIN.....  | 18 | <i>hydrocodone-acetaminophen oral tablet 10-325 mg,</i>   |    |
| HETLIOZ.....  | 27 | <i>5-325 mg, 7.5-325 mg</i> .....                         | 27 |
| HEXALEN.....  | 18 | <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> ..... | 27 |
| HIBERIX (PF).....   | 49 | <i>hydrocortisone butyrate topical cream</i> .....        | 40 |
| HUMALOG JUNIOR KWIKPEN U-100.....                           | 44 | <i>hydrocortisone butyrate topical ointment</i> .....     | 40 |
| HUMALOG KWIKPEN INSULIN.....                                | 44 | <i>hydrocortisone butyrate topical solution</i> .....     | 40 |
| HUMALOG MIX 50-50 INSULN U-100.....                         | 44 | <i>hydrocortisone oral</i> .....                          | 44 |
| HUMALOG MIX 50-50 KWIKPEN.....                              | 44 | <i>hydrocortisone rectal</i> .....                        | 47 |
| HUMALOG MIX 75-25 KWIKPEN.....                              | 44 | <i>hydrocortisone topical cream 1 %, 2.5 %</i> .....      | 40 |

|  |    |   |    |
|--|----|---|----|
| <i>hydrocortisone topical cream with perineal applicator</i> |    | ILEVRO.....   | 53 |
| 2.5 %.....   | 47 | <i>imatinib oral tablet 100 mg</i> .....              | 18 |
| <i>hydrocortisone topical lotion 2.5 %</i> .....             | 40 | <i>imatinib oral tablet 400 mg</i> .....              | 18 |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> .....      | 40 | IMBRUVICA ORAL CAPSULE 140 MG.....                    | 18 |
| <i>hydrocortisone valerate topical cream</i> .....           | 40 | IMBRUVICA ORAL CAPSULE 70 MG.....                     | 18 |
| <i>hydrocortisone valerate topical ointment</i> .....        | 40 | IMBRUVICA ORAL TABLET.....                            | 18 |
| <i>hydrocortisone-acetic acid</i> .....                      | 42 | IMFINZI.....  | 18 |
| <i>hydrocortisone-min oil-wht pet</i> .....                  | 40 | <i>imipenem-cilastatin intravenous recon soln 250</i> |    |
| HYDROMORPHONE (PF) INJECTION                                 |    | mg.....   | 12 |
| SOLUTION 1 MG/ML.....  | 27 | <i>imipenem-cilastatin intravenous recon soln 500</i> |    |
| <i>hydromorphone (pf) injection solution 10 mg/</i>          |    | mg.....   | 12 |
| ml.....  | 27 | <i>imipramine hcl</i> .....                           | 27 |
| <i>hydromorphone (pf) injection solution 2 mg/ml</i> .....   | 27 | <i>imiquimod topical cream in packet</i> .....        | 40 |
| <i>hydromorphone (pf) injection solution 4 mg/ml</i> .....   | 27 | IMOVAX RABIES VACCINE (PF).....                       | 49 |
| HYDROMORPHONE INJECTION                                      |    | INCRELEX.....   | 42 |
| SOLUTION 1 MG/ML.....  | 27 | <i>indapamide</i> .....                               | 37 |
| <i>hydromorphone injection solution 2 mg/ml</i> .....        | 27 | INFANRIX (DTAP) (PF).....                             | 49 |
| HYDROMORPHONE INJECTION                                      |    | INLYTA ORAL TABLET 1 MG.....                          | 18 |
| SOLUTION 4 MG/ML.....  | 27 | INLYTA ORAL TABLET 5 MG.....                          | 18 |
| <i>hydromorphone injection syringe 1 mg/ml</i> .....         | 27 | INSULIN PEN NEEDLE.....                               | 44 |
| <i>hydromorphone injection syringe 2 mg/ml</i> .....         | 27 | INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/               |    |
| <i>hydromorphone injection syringe 4 mg/ml</i> .....         | 27 | 2 ML.....   | 44 |
| <i>hydromorphone oral tablet 2 mg, 4 mg</i> .....            | 27 | <i>insulin syringe (disp) u-100 1 ml</i> .....        | 44 |
| <i>hydromorphone oral tablet 8 mg</i> .....                  | 27 | INTELENCE ORAL TABLET 100 MG.....                     | 12 |
| <i>hydroxychloroquine</i> .....                              | 12 | INTELENCE ORAL TABLET 200 MG.....                     | 12 |
| <i>hydroxyprogesterone caproate</i> .....                    | 52 | INTELENCE ORAL TABLET 25 MG.....                      | 12 |
| <i>hydroxyurea</i> .....                                     | 18 | <i>intralipid intravenous emulsion 20 %</i> .....     | 57 |
| <i>hydroxyzine hcl intramuscular</i> .....                   | 55 | INTRALIPID INTRAVENOUS EMULSION                       |    |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> .....        | 55 | 30 %.....   | 57 |
| <i>hydroxyzine hcl oral tablet</i> .....                     | 55 | INTRON A INJECTION.....                               | 49 |
| HYPERRAB (PF).....   | 49 | <i>introvale</i> .....                                | 52 |
| <i>ibandronate intravenous solution</i> .....                | 51 | INVANZ INTRAVENOUS.....                               | 12 |
| <i>ibandronate intravenous syringe</i> .....                 | 51 | INVEGA SUSTENNA INTRAMUSCULAR                         |    |
| <i>ibandronate oral</i> .....                                | 51 | SYRINGE 117 MG/0.75 ML.....                           | 27 |
| IBRANCE.....   | 18 | INVEGA SUSTENNA INTRAMUSCULAR                         |    |
| <i>ibu oral tablet 600 mg, 800 mg</i> .....                  | 27 | SYRINGE 156 MG/ML.....                                | 27 |
| <i>ibuprofen oral suspension</i> .....                       | 27 | INVEGA SUSTENNA INTRAMUSCULAR                         |    |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....    | 27 | SYRINGE 234 MG/1.5 ML.....                            | 27 |
| <i>ibuprofen-oxycodone</i> .....                             | 27 | INVEGA SUSTENNA INTRAMUSCULAR                         |    |
| ICLUSIG ORAL TABLET 15 MG.....                               | 18 | SYRINGE 39 MG/0.25 ML.....                            | 27 |
| ICLUSIG ORAL TABLET 45 MG.....                               | 18 | INVEGA SUSTENNA INTRAMUSCULAR                         |    |
| <i>idarubicin</i> .....                                      | 18 | SYRINGE 78 MG/0.5 ML.....                             | 27 |
| IDHIFA ORAL TABLET 100 MG.....                               | 18 | INVEGA TRINZA INTRAMUSCULAR                           |    |
| IDHIFA ORAL TABLET 50 MG.....                                | 18 | SYRINGE 273 MG/0.875 ML.....                          | 27 |
| <i>ifosfamide intravenous recon soln</i> .....               | 18 | INVEGA TRINZA INTRAMUSCULAR                           |    |
| <i>ifosfamide intravenous solution</i> .....                 | 18 | SYRINGE 410 MG/1.315 ML.....                          | 28 |
| ILARIS (PF) SUBCUTANEOUS                                     |    | INVEGA TRINZA INTRAMUSCULAR                           |    |
| SOLUTION.....  | 49 | SYRINGE 546 MG/1.75 ML.....                           | 28 |

|  |    |
|--|----|
| INVEGA TRINZA INTRAMUSCULAR                                    |    |
| SYRINGE 819 MG/2.625 ML.....                                   | 28 |
| INVIRASE ORAL CAPSULE.....                                     | 12 |
| INVIRASE ORAL TABLET.....                                      | 12 |
| IONOSOL-B IN D5W.....  | 57 |
| IONOSOL-MB IN D5W.....   | 57 |
| IPOL.....  | 49 |
| <i>ipratropium bromide inhalation</i> .....                    | 55 |
| <i>ipratropium bromide nasal</i> .....                         | 43 |
| <i>ipratropium-albuterol inhalation</i> .....                  | 55 |
| <i>irbesartan</i> .....  | 37 |
| <i>irbesartan-hydrochlorothiazide</i> .....                    | 37 |
| IRESSA.....  | 18 |
| <i>irinotecan intravenous solution 100 mg/5 ml, 40</i>         |    |
| <i>mg/2 ml</i> .....   | 18 |
| <i>irinotecan intravenous solution 500 mg/25 ml</i> .....      | 18 |
| ISENTRESS HD.....  | 12 |
| ISENTRESS ORAL POWDER IN                                       |    |
| PACKET.....  | 12 |
| ISENTRESS ORAL TABLET.....                                     | 12 |
| ISENTRESS ORAL TABLET,CHEWABLE 100                             |    |
| MG.....  | 12 |
| ISENTRESS ORAL TABLET,CHEWABLE 25                              |    |
| MG.....  | 12 |
| ISOLYTE S PH 7.4.....  | 57 |
| ISOLYTE-P IN 5 % DEXTROSE.....                                 | 57 |
| ISOLYTE-S.....   | 57 |
| <i>isoniazid injection</i> .....                               | 12 |
| <i>isoniazid oral solution</i> .....                           | 12 |
| <i>isoniazid oral tablet</i> .....                             | 12 |
| <i>isosorbide dinitrate oral tablet</i> .....                  | 37 |
| <i>isosorbide dinitrate oral tablet extended release</i> ..... | 37 |
| <i>isosorbide mononitrate oral tablet</i> .....                | 37 |
| <i>isosorbide mononitrate oral tablet extended release</i>     |    |
| <i>24 hr 120 mg, 60 mg</i> .....                               | 37 |
| <i>isosorbide mononitrate oral tablet extended release</i>     |    |
| <i>24 hr 30 mg</i> .....                                       | 37 |
| <i>isradipine</i> .....  | 37 |
| ISTODAX.....   | 18 |
| <i>itraconazole oral capsule</i> .....                         | 12 |
| <i>ivermectin</i> .....  | 12 |
| IXEMPRA.....   | 18 |
| IXIARO (PF).....   | 49 |
| JAKAFI ORAL TABLET 10 MG.....                                  | 18 |
| JAKAFI ORAL TABLET 15 MG.....                                  | 18 |
| JAKAFI ORAL TABLET 20 MG.....                                  | 18 |
| JAKAFI ORAL TABLET 25 MG.....                                  | 18 |
| JAKAFI ORAL TABLET 5 MG.....                                   | 18 |
| <i>jantoven</i> .....  | 37 |
| JANUMET.....   | 44 |
| JANUMET XR ORAL TABLET, ER                                     |    |
| MULTIPHASE 24 HR 100-1,000 MG.....                             | 44 |
| JANUMET XR ORAL TABLET, ER                                     |    |
| MULTIPHASE 24 HR 50-1,000 MG, 50-500                           |    |
| MG.....  | 44 |
| JANUVIA ORAL TABLET 100 MG.....                                | 44 |
| JANUVIA ORAL TABLET 25 MG.....                                 | 44 |
| JANUVIA ORAL TABLET 50 MG.....                                 | 44 |
| JARDIANCE.....   | 44 |
| JENTADUETO.....  | 44 |
| JENTADUETO XR ORAL TABLET, IR - ER,                            |    |
| BIPHASIC 24HR 2.5-1,000 MG.....                                | 45 |
| JENTADUETO XR ORAL TABLET, IR - ER,                            |    |
| BIPHASIC 24HR 5-1,000 MG.....                                  | 45 |
| JEVTANA.....   | 18 |
| <i>jinteli</i> .....   | 52 |
| <i>jolessa</i> .....   | 52 |
| <i>jolivette</i> .....   | 52 |
| JULUCA.....  | 12 |
| <i>junel 1.5/30 (21)</i> .....                                 | 52 |
| <i>junel 1/20 (21)</i> .....                                   | 52 |
| <i>junel fe 1.5/30 (28)</i> .....                              | 52 |
| <i>junel fe 1/20 (28)</i> .....                                | 52 |
| <i>k-effervescent</i> .....                                    | 57 |
| <i>k-tab oral tablet extended release 8 meq</i> .....          | 57 |
| KADCYLA.....   | 18 |
| KALETRA ORAL TABLET 100-25 MG.....                             | 12 |
| KALETRA ORAL TABLET 200-50 MG.....                             | 12 |
| KALYDECO ORAL TABLET.....                                      | 55 |
| <i>kariva (28)</i> .....                                       | 52 |
| KEDRAB (PF).....   | 49 |
| <i>kelnor 1/35 (28)</i> .....                                  | 52 |
| <i>ketoconazole oral</i> .....                                 | 12 |
| <i>ketoconazole topical cream</i> .....                        | 40 |
| <i>ketoconazole topical shampoo</i> .....                      | 40 |
| <i>ketoprofen oral capsule 25 mg</i> .....                     | 28 |
| <i>ketoprofen oral capsule 75 mg</i> .....                     | 28 |
| <i>ketorolac ophthalmic (eye)</i> .....                        | 53 |
| <i>ketorolac oral</i> .....                                    | 28 |
| KEYTRUDA INTRAVENOUS   |    |
| SOLUTION.....  | 18 |
| KHEDEZLA ORAL TABLET EXTENDED                                  |    |
| RELEASE 24HR 100 MG.....                                       | 28 |
| KHEDEZLA ORAL TABLET EXTENDED                                  |    |
| RELEASE 24HR 50 MG.....  | 28 |

|  |    |   |    |
|--|----|---|----|
| KINRIX (PF) INTRAMUSCULAR<br>SUSPENSION.....                             | 49 | LATUDA ORAL TABLET 120 MG, 60<br>MG.....  | 28 |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE.....                                | 49 | LATUDA ORAL TABLET 20 MG.....   | 28 |
| <i>kionex (with sorbitol)</i> .....                                      | 42 | LATUDA ORAL TABLET 40 MG.....   | 28 |
| KISQALI FEMARA CO-PACK ORAL TABLET<br>200 MG/DAY(200 MG X 1)-2.5 MG..... | 19 | LATUDA ORAL TABLET 80 MG.....   | 28 |
| KISQALI FEMARA CO-PACK ORAL TABLET<br>400 MG/DAY(200 MG X 2)-2.5 MG..... | 19 | <i>leena 28</i> .....   | 52 |
| KISQALI FEMARA CO-PACK ORAL TABLET<br>600 MG/DAY(200 MG X 3)-2.5 MG..... | 19 | <i>leflunomide</i> .....  | 51 |
| KISQALI ORAL TABLET 200 MG/DAY (200<br>MG X 1).....                      | 19 | LENVIMA ORAL CAPSULE 10 MG/DAY (10<br>MG X 1), 12 MG/DAY (4 MG X 3), 4<br>MG.....                                     | 19 |
| KISQALI ORAL TABLET 400 MG/DAY (200<br>MG X 2).....                      | 19 | LENVIMA ORAL CAPSULE 14 MG/DAY(10<br>MG X 1-4 MG X 1), 20 MG/DAY (10 MG X<br>2), 8 MG/DAY (4 MG X 2).....             | 19 |
| KISQALI ORAL TABLET 600 MG/DAY (200<br>MG X 3).....                      | 19 | LENVIMA ORAL CAPSULE 18 MG/DAY (10<br>MG X 1-4 MG X2), 24 MG/DAY(10 MG X<br>2-4 MG X 1).....                          | 19 |
| <i>klor-con 10</i> .....   | 57 | <i>lessina</i> .....  | 52 |
| <i>klor-con 8</i> .....  | 57 | LETAIRIS.....   | 55 |
| <i>klor-con m10</i> .....  | 57 | <i>letrozole</i> .....  | 19 |
| <i>klor-con m15</i> .....  | 57 | <i>leucovorin calcium injection recon soln 100 mg, 200<br/>mg, 350 mg, 50 mg</i> .....                                | 19 |
| <i>klor-con m20</i> .....  | 57 | <i>leucovorin calcium injection recon soln 500 mg</i> .....   | 19 |
| <i>klor-con/ef</i> .....   | 57 | <i>leucovorin calcium oral tablet 10 mg, 15 mg, 5<br/>mg</i> .....  | 19 |
| KORLYM.....  | 45 | <i>leucovorin calcium oral tablet 25 mg</i> .....   | 19 |
| KUVAN ORAL TABLET,SOLUBLE.....   | 45 | LEUKERAN.....   | 19 |
| KYPROLIS.....  | 19 | <i>leuprolide subcutaneous kit</i> .....  | 19 |
| <i>labetalol intravenous solution</i> .....                              | 37 | <i>levalbuterol hcl inhalation solution for nebulization<br/>0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3<br/>ml</i> ..... | 55 |
| <i>labetalol oral</i> .....  | 37 | <i>levalbuterol hcl inhalation solution for nebulization<br/>0.63 mg/3 ml</i> .....                                   | 55 |
| LACRISERT.....   | 53 | LEVALBUTEROL TARTRATE.....  | 55 |
| <i>lactated ringers intravenous</i> .....                                | 57 | LEVETIRACETAM IN NAACL (ISO-OS)<br>INTRAVENOUS PIGGYBACK 1,000 MG/<br>100 ML, 1,500 MG/100 ML.....                    | 28 |
| <i>lactated ringers irrigation</i> .....                                 | 42 | LEVETIRACETAM IN NAACL (ISO-OS)<br>INTRAVENOUS PIGGYBACK 500 MG/100<br>ML.....  | 28 |
| <i>lactulose oral solution</i> .....                                     | 47 | <i>levetiracetam intravenous</i> .....  | 28 |
| <i>lamivudine oral solution</i> .....                                    | 12 | <i>levetiracetam oral solution 100 mg/ml</i> .....  | 28 |
| <i>lamivudine oral tablet 100 mg</i> .....                               | 12 | <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i> .....   | 28 |
| <i>lamivudine oral tablet 150 mg</i> .....                               | 12 | <i>levetiracetam oral tablet</i> .....  | 28 |
| <i>lamivudine oral tablet 300 mg</i> .....                               | 12 | <i>levetiracetam oral tablet extended release 24 hr 500<br/>mg</i> .....  | 28 |
| <i>lamivudine-zidovudine</i> .....                                       | 12 | <i>levetiracetam oral tablet extended release 24 hr 750<br/>mg</i> .....  | 28 |
| <i>lamotrigine oral tablet</i> .....                                     | 28 | <i>levobunolol ophthalmic (eye) drops 0.5 %</i> .....   | 53 |
| <i>lamotrigine oral tablet, chewable dispersible</i> .....               | 28 |   |    |
| LANOXIN ORAL TABLET 125 MCG, 62.5<br>MCG.....                            | 37 |   |    |
| LANOXIN ORAL TABLET 250 MCG.....   | 37 |   |    |
| <i>lansoprazole oral capsule, delayed release(dr/lec)</i> .....          | 47 |   |    |
| LANTUS SOLOSTAR U-100 INSULIN.....                                       | 45 |   |    |
| LANTUS U-100 INSULIN.....  | 45 |   |    |
| LARTRUVO.....  | 19 |   |    |
| <i>latanoprost</i> .....   | 53 |   |    |

|  |    |   |    |
|--|----|---|----|
| <i>levocarnitine (with sugar)</i> .....  | 42 | <i>liothyronine oral</i> .....  | 45 |
| <i>levocarnitine oral tablet</i> .....   | 42 | <i>lisinopril</i> .....   | 37 |
| <i>levocetirizine oral tablet</i> .....  | 55 | <i>lisinopril-hydrochlorothiazide</i> .....   | 37 |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/<br/>50 ml</i> .....   | 12 | <i>lithium carbonate oral capsule</i> .....   | 28 |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/<br/>100 ml, 750 mg/150 ml</i> .....   | 12 | <i>lithium carbonate oral tablet</i> .....  | 28 |
| <i>levofloxacin intravenous</i> .....  | 13 | <i>lithium carbonate oral tablet extended release</i> .....   | 28 |
| <i>levofloxacin ophthalmic (eye)</i> .....   | 53 | <i>lithium citrate oral solution 8 meq/5 ml</i> .....   | 28 |
| <i>levofloxacin oral solution</i> .....  | 13 | LONSURF.....  | 19 |
| <i>levofloxacin oral tablet</i> .....  | 13 | <i>loperamide oral capsule</i> .....  | 47 |
| <i>levoleucovorin intravenous recon soln 50 mg</i> .....   | 19 | <i>lopinavir-ritonavir</i> .....  | 13 |
| <i>levonest (28)</i> .....   | 52 | <i>lorazepam intensol</i> .....   | 28 |
| <i>levonorg-eth estrad triphasic</i> .....   | 52 | <i>lorazepam oral</i> .....   | 28 |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-<br/>mcg, 0.15-0.03 mg</i> .....  | 52 | <i>losartan</i> .....   | 37 |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3<br/>month</i> .....  | 52 | <i>losartan-hydrochlorothiazide</i> .....   | 37 |
| <i>levora-28</i> .....   | 52 | <i>lovastatin</i> .....   | 37 |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125<br/>mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25<br/>mcg, 50 mcg, 75 mcg, 88 mcg</i> ..... | 45 | <i>low-ogestrel (28)</i> .....  | 52 |
| <i>levothyroxine oral tablet 300 mcg</i> .....   | 45 | <i>loxapine succinate</i> .....   | 28 |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137<br/>mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50<br/>mcg, 75 mcg, 88 mcg</i> .....       | 45 | <i>ludent fluoride oral tablet, chewable 0.25 mg(0.55<br/>mg sod. fluoride), 0.5 mg (1.1 mg sodium<br/>fluorid)</i> ..... | 57 |
| LEXIVA ORAL SUSPENSION.....  | 13 | <i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg<br/>sod. fluoride)</i> .....  | 57 |
| LEXIVA ORAL TABLET.....  | 13 | LUMIGAN OPHTHALMIC (EYE) DROPS<br>0.01 %.....   | 53 |
| LIALDA.....  | 47 | LUPRON DEPOT.....   | 19 |
| <i>lidocaine (pf) injection solution 5 mg/ml (0.5<br/>%)</i> .....   | 40 | LUPRON DEPOT-PED INTRAMUSCULAR<br>KIT 7.5 MG (PED).....   | 19 |
| <i>lidocaine hcl injection solution 20 mg/ml (2 %), 5<br/>mg/ml (0.5 %)</i> .....  | 40 | <i>lutera (28)</i> .....  | 52 |
| <i>lidocaine hcl mucous membrane jelly</i> .....   | 40 | LYNPARZA ORAL CAPSULE.....  | 19 |
| <i>lidocaine hcl mucous membrane jelly in<br/>applicator</i> .....   | 40 | LYNPARZA ORAL TABLET.....   | 19 |
| <i>lidocaine hcl mucous membrane solution 4 % (40<br/>mg/ml)</i> .....   | 40 | LYRICA ORAL CAPSULE 100 MG.....   | 28 |
| <i>lidocaine topical adhesive patch, medicated</i> .....   | 40 | LYRICA ORAL CAPSULE 150 MG.....   | 28 |
| <i>lidocaine viscous</i> .....   | 40 | LYRICA ORAL CAPSULE 200 MG.....   | 28 |
| <i>lidocaine-prilocaine topical cream</i> .....  | 40 | LYRICA ORAL CAPSULE 225 MG, 300<br>MG.....  | 28 |
| <i>lindane topical shampoo</i> .....   | 40 | LYRICA ORAL CAPSULE 25 MG.....  | 28 |
| <i>linezolid in dextrose 5%</i> .....  | 13 | LYRICA ORAL CAPSULE 50 MG.....  | 28 |
| <i>linezolid oral suspension for reconstitution</i> .....  | 13 | LYRICA ORAL CAPSULE 75 MG.....  | 28 |
| <i>linezolid oral tablet</i> .....   | 13 | LYRICA ORAL SOLUTION.....   | 28 |
| <i>linezolid-0.9% sodium chloride</i> .....  | 13 | LYSODREN.....   | 19 |
| LINZESS.....   | 47 | <i>lyza</i> .....   | 52 |
| <i>liothyronine intravenous</i> .....  | 45 | M-M-R II (PF).....  | 49 |
|  |    | <i>magnesium sulfate in water intravenous parenteral<br/>solution</i> .....   | 57 |
|  |    | <i>magnesium sulfate in water intravenous piggyback<br/>2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i> .....                  | 57 |
|  |    | <i>magnesium sulfate in water intravenous piggyback<br/>4 gram/100 ml (4 %)</i> .....                                     | 57 |

|  |    |  |    |
|--|----|--|----|
| <i>magnesium sulfate injection solution</i> .....          | 57 | <i>metformin oral tablet 1,000 mg</i> .....                | 45 |
| <i>magnesium sulfate injection syringe</i> .....           | 57 | <i>metformin oral tablet 500 mg</i> .....                  | 45 |
| <i>malathion</i> .....                                     | 40 | <i>metformin oral tablet 850 mg</i> .....                  | 45 |
| <i>maprotiline oral tablet 25 mg</i> .....                 | 28 | <i>metformin oral tablet extended release 24 hr 500</i>    |    |
| <i>maprotiline oral tablet 50 mg</i> .....                 | 28 | <i>mg</i> .....  | 45 |
| <i>maprotiline oral tablet 75 mg</i> .....                 | 28 | <i>metformin oral tablet extended release 24 hr 750</i>    |    |
| <i>marlissa</i> .....                                      | 52 | <i>mg</i> .....  | 45 |
| MARPLAN.....   | 28 | <i>methadone injection solution</i> .....                  | 29 |
| MARQIBO.....   | 19 | <i>methadone intensol</i> .....                            | 29 |
| MATULANE.....  | 19 | <i>methadone oral concentrate</i> .....                    | 29 |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> .....          | 47 | <i>methadone oral solution 10 mg/5 ml</i> .....            | 29 |
| <i>meclofenamate oral capsule 100 mg</i> .....             | 28 | <i>methadone oral solution 5 mg/5 ml</i> .....             | 29 |
| <i>meclofenamate oral capsule 50 mg</i> .....              | 28 | <i>methadone oral tablet 10 mg</i> .....                   | 29 |
| <i>medroxyprogesterone intramuscular</i> .....             | 52 | <i>methadone oral tablet 5 mg</i> .....                    | 29 |
| <i>medroxyprogesterone oral</i> .....                      | 52 | <i>methadose oral concentrate</i> .....                    | 29 |
| <i>mefenamic acid</i> .....                                | 28 | <i>methazolamide</i> .....                                 | 53 |
| <i>mefloquine</i> .....                                    | 13 | <i>methenamine hippurate</i> .....                         | 13 |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml),</i>     |    | <i>methenamine mandelate</i> .....                         | 13 |
| <i>800 mg/20 ml (20 ml)</i> .....                          | 19 | <i>methimazole oral tablet 10 mg</i> .....                 | 45 |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/</i>      |    | <i>methimazole oral tablet 5 mg</i> .....                  | 45 |
| <i>ml)</i> .....   | 19 | <i>methotrexate sodium (pf) injection recon soln</i> ..... | 19 |
| <i>megestrol oral tablet</i> .....                         | 19 | <i>methotrexate sodium (pf) injection solution</i> .....   | 19 |
| MEKINIST ORAL TABLET 0.5 MG.....                           | 19 | <i>methotrexate sodium injection</i> .....                 | 19 |
| MEKINIST ORAL TABLET 2 MG.....                             | 19 | <i>methotrexate sodium oral</i> .....                      | 19 |
| MEKTOVI.....   | 19 | <i>methoxsalen</i> .....                                   | 40 |
| <i>meloxicam oral tablet</i> .....                         | 28 | <i>methscopolamine oral tablet 2.5 mg</i> .....            | 48 |
| <i>melphalan</i> .....                                     | 19 | <i>methscopolamine oral tablet 5 mg</i> .....              | 48 |
| <i>melphalan hcl</i> .....                                 | 19 | <i>methyclothiazide</i> .....                              | 37 |
| <i>memantine oral capsule, sprinkle, er 24hr</i> .....     | 29 | <i>methyl dopa oral tablet 250 mg</i> .....                | 37 |
| <i>memantine oral solution</i> .....                       | 29 | <i>methyl dopa oral tablet 500 mg</i> .....                | 37 |
| <i>memantine oral tablet 10 mg</i> .....                   | 29 | <i>methylphenidate hcl oral tablet</i> .....               | 29 |
| <i>memantine oral tablet 5 mg</i> .....                    | 29 | <i>methylprednisolone</i> .....                            | 45 |
| MENACTRA (PF) INTRAMUSCULAR                                |    | <i>methylprednisolone acetate</i> .....                    | 45 |
| SOLUTION.....  | 49 | <i>methylprednisolone sodium succ injection recon soln</i> |    |
| MENEST.....  | 52 | <i>125 mg, 40 mg</i> .....                                 | 45 |
| MENVEO A-C-Y-W-135-DIP (PF).....                           | 49 | <i>methylprednisolone sodium succ intravenous</i> .....    | 45 |
| <i>mercaptopurine</i> .....                                | 19 | <i>metipranolol</i> .....                                  | 53 |
| <i>meropenem</i> .....                                     | 13 | <i>metoclopramide hcl injection solution</i> .....         | 48 |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2</i> |    | <i>metoclopramide hcl injection syringe</i> .....          | 48 |
| <i>gram</i> .....  | 47 | <i>metoclopramide hcl oral solution</i> .....              | 48 |
| MESALAMINE ORAL TABLET, DELAYED                            |    | <i>metoclopramide hcl oral tablet</i> .....                | 48 |
| RELEASE (DR/EC) 800 MG.....                                | 47 | <i>metolazone</i> .....                                    | 37 |
| <i>mesalamine rectal</i> .....                             | 47 | <i>metoprolol succinate</i> .....                          | 37 |
| <i>mesalamine with cleansing wipe</i> .....                | 47 | <i>metoprolol tartrate intravenous solution</i> .....      | 37 |
| <i>mesna</i> .....   | 19 | <i>metoprolol tartrate intravenous syringe</i> .....       | 37 |
| MESNEX ORAL.....   | 19 | <i>metoprolol tartrate oral</i> .....                      | 37 |
| MESTINON ORAL SYRUP.....                                   | 29 | <i>metoprolol tartrate-hydrochlorothiazide oral</i>        |    |
| <i>metaproterenol</i> .....                                | 55 | <i>tablet</i> .....  | 37 |

|  |    |  |    |
|--|----|--|----|
| <i>metro i.v.</i> .....                                    | 13 | <i>morphine (pf) intravenous patient control.analgesia</i> |    |
| <i>metronidazole in nacl (iso-os)</i> .....                | 13 | <i>soln 30 mg/30 ml</i> .....                              | 29 |
| <i>metronidazole oral tablet 250 mg</i> .....              | 13 | <i>morphine concentrate oral solution</i> .....            | 29 |
| <i>metronidazole oral tablet 500 mg</i> .....              | 13 | <i>morphine injection solution 10 mg/ml</i> .....          | 29 |
| <i>metronidazole topical cream</i> .....                   | 40 | MORPHINE INJECTION SOLUTION 4 MG/                          |    |
| <i>metronidazole topical gel 0.75 %</i> .....              | 40 | ML.....  | 29 |
| <i>metronidazole topical lotion</i> .....                  | 41 | <i>morphine injection solution 5 mg/ml</i> .....           | 29 |
| <i>metronidazole vaginal</i> .....                         | 52 | <i>morphine injection solution 8 mg/ml</i> .....           | 29 |
| <i>mexiletine</i> .....                                    | 37 | <i>morphine injection syringe 10 mg/ml</i> .....           | 29 |
| MIACALCIN INJECTION.....                                   | 45 | <i>morphine injection syringe 2 mg/ml, 4 mg/ml</i> .....   | 29 |
| <i>miconazole-3 vaginal suppository</i> .....              | 52 | <i>morphine injection syringe 5 mg/ml</i> .....            | 29 |
| <i>microgestin 1.5/30 (21)</i> .....                       | 52 | <i>morphine injection syringe 8 mg/ml</i> .....            | 29 |
| <i>microgestin 1/20 (21)</i> .....                         | 52 | <i>morphine intravenous cartridge 10 mg/ml</i> .....       | 29 |
| <i>microgestin fe 1.5/30 (28)</i> .....                    | 52 | <i>morphine intravenous cartridge 2 mg/ml, 4 mg/</i>       |    |
| <i>microgestin fe 1/20 (28)</i> .....                      | 52 | ml.....  | 29 |
| <i>midodrine oral tablet 10 mg</i> .....                   | 42 | MORPHINE INTRAVENOUS CARTRIDGE                             |    |
| <i>midodrine oral tablet 2.5 mg, 5 mg</i> .....            | 42 | 8 MG/ML.....   | 29 |
| <i>miglustat</i> .....                                     | 45 | <i>morphine intravenous solution 10 mg/ml</i> .....        | 29 |
| <i>minocycline oral capsule</i> .....                      | 13 | MORPHINE INTRAVENOUS SOLUTION 4                            |    |
| <i>minocycline oral tablet</i> .....                       | 13 | MG/ML, 8 MG/ML.....  | 29 |
| <i>minoxidil oral</i> .....                                | 37 | <i>morphine intravenous syringe 2 mg/ml, 4 mg/</i>         |    |
| <i>mirtazapine oral tablet 15 mg</i> .....                 | 29 | ml.....  | 29 |
| <i>mirtazapine oral tablet 30 mg</i> .....                 | 29 | <i>morphine oral solution 10 mg/5 ml</i> .....             | 29 |
| <i>mirtazapine oral tablet 45 mg</i> .....                 | 29 | <i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> .....   | 30 |
| <i>mirtazapine oral tablet 7.5 mg</i> .....                | 29 | <i>morphine oral tablet 15 mg</i> .....                    | 30 |
| <i>mirtazapine oral tablet,disintegrating 15 mg</i> .....  | 29 | <i>morphine oral tablet 30 mg</i> .....                    | 30 |
| <i>mirtazapine oral tablet,disintegrating 30 mg</i> .....  | 29 | <i>morphine oral tablet extended release 100 mg</i> .....  | 30 |
| <i>mirtazapine oral tablet,disintegrating 45 mg</i> .....  | 29 | <i>morphine oral tablet extended release 15 mg, 30 mg,</i> |    |
| <i>misoprostol</i> .....                                   | 48 | 60 mg.....   | 30 |
| <i>mitomycin intravenous recon soln 20 mg</i> .....        | 19 | <i>morphine oral tablet extended release 200 mg</i> .....  | 30 |
| <i>mitomycin intravenous recon soln 40 mg</i> .....        | 19 | MOVIPREP.....  | 48 |
| <i>mitoxantrone</i> .....                                  | 20 | <i>moxifloxacin in nacl (iso-osm)</i> .....                | 13 |
| <i>modafinil oral tablet 100 mg</i> .....                  | 29 | MOXIFLOXACIN OPHTHALMIC (EYE).....                         | 54 |
| <i>modafinil oral tablet 200 mg</i> .....                  | 29 | MOZOBIL.....   | 49 |
| <i>moexipril</i> .....                                     | 37 | MULTAQ.....  | 37 |
| <i>moexipril-hydrochlorothiazide</i> .....                 | 37 | <i>mupirocin topical ointment</i> .....                    | 41 |
| <i>mometasone nasal</i> .....                              | 55 | <i>mycophenolate mofetil hcl</i> .....                     | 20 |
| <i>mometasone topical</i> .....                            | 41 | <i>mycophenolate mofetil oral capsule</i> .....            | 20 |
| <i>mono-linyah</i> .....                                   | 52 | <i>mycophenolate mofetil oral suspension for</i>           |    |
| <i>mononessa (28)</i> .....                                | 52 | <i>reconstitution</i> .....                                | 20 |
| <i>montelukast oral granules in packet</i> .....           | 55 | <i>mycophenolate mofetil oral tablet</i> .....             | 20 |
| <i>montelukast oral tablet</i> .....                       | 55 | MYLOTARG.....  | 20 |
| <i>montelukast oral tablet,chewable</i> .....              | 55 | <i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i> .....     | 41 |
| <i>morgidox oral capsule 50 mg</i> .....                   | 13 | MYRBETRIQ.....   | 56 |
| <i>morphine (pf) injection solution 0.5 mg/ml</i> .....    | 29 | <i>myzilra</i> .....                                       | 52 |
| <i>morphine (pf) injection solution 1 mg/ml</i> .....      | 29 | <i>nabumetone</i> .....                                    | 30 |
| <i>morphine (pf) intravenous patient control.analgesia</i> |    | <i>nadolol</i> .....                                       | 37 |
| <i>soln 150 mg/30 ml</i> .....                             | 29 | <i>nadolol-bendroflumethiazide</i> .....                   | 37 |

|  |    |   |    |
|--|----|---|----|
| <i>nafcillin in dextrose iso-osm intravenous piggyback</i> |    | NEPHRAMINE 5.4 %.....   | 57 |
| 1 gram/50 ml.....  | 13 | NERLYNX.....  | 20 |
| <i>nafcillin in dextrose iso-osm intravenous piggyback</i> |    | NEULASTA.....   | 49 |
| 2 gram/100 ml.....   | 13 | NEUPOGEN.....   | 49 |
| <i>nafcillin injection recon soln 1 gram, 2 gram.....</i>  | 13 | NEUPRO.....   | 30 |
| <i>nafcillin intravenous.....</i>                          | 13 | NEVANAC.....  | 54 |
| NAGLAZYME.....   | 45 | <i>nevirapine oral suspension.....</i>                        | 13 |
| <i>nalbuphine injection solution 10 mg/ml.....</i>         | 30 | <i>nevirapine oral tablet.....</i>                            | 13 |
| <i>nalbuphine injection solution 20 mg/ml.....</i>         | 30 | <i>nevirapine oral tablet extended release 24 hr 100</i>      |    |
| <i>naloxone injection solution.....</i>                    | 30 | mg.....   | 13 |
| <i>naloxone injection syringe 0.4 mg/ml.....</i>           | 30 | <i>nevirapine oral tablet extended release 24 hr 400</i>      |    |
| <i>naloxone injection syringe 1 mg/ml.....</i>             | 30 | mg.....   | 13 |
| <i>naltrexone.....</i>                                     | 30 | NEXAVAR.....  | 20 |
| NAMENDA XR ORAL CAP,SPRINKLE,ER                            |    | <i>niacin oral tablet extended release 24 hr.....</i>         | 37 |
| 24HR DOSE PACK.....  | 30 | NIACOR.....   | 37 |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,                          |    | <i>nicardipine intravenous solution.....</i>                  | 37 |
| ER 24HR.....   | 30 | <i>nicardipine oral.....</i>                                  | 37 |
| NAMZARIC.....  | 30 | NICOTROL NS.....  | 42 |
| <i>naproxen oral suspension.....</i>                       | 30 | <i>nifedipine oral tablet extended release.....</i>           | 37 |
| <i>naproxen oral tablet.....</i>                           | 30 | <i>nifedipine oral tablet extended release 24hr.....</i>      | 37 |
| <i>naproxen oral tablet, delayed release (drlec).....</i>  | 30 | <i>nilutamide.....</i>  | 20 |
| <i>naproxen sodium oral tablet 275 mg, 550 mg.....</i>     | 30 | NINLARO.....  | 20 |
| <i>naratriptan.....</i>                                    | 30 | NIPENT.....   | 20 |
| NARCAN NASAL SPRAY, NON-AEROSOL 4                          |    | <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50</i>    |    |
| MG/ACTUATION.....  | 30 | mg.....   | 13 |
| NATACYN.....   | 54 | <i>nitrofurantoin monohyd/m-cryst.....</i>                    | 13 |
| <i>nateglinide oral tablet 120 mg.....</i>                 | 45 | <i>nitroglycerin intravenous.....</i>                         | 37 |
| <i>nateglinide oral tablet 60 mg.....</i>                  | 45 | <i>nitroglycerin sublingual tablet 0.3 mg, 0.6 mg.....</i>    | 37 |
| NATPARA.....   | 45 | <i>nitroglycerin sublingual tablet 0.4 mg.....</i>            | 37 |
| NEBUPENT.....  | 13 | <i>nitroglycerin transdermal patch 24 hour.....</i>           | 37 |
| <i>necon 0.5/35 (28).....</i>                              | 52 | <i>nizatidine oral capsule.....</i>                           | 48 |
| <i>necon 7/7/7 (28).....</i>                               | 52 | <i>nora-be.....</i>   | 52 |
| <i>needles, insulin disp., safety.....</i>                 | 45 | NORDITROPIN FLEXPRO.....                                      | 49 |
| <i>nefazodone oral tablet 100 mg.....</i>                  | 30 | <i>norethindrone (contraceptive).....</i>                     | 52 |
| <i>nefazodone oral tablet 150 mg.....</i>                  | 30 | <i>norethindrone acetate.....</i>                             | 52 |
| <i>nefazodone oral tablet 200 mg.....</i>                  | 30 | <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/</i> |    |
| <i>nefazodone oral tablet 250 mg.....</i>                  | 30 | 0.25 mg-35 mcg (28), 0.25-35 mg-mcg.....                      | 52 |
| <i>nefazodone oral tablet 50 mg.....</i>                   | 30 | NORMOSOL-M IN 5 % DEXTROSE.....                               | 57 |
| <i>neo-polycin.....</i>                                    | 54 | NORMOSOL-R.....   | 57 |
| <i>neo-polycin hc.....</i>                                 | 54 | NORMOSOL-R IN 5 % DEXTROSE.....                               | 58 |
| <i>neomycin.....</i>                                       | 13 | NORMOSOL-R PH 7.4.....  | 58 |
| <i>neomycin-bacitracin-poly-hc.....</i>                    | 54 | NORTHERA ORAL CAPSULE 100 MG.....                             | 42 |
| <i>neomycin-bacitracin-polymyxin.....</i>                  | 54 | NORTHERA ORAL CAPSULE 200 MG.....                             | 42 |
| <i>neomycin-polymyxin b gu.....</i>                        | 42 | NORTHERA ORAL CAPSULE 300 MG.....                             | 42 |
| <i>neomycin-polymyxin b-dexameth.....</i>                  | 54 | <i>nortrel 0.5/35 (28).....</i>                               | 52 |
| <i>neomycin-polymyxin-gramicidin.....</i>                  | 54 | <i>nortrel 1/35 (21).....</i>                                 | 52 |
| <i>neomycin-polymyxin-hc ophthalmic (eye).....</i>         | 54 | <i>nortrel 1/35 (28).....</i>                                 | 52 |
| <i>neomycin-polymyxin-hc otic (ear).....</i>               | 43 | <i>nortrel 7/7/7 (28).....</i>                                | 52 |



|  |    |  |    |
|--|----|--|----|
| <i>nortriptyline oral capsule 10 mg, 25 mg</i> .....         | 30 | <i>olmesartan-hydrochlorothiazide</i> .....                  | 37 |
| <i>nortriptyline oral capsule 50 mg, 75 mg</i> .....         | 30 | <i>olopatadine ophthalmic (eye) drops 0.2 %</i> .....        | 54 |
| NORTRIPTYLINE ORAL SOLUTION.....                             | 30 | <i>omega-3 acid ethyl esters</i> .....                       | 37 |
| NORVIR ORAL CAPSULE.....                                     | 13 | <i>omeprazole oral capsule, delayed release(dr/ec)</i> ..... | 48 |
| NORVIR ORAL POWDER IN PACKET.....                            | 13 | ONCASPAR.....  | 20 |
| NORVIR ORAL SOLUTION.....                                    | 13 | <i>ondansetron hcl (pf)</i> .....                            | 48 |
| NORVIR ORAL TABLET.....                                      | 13 | <i>ondansetron hcl intravenous</i> .....                     | 48 |
| NOXAFIL ORAL SUSPENSION.....                                 | 13 | <i>ondansetron hcl oral solution</i> .....                   | 48 |
| NUEDEXTA.....  | 30 | <i>ondansetron hcl oral tablet 24 mg</i> .....               | 48 |
| NULOJIX.....   | 20 | <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> .....          | 48 |
| NUPLAZID ORAL CAPSULE.....                                   | 30 | <i>ondansetron oral tablet, disintegrating</i> .....         | 48 |
| NUPLAZID ORAL TABLET 10 MG.....                              | 30 | ONFI ORAL SUSPENSION.....                                    | 30 |
| NUPLAZID ORAL TABLET 17 MG.....                              | 30 | ONFI ORAL TABLET 10 MG.....                                  | 31 |
| <i>nyamyc</i> .....  | 41 | ONFI ORAL TABLET 20 MG.....                                  | 31 |
| <i>nystatin oral suspension</i> .....                        | 13 | OPDIVO.....  | 20 |
| <i>nystatin oral tablet</i> .....                            | 13 | <i>opium tincture</i> .....                                  | 48 |
| <i>nystatin topical</i> .....                                | 41 | ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5                          |    |
| <i>nystatin-triamcinolone</i> .....                          | 41 | MG.....  | 42 |
| <i>nystop</i> .....  | 41 | ORFADIN ORAL CAPSULE 20 MG.....                              | 42 |
| <i>ocella</i> .....  | 52 | ORFADIN ORAL SUSPENSION.....                                 | 42 |
| OCTAGAM.....   | 49 | ORKAMBI ORAL TABLET.....                                     | 55 |
| <i>octreotide acetate injection solution 1,000 mcg/</i>      |    | <i>orsythia</i> .....  | 52 |
| <i>ml</i> .....  | 20 | <i>oseltamivir</i> .....                                     | 13 |
| <i>octreotide acetate injection solution 100 mcg/ml, 200</i> |    | <i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>  |    |
| <i>mcg/ml, 50 mcg/ml</i> .....                               | 20 | <i>1 gram/50 ml</i> .....                                    | 13 |
| <i>octreotide acetate injection syringe 100 mcg/ml (1</i>    |    | <i>oxacillin injection recon soln 1 gram</i> .....           | 13 |
| <i>ml), 50 mcg/ml (1 ml)</i> .....                           | 20 | <i>oxacillin injection recon soln 2 gram</i> .....           | 13 |
| <i>octreotide acetate injection syringe 500 mcg/ml (1</i>    |    | <i>oxaliplatin intravenous recon soln 100 mg</i> .....       | 20 |
| <i>ml)</i> .....   | 20 | <i>oxaliplatin intravenous recon soln 50 mg</i> .....        | 20 |
| ODEFSEY.....   | 13 | <i>oxaliplatin intravenous solution 100 mg/20 ml</i> .....   | 20 |
| ODOMZO.....  | 20 | <i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/</i>   |    |
| OFEV ORAL CAPSULE 150 MG.....                                | 55 | <i>ml)</i> .....   | 20 |
| <i>ofloxacin ophthalmic (eye)</i> .....                      | 54 | <i>oxandrolone oral tablet 2.5 mg</i> .....                  | 45 |
| <i>ofloxacin otic (ear)</i> .....                            | 43 | <i>oxaprozin</i> .....                                       | 31 |
| <i>ogestrel (28)</i> .....                                   | 52 | <i>oxazepam</i> .....  | 31 |
| <i>olanzapine intramuscular</i> .....                        | 30 | <i>oxcarbazepine oral suspension</i> .....                   | 31 |
| <i>olanzapine oral tablet 10 mg</i> .....                    | 30 | <i>oxcarbazepine oral tablet</i> .....                       | 31 |
| <i>olanzapine oral tablet 15 mg</i> .....                    | 30 | <i>oxybutynin chloride oral syrup</i> .....                  | 56 |
| <i>olanzapine oral tablet 2.5 mg</i> .....                   | 30 | <i>oxybutynin chloride oral tablet</i> .....                 | 56 |
| <i>olanzapine oral tablet 20 mg</i> .....                    | 30 | <i>oxybutynin chloride oral tablet extended release 24hr</i> |    |
| <i>olanzapine oral tablet 5 mg</i> .....                     | 30 | <i>10 mg, 15 mg</i> .....                                    | 56 |
| <i>olanzapine oral tablet 7.5 mg</i> .....                   | 30 | <i>oxybutynin chloride oral tablet extended release 24hr</i> |    |
| <i>olanzapine oral tablet, disintegrating 10 mg</i> .....    | 30 | <i>5 mg</i> .....  | 56 |
| <i>olanzapine oral tablet, disintegrating 15 mg</i> .....    | 30 | <i>oxycodone oral capsule</i> .....                          | 31 |
| <i>olanzapine oral tablet, disintegrating 20 mg</i> .....    | 30 | <i>oxycodone oral concentrate</i> .....                      | 31 |
| <i>olanzapine oral tablet, disintegrating 5 mg</i> .....     | 30 | <i>oxycodone oral solution</i> .....                         | 31 |
| <i>olmesartan</i> .....                                      | 37 | <i>oxycodone oral tablet 10 mg, 5 mg</i> .....               | 31 |
| <i>olmesartan-amlodipine-hydrochlorothiazide</i> .....       | 37 | <i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i> .....       | 31 |

|   |    |   |    |
|---|----|---|----|
| <i>oxycodone-acetaminophen oral tablet 10-325 mg,</i><br>2.5-325 mg, 5-325 mg, 7.5-325 mg.....      | 31 | <i>penicillin g procaine intramuscular syringe 1.2</i><br><i>million unit/2 ml.....</i>                         | 13 |
| <i>oxycodone-aspirin.....</i>   | 31 | <i>penicillin g procaine intramuscular syringe 600,000</i><br><i>unit/ml.....</i>                               | 13 |
| <i>pacerone oral tablet 100 mg, 400 mg.....</i>   | 37 | <i>penicillin v potassium.....</i>  | 13 |
| <i>pacerone oral tablet 200 mg.....</i>   | 37 | PENTACEL (PF).....  | 49 |
| <i>paclitaxel.....</i>  | 20 | PENTAM.....   | 13 |
| <i>paliperidone oral tablet extended release 24hr 1.5</i><br><i>mg.....</i>                         | 31 | PENTASA.....  | 48 |
| <i>paliperidone oral tablet extended release 24hr 3</i><br><i>mg.....</i>                           | 31 | <i>pentoxifylline.....</i>  | 37 |
| <i>paliperidone oral tablet extended release 24hr 6</i><br><i>mg.....</i>                           | 31 | PERFOROMIST.....  | 55 |
| <i>paliperidone oral tablet extended release 24hr 9</i><br><i>mg.....</i>                           | 31 | <i>perindopril erbumine.....</i>  | 37 |
| <i>pamidronate intravenous recon soln.....</i>  | 45 | <i>periogard.....</i>   | 43 |
| <i>pamidronate intravenous solution 30 mg/10 ml (3</i><br><i>mg/ml), 90 mg/10 ml (9 mg/ml).....</i> | 45 | PERJETA.....  | 20 |
| <i>pamidronate intravenous solution 60 mg/10 ml (6</i><br><i>mg/ml).....</i>                        | 45 | <i>permethrin topical cream.....</i>  | 41 |
| PANRETIN.....   | 41 | <i>perphenazine.....</i>  | 31 |
| <i>pantoprazole intravenous.....</i>  | 48 | <i>pfizerpen-g.....</i>   | 13 |
| <i>pantoprazole oral.....</i>   | 48 | <i>phenelzine.....</i>  | 31 |
| <i>paregoric.....</i>   | 48 | <i>phenobarbital oral elixir.....</i>   | 31 |
| <i>paricalcitol oral capsule 1 mcg.....</i>   | 45 | <i>phenobarbital oral tablet 100 mg.....</i>  | 31 |
| <i>paricalcitol oral capsule 2 mcg, 4 mcg.....</i>  | 45 | <i>phenobarbital oral tablet 15 mg.....</i>   | 31 |
| <i>paroex oral rinse.....</i>   | 43 | <i>phenobarbital oral tablet 16.2 mg.....</i>   | 31 |
| <i>paromomycin.....</i>   | 13 | <i>phenobarbital oral tablet 30 mg.....</i>   | 31 |
| <i>paroxetine hcl oral tablet 10 mg.....</i>  | 31 | <i>phenobarbital oral tablet 32.4 mg.....</i>   | 31 |
| <i>paroxetine hcl oral tablet 20 mg.....</i>  | 31 | <i>phenobarbital oral tablet 60 mg.....</i>   | 31 |
| <i>paroxetine hcl oral tablet 30 mg.....</i>  | 31 | <i>phenobarbital oral tablet 64.8 mg.....</i>   | 31 |
| <i>paroxetine hcl oral tablet 40 mg.....</i>  | 31 | <i>phenobarbital oral tablet 97.2 mg.....</i>   | 31 |
| PASER.....  | 13 | PHENYTEK.....   | 31 |
| PAXIL ORAL SUSPENSION.....  | 31 | <i>phenytoin oral suspension 100 mg/4 ml.....</i>   | 31 |
| PAZEO.....  | 54 | <i>phenytoin oral suspension 125 mg/5 ml.....</i>   | 31 |
| PEDIARIX (PF).....  | 49 | <i>phenytoin oral tablet, chewable.....</i>   | 31 |
| PEDVAX HIB (PF).....  | 49 | <i>phenytoin sodium extended.....</i>   | 31 |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74</i><br><i>-5.86 gram.....</i>               | 48 | <i>phenytoin sodium intravenous solution.....</i>   | 31 |
| <i>peg 3350-electrolytes oral recon soln 240-22.72-6.72</i><br><i>-5.84 gram.....</i>               | 48 | <i>phenytoin sodium intravenous syringe.....</i>  | 31 |
| <i>peg-electrolyte soln.....</i>  | 48 | <i>philith.....</i>   | 52 |
| PEGANONE.....   | 31 | PHOSPHOLINE IODIDE.....   | 54 |
| PEGASYS.....  | 49 | PHYSIOLYTE.....   | 42 |
| PEGASYS PROCLICK.....   | 49 | PHYSIOSOL IRRIGATION.....   | 42 |
| PEGINTRON SUBCUTANEOUS KIT 50<br>MCG/0.5 ML.....  | 49 | PICATO.....   | 41 |
| <i>penicillin g potassium.....</i>  | 13 | <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4</i><br><i>%.....</i>                                      | 54 |
|   |    | <i>pilocarpine hcl oral.....</i>  | 42 |
|   |    | <i>pimozide.....</i>  | 31 |
|   |    | <i>pindolol.....</i>  | 37 |
|   |    | <i>pioglitazone oral tablet 15 mg.....</i>  | 45 |
|   |    | <i>pioglitazone oral tablet 30 mg.....</i>  | 45 |
|   |    | <i>pioglitazone oral tablet 45 mg.....</i>  | 45 |
|   |    | <i>piperacillin-tazobactam intravenous recon soln 2.25</i><br><i>gram, 3.375 gram, 4.5 gram, 40.5 gram.....</i> | 14 |

|  |    |   |    |
|--|----|---|----|
| <i>pirmella oral tablet 1-35 mg-mcg</i> .....                  | 52 | <i>potassium chloride-d5-0.3%nacl intravenous</i>           |    |
| <i>piroxicam</i> .....   | 31 | <i>parenteral solution 20 meql</i> .....                    | 58 |
| PLASMA-LYTE 148.....   | 58 | <i>potassium chloride-d5-0.9%nacl intravenous</i>           |    |
| PLASMA-LYTE A.....   | 58 | <i>parenteral solution 20 meql</i> .....                    | 58 |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63                               |    | <i>potassium chloride-d5-0.9%nacl intravenous</i>           |    |
| MCG/0.5 ML- 94 MCG/0.5 ML.....                                 | 49 | <i>parenteral solution 40 meql</i> .....                    | 58 |
| <i>podofilox</i> .....   | 41 | <i>potassium citrate</i> .....                              | 56 |
| <i>polycin</i> .....   | 54 | PRADAXA.....  | 38 |
| <i>polyethylene glycol 3350</i> .....                          | 48 | PRALUENT PEN.....   | 38 |
| <i>polymyxin b sulf-trimethoprim</i> .....                     | 54 | <i>pramipexole oral tablet</i> .....                        | 31 |
| POMALYST ORAL CAPSULE 1 MG.....                                | 20 | <i>prasugrel</i> .....                                      | 38 |
| POMALYST ORAL CAPSULE 2 MG.....                                | 20 | <i>pravastatin</i> .....                                    | 38 |
| POMALYST ORAL CAPSULE 3 MG, 4                                  |    | <i>prazosin</i> .....                                       | 38 |
| MG.....  | 20 | <i>prednicarbate</i> .....                                  | 41 |
| <i>portia</i> .....  | 52 | <i>prednisolone acetate</i> .....                           | 54 |
| PORTRAZZA.....   | 20 | <i>prednisolone oral solution 15 mg/5 ml</i> .....          | 45 |
| <i>potassium bicarb and chloride</i> .....                     | 58 | <i>prednisolone sodium phosphate ophthalmic (eye)</i> ..... | 54 |
| <i>potassium bicarb-citric acid</i> .....                      | 58 | <i>prednisolone sodium phosphate oral solution 15 mg/</i>   |    |
| <i>potassium chlorid-d5-0.45%nacl intravenous</i>              |    | <i>5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg</i>           |    |
| <i>parenteral solution 10 meql, 30 meql, 40 meql</i>           |    | <i>base/5 ml (6.7 mg/5 ml)</i> .....                        | 45 |
| <i>l</i> .....   | 58 | <i>prednisone intensol</i> .....                            | 45 |
| <i>potassium chlorid-d5-0.45%nacl intravenous</i>              |    | <i>prednisone oral solution</i> .....                       | 45 |
| <i>parenteral solution 20 meql</i> .....                       | 58 | <i>prednisone oral tablet</i> .....                         | 45 |
| <i>potassium chloride in 0.9%nacl intravenous</i>              |    | <i>prednisone oral tablets,dose pack</i> .....              | 46 |
| <i>parenteral solution 20 meql, 40 meql</i> .....              | 58 | PREMARIN ORAL.....  | 53 |
| <i>potassium chloride in 5 % dex intravenous parenteral</i>    |    | PREMARIN VAGINAL.....                                       | 53 |
| <i>solution 20 meql, 30 meql, 40 meql</i> .....                | 58 | <i>premasol 10 %</i> .....                                  | 58 |
| <i>potassium chloride in lr-d5 intravenous parenteral</i>      |    | PREMASOL 6 %.....   | 58 |
| <i>solution 20 meql</i> .....                                  | 58 | PREMPRO.....  | 53 |
| <i>potassium chloride in lr-d5 intravenous parenteral</i>      |    | <i>prenatal vitamin oral tablet</i> .....                   | 58 |
| <i>solution 40 meql</i> .....                                  | 58 | <i>prevalite</i> .....                                      | 38 |
| <i>potassium chloride in water intravenous piggyback</i>       |    | <i>previfem</i> .....                                       | 53 |
| <i>10 meql/100 ml, 10 meql/50 ml</i> .....                     | 58 | PREZCOBIX.....  | 14 |
| <i>potassium chloride in water intravenous piggyback</i>       |    | PREZISTA ORAL SUSPENSION.....                               | 14 |
| <i>20 meql/100 ml, 20 meql/50 ml, 30 meql/100 ml,</i>          |    | PREZISTA ORAL TABLET 150 MG.....                            | 14 |
| <i>40 meql/100 ml</i> .....                                    | 58 | PREZISTA ORAL TABLET 600 MG, 800                            |    |
| <i>potassium chloride intravenous solution</i> .....           | 58 | MG.....   | 14 |
| <i>potassium chloride oral capsule, extended release</i> ..... | 58 | PREZISTA ORAL TABLET 75 MG.....                             | 14 |
| <i>potassium chloride oral liquid</i> .....                    | 58 | PRIFTIN.....  | 14 |
| <i>potassium chloride oral tablet extended release</i> .....   | 58 | PRIMAQUINE.....   | 14 |
| <i>potassium chloride oral tablet,er particles/</i>            |    | <i>primidone</i> .....                                      | 31 |
| <i>crystals</i> .....  | 58 | PROAIR HFA.....   | 56 |
| <i>potassium chloride-0.45 % nacl</i> .....                    | 58 | PROAIR RESPICLICK.....                                      | 56 |
| <i>potassium chloride-d5-0.2%nacl intravenous</i>              |    | <i>probenecid</i> .....                                     | 51 |
| <i>parenteral solution 20 meql</i> .....                       | 58 | <i>probenecid-colchicine</i> .....                          | 51 |
| <i>potassium chloride-d5-0.2%nacl intravenous</i>              |    | <i>procainamide injection solution 100 mg/ml</i> .....      | 38 |
| <i>parenteral solution 30 meql, 40 meql</i> .....              | 58 | <i>procainamide injection solution 500 mg/ml</i> .....      | 38 |
|  |    | PROCALAMINE 3%.....   | 58 |

|   |    |   |    |
|---|----|---|----|
| <i>prochlorperazine</i> .....   | 48 | <i>quetiapine oral tablet 200 mg</i> .....                                  | 31 |
| <i>prochlorperazine edisylate injection solution 10 mg/</i><br><i>2 ml (5 mg/ml)</i> .....                            | 48 | <i>quetiapine oral tablet 25 mg</i> .....                                   | 31 |
| <i>prochlorperazine maleate</i> .....   | 48 | <i>quetiapine oral tablet 300 mg</i> .....                                  | 32 |
| PROCRIPT INJECTION SOLUTION 10,000<br>UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/<br>2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML..... | 50 | <i>quetiapine oral tablet 400 mg</i> .....                                  | 32 |
| PROCRIPT INJECTION SOLUTION 20,000<br>UNIT/ML, 40,000 UNIT/ML.....  | 50 | <i>quetiapine oral tablet 50 mg</i> .....                                   | 32 |
| <i>procto-pak</i> .....   | 48 | <i>quetiapine oral tablet extended release 24 hr 150</i><br><i>mg</i> ..... | 32 |
| <i>proctosol hc topical</i> .....   | 48 | <i>quetiapine oral tablet extended release 24 hr 200</i><br><i>mg</i> ..... | 32 |
| <i>proctozone-hc</i> .....  | 48 | <i>quetiapine oral tablet extended release 24 hr 300</i><br><i>mg</i> ..... | 32 |
| <i>progesterone micronized</i> .....  | 53 | <i>quetiapine oral tablet extended release 24 hr 400</i><br><i>mg</i> ..... | 32 |
| PROGLYCEM.....  | 46 | <i>quetiapine oral tablet extended release 24 hr 50</i><br><i>mg</i> .....  | 32 |
| PROGRAF INTRAVENOUS.....  | 20 | <i>quinapril</i> .....  | 38 |
| PROLASTIN-C INTRAVENOUS RECON<br>SOLN.....  | 42 | <i>quinapril-hydrochlorothiazide</i> .....                                  | 38 |
| PROLASTIN-C INTRAVENOUS<br>SOLUTION.....  | 42 | <i>quinidine sulfate oral tablet</i> .....                                  | 38 |
| PROLEUKIN.....  | 50 | RABAVERT (PF).....  | 50 |
| PROLIA.....   | 51 | <i>raloxifene</i> .....   | 51 |
| PROMACTA ORAL TABLET 12.5 MG, 25<br>MG, 75 MG.....  | 38 | <i>ramipril</i> .....   | 38 |
| PROMACTA ORAL TABLET 50 MG.....   | 38 | RANEXA.....   | 38 |
| <i>promethazine injection solution</i> .....  | 56 | <i>ranitidine hcl injection</i> .....                                       | 48 |
| <i>promethazine oral tablet</i> .....   | 56 | <i>ranitidine hcl oral syrup</i> .....                                      | 48 |
| <i>propafenone oral tablet</i> .....  | 38 | <i>ranitidine hcl oral tablet 150 mg, 300 mg</i> .....                      | 48 |
| <i>propranetheline</i> .....  | 48 | RAPAFLO.....  | 56 |
| <i>propranolol intravenous</i> .....  | 38 | RAPAMUNE ORAL SOLUTION.....   | 20 |
| <i>propranolol oral capsule, extended release 24 hr</i> .....   | 38 | <i>rasagiline</i> .....   | 32 |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i> .....   | 38 | RAVICTI.....  | 42 |
| <i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i> .....   | 38 | <i>reclipsen (28)</i> .....   | 53 |
| <i>propranolol oral tablet</i> .....  | 38 | RECOMBIVAX HB (PF) INTRAMUSCULAR<br>SUSPENSION.....                         | 50 |
| <i>propranolol-hydrochlorothiazid</i> .....   | 38 | RECOMBIVAX HB (PF) INTRAMUSCULAR<br>SYRINGE 10 MCG/ML.....                  | 50 |
| <i>propylthiouracil</i> .....   | 46 | RECOMBIVAX HB (PF) INTRAMUSCULAR<br>SYRINGE 5 MCG/0.5 ML.....               | 50 |
| PROQUAD (PF).....   | 50 | <i>regonol</i> .....  | 32 |
| PROSOL 20 %.....  | 58 | RELENZA DISKHALER.....  | 14 |
| PROTONIX INTRAVENOUS.....   | 48 | RELISTOR SUBCUTANEOUS<br>SOLUTION.....                                      | 48 |
| <i>protriptyline</i> .....  | 31 | RELISTOR SUBCUTANEOUS SYRINGE 12<br>MG/0.6 ML.....                          | 48 |
| PULMOZYME.....  | 56 | RELISTOR SUBCUTANEOUS SYRINGE 8<br>MG/0.4 ML.....                           | 48 |
| PURIXAN.....  | 20 | REMICADE.....   | 48 |
| <i>pyrazinamide</i> .....   | 14 | REVELA ORAL TABLET.....   | 42 |
| <i>pyridostigmine bromide oral tablet</i> .....   | 31 | <i>repaglinide oral tablet 0.5 mg</i> .....                                 | 46 |
| <i>pyridostigmine bromide oral tablet extended</i><br><i>release</i> .....  | 31 | <i>repaglinide oral tablet 1 mg</i> .....                                   | 46 |
| QUADRACEL (PF).....   | 50 |   |    |
| <i>quasense</i> .....   | 53 |   |    |
| <i>quetiapine oral tablet 100 mg</i> .....  | 31 |   |    |

|   |    |  |    |
|---|----|--|----|
| <i>repaglinide oral tablet 2 mg</i> .....                               | 46 | <i>ritonavir</i> .....                                     | 14 |
| <i>repaglinide-metformin</i> .....                                      | 46 | RITUXAN.....   | 20 |
| REPATHA PUSHTRONEX.....   | 38 | RITUXAN HYCELA.....  | 20 |
| REPATHA SURECLICK.....  | 38 | <i>rivastigmine tartrate</i> .....                         | 32 |
| REPATHA SYRINGE.....  | 38 | <i>rivastigmine transdermal patch</i> .....                | 32 |
| RESCRIPTOR ORAL TABLET.....   | 14 | <i>rizatriptan</i> .....                                   | 32 |
| RESCRIPTOR ORAL TABLET,<br>DISPERSIBLE.....                             | 14 | ROMIDEPSIN.....  | 20 |
| RETROVIR INTRAVENOUS.....   | 14 | <i>ropinirole oral tablet</i> .....                        | 32 |
| REVLIMID ORAL CAPSULE 10 MG.....  | 20 | <i>ropinirole oral tablet extended release 24 hr</i> ..... | 32 |
| REVLIMID ORAL CAPSULE 15 MG, 2.5 MG,<br>20 MG, 25 MG.....               | 20 | <i>rosadan topical cream</i> .....                         | 41 |
| REVLIMID ORAL CAPSULE 5 MG.....   | 20 | <i>rosadan topical gel</i> .....                           | 41 |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG,<br>1 MG, 2 MG.....                 | 32 | <i>rosuvastatin</i> .....                                  | 38 |
| REXULTI ORAL TABLET 3 MG, 4 MG.....                                     | 32 | ROTARIX.....   | 50 |
| REYATAZ ORAL CAPSULE 150 MG, 200<br>MG.....                             | 14 | ROTATEQ VACCINE.....                                       | 50 |
| REYATAZ ORAL CAPSULE 300 MG.....  | 14 | <i>roweepira oral tablet 500 mg</i> .....                  | 32 |
| REYATAZ ORAL POWDER IN PACKET.....                                      | 14 | RUBRACA ORAL TABLET 200 MG.....                            | 20 |
| <i>ribasphere oral tablet 200 mg</i> .....                              | 14 | RUBRACA ORAL TABLET 250 MG, 300<br>MG.....                 | 20 |
| <i>ribavirin oral capsule</i> .....                                     | 14 | RUCONEST.....  | 56 |
| <i>ribavirin oral tablet 200 mg</i> .....                               | 14 | RYDAPT.....  | 20 |
| <i>rifabutin</i> .....  | 14 | SABRIL ORAL POWDER IN PACKET.....                          | 32 |
| <i>rifampin intravenous</i> .....                                       | 14 | SABRIL ORAL TABLET.....                                    | 32 |
| <i>rifampin oral</i> .....  | 14 | SAMSCA ORAL TABLET 15 MG.....                              | 46 |
| RIFATER.....  | 14 | SAMSCA ORAL TABLET 30 MG.....                              | 46 |
| <i>riluzole</i> .....   | 42 | SANTYL.....  | 41 |
| <i>rimantadine</i> .....  | 14 | SAPHRIS SUBLINGUAL TABLET 10 MG.....                       | 32 |
| <i>ringer's intravenous</i> .....                                       | 58 | SAPHRIS SUBLINGUAL TABLET 2.5<br>MG.....                   | 32 |
| <i>ringer's irrigation</i> .....  | 42 | SAPHRIS SUBLINGUAL TABLET 5 MG.....                        | 32 |
| RISPERDAL CONSTA INTRAMUSCULAR<br>SYRINGE 12.5 MG/2 ML, 25 MG/2 ML..... | 32 | SAVELLA ORAL TABLET 100 MG.....                            | 51 |
| RISPERDAL CONSTA INTRAMUSCULAR<br>SYRINGE 37.5 MG/2 ML, 50 MG/2 ML..... | 32 | SAVELLA ORAL TABLET 12.5 MG.....                           | 51 |
| <i>risperidone oral solution</i> .....                                  | 32 | SAVELLA ORAL TABLET 25 MG.....                             | 51 |
| <i>risperidone oral tablet 0.25 mg</i> .....                            | 32 | SAVELLA ORAL TABLET 50 MG.....                             | 51 |
| <i>risperidone oral tablet 0.5 mg</i> .....                             | 32 | SAVELLA ORAL TABLETS,DOSE PACK.....                        | 51 |
| <i>risperidone oral tablet 1 mg</i> .....                               | 32 | <i>scopolamine base</i> .....                              | 48 |
| <i>risperidone oral tablet 2 mg</i> .....                               | 32 | <i>selegiline hcl</i> .....                                | 32 |
| <i>risperidone oral tablet 3 mg</i> .....                               | 32 | <i>selenium sulfide topical lotion</i> .....               | 41 |
| <i>risperidone oral tablet 4 mg</i> .....                               | 32 | SELZENTRY ORAL SOLUTION.....                               | 14 |
| <i>risperidone oral tablet,disintegrating 0.25 mg</i> .....             | 32 | SELZENTRY ORAL TABLET 150 MG, 300<br>MG.....               | 14 |
| <i>risperidone oral tablet,disintegrating 0.5 mg</i> .....              | 32 | SELZENTRY ORAL TABLET 25 MG.....                           | 14 |
| <i>risperidone oral tablet,disintegrating 1 mg</i> .....                | 32 | SELZENTRY ORAL TABLET 75 MG.....                           | 14 |
| <i>risperidone oral tablet,disintegrating 2 mg</i> .....                | 32 | SENSIPAR ORAL TABLET 30 MG.....                            | 46 |
| <i>risperidone oral tablet,disintegrating 3 mg</i> .....                | 32 | SENSIPAR ORAL TABLET 60 MG.....                            | 46 |
| <i>risperidone oral tablet,disintegrating 4 mg</i> .....                | 32 | SENSIPAR ORAL TABLET 90 MG.....                            | 46 |
|   |    | SEREVENT DISKUS.....                                       | 56 |
|   |    | <i>sertraline oral concentrate</i> .....                   | 32 |
|   |    | <i>sertraline oral tablet 100 mg</i> .....                 | 32 |

|  |    |   |    |
|--|----|---|----|
| <i>sertraline oral tablet 25 mg</i> .....  | 32 | <i>sotalol af oral tablet 80 mg</i> .....                           | 38 |
| <i>sertraline oral tablet 50 mg</i> .....  | 33 | <i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i> .....             | 38 |
| <i>sevelamer carbonate oral powder in packet 0.8 gram</i> .....                              | 42 | <i>sotalol oral tablet 80 mg</i> .....                              | 38 |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i> .....                              | 42 | SPIRIVA RESPIMAT.....   | 56 |
| <i>sevelamer carbonate oral tablet</i> .....   | 42 | SPIRIVA WITH HANDIHALER.....  | 56 |
| <i>sf 5000 plus</i> .....  | 43 | <i>spironolactone oral tablet 100 mg, 50 mg</i> .....               | 38 |
| SHINGRIX (PF).....   | 50 | <i>spironolactone oral tablet 25 mg</i> .....                       | 38 |
| SIGNIFOR.....  | 20 | <i>spironolactone-hydrochlorothiazide</i> .....                     | 38 |
| <i>sildenafil (antihypertensive) oral</i> .....  | 56 | <i>sprintec (28)</i> .....  | 53 |
| <i>silver sulfadiazine</i> .....   | 41 | SPRITAM ORAL TABLET FOR SUSPENSION<br>1,000 MG, 250 MG, 500 MG..... | 33 |
| SIMBRINZA.....   | 54 | SPRITAM ORAL TABLET FOR SUSPENSION<br>750 MG.....                   | 33 |
| SIMULECT INTRAVENOUS RECON SOLN<br>10 MG.....  | 20 | SPRYCEL.....  | 20 |
| SIMULECT INTRAVENOUS RECON SOLN<br>20 MG.....  | 20 | <i>sps (with sorbitol) oral</i> .....                               | 42 |
| <i>simvastatin</i> .....   | 38 | <i>sps (with sorbitol) rectal</i> .....                             | 42 |
| <i>sirolimus oral tablet 0.5 mg, 1 mg</i> .....  | 20 | <i>sronyx</i> .....   | 53 |
| SIRTURO.....   | 14 | <i>ssd topical cream 1%</i> .....                                   | 41 |
| <i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i> .....                 | 58 | STAMARIL (PF).....  | 50 |
| <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i> ..... | 58 | <i>stavudine oral capsule 15 mg, 20 mg</i> .....                    | 14 |
| <i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i> .....     | 58 | <i>stavudine oral capsule 30 mg, 40 mg</i> .....                    | 14 |
| <i>sodium chloride 0.45 % intravenous parenteral solution</i> .....                          | 58 | STIMATE.....  | 46 |
| <i>sodium chloride 0.45 % intravenous piggyback</i> .....                                    | 58 | STIVARGA.....   | 21 |
| <i>sodium chloride 0.9 % intravenous</i> .....   | 42 | STREPTOMYCIN.....   | 14 |
| <i>sodium chloride 3 % intravenous injection solution</i> .....                              | 58 | STRIBILD.....   | 14 |
| <i>sodium chloride 5 % intravenous injection solution</i> .....                              | 58 | STROMECTOL.....   | 14 |
| <i>sodium chloride intravenous</i> .....   | 58 | SUBOXONE SUBLINGUAL FILM 12-3<br>MG.....                            | 33 |
| <i>sodium chloride irrigation</i> .....  | 42 | SUBOXONE SUBLINGUAL FILM 2-0.5<br>MG.....                           | 33 |
| <i>sodium lactate</i> .....  | 58 | SUBOXONE SUBLINGUAL FILM 4-1<br>MG.....                             | 33 |
| <i>sodium phenylbutyrate</i> .....   | 42 | SUBOXONE SUBLINGUAL FILM 8-2<br>MG.....                             | 33 |
| <i>sodium polystyrene (sorb free)</i> .....  | 42 | SUCRAID.....  | 48 |
| <i>sodium polystyrene sulfonate oral</i> .....   | 42 | <i>sucralfate oral tablet</i> .....                                 | 48 |
| <i>sodium polystyrene sulfonate rectal</i> .....   | 42 | <i>sulfacetamide sodium (acne)</i> .....                            | 41 |
| SOLTAMOX.....  | 20 | <i>sulfacetamide sodium ophthalmic (eye) drops</i> .....            | 54 |
| SOMATULINE DEPOT.....  | 20 | <i>sulfacetamide sodium ophthalmic (eye) ointment</i> .....         | 54 |
| SOMAVERT.....  | 46 | <i>sulfacetamide-prednisolone</i> .....                             | 54 |
| <i>sorine oral tablet 120 mg, 80 mg</i> .....  | 38 | <i>sulfadiazine</i> .....   | 14 |
| <i>sorine oral tablet 160 mg</i> .....   | 38 | <i>sulfamethoxazole-trimethoprim intravenous</i> .....              | 14 |
| <i>sorine oral tablet 240 mg</i> .....   | 38 | <i>sulfamethoxazole-trimethoprim oral suspension</i> .....          | 14 |
| <i>sotalol af oral tablet 120 mg, 160 mg</i> .....   | 38 | <i>sulfamethoxazole-trimethoprim oral tablet</i> .....              | 14 |
|  |    | SULFAMYLON TOPICAL CREAM.....                                       | 41 |
|  |    | <i>sulfasalazine</i> .....  | 48 |
|  |    | <i>sulindac</i> .....   | 33 |

|  |    |   |    |
|--|----|---|----|
| <i>sumatriptan nasal spray</i> .....                         | 33 | TASIGNA ORAL CAPSULE 150 MG, 200                              |    |
| <i>sumatriptan succinate oral</i> .....                      | 33 | MG.....   | 21 |
| <i>sumatriptan succinate subcutaneous cartridge</i> .....    | 33 | TASIGNA ORAL CAPSULE 50 MG.....                               | 21 |
| <i>sumatriptan succinate subcutaneous pen injector</i> ..... | 33 | <i>tazarotene</i> .....                                       | 41 |
| <i>sumatriptan succinate subcutaneous solution</i> .....     | 33 | TAZORAC.....  | 41 |
| SUPRAX ORAL SUSPENSION FOR                                   |    | <i>taztia xt oral capsule, extended release 24 hr 120 mg,</i> |    |
| RECONSTITUTION 100 MG/5 ML, 200                              |    | <i>180 mg, 240 mg, 360 mg</i> .....                           | 38 |
| MG/5 ML.....   | 14 | <i>taztia xt oral capsule, extended release 24 hr 300</i>     |    |
| SUPRAX ORAL SUSPENSION FOR                                   |    | <i>mg</i> .....   | 38 |
| RECONSTITUTION 500 MG/5 ML.....                              | 14 | TECENTRIQ.....  | 21 |
| SUPREP BOWEL PREP KIT.....                                   | 48 | TECFIDERA.....  | 33 |
| SURMONTIL.....   | 33 | TECHNIVIE.....  | 14 |
| SUSTIVA ORAL CAPSULE 200 MG.....                             | 14 | TEFLARO.....  | 15 |
| SUSTIVA ORAL CAPSULE 50 MG.....                              | 14 | <i>telmisartan</i> .....                                      | 38 |
| SUSTIVA ORAL TABLET.....                                     | 14 | <i>telmisartan-amlodipine</i> .....                           | 38 |
| SUTENT ORAL CAPSULE 12.5 MG.....                             | 21 | <i>temazepam oral capsule 15 mg, 30 mg</i> .....              | 33 |
| SUTENT ORAL CAPSULE 25 MG, 37.5 MG,                          |    | <i>temsirolimus</i> .....                                     | 21 |
| 50 MG.....   | 21 | TENIVAC (PF) INTRAMUSCULAR                                    |    |
| <i>syeda</i> .....   | 53 | SYRINGE.....  | 50 |
| SYLATRON.....  | 50 | <i>tenofovir disoproxil fumarate</i> .....                    | 15 |
| SYMFI.....   | 14 | <i>terazosin oral capsule</i> .....                           | 38 |
| SYMFI LO.....  | 14 | <i>terbinafine hcl oral</i> .....                             | 15 |
| SYNAGIS.....   | 14 | <i>terbutaline</i> .....                                      | 56 |
| SYNAREL.....   | 46 | <i>terconazole vaginal cream</i> .....                        | 53 |
| SYNERCID.....  | 14 | <i>terconazole vaginal suppository</i> .....                  | 53 |
| SYNJARDY.....  | 46 | <i>testosterone cypionate</i> .....                           | 46 |
| SYNJARDY XR ORAL TABLET, IR - ER,                            |    | <i>testosterone enanthate</i> .....                           | 46 |
| BIPHASIC 24HR 10-1,000 MG, 12.5-1,000                        |    | <i>testosterone transdermal gel in packet 1 % (25 mg/</i>     |    |
| MG, 5-1,000 MG.....  | 46 | <i>2.5gram)</i> .....   | 46 |
| SYNJARDY XR ORAL TABLET, IR - ER,                            |    | TESTOSTERONE TRANSDERMAL GEL IN                               |    |
| BIPHASIC 24HR 25-1,000 MG.....                               | 46 | PACKET 1 % (50 MG/5 GRAM).....                                | 46 |
| SYNRIBO.....   | 21 | TETANUS, DIPHTHERIA TOX PED(PF).....                          | 50 |
| SYNTHROID.....   | 46 | TETANUS-DIPHTHERIA TOXOIDS-TD.....                            | 50 |
| SYPRINE.....   | 42 | <i>tetrabenazine oral tablet 12.5 mg</i> .....                | 33 |
| TABLOID.....   | 21 | <i>tetrabenazine oral tablet 25 mg</i> .....                  | 33 |
| <i>tacrolimus oral capsule 0.5 mg</i> .....                  | 21 | <i>tetracycline oral capsule 500 mg</i> .....                 | 15 |
| <i>tacrolimus oral capsule 1 mg, 5 mg</i> .....              | 21 | THALOMID ORAL CAPSULE 100 MG, 50                              |    |
| TAFINLAR.....  | 21 | MG.....   | 21 |
| TAGRISO ORAL TABLET 40 MG.....                               | 21 | THALOMID ORAL CAPSULE 150 MG, 200                             |    |
| TAGRISO ORAL TABLET 80 MG.....                               | 21 | MG.....   | 21 |
| TAMIFLU.....   | 14 | <i>theophylline oral elixir</i> .....                         | 56 |
| <i>tamoxifen</i> .....                                       | 21 | <i>theophylline oral solution</i> .....                       | 56 |
| <i>tamsulosin</i> .....                                      | 56 | <i>theophylline oral tablet extended release 12 hr</i> .....  | 56 |
| TANZEUM.....   | 46 | <i>theophylline oral tablet extended release 24 hr</i> .....  | 56 |
| TARCEVA ORAL TABLET 100 MG, 150                              |    | <i>thioridazine</i> .....                                     | 33 |
| MG.....  | 21 | <i>thiotepa</i> .....   | 21 |
| TARCEVA ORAL TABLET 25 MG.....                               | 21 | <i>thiothixene</i> .....                                      | 33 |
| TARGETIN TOPICAL.....  | 21 | THYMOGLOBULIN.....  | 50 |

|  |    |
|--|----|
| <i>tiagabine</i> .....   | 33 |
| TICE BCG.....  | 50 |
| TIGECYCLINE.....   | 15 |
| <i>tilia fe</i> .....  | 53 |
| <i>timolol maleate ophthalmic (eye) drops</i> .....                        | 54 |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> .....         | 54 |
| <i>timolol maleate oral</i> .....  | 38 |
| <i>tinidazole oral tablet 250 mg</i> .....                                 | 15 |
| <i>tinidazole oral tablet 500 mg</i> .....                                 | 15 |
| TIVICAY ORAL TABLET 10 MG.....   | 15 |
| TIVICAY ORAL TABLET 25 MG, 50 MG.....                                      | 15 |
| <i>tizanidine oral tablet</i> .....  | 33 |
| TOBRADEX OPHTHALMIC (EYE)<br>OINTMENT.....                                 | 54 |
| TOBRADEX ST.....   | 54 |
| <i>tobramycin</i> .....  | 54 |
| <i>tobramycin in 0.225% nacl for nebulization</i> .....                    | 15 |
| <i>tobramycin sulfate injection recon soln</i> .....                       | 15 |
| <i>tobramycin sulfate injection solution</i> .....                         | 15 |
| <i>tobramycin-dexamethasone ophthalmic suspension</i> .....                | 54 |
| <i>tolazamide oral tablet 250 mg</i> .....                                 | 46 |
| <i>tolazamide oral tablet 500 mg</i> .....                                 | 46 |
| <i>tolbutamide</i> .....   | 46 |
| <i>tolcapone</i> .....   | 33 |
| <i>tolterodine oral tablet 1 mg</i> .....                                  | 56 |
| <i>tolterodine oral tablet 2 mg</i> .....                                  | 56 |
| <i>topiramate oral capsule, sprinkle 15 mg</i> .....                       | 33 |
| <i>topiramate oral capsule, sprinkle 25 mg</i> .....                       | 33 |
| <i>topiramate oral tablet 100 mg</i> .....                                 | 33 |
| <i>topiramate oral tablet 200 mg</i> .....                                 | 33 |
| <i>topiramate oral tablet 25 mg</i> .....                                  | 33 |
| <i>topiramate oral tablet 50 mg</i> .....                                  | 33 |
| <i>toposar</i> .....   | 21 |
| <i>topotecan intravenous recon soln</i> .....                              | 21 |
| <i>topotecan intravenous solution</i> .....                                | 21 |
| TORISEL.....   | 21 |
| <i>toremide oral tablet 10 mg</i> .....                                    | 38 |
| <i>toremide oral tablet 100 mg, 20 mg, 5 mg</i> .....                      | 38 |
| TOUJEO MAX U-300 SOLOSTAR.....   | 46 |
| TOUJEO SOLOSTAR U-300 INSULIN.....   | 46 |
| TOVIAZ.....  | 56 |
| TPN ELECTROLYTES INTRAVENOUS<br>SOLUTION 35 MEQ-20 MEQ-5 MEQ/20<br>ML..... | 59 |
| TRACLEER ORAL TABLET.....  | 56 |

|   |    |
|---|----|
| TRACLEER ORAL TABLET FOR<br>SUSPENSION.....                             | 56 |
| TRADJENTA.....  | 46 |
| <i>tramadol oral tablet</i> .....                                       | 33 |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i> ..... | 33 |
| <i>tramadol-acetaminophen</i> .....                                     | 33 |
| <i>trandolapril</i> .....   | 38 |
| <i>tranexamic acid intravenous</i> .....                                | 38 |
| <i>tranexamic acid oral</i> .....                                       | 53 |
| <i>transderm-scop</i> .....   | 48 |
| <i>tranlycypromine</i> .....  | 33 |
| <i>travasol 10 %</i> .....  | 59 |
| TRAVATAN Z.....   | 54 |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i> .....                | 33 |
| <i>trazodone oral tablet 300 mg</i> .....                               | 33 |
| TREANDA INTRAVENOUS RECON<br>SOLN.....                                  | 21 |
| TRECATOR.....   | 15 |
| TRELSTAR INTRAMUSCULAR SYRINGE<br>11.25 MG/2 ML.....                    | 21 |
| TRELSTAR INTRAMUSCULAR SYRINGE<br>22.5 MG/2 ML.....                     | 21 |
| TRELSTAR INTRAMUSCULAR SYRINGE<br>3.75 MG/2 ML.....                     | 21 |
| <i>tretinoin (chemotherapy)</i> .....                                   | 21 |
| <i>tretinoin topical cream 0.025 %, 0.05 %</i> .....                    | 41 |
| <i>tretinoin topical cream 0.1 %</i> .....                              | 41 |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> .....                      | 41 |
| <i>tri-estarylla</i> .....  | 53 |
| <i>tri-legest fe</i> .....  | 53 |
| <i>tri-linyah</i> .....   | 53 |
| <i>tri-previfem (28)</i> .....  | 53 |
| <i>tri-sprintec (28)</i> .....  | 53 |
| <i>triamcinolone acetonide dental</i> .....                             | 43 |
| <i>triamcinolone acetonide injection</i> .....                          | 46 |
| <i>triamcinolone acetonide topical cream</i> .....                      | 41 |
| <i>triamcinolone acetonide topical lotion 0.025 %</i> .....             | 41 |
| <i>triamcinolone acetonide topical lotion 0.1 %</i> .....               | 41 |
| <i>triamcinolone acetonide topical ointment 0.025 %</i> .....           | 41 |
| <i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i> .....      | 41 |
| <i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i> .....    | 38 |
| <i>triamterene-hydrochlorothiazide oral capsule 50-25 mg</i> .....      | 38 |



|  |    |   |    |
|--|----|---|----|
| <i>triamterene-hydrochlorothiazide oral tablet 37.5-25 mg, 75-50 mg</i> .....  | 38 | <i>valganciclovir oral tablet</i> .....   | 15 |
| <i>triderm topical cream</i> .....   | 41 | <i>valproate sodium</i> .....   | 33 |
| <i>trientine</i> .....   | 42 | <i>valproic acid</i> .....  | 33 |
| <i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i> .....  | 33 | <i>valproic acid (as sodium salt) oral solution 250 mg/ 5 ml</i> .....                              | 33 |
| <i>trifluoperazine oral tablet 10 mg</i> .....   | 33 | <i>valproic acid (as sodium salt) oral solution 250 mg/ 5 ml (5 ml), 500 mg/10 ml (10 ml)</i> ..... | 33 |
| <i>trifluridine</i> .....  | 54 | <i>valsartan</i> .....  | 38 |
| <i>trihexyphenidyl</i> .....   | 33 | <i>valsartan-hydrochlorothiazide</i> .....  | 38 |
| <i>trilyte with flavor packets</i> .....   | 48 | VANCOMYCIN IN 0.9 % SODIUM CHL<br>INTRAVENOUS PIGGYBACK.....  | 15 |
| <i>trimethoprim</i> .....  | 15 | VANCOMYCIN IN DEXTROSE 5 %<br>INTRAVENOUS PIGGYBACK 1 GRAM/200<br>ML.....                           | 15 |
| <i>trimipramine</i> .....  | 33 | VANCOMYCIN IN DEXTROSE 5 %<br>INTRAVENOUS PIGGYBACK 500 MG/100<br>ML, 750 MG/150 ML.....            | 15 |
| <i>trinessa (28)</i> .....   | 53 | <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i> .....                    | 15 |
| TRINTELLIX ORAL TABLET 10 MG.....  | 33 | VANCOMYCIN INTRAVENOUS RECON<br>SOLN 250 MG.....  | 15 |
| TRINTELLIX ORAL TABLET 20 MG.....  | 33 | VANCOMYCIN INTRAVENOUS RECON<br>SOLN 750 MG.....  | 15 |
| TRINTELLIX ORAL TABLET 5 MG.....   | 33 | <i>vancomycin oral capsule 250 mg</i> .....   | 15 |
| TRISENOX INTRAVENOUS SOLUTION 2<br>MG/ML.....  | 21 | <i>vandazole</i> .....  | 53 |
| TRIUMEQ.....   | 15 | VAQTA (PF).....   | 50 |
| <i>trivora (28)</i> .....  | 53 | VARIVAX (PF).....   | 50 |
| TROGARZO.....  | 15 | VARIZIG INTRAMUSCULAR<br>SOLUTION.....  | 50 |
| TROPHAMINE 10 %.....   | 59 | VASCEPA.....  | 38 |
| TROPHAMINE 6%.....   | 59 | VECAMEYL.....   | 38 |
| <i>tropium oral tablet</i> .....   | 56 | VECTIBIX.....   | 21 |
| TRULICITY.....   | 46 | VELCADE.....  | 21 |
| TRUMENBA.....  | 50 | <i>velivet triphasic regimen (28)</i> .....   | 53 |
| TRUVADA.....   | 15 | VENCLEXTA ORAL TABLET 10 MG.....  | 21 |
| TWINRIX (PF) INTRAMUSCULAR<br>SYRINGE.....   | 50 | VENCLEXTA ORAL TABLET 100 MG.....   | 21 |
| TYBOST.....  | 15 | VENCLEXTA ORAL TABLET 50 MG.....  | 21 |
| TYKERB.....  | 21 | VENCLEXTA STARTING PACK.....  | 21 |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION.....   | 50 | <i>venlafaxine oral capsule,extended release 24hr 150 mg</i> .....                                  | 33 |
| TYPHIM VI INTRAMUSCULAR<br>SYRINGE.....  | 50 | <i>venlafaxine oral capsule,extended release 24hr 37.5 mg</i> .....                                 | 33 |
| TYSABRI.....   | 33 | <i>venlafaxine oral capsule,extended release 24hr 75 mg</i> .....                                   | 34 |
| ULORIC.....  | 51 | <i>venlafaxine oral tablet 100 mg</i> .....   | 34 |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> ..... | 46 | <i>venlafaxine oral tablet 25 mg</i> .....  | 34 |
| <i>unithroid oral tablet 137 mcg</i> .....   | 46 | <i>venlafaxine oral tablet 37.5 mg</i> .....  | 34 |
| UNITUXIN.....  | 21 | <i>venlafaxine oral tablet 50 mg</i> .....  | 34 |
| UPTRAVI ORAL TABLET.....   | 38 |   |    |
| UPTRAVI ORAL TABLETS,DOSE PACK.....  | 38 |   |    |
| <i>ursodiol</i> .....  | 48 |   |    |
| UVADEX.....  | 41 |   |    |
| <i>valacyclovir oral tablet 1 gram</i> .....   | 15 |   |    |
| <i>valacyclovir oral tablet 500 mg</i> .....   | 15 |   |    |
| VALCHLOR.....  | 41 |   |    |

|  |    |  |    |
|--|----|--|----|
| <i>venlafaxine oral tablet 75 mg</i> .....                             | 34 | VOSEVI.....  | 15 |
| VENTAVIS.....  | 56 | VOTRIENT.....  | 22 |
| <i>verapamil intravenous solution</i> .....                            | 39 | VPRIV.....   | 46 |
| <i>verapamil intravenous syringe</i> .....                             | 39 | VRAYLAR ORAL CAPSULE.....  | 34 |
| <i>verapamil oral capsule, 24 hr er pellet ct</i> .....                | 39 | VRAYLAR ORAL CAPSULE,DOSE PACK.....  | 34 |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> .....             | 39 | VYXEOS.....  | 22 |
| <i>verapamil oral tablet 120 mg, 80 mg</i> .....                       | 39 | <i>warfarin</i> .....  | 39 |
| <i>verapamil oral tablet 40 mg</i> .....                               | 39 | <i>water for irrigation, sterile</i> .....   | 42 |
| <i>verapamil oral tablet extended release</i> .....                    | 39 | WELCHOL.....   | 39 |
| VERSACLOZ.....   | 34 | XALKORI.....   | 22 |
| VERZENIO.....  | 21 | XARELTO ORAL TABLET 10 MG, 20<br>MG.....   | 39 |
| VESICARE.....  | 56 | XARELTO ORAL TABLET 15 MG.....   | 39 |
| VIBATIV INTRAVENOUS RECON SOLN<br>750 MG.....                          | 15 | XARELTO ORAL TABLETS,DOSE PACK.....  | 39 |
| VICTOZA 2-PAK.....   | 46 | XATMEP.....  | 22 |
| VICTOZA 3-PAK.....   | 46 | XELJANZ.....   | 51 |
| VIDEX 2 GRAM PEDIATRIC.....  | 15 | XGEVA.....   | 22 |
| VIDEX 4 GRAM PEDIATRIC.....  | 15 | XIIDRA.....  | 54 |
| VIDEX EC ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 125 MG.....            | 15 | XOLAIR.....  | 56 |
| <i>vigabatrin</i> .....  | 34 | XTANDI.....  | 22 |
| VIIBRYD ORAL TABLET 10 MG.....   | 34 | XYREM.....   | 34 |
| VIIBRYD ORAL TABLET 20 MG.....   | 34 | YERVOY.....  | 22 |
| VIIBRYD ORAL TABLET 40 MG.....   | 34 | YF-VAX (PF).....   | 50 |
| VIIBRYD ORAL TABLETS,DOSE PACK 10<br>MG (7)- 20 MG (23).....           | 34 | YONDELIS.....  | 22 |
| VIMPAT INTRAVENOUS.....  | 34 | YONSA.....   | 22 |
| VIMPAT ORAL SOLUTION.....  | 34 | <i>zafirlukast</i> .....   | 56 |
| VIMPAT ORAL TABLET 100 MG.....   | 34 | <i>zaleplon oral capsule 10 mg</i> .....   | 34 |
| VIMPAT ORAL TABLET 150 MG, 200<br>MG.....                              | 34 | <i>zaleplon oral capsule 5 mg</i> .....  | 34 |
| VIMPAT ORAL TABLET 50 MG.....  | 34 | ZALTRAP.....   | 22 |
| <i>vinblastine intravenous solution intravenous<br/>solution</i> ..... | 21 | ZANOSAR.....   | 22 |
| <i>vincasar pfs intravenous solution 1 mg/ml</i> .....                 | 21 | <i>zarah</i> .....   | 53 |
| <i>vincasar pfs intravenous solution 2 mg/2 ml</i> .....               | 22 | ZAVESCA.....   | 46 |
| <i>vincristine</i> .....   | 22 | ZEJULA.....  | 22 |
| <i>vinorelbine</i> .....   | 22 | ZELBORAF.....  | 22 |
| <i>viorele (28)</i> .....  | 53 | <i>zenchent (28)</i> .....   | 53 |
| VIRACEPT ORAL TABLET 250 MG.....                                       | 15 | ZENPEP ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 10,000-32,000 -42,000<br>UNIT, 15,000-47,000 -63,000 UNIT, 20,000-<br>63,000- 84,000 UNIT, 25,000-79,000- 105,<br>000 UNIT, 3,000-10,000 -14,000-UNIT, 40,<br>000-126,000- 168,000 UNIT, 5,000-17,000-<br>24,000 UNIT..... | 49 |
| VIRACEPT ORAL TABLET 625 MG.....                                       | 15 | ZERIT ORAL RECON SOLN.....   | 16 |
| VIRAMUNE ORAL SUSPENSION.....  | 15 | ZIAGEN ORAL SOLUTION.....  | 16 |
| VIREAD ORAL POWDER.....  | 15 | <i>zidovudine oral capsule</i> .....   | 16 |
| VIREAD ORAL TABLET.....  | 15 | <i>zidovudine oral syrup</i> .....   | 16 |
| <i>voriconazole intravenous</i> .....                                  | 15 | <i>zidovudine oral tablet</i> .....  | 16 |
| <i>voriconazole oral suspension for reconstitution</i> .....           | 15 | <i>ziprasidone hcl oral capsule 20 mg</i> .....  | 34 |
| <i>voriconazole oral tablet 200 mg</i> .....                           | 15 | <i>ziprasidone hcl oral capsule 40 mg</i> .....  | 34 |
| <i>voriconazole oral tablet 50 mg</i> .....                            | 15 |  |    |

|   |    |  |    |
|---|----|--|----|
| <i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....      | 34 | <i>zovia 1/35e (28)</i> .....  | 53 |
| ZIRGAN.....   | 54 | ZYDELIG.....   | 22 |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> ..... | 46 | ZYKADIA.....   | 22 |
| <i>zoledronic acid-mannitol-water 5 mg/100 ml</i> .....     | 42 | ZYPREXA RELPREVV INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>210 MG..... | 34 |
| ZOLINZA.....  | 22 | ZYPREXA RELPREVV INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>405 MG..... | 34 |
| <i>zolpidem oral tablet</i> .....                           | 34 | ZYTIGA ORAL TABLET 250 MG.....   | 22 |
| ZOMETA INTRAVENOUS PIGGYBACK.....                           | 46 | ZYTIGA ORAL TABLET 500 MG.....   | 22 |
| <i>zonisamide oral capsule 100 mg, 50 mg</i> .....          | 34 | ZYVOX INTRAVENOUS PIGGYBACK 200<br>MG/100 ML.....                              | 16 |
| <i>zonisamide oral capsule 25 mg</i> .....                  | 34 |  |    |
| ZORTRESS ORAL TABLET 0.25 MG.....                           | 22 |  |    |
| ZORTRESS ORAL TABLET 0.5 MG, 0.75<br>MG.....                | 22 |  |    |
| ZOSTAVAX (PF).....  | 50 |  |    |



Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Insurance Companies, Inc. (AICI) has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Prescription Drug Plans (PDPs) noted above or herein. AICI is the state-licensed, risk-bearing entity offering these plans. AICI has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PDPs available in this region. Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc., In Kentucky: Anthem Health Plans of Kentucky, Inc., In Maine: Anthem Health Plans of Maine, Inc., In Nevada: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada., In New Hampshire: Anthem Health Plans of New Hampshire, Inc., In Ohio: Community Insurance Company., In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123., In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association., Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

ATENCIÓN: Si usted habla español, servicios de asistencia en español, de forma gratuita, están disponibles para usted. Llame al 1-866-755-2776 (TTY: 711)

This formulary was updated on October 1, 2018. For more recent information or other questions, please contact Anthem Blue MedicareRx Plus (PDP) Customer Service, at 1-866-755-2776 or, for TTY users, 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30., or visit <https://shop.anthem.com/medicare>.