

Anthem Blue MedicareRx Premier (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 Premier (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**](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 Premier (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 Premier (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 66. 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 Premier (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 Premier (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 66.

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)	\$10.00
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)	\$28.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$47.00
Cost-Sharing Tier 4: Nonpreferred Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply) or Mail-Order Pharmacy** (30-day supply)	35%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	38%
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)	\$9.00

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
Anti - Infectives			<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; CG
ABELCET	5	B/D PAR; MO	AMBISOME	4	B/D PAR; MO
<i>acyclovir oral capsule</i>	2	MO; CG	<i>amikacin injection solution</i>	4	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO	<i>1,000 mg/4 ml, 500 mg/2 ml</i>		
<i>acyclovir oral tablet</i>	2	MO; CG	<i>amoxicillin oral capsule</i>	1	MO; CG
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	4	B/D PAR; MO	<i>amoxicillin oral suspension for reconstitution</i>	1	MO; CG
			<i>amoxicillin 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.

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral tablet, chewable 125 mg</i>	1	MO; CG
<i>amoxicillin oral tablet, chewable 250 mg</i>	2	MO; CG
<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; CG
<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; CG
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO; CG
<i>amphotericin b</i>	4	B/D PAR; MO
<i>ampicillin oral capsule 500 mg</i>	1	MO; CG
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>atazanavir oral capsule 300 mg</i>	5	MO; QLL (30 per 30 days)
<i>atovaquone</i>	5	PAR; MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO; CG
ATRIPLA	5	MO; QLL (30 per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
AVELOX IN NACL (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; CG
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO; CG
<i>azithromycin oral tablet 500 mg, 600 mg</i>	2	MO; CG
<i>aztreonam</i>	4	MO
<i>baciim</i>	4	
<i>bacitracin intramuscular</i>	4	MO
BARACLUDE ORAL SOLUTION	5	PAR; MO
BICILLIN C-R	4	MO
BICILLIN L-A	4	MO
BIKTARVY	5	MO; QLL (30 per 30 days)
BILTRICIDE	4	MO
CANCIDAS	5	B/D PAR; MO
CAPASTAT	4	
CAYSTON	5	PAR; MO; LA
<i>ceftaclor oral capsule</i>	2	MO; CG
<i>ceftaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	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.

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	3	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	CG
<i>cefaclor oral tablet extended release 12 hr</i>	2	MO; CG
<i>cefadroxil oral capsule</i>	2	MO; CG
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO; CG
<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 oral capsule</i>	2	MO; CG
<i>cefdinir oral suspension for reconstitution</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 oral suspension for reconstitution 100 mg/5 ml</i>	2	MO; CG
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i>	4	MO
<i>cefpodoxime oral tablet</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<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; CG
<i>cefprozil oral tablet</i>	2	MO; CG
<i>CEFTAZIDIME IN D5W</i>	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
<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	
<i>CEFTRIAZONE INJECTION RECON SOLN 100 GRAM</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO; CG
<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>	1	MO; CG
<i>cephalexin oral capsule 750 mg</i>	2	MO; CG
<i>cephalexin oral suspension for reconstitution</i>	2	MO; CG
<i>cephalexin oral tablet</i>	2	MO; CG
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO; CG
<i>CIMDUO</i>	5	MO; QLL (30 per 30 days)
<i>ciprofloxacin er oral tablet, er multiphase 24 hr 500 mg, 1,000 mg</i>	2	MO; CG
<i>ciprofloxacin hcl oral tablet 100 mg</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>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO; CG
<i>ciprofloxacin in 5 % dextrose</i>	4	MO
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	3	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>clarithromycin</i>	3	MO
CLEOCIN HCL ORAL CAPSULE 75 MG	4	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	1	MO; CG
<i>clindamycin hcl oral capsule 75 mg</i>	2	MO; CG
<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; CG
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	MO
COMPLERA	5	MO; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	MO; QLL (180 per 30 days)
DAPSONE ORAL	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; CG
<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)

Drug Name	Drug Tier	Requirements /Limits
DORIPENEM	4	
INTRAVENOUS RECON SOLN 250 MG		
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	2	MO; CG
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	2	MO; CG
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO; CG
<i>doxycycline monohydrate oral capsule 75 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO; CG
<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)
<i>entecavir</i>	5	PAR; MO
EPCLUSA	5	PAR; MO; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	3	MO; CG
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	MO
ERYPED 200	5	MO
ERYPED 400	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>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	4	MO
<i>ethambutol</i>	2	MO; CG
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 NACL (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>	2	MO; CG
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	2	MO; CG
<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)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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) INTRAVENOUS 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</i>	2	MO; CG
<i>griseofulvin ultramicrosize</i>	3	MO
HARVONI	5	PAR; MO; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	2	MO; CG
<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)
INVANZ INTRAVENOUS	4	
INVIRASE ORAL CAPSULE	5	QLL (300 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
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; CG; 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; CG
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; CG
<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
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	1	MO; CG

Drug Name	Drug Tier	Requirements /Limits
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; CG
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate</i>	2	MO; CG
<i>metro i.v.</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	4	MO
<i>metronidazole oral capsule</i>	2	MO; CG
<i>metronidazole oral tablet 250 mg</i>	1	MO; CG
<i>metronidazole oral tablet 500 mg</i>	2	MO; CG
<i>minocycline oral capsule 100 mg, 75 mg</i>	2	MO; CG
<i>minocycline oral capsule 50 mg</i>	1	MO; CG
<i>minocycline oral tablet 100 mg, 75 mg</i>	3	MO
<i>minocycline oral tablet 50 mg</i>	2	MO; CG
MONUROL	4	MO
<i>morgidox oral capsule 50 mg</i>	2	MO; CG
<i>moxifloxacin in nacl (iso-osm)</i>	4	
<i>moxifloxacin oral</i>	3	MO
<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 injection recon soln 10 gram</i>	5	MO
<i>nafcillin intravenous</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
NEBUPENT	3	B/D PAR; MO; CG
neomycin	2	MO; CG
nevirapine oral suspension	4	QLL (1200 per 30 days)
nevirapine oral tablet	3	MO; QLL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	4	MO
nevirapine oral tablet extended release 24 hr 400 mg	4	MO; QLL (30 per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	4	PAR; MO
nitrofurantoin monohydr/m-cryst	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
nystatin oral suspension	2	MO; CG
nystatin oral tablet	2	MO; CG
ODEFSEY	5	MO; QLL (30 per 30 days)
ofloxacin oral tablet 300 mg	2	CG
ofloxacin oral tablet 400 mg	2	MO; CG
okebo oral capsule 75 mg	4	MO
oseltamivir	3	MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	4	
oxacillin injection recon soln 1 gram	4	
oxacillin injection recon soln 2 gram	4	MO
paromomycin	4	MO
PASER	4	MO
penicillin g potassium	4	MO

Drug Name	Drug Tier	Requirements /Limits
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	4	MO
penicillin g procaine intramuscular syringe 600, 000 unit/ml	4	
penicillin g sodium	4	MO
penicillin v potassium oral recon soln 125 mg/5 ml	1	MO; CG
penicillin v potassium oral recon soln 250 mg/5 ml	2	MO; CG
penicillin v potassium oral tablet	1	MO; CG
PENTAM	4	MO
pfizerpen-g	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	MO
praziquantel	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
pyrazinamide	3	MO
quinine sulfate	4	PAR; MO
RELENZA DISKHALER	3	MO; CG; 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)

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
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, 400 mg</i>	4	MO
<i>ribasphere oral tablet 600 mg</i>	5	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; CG
<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)
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; CG; 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; CG
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO; CG
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; CG
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	MO

Drug Name	Drug Tier	Requirements /Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
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 ORAL CAPSULE	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO; CG
TECHNIVIE	5	PAR; MO; QLL (56 per 28 days)
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</i>	4	MO
TIGECYCLINE	5	
<i>tinidazole oral tablet 250 mg</i>	2	MO; CG
<i>tinidazole oral tablet 500 mg</i>	3	MO
TIVICAY ORAL TABLET 10 MG	4	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QLL (60 per 30 days)
<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
TRECATOR	4	MO
<i>trimethoprim</i>	2	MO; CG
TRIUMEQ	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.

Drug Name	Drug Tier	Requirements /Limits
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; CG; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; CG; 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
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 125 mg</i>	4	PAR; MO; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PAR; MO; QLL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PAR
VIBRAMYCIN ORAL SYRUP	4	MO
VIDEX 2 GRAM PEDIATRIC	4	MO; QLL (1200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
XIFAXAN ORAL TABLET 200 MG	4	PAR; MO; QLL (9 per 3 days)
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; CG; QLL (60 per 30 days)
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL TABLET 250 MG	3	MO
ZITHROMAX Z-PAK	3	MO
ZOVIRAX ORAL TABLET	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
ZYVOX INTRAVENOUS	5	
PIGGYBACK 200 MG/100 ML		
Antineoplastic / Immunosuppressant Drugs		
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; CG; 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
<i>azathioprine</i>	2	B/D PAR; MO; CG
<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; CG; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BICNU	4	B/D PAR; MO
<i>bleomycin</i>	4	B/D PAR; MO
BLINCYTO	5	PAR; MO
INTRAVENOUS KIT		
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	4	B/D PAR; MO
INTRAVENOUS		
<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
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)

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
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</i>	4	B/D 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>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
<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

Drug Name	Drug Tier	Requirements /Limits
<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)
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

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
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; CG
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)
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)

Drug Name	Drug Tier	Requirements /Limits
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 5 MG	5	PAR; MO; QLL (300 per 30 days)
JEVTANA	5	PAR; MO
KADCYLA	5	PAR; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PAR; MO
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)

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
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)
<i>letrozole</i>	2	MO; CG; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	4	MO
<i>leucovorin calcium injection recon soln 500 mg</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO; CG
<i>leucovorin calcium oral tablet 25 mg</i>	3	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	4	PAR; MO
<i>levoleucovorin intravenous recon soln 50 mg</i>	5	PAR
LONSURF	5	PAR; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PAR; MO; QLL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	3	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PAR; MO
<i>megestrol oral tablet</i>	2	PAR; MO; CG
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)
<i>melphalan</i>	4	B/D PAR; MO
<i>melphalan hcl</i>	3	B/D PAR
<i>mercaptopurine</i>	3	MO
<i>mesna</i>	4	MO
MESNEX ORAL	5	MO
<i>methotrexate sodium (pf) injection recon soln</i>	4	
<i>methotrexate sodium (pf) injection solution</i>	4	MO
<i>methotrexate sodium injection</i>	4	MO
<i>methotrexate sodium oral</i>	2	MO; CG
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	4	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PAR; MO
<i>mitoxantrone</i>	3	B/D PAR; MO
MUSTARGEN	4	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

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>mycophenolate sodium</i>	4	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, 500 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
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)

Drug Name	Drug Tier	Requirements /Limits
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PAR; MO; QLL (30 per 30 days)
PORTRAZZA	5	MO
PROGRAF INTRAVENOUS	4	B/D PAR; MO
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)
SANDIMMUNE ORAL SOLUTION	4	B/D PAR; MO
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</i>	4	B/D PAR; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PAR; MO
SPRYCEL	5	PAR; MO; QLL (30 per 30 days)
STIVARGA	5	PAR; MO; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PAR; 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.

Drug Name	Drug Tier	Requirements /Limits
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 oral tablet 10 mg</i>	1	MO; CG
<i>tamoxifen oral tablet 20 mg</i>	2	MO; CG
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
<i>topotecan intravenous recon soln</i>	5	B/D PAR
<i>topotecan intravenous solution</i>	5	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
TORISEL	5	PAR; MO
TREANDA	5	B/D PAR; MO
INTRAVENOUS RECON SOLN		
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
TREXALL	4	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</i>	4	B/D PAR; MO
<i>vincasar pfs intravenous solution 1 mg/ml</i>	4	B/D PAR
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	4	B/D PAR; MO
<i>vincristine</i>	4	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.

Drug Name	Drug Tier	Requirements /Limits
<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)
Autonomic / Cns Drugs, Neurology / Psych		
ABILIFY MAINTENA	5	MO; QLL (1 per 28 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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; CG; 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; CG; QLL (120 per 30 days)
<i>amitriptyline</i>	4	PAR; MO
<i>amoxapine</i>	2	MO; CG
AMPYRA	5	PAR; MO; LA; QLL (60 per 30 days)
APOKYN	5	PAR; MO; LA
APTIOM	4	ST; MO
<i>aripiprazole oral solution</i>	5	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; CG
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)

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>benztropine injection</i>	4	PAR; MO
<i>benztropine oral</i>	2	PAR; MO; CG
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; CG; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>buspirone oral tablet 10 mg</i>	1	MO; CG
<i>buspirone oral tablet 15 mg, 5 mg, 7.5 mg</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>buspirone oral tablet 30 mg</i>	3	MO
<i>butorphanol tartrate injection solution vial 1 mg/ml, 2 mg/ ml</i>	4	MO
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</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
CARBATROL	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO; CG
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO; CG
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carisoprodol oral tablet 350 mg</i>	2	PAR; MO; CG
<i>celecoxib</i>	4	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>chlorpromazine injection</i>	4	PAR; MO
<i>chlorpromazine oral tablet 10 mg, 25 mg, 50 mg</i>	3	PAR; MO
<i>chlorpromazine oral tablet 100 mg, 200 mg</i>	4	PAR; MO
<i>citalopram oral solution</i>	2	MO; CG; 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
<i>clonazepam oral tablet 0.5 mg</i>	2	MO; CG; QLL (1200 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
clonazepam oral tablet 1 mg	2	MO; CG; QLL (600 per 30 days)
clonazepam oral tablet 2 mg	2	MO; CG; QLL (300 per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg	3	MO; QLL (4800 per 30 days)
clonazepam oral tablet, disintegrating 0.25 mg	3	MO; QLL (2400 per 30 days)
clonazepam oral tablet, disintegrating 0.5 mg	3	MO; QLL (1200 per 30 days)
clonazepam oral tablet, disintegrating 1 mg	3	MO; QLL (600 per 30 days)
clonazepam oral tablet, disintegrating 2 mg	3	MO; QLL (300 per 30 days)
clonidine hcl oral tablet extended release 12 hr	4	MO
clorazepate dipotassium	3	MO
clozapine oral tablet 100 mg	2	MO; CG; QLL (270 per 30 days)
clozapine oral tablet 200 mg	3	MO; QLL (120 per 30 days)
clozapine oral tablet 25 mg	2	MO; CG; QLL (1080 per 30 days)
clozapine oral tablet 50 mg	2	MO; CG; QLL (540 per 30 days)
clozapine oral tablet, disintegrating 100 mg	4	QLL (270 per 30 days)
clozapine oral tablet, disintegrating 12.5 mg	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)
clozapine oral tablet, disintegrating 25 mg	4	QLL (1080 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg	3	MO; QLL (360 per 30 days)
codeine sulfate oral tablet 60 mg	3	MO; QLL (180 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PAR; MO; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PAR; MO; QLL (12 per 28 days)
cyclobenzaprine oral tablet	4	PAR; MO
dalfampridine	5	PAR; MO; QLL (60 per 30 days)
dantrolene oral capsule 100 mg	3	MO
dantrolene oral capsule 25 mg, 50 mg	2	MO; CG
desipramine	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)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	4	MO; QLL (120 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	4	MO; QLL (480 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 50 mg	4	MO; QLL (240 per 30 days)
dextroamphetamine oral tablet 10 mg	4	MO; QLL (180 per 30 days)
dextroamphetamine oral tablet 5 mg	4	MO; QLL (90 per 30 days)
dextroamphetamine-amphetamine oral capsule, extended release 24hr	4	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.

Drug Name	Drug Tier	Requirements /Limits
<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; CG; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	MO; CG; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>diazepam rectal</i>	4	MO
<i>diclofenac potassium</i>	2	MO; CG
<i>diclofenac sodium oral</i>	2	MO; CG
<i>diclofenac sodium topical gel 1 %</i>	2	MO; CG; QLL (1000 per 30 days)
<i>diclofenac-misoprostol</i>	3	MO
<i>diflunisal</i>	2	MO; CG
<i>dihydroergotamine injection</i>	5	PAR; MO
<i>dihydroergotamine nasal</i>	5	MO; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	MO
DILANTIN INFATABS	3	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
DILANTIN-125	4	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 (dr/ec)</i>	2	MO; CG
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; CG; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet 23 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	2	MO; CG; QLL (30 per 30 days)
<i>doxepin oral</i>	4	MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	4	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	4	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 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>	2	MO; CG
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; CG; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	MO; CG; 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.

Drug Name	Drug Tier	Requirements /Limits
<i>escitalopram oxalate oral tablet 5 mg</i>	2	MO; CG; QLL (120 per 30 days)
<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; CG
<i>etodolac oral tablet extended release 24 hr</i>	2	MO; CG
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
FELBATOL ORAL TABLET 400 MG	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)

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; CG; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO; CG; QLL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; CG; QLL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG	4	MO; QLL (30 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral</i>	2	MO; CG
<i>flurbiprofen</i>	2	MO; CG
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; CG; 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; CG; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	MO; CG; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QLL (2160 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>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; CG; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; CG; QLL (120 per 30 days)
GABITRIL ORAL TABLET 12 MG	4	MO
GABITRIL ORAL TABLET 16 MG	5	MO
<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)
GILENYA ORAL CAPSULE 0.5 MG	5	PAR; MO; QLL (30 per 30 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; CG
<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; CG
<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; CG
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)

Drug Name	Drug Tier	Requirements /Limits
<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 10-200 mg, 5-200 mg, 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)
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 liquid</i>	3	MO; QLL (2400 per 30 days)
<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; CG
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; CG
<i>ibuprofen-oxycodeone</i>	3	MO; QLL (28 per 7 days)
<i>imipramine hcl</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.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QLL (0.75 per 28 days)	LATUDA ORAL TABLET 120 MG, 60 MG	4	PAR; MO; QLL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QLL (1 per 28 days)	LATUDA ORAL TABLET 20 MG	4	PAR; MO; QLL (240 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QLL (1.5 per 28 days)	LATUDA ORAL TABLET 40 MG	4	PAR; MO; QLL (120 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QLL (0.25 per 28 days)	LATUDA ORAL TABLET 80 MG	4	PAR; MO; QLL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QLL (0.5 per 28 days)	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	MO; QLL (0.875 per 90 days)	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	MO; QLL (1.315 per 90 days)	<i>levetiracetam intravenous</i>	4	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QLL (1.75 per 90 days)	<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	MO; QLL (2.625 per 90 days)	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>ketoprofen oral capsule 25 mg</i>	2	CG	<i>levetiracetam oral tablet</i>	2	MO; CG
<i>ketoprofen oral capsule 75 mg</i>	2	MO; CG	<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	3	MO; QLL (180 per 30 days)
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	3	MO	<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	3	MO; QLL (120 per 30 days)
<i>ketorolac oral</i>	3	PAR; MO	<i>levorphanol tartrate</i>	4	MO; QLL (180 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	4	ST; MO; QLL (120 per 30 days)	<i>lithium carbonate oral capsule</i>	1	MO; CG
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	4	ST; MO; QLL (240 per 30 days)	<i>lithium carbonate oral tablet</i>	1	MO; CG
<i>lamotrigine oral tablet</i>	2	MO; CG	<i>lithium carbonate oral tablet extended release</i>	2	MO; CG
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO; CG	<i>lithium citrate oral solution 8 meq/5 ml</i>	4	MO
			<i>lorazepam intensol</i>	2	MO; CG
			<i>lorazepam oral</i>	2	MO; CG
			<i>loxapine succinate</i>	2	MO; CG
			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)

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
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; CG; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	2	MO; CG; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	2	MO; CG
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
<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)

Drug Name	Drug Tier	Requirements /Limits
<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>migergot</i>	4	MO
MIRAPEX ORAL TABLET 0.25 MG, 0.75 MG	3	MO; CG
<i>mirtazapine oral tablet 15 mg</i>	1	MO; CG; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	2	MO; CG; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO; CG; 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>	4	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<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)

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>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)
<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; CG
<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

Drug Name	Drug Tier	Requirements /Limits
<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; CG
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; CG
<i>naproxen oral tablet</i>	1	MO; CG
<i>naproxen oral tablet,delayed release (drlec)</i>	2	MO; CG
<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)
<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; CG
NORTRIPTYLINE ORAL SOLUTION	4	MO
NUEDEXTA	3	MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	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.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NUPLAZID ORAL TABLET 10 MG	5	PAR; MO; QLL (30 per 30 days)	oxycodone oral tablet 10 mg, 5 mg	3	MO; QLL (360 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PAR; MO; QLL (60 per 30 days)	oxycodone oral tablet 15 mg, 20 mg, 30 mg	3	MO; QLL (180 per 30 days)
olanzapine intramuscular	4	MO; QLL (60 per 30 days)	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QLL (360 per 30 days)
olanzapine oral tablet 10 mg	3	MO; QLL (60 per 30 days)	oxycodone-aspirin	3	MO; QLL (360 per 30 days)
olanzapine oral tablet 15 mg	3	MO; QLL (40 per 30 days)	OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	4	PAR; MO; QLL (60 per 30 days)
olanzapine oral tablet 2.5 mg	2	MO; CG; QLL (240 per 30 days)	paliperidone oral tablet extended release 24hr 1.5 mg	4	MO; QLL (240 per 30 days)
olanzapine oral tablet 20 mg	3	MO; QLL (30 per 30 days)	paliperidone oral tablet extended release 24hr 3 mg	4	MO; QLL (120 per 30 days)
olanzapine oral tablet 5 mg	3	MO; QLL (120 per 30 days)	paliperidone oral tablet extended release 24hr 6 mg	4	MO; QLL (60 per 30 days)
olanzapine oral tablet 7.5 mg	2	MO; CG; QLL (80 per 30 days)	paliperidone oral tablet extended release 24hr 9 mg	4	MO; QLL (30 per 30 days)
olanzapine oral tablet, disintegrating 10 mg	4	MO; QLL (60 per 30 days)	paroxetine hcl oral tablet 10 mg	1	MO; CG; QLL (180 per 30 days)
olanzapine oral tablet, disintegrating 15 mg	4	MO; QLL (40 per 30 days)	paroxetine hcl oral tablet 20 mg	1	MO; CG; QLL (90 per 30 days)
olanzapine oral tablet, disintegrating 20 mg	4	MO; QLL (30 per 30 days)	paroxetine hcl oral tablet 30 mg	2	MO; CG; QLL (60 per 30 days)
olanzapine oral tablet, disintegrating 5 mg	4	MO; QLL (120 per 30 days)	paroxetine hcl oral tablet 40 mg	2	MO; CG; QLL (45 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg	3	MO; QLL (30 per 30 days)	PAXIL ORAL SUSPENSION	4	MO; QLL (900 per 30 days)
ONFI ORAL SUSPENSION	4	PAR; MO; QLL (480 per 30 days)	PEGANONE	4	MO
ONFI ORAL TABLET 10 MG	4	PAR; MO; QLL (120 per 30 days)	perphenazine oral tablet 16 mg	3	MO
ONFI ORAL TABLET 20 MG	5	PAR; MO; QLL (60 per 30 days)	perphenazine oral tablet 2 mg, 4 mg, 8 mg	2	MO; CG
oxaprozin	3	MO	phenelzine	3	MO
oxazepam	2	MO; CG; QLL (120 per 30 days)	phenobarbital oral elixir	3	PAR; MO; QLL (3000 per 30 days)
oxcarbazepine oral suspension	4	MO	phenobarbital oral tablet 100 mg	4	PAR; MO; QLL (120 per 30 days)
oxcarbazepine oral tablet	3	MO	phenobarbital oral tablet 15 mg	4	PAR; MO; QLL (800 per 30 days)
oxycodone oral capsule	4	MO; QLL (360 per 30 days)			
oxycodone oral concentrate	4	MO; QLL (180 per 30 days)			
oxycodone oral solution	3	MO; QLL (1800 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>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>	2	MO; CG
<i>phenytoin oral tablet, chewable</i>	2	MO; CG
<i>phenytoin sodium extended</i>	2	MO; CG
<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; CG
<i>pramipexole oral tablet</i>	2	MO; CG
<i>primidone</i>	2	MO; CG
<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; CG; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	2	MO; CG; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	1	MO; CG; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	2	MO; CG; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	2	MO; CG; QLL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
RAZADYNE ORAL TABLET 4 MG	3	MO; CG
<i>regonol</i>	4	
REQUIP ORAL TABLET 1 MG	4	MO
REQUIP ORAL TABLET 4 MG, 5 MG	3	MO; CG
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; CG; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; CG; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	MO; CG; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	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.

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 3 mg</i>	2	MO; CG; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; CG; 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; CG
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>roweepra oral tablet 500 mg</i>	2	MO; CG
ROZEREM	3	MO; QLL (30 per 30 days)
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)

Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral tablet 25 mg</i>	1	MO; CG; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	1	MO; CG; QLL (120 per 30 days)
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG	3	ST; MO
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; CG
<i>sumatriptan nasal spray</i>	4	MO
<i>sumatriptan succinate oral</i>	2	MO; CG; 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
SYMBYAX ORAL CAPSULE 12-25 MG	3	MO; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	3	MO; CG; QLL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	3	MO; CG; QLL (90 per 30 days)
TECFIDERA	5	PAR; MO
TEGRETOL ORAL SUSPENSION	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
TEGRETOL ORAL TABLET	4	ST; MO
TEGRETOL XR	4	ST; MO
temazepam oral capsule 15 mg, 30 mg	4	MO; QLL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	5	PAR; MO; QLL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PAR; MO; QLL (120 per 30 days)
thioridazine	2	ST; MO; CG
thiothixene	2	MO; CG
tiagabine	4	MO
tizanidine oral capsule	4	MO
tizanidine oral tablet	2	MO; CG
tolcapone	5	PAR; MO; QLL (180 per 30 days)
tolmetin oral capsule	2	MO; CG
tolmetin oral tablet 200 mg	2	MO; CG
tolmetin oral tablet 600 mg	4	MO
topiramate oral capsule, sprinkle 15 mg	2	PAR; MO; CG
topiramate oral capsule, sprinkle 25 mg	4	PAR; MO
topiramate oral tablet 100 mg	2	PAR; MO; CG; QLL (480 per 30 days)
topiramate oral tablet 200 mg	2	PAR; MO; CG; QLL (240 per 30 days)
topiramate oral tablet 25 mg	2	PAR; MO; CG; QLL (1920 per 30 days)
topiramate oral tablet 50 mg	2	PAR; MO; CG; QLL (960 per 30 days)
tramadol oral tablet	2	MO; CG; QLL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg	2	PAR; MO; CG; QLL (30 per 30 days)
tramadol-acetaminophen	2	MO; CG; QLL (40 per 30 days)
tranlycypromine	4	MO
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO; CG
trazodone oral tablet 300 mg	4	MO

Drug Name	Drug Tier	Requirements /Limits
trifluoperazine oral tablet 1 mg, 2 mg, 5 mg	2	MO; CG
trifluoperazine oral tablet 10 mg	3	MO
trihexyphenidyl	2	PAR; MO; CG
trimipramine	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
valproate sodium	4	MO
valproic acid	2	MO; CG
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	MO; CG
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	CG
venlafaxine oral capsule, extended release 24hr 150 mg	2	MO; CG; QLL (60 per 30 days)
venlafaxine oral capsule, extended release 24hr 37.5 mg	2	MO; CG; QLL (180 per 30 days)
venlafaxine oral capsule, extended release 24hr 75 mg	2	MO; CG; QLL (90 per 30 days)
venlafaxine oral tablet 100 mg	2	MO; CG; QLL (113 per 30 days)
venlafaxine oral tablet 25 mg	2	MO; CG; QLL (450 per 30 days)
venlafaxine oral tablet 37.5 mg	2	MO; CG; QLL (300 per 30 days)
venlafaxine oral tablet 50 mg	2	MO; CG; QLL (225 per 30 days)
venlafaxine oral tablet 75 mg	2	MO; CG; QLL (150 per 30 days)
VERSACLOZ	4	QLL (600 per 30 days)
vigabatrin	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)

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	Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLET 40 MG	4	ST; MO; QLL (30 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR	4	MO; QLL (2 per 28 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; MO; QLL (30 per 30 days)	SUSPENSION FOR RECONSTITUTION 210 MG		
VIMPAT INTRAVENOUS	4	QLL (1200 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR	5	MO; QLL (2 per 28 days)
VIMPAT ORAL SOLUTION	4	MO; QLL (1200 per 30 days)	SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG		
VIMPAT ORAL TABLET 100 MG	4	MO; QLL (120 per 30 days)	Cardiovascular, Hypertension / Lipids		
VIMPAT ORAL TABLET 150 MG, 200 MG	4	MO; QLL (60 per 30 days)	ACCUPRIL	4	MO
VIMPAT ORAL TABLET 50 MG	4	MO; QLL (240 per 30 days)	ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	4	MO
VOLTAREN TOPICAL	3	MO; QLL (1000 per 30 days)	<i>acebutolol</i>	2	MO; CG
VRAYLAR ORAL CAPSULE	4	PAR; MO; QLL (30 per 30 days)	ADALAT CC	3	MO; CG
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PAR; MO; QLL (14 per 365 days)	<i>afeditab cr</i>	2	MO; CG
XYREM	5	PAR; MO; LA; QLL (540 per 30 days)	ALDACTAZIDE ORAL TABLET 25-25 MG	3	MO
<i>zaleplon oral capsule 10 mg</i>	3	PAR; MO; QLL (60 per 30 days)	ALDACTAZIDE ORAL TABLET 50-50 MG	4	MO
<i>zaleplon oral capsule 5 mg</i>	3	PAR; MO; QLL (30 per 30 days)	ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	MO
ZARONTIN ORAL CAPSULE	3	MO; CG	ALTOPREV	4	PAR; MO
<i>ziprasidone hcl oral capsule 20 mg</i>	3	MO; QLL (240 per 30 days)	<i>amiloride</i>	2	MO; CG
<i>ziprasidone hcl oral capsule 40 mg</i>	3	MO; QLL (120 per 30 days)	<i>amiloride-hydrochlorothiazide</i>	1	MO; CG
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	MO; QLL (60 per 30 days)	<i>amiodarone intravenous solution</i>	4	B/D PAR; MO
<i>zolmitriptan oral tablet</i>	4	MO; QLL (9 per 30 days)	<i>amiodarone intravenous syringe</i>	4	B/D PAR
<i>zolpidem oral tablet</i>	2	PAR; MO; CG; QLL (30 per 30 days)	<i>amiodarone oral tablet 100 mg</i>	2	MO; CG
<i>zonisamide</i>	2	MO; CG	<i>amiodarone oral tablet 200 mg</i>	1	MO; CG
			<i>amiodarone oral tablet 400 mg</i>	3	MO
			<i>amlodipine besylate oral tablet</i>	1	MO; CG
			<i>amlodipine-atorvastatin</i>	3	MO
			<i>amlodipine-benazepril</i>	2	MO; CG
			<i>amlodipine-olmesartan</i>	3	MO
			<i>amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg</i>	2	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.

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan oral tablet 10-320 mg</i>	3	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	3	MO
<i>aspirin-dipyridamole</i>	3	ST; MO; QLL (60 per 30 days)
ATACAND	4	MO
ATACAND HCT	4	MO
<i>atenolol</i>	1	MO; CG
<i>atenolol-chlorthalidone</i>	1	MO; CG
<i>atorvastatin</i>	6	MO; CG
AVALIDE	4	MO
AVAPRO	4	MO
<i>benazepril</i>	6	MO; CG
<i>benazepril-hydrochlorothiazide</i>	2	MO; CG
<i>betaxolol oral</i>	2	MO; CG
BIDIL	3	MO; CG; QLL (180 per 30 days)
<i>bisoprolol fumarate</i>	2	MO; CG
<i>bisoprolol-hydrochlorothiazide</i>	1	MO; CG
BRILINTA	3	MO; QLL (60 per 30 days)
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO; CG
BYSTOLIC	3	MO
CALAN ORAL TABLET 120 MG	3	MO; CG
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	MO; CG
<i>candesartan</i>	2	MO; CG
<i>candesartan-hydrochlorothiazide</i>	2	MO; CG
<i>captopril</i>	2	MO; CG
<i>captopril-hydrochlorothiazide</i>	2	MO; CG
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG	4	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	3	MO; CG
CARDURA XL	4	MO
<i>cartia xt</i>	2	MO; CG
<i>carvedilol</i>	1	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>carvedilol phosphate</i>	4	MO
<i>chlorothiazide</i>	2	MO; CG
<i>chlorothiazide sodium</i>	4	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO; CG
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO; CG
<i>cholestyramine light oral powder</i>	2	MO; CG
<i>cholestyramine light oral powder in packet</i>	3	MO
<i>cilostazol</i>	2	MO; CG
<i>clonidine hcl oral tablet</i>	1	MO; CG
<i>clonidine transdermal patch</i>	3	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; CG; QLL (30 per 30 days)
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	2	MO; CG
<i>colestipol oral tablet</i>	2	MO; CG
COREG CR	4	MO
CORLANOR	4	PAR; MO; QLL (60 per 30 days)
COUMADIN ORAL	4	MO
COZAAR	4	MO
DEMSEER	4	MO
DIBENZYLINE	5	MO
<i>digitek oral tablet 125 mcg</i>	2	MO; CG
<i>digitek oral tablet 250 mcg</i>	2	PAR; MO; CG
<i>digox oral tablet 125 mcg</i>	2	MO; CG
<i>digox oral tablet 250 mcg</i>	2	PAR; MO; CG
<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>	2	MO; CG
<i>digoxin oral tablet 250 mcg</i>	2	PAR; MO; CG
DILATRATE-SR	4	MO
<i>dilt-xr</i>	2	MO; CG
<i>diltiazem hcl intravenous</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
<i>diltiazem hcl oral capsule, ext.rel 24h degradable</i>	2	MO; CG
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO; CG
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	2	MO; CG
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO; CG
<i>diltiazem hcl oral tablet 120 mg</i>	2	MO; CG
<i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	MO; CG
DIOVAN HCT	4	MO
<i>disopyramide phosphate oral capsule</i>	3	PAR; MO
DIURIL	4	MO
<i>dofetilide</i>	4	MO
<i>doxazosin</i>	2	MO; CG
DYAZIDE	3	MO; CG
DYRENIUM	4	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>	3	MO
<i>eprosartan</i>	2	MO; CG
<i>ethacrynic acid</i>	4	MO
EXFORGE	4	ST; MO
EXFORGE HCT	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe</i>	4	MO
<i>ezetimibe-simvastatin</i>	4	PAR; MO; QLL (30 per 30 days)
<i>felodipine</i>	2	MO; CG
<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; CG
<i>fenofibrate nanocrystallized oral tablet 48 mg, 145 mg</i>	2	MO; CG
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO; CG
<i>fenofibric acid</i>	4	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	3	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	2	MO; CG
<i>flecainide</i>	2	MO; CG
<i>fluvastatin oral tablet extended release 24 hr</i>	4	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; CG
<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; CG
<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	

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 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)</i>	4	B/D PAR
<i>heparin (porcine) injection cartridge</i>	4	B/D PAR; MO
<i>heparin (porcine) injection solution</i>	4	B/D PAR; MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	MO
HEPARIN(PORCINE) IN 0.45% NACL 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
<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</i>	4	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO; CG
<i>hydrochlorothiazide</i>	1	MO; CG
HYZAAR	4	ST; MO
<i>indapamide</i>	1	MO; CG
<i>irbesartan</i>	2	MO; CG
<i>irbesartan-hydrochlorothiazide</i>	2	MO; CG
ISORDIL	5	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; CG
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>	2	MO; CG
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	1	MO; CG
<i>isradipine</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>jantoven</i>	1	MO; CG
<i>labetalol intravenous solution</i>	4	MO
<i>labetalol oral</i>	2	MO; CG
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	4	MO
LANOXIN ORAL TABLET 250 MCG	4	PAR; MO
LESCOL XL	4	MO
LIPITOR ORAL TABLET 10 MG	4	MO
<i>lisinopril</i>	6	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	6	MO; CG
LIVALO	4	MO
LOPID	4	MO
LOPRESSOR ORAL TABLET 50 MG	4	MO
<i>losartan</i>	6	MO; CG
<i>losartan-hydrochlorothiazide</i>	6	MO; CG
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
<i>lovastatin</i>	6	MO; CG
<i>matzim la</i>	4	MO
MAXZIDE	3	MO; CG
MAXZIDE-25MG	3	MO; CG
<i>methyclothiazide</i>	2	MO; CG
<i>methyldopa oral tablet 250 mg</i>	2	PAR; MO; CG
<i>methyldopa oral tablet 500 mg</i>	4	PAR; MO
<i>metolazone</i>	2	MO; CG
<i>metoprolol succinate</i>	2	MO; CG
<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; CG
<i>mexiletine</i>	2	MO; CG
MICARDIS	4	MO
MICARDIS HCT	4	MO
MICROZIDE	3	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.

Drug Name	Drug Tier	Requirements /Limits
MINIPRESS ORAL CAPSULE 2 MG	3	MO; CG
<i>minoxidil oral</i>	2	MO; CG
<i>moexipril</i>	2	MO; CG
<i>moexipril-hydrochlorothiazide</i>	2	MO; CG
MULTAQ	3	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; CG
<i>nifedipine oral tablet extended release</i>	2	MO; CG
<i>nifedipine oral tablet extended release 24hr</i>	2	MO; CG
<i>nimodipine</i>	4	MO
<i>nitro-bid</i>	2	MO; CG
<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; CG
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO; CG
NORPACE ORAL CAPSULE 100 MG	4	PAR; MO
NORPACE ORAL CAPSULE 150 MG	3	PAR; MO
NORVASC ORAL TABLET 10 MG	4	MO
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	MO
<i>olmesartan</i>	4	MO
<i>olmesartan-amlodipin-hcthiazid</i>	3	MO
<i>olmesartan-hydrochlorothiazide</i>	4	MO
<i>omega-3 acid ethyl esters</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO; CG
<i>pentoxifylline</i>	2	MO; CG
<i>perindopril erbumine</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>phenoxybenzamine</i>	5	MO
<i>pindolol</i>	2	MO; CG
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)
PRAVACHOL ORAL TABLET 20 MG	3	MO; CG
<i>pravastatin</i>	6	MO; CG
<i>prazosin</i>	2	MO; CG
<i>prevalite</i>	2	MO; CG
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	4	MO
<i>procainamide injection solution 100 mg/ml</i>	4	MO
<i>procainamide injection solution 500 mg/ml</i>	4	
PROCARDIA	3	PAR; MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	3	MO
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 capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO; CG
<i>propranolol intravenous</i>	4	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO; CG
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	2	MO; CG
<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	4	MO
<i>propranolol oral tablet</i>	2	MO; CG
<i>propranolol-hydrochlorothiazid</i>	2	MO; CG
<i>quinapril</i>	2	MO; CG
<i>quinapril-hydrochlorothiazide</i>	2	MO; CG
<i>quinidine sulfate oral tablet 200 mg</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.

Drug Name	Drug Tier	Requirements /Limits
<i>quinidine sulfate oral tablet 300 mg</i>	2	MO; CG
<i>ramipril</i>	1	MO; CG
RANEXA	4	ST; MO
REMODULIN	5	PAR; MO; LA
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; CG
<i>sorine oral tablet 240 mg</i>	2	CG
<i>sotalol af oral tablet 120 mg, 160 mg</i>	2	MO; CG
<i>sotalol af oral tablet 80 mg</i>	1	MO; CG
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO; CG
<i>sotalol oral tablet 80 mg</i>	1	MO; CG
<i>spironolactone-hydrochlorothiaz</i>	2	MO; CG
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO; CG
<i>spironolactone oral tablet 25 mg</i>	1	MO; CG
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG	3	MO; CG
<i>taztia xt</i>	2	MO; CG
TEKTURNA	4	MO
TEKTURNA HCT	4	MO
<i>telmisartan</i>	2	MO; CG
<i>telmisartan-amlodipine</i>	2	MO; CG
<i>telmisartan-hydrochlorothiazid</i>	2	MO; CG
<i>terazosin oral capsule</i>	1	MO; CG
TIAZAC	3	MO; CG
<i>timolol maleate oral</i>	2	MO; CG
<i>toremide oral tablet 10 mg</i>	1	MO; CG
<i>toremide oral tablet 100 mg, 20 mg, 5 mg</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>trandolapril</i>	2	MO; CG
<i>trandolapril-verapamil</i>	4	MO
<i>tranexamic acid intravenous</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO; CG
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	2	MO; CG
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO; CG
TRICOR ORAL TABLET 48 MG	3	MO; CG
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 MG	3	MO; CG
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG	4	ST; MO
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; CG
<i>valsartan-hydrochlorothiazide</i>	2	MO; CG
VASCEPA	4	MO
VASERETIC	4	MO
VASOTEC ORAL TABLET 2.5 MG	4	MO
VECAMEYL	4	
<i>verapamil intravenous solution</i>	4	MO
<i>verapamil intravenous syringe</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO; CG
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO; CG
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	MO
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	MO; CG
<i>verapamil oral tablet 40 mg</i>	2	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.

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral tablet extended release</i>	2	MO; CG
VYTORIN 10-10	4	PAR; MO; QLL (30 per 30 days)
<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)
ZESTORETIC	4	MO
ZESTRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	MO
ZIAC ORAL TABLET 10-6.25 MG, 5-6.25 MG	4	MO
ZOCOR ORAL TABLET 10 MG	3	MO; CG
Dermatologicals/Topical Therapy		
<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 1 %</i>	4	MO
<i>ala-cort topical cream 2.5 %</i>	1	MO; CG
<i>alclometasone</i>	2	MO; CG
<i>amcinonide topical cream</i>	4	MO
<i>amcinonide topical lotion</i>	4	MO
<i>amcinonide topical ointment</i>	4	
<i>ammonium lactate</i>	2	MO; CG
<i>apexicon e</i>	4	MO
<i>betamethasone dipropionate</i>	2	MO; CG
<i>betamethasone valerate topical cream</i>	2	MO; CG
<i>betamethasone valerate topical foam</i>	4	MO
<i>betamethasone valerate topical lotion</i>	2	MO; CG
<i>betamethasone valerate topical ointment</i>	2	MO; CG
<i>betamethasone, augmented</i>	2	MO; CG

Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene scalp</i>	3	MO; QLL (60 per 30 days)
<i>calcipotriene topical</i>	4	MO; QLL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	4	MO
<i>calcitriol topical</i>	4	MO
CAPEX	4	MO
<i>ciclodan</i>	3	MO
<i>ciclopirox topical cream</i>	2	MO; CG
<i>ciclopirox topical gel</i>	3	MO
<i>ciclopirox topical shampoo</i>	3	MO
<i>ciclopirox topical solution</i>	2	MO; CG
<i>ciclopirox topical suspension</i>	2	MO; CG
<i>claravis</i>	4	MO
CLINDAGEL	4	MO
<i>clindamycin phosphate topical foam</i>	4	MO
<i>clindamycin phosphate topical gel</i>	2	MO; CG
<i>clindamycin phosphate topical lotion</i>	2	MO; CG
<i>clindamycin phosphate topical solution</i>	2	MO; CG
<i>clindamycin phosphate topical swab</i>	2	MO; CG
<i>clindamycin-benzoyl peroxide topical gel</i>	3	MO
<i>clindamycin-tretinoin</i>	4	MO
<i>clobetasol scalp</i>	2	MO; CG
<i>clobetasol topical cream</i>	2	MO; CG; QLL (120 per 30 days)
<i>clobetasol topical foam</i>	3	MO; QLL (100 per 30 days)
<i>clobetasol topical gel</i>	2	MO; CG
<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 topical spray,non-aerosol</i>	4	MO
<i>clobetasol-emollient topical cream</i>	2	MO; CG; QLL (120 per 30 days)
<i>clobetasol-emollient topical foam</i>	2	MO; CG; QLL (100 per 30 days)
CLOCORTOLONE PIVALATE	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
CLODERM	4	MO
<i>clotrimazole topical</i>	2	MO; CG
<i>clotrimazole-betamethasone topical cream</i>	2	MO; CG
<i>clotrimazole-betamethasone topical lotion</i>	3	MO
CONDYLOX TOPICAL GEL	4	MO
CORDRAN TAPE LARGE ROLL	4	MO
CORTISPORIN TOPICAL	4	MO
COSENTYX (2 SYRINGES)	5	PAR; MO; QLL (2 per 28 days)
<i>crotan</i>	4	
DENAVIR	5	MO; QLL (5 per 30 days)
DERMATOP TOPICAL OINTMENT	3	MO
DESONATE	4	MO
<i>desonide topical cream</i>	3	MO
<i>desonide topical lotion</i>	3	MO
<i>desonide topical ointment</i>	2	MO; CG
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment 0.05 %</i>	3	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>doxepin topical</i>	3	MO
<i>econazole</i>	3	MO
ELIDEL	4	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	2	MO; CG
<i>erythromycin with ethanol</i>	2	MO; CG
<i>erythromycin-benzoyl peroxide</i>	4	MO
EURAX	4	MO
EXELDERM	4	MO
FINACEA	4	MO
<i>fluocinolone and shower cap</i>	2	MO; CG; QLL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone topical cream</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	2	MO; CG; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	3	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	2	MO; CG; QLL (240 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	5	MO; QLL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; CG; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	2	MO; CG; QLL (240 per 30 days)
<i>fluocinonide-e</i>	2	MO; CG; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	2	CG; 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; CG
<i>fluticasone topical lotion</i>	4	MO
<i>fluticasone topical ointment</i>	2	MO; CG
<i>gentamicin topical</i>	2	MO; CG
<i>halobetasol propionate</i>	2	MO; CG
HALOG	4	MO
<i>hydrocortisone butyr-emollient</i>	4	MO
<i>hydrocortisone butyrate topical cream</i>	2	MO; CG
<i>hydrocortisone butyrate topical lotion</i>	4	MO
<i>hydrocortisone butyrate topical ointment</i>	2	MO; CG
<i>hydrocortisone butyrate topical solution</i>	2	MO; CG
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO; CG
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO; CG
<i>hydrocortisone topical ointment 1 %, 2.5 %</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.

Drug Name	Drug Tier	Requirements /Limits
<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; CG
<i>imiquimod topical cream in packet</i>	3	MO
KENALOG TOPICAL	4	MO
<i>ketoconazole topical cream</i>	2	MO; CG
<i>ketoconazole topical shampoo</i>	2	MO; CG
<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; CG
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; CG
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO; CG; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch, medicated</i>	3	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	2	MO; CG
<i>lidocaine-prilocaine topical cream</i>	3	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	4	MO
LOCOID LIPOCREAM	4	MO
LOCOID TOPICAL LOTION	4	MO
<i>malathion</i>	4	MO
MENTAX	4	MO
<i>methoxsalen</i>	5	PAR; MO
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel 0.75 %</i>	2	MO; CG
<i>metronidazole topical gel 1 %</i>	3	MO
<i>metronidazole topical gel with pump</i>	3	MO
<i>metronidazole topical lotion</i>	4	MO
<i>mometasone topical</i>	2	MO; CG
<i>mupirocin calcium</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mupirocin topical ointment</i>	2	MO; CG
<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	4	MO
NAFTIFINE TOPICAL CREAM 1 %	4	MO
<i>naftifine topical cream 2 %</i>	4	MO
NAFTIN TOPICAL CREAM 2 %	4	MO
NAFTIN TOPICAL GEL	4	MO
<i>nyamyc</i>	2	MO; CG
<i>nystatin topical</i>	2	MO; CG
<i>nystatin-triamcinolone</i>	3	MO
<i>nystop</i>	2	MO; CG
<i>oxiconazole</i>	4	MO
OXISTAT	4	MO
PANDEL	4	MO
PANRETIN	5	MO
<i>permethrin topical cream</i>	2	MO; CG
PICATO	4	MO
<i>podofilox</i>	2	MO; CG
<i>prednicarbate</i>	2	MO; CG
<i>prudoxin</i>	3	MO; CG
<i>rosadan topical cream</i>	2	MO; CG
<i>rosadan topical gel</i>	2	MO; CG
SANTYL	4	MO; QLL (30 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO; CG
<i>silver sulfadiazine</i>	4	MO
<i>ssd topical cream 1%</i>	4	MO
<i>sulfacetamide sodium (acne)</i>	2	MO; CG
SULFAMYLON TOPICAL CREAM	4	MO
TACLONEX TOPICAL SUSPENSION	5	MO
<i>tacrolimus topical</i>	4	PAR; MO; QLL (100 per 90 days)
<i>tazarotene</i>	4	PAR; MO
TAZORAC	4	PAR; MO
TEMOVATE TOPICAL CREAM	3	MO; QLL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT	3	MO; QLL (120 per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	2	PAR; MO; CG; QLL (45 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>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; CG; QLL (45 per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO; CG
<i>triamcinolone acetonide topical lotion 0.025 %</i>	2	MO; CG
<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; CG
<i>triderm topical cream</i>	2	MO; CG
UVADEX	4	B/D PAR
VALCHLOR	5	PAR; MO
ZIANA	4	PAR; MO
ZONALON	4	MO
ZOVIRAX TOPICAL CREAM	4	MO; QLL (5 per 30 days)
Diagnostics / Miscellaneous Agents		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO; CG
<i>acetylcysteine intravenous</i>	2	MO; CG
ADAGEN	5	MO
<i>alendronate oral tablet 40 mg</i>	6	MO; CG; QLL (30 per 30 days)
<i>anagrelide</i>	2	MO; CG
BUPHENYL ORAL TABLET	5	PAR; MO
<i>bupropion hcl (smoking deter)</i>	2	MO; CG; QLL (60 per 30 days)
CARBAGLU	5	PAR; MO; LA
<i>cevimeline</i>	3	MO
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)

Drug Name	Drug Tier	Requirements /Limits
CHEMET	4	MO
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	
<i>dextrose 40 % in water (d40w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	MO
<i>dextrose with sodium chloride disulfiram</i>	4	
<i>etidronate disodium</i>	3	MO
EXJADE	2	MO; CG
EXJADE	5	PAR; MO; LA
INCRELEX	5	PAR; MO; LA
<i>kionex (with sorbitol)</i>	2	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.

Drug Name	Drug Tier	Requirements /Limits
<i>lactated ringers irrigation</i>	4	MO
<i>levocarnitine (with sugar)</i>	4	B/D PAR; MO
<i>levocarnitine oral tablet</i>	3	MO
<i>midodrine oral tablet 10 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	3	MO
<i>neomycin-polymyxin b gu</i>	2	MO; CG
NICOTROL	4	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	4	
IRRIGATION		
<i>pilocarpine hcl oral</i>	3	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PAR; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PAR; MO
RAVICTI	5	PAR; MO; QLL (525 per 30 days)
REVELA ORAL TABLET	3	MO; QLL (540 per 30 days)
<i>riluzole</i>	4	MO
<i>ringer's irrigation</i>	4	MO
<i>risedronate oral tablet 30 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	3	MO; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	3	MO; QLL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sevelamer carbonate oral tablet</i>	3	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate</i>	5	PAR; MO
<i>sodium polystyrene (sorb free)</i>	2	MO; CG
<i>sodium polystyrene sulfonate oral</i>	2	MO; CG
<i>sodium polystyrene sulfonate rectal</i>	2	CG
<i>sps (with sorbitol) oral</i>	2	MO; CG
<i>sps (with sorbitol) rectal</i>	2	CG
SYPRINE	5	MO
<i>trientine</i>	5	MO
<i>water for irrigation, sterile</i>	4	MO
<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	4	PAR; MO
Ear, Nose / Throat Medications		
<i>acetic acid otic (ear)</i>	2	MO; CG
<i>azelastine nasal</i>	2	MO; CG; QLL (30 per 25 days)
BACTROBAN NASAL	4	MO
<i>chlorhexidine gluconate mucous membrane</i>	1	MO; CG
CIPRO HC	4	MO
CIPRODEX	3	MO
COLY-MYCIN S	4	MO
<i>denta 5000 plus</i>	2	MO; CG
<i>dentagel</i>	2	MO; CG
<i>fluocinolone acetone oil otic</i>	3	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ipratropium bromide nasal</i>	2	MO; CG; QLL (30 per 30 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO; CG
<i>ofloxacin otic (ear)</i>	4	MO
<i>olopatadine nasal</i>	3	MO; QLL (31 per 30 days)
<i>paroex oral rinse</i>	1	MO; CG
<i>periogard</i>	1	MO; CG
<i>sf 5000 plus</i>	2	MO; CG
<i>triamcinolone acetone dental</i>	2	MO; CG
Endocrine/Diabetes		

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>a-hydrocort</i>	4	MO
<i>acarbose oral tablet 100 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; CG; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; CG; QLL (180 per 30 days)
<i>alcohol pads</i>	1	MO; CG
ALDURAZYME	5	PAR; MO
AMARYL ORAL TABLET 1 MG	3	MO; CG; QLL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; CG; QLL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	4	MO; QLL (60 per 30 days)
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; CG; 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; CG; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; CG; QLL (1.2 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon)</i>	3	MO; QLL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	MO
<i>calcitriol oral capsule</i>	2	MO; CG
<i>calcitriol oral solution</i>	2	B/D PAR; MO; CG
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PAR; MO
<i>cortisone</i>	3	MO
CYCLOSET	4	ST; MO; QLL (180 per 30 days)
CYTOMEL	3	MO; CG
<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; CG
<i>dexamethasone intensol</i>	3	MO
<i>dexamethasone oral elixir</i>	2	MO; CG
<i>dexamethasone oral solution</i>	2	MO; CG
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg</i>	1	MO; CG
<i>dexamethasone oral tablet 2 mg, 6 mg</i>	2	MO; CG
<i>dexamethasone oral tablets, dose pack</i>	4	
<i>dexamethasone sodium phos (pf)</i>	4	MO
<i>dexamethasone sodium phosphate injection</i>	4	MO
DEXPAK 10 DAY	4	MO
DEXPAK 13 DAY	4	MO
DEXPAK 6 DAY	4	MO
<i>doxercalciferol intravenous</i>	4	
<i>doxercalciferol oral capsule 0.5 mcg</i>	4	B/D PAR; MO
DUETACT ORAL TABLET 30-4 MG	3	MO; CG; QLL (30 per 30 days)
ELAPRASE	5	PAR; MO
FABRAZYME	5	PAR; MO
<i>fludrocortisone</i>	2	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.

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>glimepiride oral tablet 2 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; CG; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; CG; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; CG; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON	4	MO
EMERGENCY KIT (HUMAN)		
GLUCOPHAGE ORAL TABLET 1,000 MG	4	MO; QLL (60 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	MO; CG; QLL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	MO; CG; QLL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	MO; CG; QLL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	MO; CG; QLL (60 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	MO; CG; QLL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; CG; QLL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; CG; QLL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; CG; QLL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; CG; QLL (120 per 30 days)
GLUCOVANCE ORAL TABLET 2.5-500 MG	3	PAR; MO; QLL (120 per 30 days)
GLUCOVANCE ORAL TABLET 5-500 MG	4	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	2	PAR; MO; CG; QLL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	4	PAR; MO; QLL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	4	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	4	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	4	PAR; MO; QLL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	PAR; MO; CG; QLL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	4	PAR; MO; QLL (120 per 30 days)
HUMALOG JUNIOR	3	MO
KWIKPEN U-100		
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	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
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULIN	3	MO
HUMULIN R U-500 (CONC) INSULIN	4	MO
HUMULIN R U-500 (CONC) KWIKPEN	4	MO
<i>hydrocortisone oral</i>	2	MO; CG
INSULIN PEN NEEDLE	3	MO; QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO; QLL (200 per 30 days)
JANUMET	3	MO; CG; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; CG; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; CG; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	MO; CG; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	MO; CG; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	MO; CG; QLL (60 per 30 days)
JARDIANCE	3	MO; CG; QLL (30 per 30 days)
JENTADUETO	3	MO; CG; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; CG; QLL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; CG; QLL (30 per 30 days)
KORLYM	5	PAR; MO
KUVAN ORAL TABLET, SOLUBLE	5	PAR; MO
LANTUS SOLOSTAR U-100 INSULIN	3	MO; CG
LANTUS U-100 INSULIN	3	MO; CG
<i>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</i>	1	MO; CG
<i>levothyroxine oral tablet 300 mcg</i>	2	MO; CG
<i>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</i>	4	MO
<i>liothyronine intravenous</i>	5	MO
<i>liothyronine oral</i>	2	MO; CG
MEDROL ORAL TABLET 2 MG	4	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; CG; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; CG; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; CG; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; CG; QLL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	4	MO; QLL (60 per 30 days)
<i>methimazole oral tablet 10 mg</i>	2	MO; CG
<i>methimazole oral tablet 5 mg</i>	1	MO; CG
<i>methylprednisolone</i>	2	MO; CG
<i>methylprednisolone acetate</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>methyprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	MO
<i>methyprednisolone sodium succ intravenous</i>	4	MO
MIACALCIN INJECTION	4	B/D PAR; MO
<i>miglitol oral tablet 100 mg</i>	4	MO; QLL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	4	MO; QLL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	4	MO; QLL (180 per 30 days)
<i>miglustat</i>	5	PAR; MO; LA
<i>millipred dp</i>	4	MO
<i>millipred oral tablet</i>	4	MO
NAGLAZYME	5	PAR; MO; LA
<i>nateglinide oral tablet 120 mg</i>	2	MO; CG; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; CG; QLL (180 per 30 days)
NATPARA	5	PAR; MO; LA; QLL (2 per 28 days)
<i>needles, insulin disp.,safety</i>	2	MO; CG; QLL (200 per 30 days)
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG	4	MO
<i>oxandrolone oral tablet 10 mg</i>	5	PAR; MO; QLL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PAR; MO; QLL (240 per 30 days)
<i>pamidronate intravenous recon soln</i>	4	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	4	B/D PAR; MO
<i>paricalcitol oral capsule 1 mcg</i>	3	MO
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	4	MO
<i>pioglitazone oral tablet 15 mg</i>	2	MO; CG; QLL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone oral tablet 30 mg</i>	2	MO; CG; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	3	MO; QLL (30 per 30 days)
<i>pioglitazone-metformin</i>	3	MO; QLL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; CG; QLL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; CG; QLL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; CG; QLL (180 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO; CG
<i>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)</i>	2	MO; CG
<i>prednisone intensol</i>	2	MO; CG
<i>prednisone oral solution</i>	2	MO; CG
<i>prednisone oral tablet</i>	1	MO; CG
<i>prednisone oral tablets,dose pack</i>	1	MO; CG
PROGLYCEM	4	MO
<i>propylthiouracil</i>	2	MO; CG
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; CG; 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)

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
SENSIPAR ORAL TABLET 90 MG	5	B/D PAR; MO; QLL (120 per 30 days)
SOMAVERT	5	PAR; MO
STIMATE	5	MO
SYMLINPEN 120	5	PAR; MO; QLL (11 per 30 days)
SYMLINPEN 60	5	PAR; MO; QLL (6 per 30 days)
SYNAREL	5	PAR; MO
SYNJARDY	3	MO; CG; 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)
TAPAZOLE	3	MO
testosterone cypionate	4	PAR; MO
testosterone enanthate	4	PAR; MO
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	3	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PAR; MO; QLL (300 per 30 days)
tolazamide oral tablet 250 mg	2	MO; CG; QLL (120 per 30 days)
tolazamide oral tablet 500 mg	2	MO; CG; QLL (60 per 30 days)
tolbutamide	2	MO; CG; QLL (180 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; CG; QLL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
triamcinolone acetonide injection	4	MO
TRULICITY	4	MO; QLL (2 per 28 days)
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	4	MO
unithroid oral tablet 137 mcg	1	MO; CG
VICTOZA 2-PAK	3	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	3	MO; CG; QLL (9 per 30 days)
VPRIV	5	PAR; MO
ZAVESCA	5	PAR; MO; LA
zoledronic acid intravenous solution 4 mg/5 ml	4	PAR; MO
ZOMETA INTRAVENOUS PIGGYBACK	5	PAR; MO
Gastroenterology		
alosetron	5	PAR; MO; QLL (60 per 30 days)
AMITIZA	3	MO; QLL (60 per 30 days)
aprepitant oral capsule 125 mg	4	B/D PAR; MO; QLL (5 per 30 days)
aprepitant oral capsule 40 mg	4	B/D PAR; MO; QLL (1 per 28 days)
aprepitant oral capsule 80 mg	4	B/D PAR; MO; QLL (10 per 30 days)
aprepitant oral capsule, dose pack	4	B/D PAR; MO; QLL (15 per 30 days)
APRISO	4	MO
ASACOL HD	4	MO
atropine injection solution 0.4 mg/ml	4	MO
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	4	
balsalazide	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>budesonide oral capsule, delayed, extend. release</i>	5	MO
CANASA	4	MO
<i>carafate oral suspension</i>	3	MO
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	3	MO
<i>colocort</i>	3	MO
<i>compro</i>	2	MO; CG
<i>constulose</i>	2	MO; CG
CORTIFOAM	4	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DEXILANT	4	ST; MO; QLL (30 per 30 days)
<i>dicyclomine oral capsule</i>	1	MO; CG
<i>dicyclomine oral solution</i>	2	MO; CG
<i>dicyclomine oral tablet</i>	2	MO; CG
DIPENTUM	5	MO
<i>diphenoxylate-atropine oral liquid</i>	2	MO; CG
<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; CG
<i>esomeprazole magnesium</i>	3	ST; MO; QLL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	4	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	4	MO
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 49.3 MG	3	ST; MO; QLL (30 per 30 days)
<i>famotidine (pf)</i>	4	MO
<i>famotidine (pf)-nacl (iso-os)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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; CG
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; CG
<i>gavilyte-n</i>	2	MO; CG
<i>generlac</i>	2	MO; CG
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO; CG
GOLYTELY	4	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
KRISTALOSE	4	MO
<i>lactulose oral solution</i>	2	MO; CG
<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; CG
<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
<i>methscopolamine oral tablet 2.5 mg</i>	2	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.

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

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

Drug Name	Drug Tier	Requirements /Limits
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
Immunology, Vaccines / Biotechnology		
ACTHIB (PF)	3	MO; CG
ACTIMMUNE	5	PAR; MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO; CG
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	MO
ARCALYST	5	PAR; MO
AVONEX (WITH ALBUMIN)	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PAR; MO; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PAR; MO; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	4	MO
BETASERON SUBCUTANEOUS KIT	5	PAR; MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO; CG
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO; CG
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PAR; MO
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO; CG

Drug Name	Drug Tier	Requirements /Limits
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PAR; MO; CG
<i>fomepizole</i>	5	
GAMUNEX-C	5	PAR; MO
GARDASIL 9 (PF)	3	MO; CG
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO; CG
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT/0.5 ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	CG
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	CG
HIBERIX (PF)	3	MO
HYPERRAB (PF)	5	
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PAR; MO; LA
IMOVAX RABIES VACCINE (PF)	3	MO; CG
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	MO; CG
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
INTRON A INJECTION	5	PAR; MO
IPOLE	3	MO; CG
IXIARO (PF)	3	MO; CG
KEDRAB (PF)	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
M-M-R II (PF)	3	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.

Drug Name	Drug Tier	Requirements /Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO; CG
MENVEO A-C-Y-W-135- DIP (PF)	3	MO; CG
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; CG
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	5	PAR; MO; QLL (1 per 28 days)
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; CG
QUADRACEL (PF)	3	MO
RABAVERT (PF)	4	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ ML, 40 MCG/ML	3	B/D PAR; MO; CG
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PAR; MO; CG
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PAR; CG
ROTARIX	3	
ROTATEQ VACCINE	3	MO; CG
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; CG
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	CG
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO; CG
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO; CG
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	4	MO
Musculoskeletal / Rheumatology		
<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

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	Drug Name	Drug Tier	Requirements /Limits
<i>allopurinol sodium intravenous</i>	4		HUMIRA PEN	5	PAR; MO; QLL (12 per 365 days)
<i>aloprim</i>	4		CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/ 0.8 ML		
BENLYSTA	5	PAR; MO	HUMIRA PEN	5	PAR; MO; QLL (6 per 365 days)
BONIVA INTRAVENOUS	4	B/D PAR; MO	CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/ 0.8 ML		
COLCRYS	3	MO	HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)
DEPEN TITRATABS	5	MO	PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/ 0.8 ML		
ENBREL MINI	5	PAR; MO; QLL (8 per 28 days)	HUMIRA PEN	5	PAR; MO; QLL (6 per 365 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PAR; MO; QLL (8 per 28 days)	PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/ 0.8 ML-40 MG/0.4 ML		
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	5	PAR; MO; QLL (4.08 per 28 days)	HUMIRA	5	PAR; MO; QLL (2 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	5	PAR; MO; QLL (8 per 28 days)	SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML		
ENBREL SURECLICK	5	PAR; MO; QLL (8 per 28 days)	HUMIRA	5	PAR; MO; QLL (4 per 28 days)
FORTEO	5	PAR; MO; QLL (3 per 28 days)	SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML		
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; CG; QLL (4 per 28 days)	<i>ibandronate intravenous solution</i>	4	B/D PAR; MO
FOSAMAX PLUS D	4	ST; MO; QLL (4 per 28 days)	<i>ibandronate intravenous syringe</i>	4	MO
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	5	PAR; MO; QLL (12 per 365 days)	<i>ibandronate oral</i>	2	MO; CG; QLL (1 per 28 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)	<i>leflunomide</i>	2	MO; CG
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)	<i>probenecid</i>	2	MO; CG
HUMIRA PEN	5	PAR; MO; QLL (4 per 28 days)	<i>probenecid-colchicine</i>	2	MO; CG
			PROLIA	4	PAR; MO; QLL (2 per 365 days)
			<i>raloxifene</i>	3	MO; QLL (30 per 30 days)
			<i>risedronate oral tablet 150 mg</i>	3	ST; 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*.

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	ST; MO; QLL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	4	ST; MO; QLL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QLL (4 per 28 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)

Obstetrics / Gynecology

<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>brielllyn</i>	3	MO
<i>camila</i>	3	MO
<i>caziant (28)</i>	4	MO
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal</i>	4	MO
CRINONE	4	PAR; MO
<i>cryselle (28)</i>	3	MO
<i>cyclafem 1/35 (28)</i>	3	MO
<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

Drug Name	Drug Tier	Requirements /Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	MO
<i>drospirenone-ethinyl estradiol</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; CG
<i>estradiol transdermal patch weekly</i>	3	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>intramuscular oil 20 mg/ml, 40 mg/ml</i>		
ESTRING	4	MO; QLL (1 per 90 days)
<i>estropipate oral tablet 0.75 mg</i>	2	PAR; MO; CG
FEMRING	4	MO; QLL (1 per 90 days)
<i>heather</i>	4	MO
<i>hydroxyprogesterone caproate</i>	5	MO
<i>introvale</i>	3	MO
<i>jinteli</i>	4	PAR; MO
<i>jolessa</i>	4	MO
<i>jolivet</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
<i>levonorg-eth estrad triphasic</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</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>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	3	MO
<i>levora-28</i>	3	MO
<i>loryna (28)</i>	3	MO
<i>low-ogestrel (28)</i>	3	MO
<i>luteria (28)</i>	3	MO
<i>lyza</i>	3	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone intramuscular</i>	3	MO
<i>medroxyprogesterone oral</i>	1	MO; CG
<i>MENEST</i>	4	PAR; MO
<i>methylegonovine oral</i>	5	MO
<i>metronidazole vaginal</i>	2	MO; CG
<i>miconazole-3 vaginal suppository</i>	2	MO; CG
<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-lynyah</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; CG
<i>nora-be</i>	3	MO
<i>norethindrone (contraceptive)</i>	3	MO
<i>norethindrone acetate</i>	2	MO; CG
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 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>NUVARING</i>	4	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-mcg</i>	3	MO
<i>portia</i>	3	MO
<i>PREMARIN ORAL</i>	3	PAR; MO

Drug Name	Drug Tier	Requirements /Limits
<i>PREMARIN VAGINAL</i>	3	MO
<i>PREMPRO</i>	4	PAR; MO
<i>previfem</i>	3	MO
<i>progesterone micronized</i>	2	MO; CG
<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; CG
<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-lynyah</i>	4	MO
<i>tri-previfem (28)</i>	3	MO
<i>tri-sprintec (28)</i>	3	MO
<i>trinessa (28)</i>	3	MO; CG
<i>trivora (28)</i>	3	MO
<i>VAGIFEM</i>	4	MO
<i>vandazole</i>	4	MO
<i>velivet triphasic regimen (28)</i>	3	MO
<i>viorele (28)</i>	4	MO
<i>xulane</i>	4	MO
<i>yuvafem</i>	4	MO
<i>zarah</i>	4	MO
<i>zenchent (28)</i>	3	MO
<i>zovia 1/35e (28)</i>	3	MO
Ophthalmology		
<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium solution for injection</i>	4	MO
<i>ALOCRIIL</i>	4	MO
<i>ALOMIDE</i>	4	MO
<i>ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %</i>	3	MO
<i>ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %</i>	4	ST; MO
<i>ALREX</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>apraclonidine</i>	2	MO; CG
<i>atropine ophthalmic (eye) drops</i>	4	MO
AZASITE	4	MO
<i>azelastine ophthalmic (eye)</i>	2	MO; CG
AZOPT	4	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO; CG
BESIVANCE	4	MO
BETAGAN	3	MO; CG
OPHTHALMIC (EYE) DROPS 0.5 %		
<i>betaxolol ophthalmic (eye)</i>	2	MO; CG
BETIMOL	4	MO
BETOPTIC S	4	MO
<i>bimatoprost ophthalmic (eye)</i>	3	MO
BLEPH-10	4	MO
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO; CG
<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; CG
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO; CG
<i>dorzolamide</i>	2	MO; CG
<i>dorzolamide-timolol</i>	1	MO; CG
DUREZOL	3	MO
EMADINE	4	MO
<i>epinastine</i>	2	MO; CG
<i>erythromycin ophthalmic (eye)</i>	1	MO; CG
FLAREX	4	MO
<i>fluorometholone</i>	2	MO; CG
<i>flurbiprofen ophthalmic drops</i>	1	MO; CG
FML FORTE	4	MO
FML S.O.P.	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentak ophthalmic (eye) ointment</i>	2	MO; CG
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; CG
<i>gentamicin ophthalmic (eye) ointment</i>	2	CG
ILEVRO	3	MO
IOPIDINE	4	MO
OPHTHALMIC (EYE) DROPPERETTE		
IOPIDINE	3	MO
OPHTHALMIC (EYE) DROPS		
ISOPTO CARPINE	3	MO; CG
ISTALOL	4	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO; CG
LACRISERT	4	MO; QLL (60 per 30 days)
<i>latanoprost</i>	1	MO; CG
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO; CG
<i>levofloxacin ophthalmic (eye)</i>	4	MO
LOTEMAX	4	MO
OPHTHALMIC (EYE) DROPS,SUSPENSION		
LOTEMAX	4	MO
OPHTHALMIC (EYE) OINTMENT		
LUMIGAN	3	MO
OPHTHALMIC (EYE) DROPS 0.01 %		
MAXIDEX	4	MO
<i>methazolamide</i>	4	MO
<i>metipranolol</i>	2	CG
MOXIFLOXACIN	3	MO
OPHTHALMIC (EYE)		
NATACYN	4	MO
<i>neo-polycin</i>	2	MO; CG
<i>neo-polycin hc</i>	2	MO; CG
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-bacitracin-polymyxin</i>	2	MO; CG
<i>neomycin-polymyxin b-dexameth</i>	2	MO; CG
<i>neomycin-polymyxin-gramicidin</i>	2	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.

Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-hc ophthalmic (eye)	4	MO
NEVANAC	3	MO
ofloxacin ophthalmic (eye)	1	MO; CG
olopatadine ophthalmic (eye) drops 0.2 %	3	MO
PATADAY	3	MO; CG
PAZEO	3	MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	MO; CG
polycin	2	MO; CG
polymyxin b sulf-trimethoprim	1	MO; CG
PRED MILD	4	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
prednisolone acetate	2	MO; CG
prednisolone sodium phosphate ophthalmic (eye)	2	MO; CG
SIMBRINZA	4	MO
sulfacetamide sodium ophthalmic (eye) drops	2	MO; CG
sulfacetamide sodium ophthalmic (eye) ointment	3	MO
sulfacetamide-prednisolone	2	MO; CG
timolol maleate ophthalmic (eye) drops	1	MO; CG
timolol maleate ophthalmic (eye) drops, once daily	4	MO
timolol maleate ophthalmic (eye) gel forming solution	2	MO; CG
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	4	MO
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %	4	MO
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %	3	MO

Drug Name	Drug Tier	Requirements /Limits
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.5 %	3	ST; MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO
TOBRADEX ST	3	MO
tobramycin	2	MO; CG
tobramycin-dexamethasone ophthalmic suspension	3	MO
TRAVATAN Z	3	MO
trifluridine	3	MO
XIIDRA	3	PAR; MO; QLL (60 per 30 days)
ZIRGAN	4	MO
ZYLET	4	MO
Respiratory And Allergy		
acetylcysteine	2	B/D PAR; MO; CG
ADCIRCA	5	PAR; MO; QLL (60 per 30 days)
ADEMPAS	5	PAR; MO; LA
ADVAIR DISKUS	3	MO; QLL (60 per 30 days)
ADVAIR HFA	3	MO; QLL (12 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	2	B/D PAR; MO; CG; QLL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml	2	B/D PAR; MO; CG; QLL (60 per 30 days)
albuterol sulfate oral syrup	1	MO; CG
albuterol sulfate oral tablet	4	MO
albuterol sulfate oral tablet extended release 12 hr 4 mg	2	MO; CG
albuterol sulfate oral tablet extended release 12 hr 8 mg	3	MO
aminophylline intravenous	4	
ANORO ELLIPTA	3	MO; QLL (60 per 30 days)
ARNUITY ELLIPTA	3	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.

Drug Name	Drug Tier	Requirements /Limits
ATROVENT HFA	4	MO; QLL (26 per 30 days)
BECONASE AQ	4	ST; MO; QLL (50 per 30 days)
BREO ELLIPTA	3	MO; QLL (60 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; CG
<i>clemastine oral tablet 2.68 mg</i>	3	PAR; MO
COMBIVENT RESPIMAT	4	MO; QLL (8 per 30 days)
<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</i>	3	MO; QLL (2 per 28 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 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)

Drug Name	Drug Tier	Requirements /Limits
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)
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; CG; QLL (75 per 30 days)
<i>fluticasone nasal</i>	1	MO; CG; 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; CG
<i>ipratropium-albuterol</i>	2	B/D PAR; MO; CG; 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)

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>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	3	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL HFA INHALER	4	MO; QLL (45 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; CG
<i>metaproterenol</i>	2	MO; CG
<i>mometasone nasal</i>	3	MO
<i>montelukast oral granules in packet</i>	3	MO
<i>montelukast oral tablet</i>	2	MO; CG
<i>montelukast oral tablet, chewable</i>	2	MO; CG
NASONEX	4	ST; MO
OFEV ORAL CAPSULE 150 MG	5	PAR; MO; QLL (60 per 30 days)
OMNARIS	4	ST; MO; QLL (13 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)
PROAIR HFA	3	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	3	MO; CG; 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) intravenous</i>	5	PAR; QLL (1125 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>tadalafil (antihypertensive)</i>	5	PAR; MO; QLL (60 per 30 days)
<i>terbutaline</i>	4	MO
<i>theophylline oral elixir</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral solution</i>	3	MO
<i>theophylline oral tablet extended release 12 hr</i>	2	MO; CG
<i>theophylline oral tablet extended release 24 hr</i>	2	MO; CG
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)
<i>triamcinolone acetonide nasal</i>	2	MO; CG; QLL (34 per 30 days)
TYVASO INSTITUTIONAL START KIT	5	PAR; QLL (1 per 365 days)
TYVASO REFILL KIT	5	PAR; MO; QLL (81.2 per 30 days)
TYVASO STARTER KIT	5	PAR; MO; QLL (1 per 365 days)
VENTAVIS	5	PAR; MO; QLL (270 per 30 days)
VENTOLIN HFA	3	MO; QLL (36 per 30 days)
XOLAIR	5	PAR; MO; LA; QLL (6 per 28 days)
<i>zafirlukast</i>	3	MO
Urologicals		
<i>alfuzosin</i>	2	MO; CG
AVODART	3	ST; MO; QLL (30 per 30 days)
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	2	MO; CG
<i>bethanechol chloride oral tablet 50 mg</i>	3	MO
CYSTAGON	4	MO; LA
<i>dutasteride</i>	3	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	3	MO; QLL (30 per 30 days)
ELMIRON	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; CG
<i>flavoxate</i>	2	MO; CG
JALYN	3	ST; 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.

Drug Name	Drug Tier	Requirements /Limits
MYRBETRIQ	4	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	2	MO; CG; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	2	MO; CG; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	2	MO; CG; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; CG; QLL (30 per 30 days)
<i>potassium citrate</i>	2	MO; CG
RAPAFLO	4	MO
<i>tamsulosin</i>	2	MO; CG
<i>tolterodine oral capsule, extended release 24hr</i>	3	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet 1 mg</i>	2	MO; CG; 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)
Vitamins, Hematinics / Electrolytes		
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
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PAR
AMINOSYN-RF 5.2 %	4	B/D PAR

Drug Name	Drug Tier	Requirements /Limits
<i>calcium acetate oral capsule</i>	2	MO; CG
CLINIMIX 5%/D15W	4	B/D PAR
SULFITE FREE		
CLINIMIX 5%/D25W	4	B/D PAR
SULFITE-FREE		
CLINIMIX 2.75%/D5W	4	B/D PAR
SULFIT FREE		
CLINIMIX 4.25%-D20W	4	B/D PAR
SULF-FREE		
CLINIMIX 4.25%-D25W	4	B/D PAR
SULF-FREE		
CLINIMIX 4.25%/D10W	4	B/D PAR
SULF FREE		
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D25W SUL FREE	4	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	4	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	4	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	4	B/D PAR
CLINIMIX N14G30E 4.25%-D15W SF	4	B/D PAR
CLINIMIX N9G15E 2.75%-D7.5W SF	4	B/D PAR
<i>fluoride (sodium) oral tablet</i>	4	MO
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	2	MO; CG
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	4	MO
<i>fluoritab oral tablet, chewable 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
<i>intralipid intravenous emulsion 20 %</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.

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

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

Drug Name	Drug Tier	Requirements /Limits
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	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	4	MO
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; CG
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 %	4	MO
sodium chloride 5 %	4	
sodium chloride intravenous	4	MO
sodium lactate	4	
TPN ELECTROLYTES	4	
travasol 10 %	4	B/D PAR; MO

Drug Name	Drug Tier	Requirements /Limits
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.

Drug Name	Page
<i>a-hydrocort</i>	47
<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.....	23
ABRAXANE.....	17
<i>acamprosate</i>	45
<i>acarbose oral tablet 100 mg</i>	47
<i>acarbose oral tablet 25 mg</i>	47
<i>acarbose oral tablet 50 mg</i>	47
ACCUPRIL.....	36
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG.....	36
<i>acebutolol</i>	36
<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>	23
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	23
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	23
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	23
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	23
<i>acetazolamide oral capsule, extended release</i>	58
<i>acetazolamide oral tablet</i>	58
<i>acetazolamide sodium solution for injection</i>	58
<i>acetic acid irrigation</i>	45
<i>acetic acid otic (ear)</i>	46
<i>acetylcysteine</i>	60
<i>acetylcysteine intravenous</i>	45
<i>acitretin oral capsule 10 mg</i>	42
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	42
ACTHIB (PF).....	54
ACTIMMUNE.....	54
<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>	42
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION.....	54
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE.....	54
ADAGEN.....	45
ADALAT CC.....	36
<i>adapalene topical gel 0.1 %</i>	42
ADASUVE.....	23
ADCIRCA.....	60
<i>adefovir</i>	8
ADEMPAS.....	60
<i>adriamycin intravenous recon soln 10 mg</i>	17
<i>adriamycin intravenous solution</i>	17
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	17
<i>adrucil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i>	17
ADVAIR DISKUS.....	60
ADVAIR HFA.....	60
<i>afeditab cr</i>	36
AFINITOR.....	17
AFINITOR DISPERZ.....	17
<i>ala-cort topical cream 1 %</i>	42
<i>ala-cort topical cream 2.5 %</i>	42
ALBENZA.....	8
<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>	60
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	60
<i>albuterol sulfate oral syrup</i>	60
<i>albuterol sulfate oral tablet</i>	60

<i>albuterol sulfate oral tablet extended release 12 hr 4 mg</i>	60	AMARYL ORAL TABLET 2 MG.....	47
<i>albuterol sulfate oral tablet extended release 12 hr 8 mg</i>	60	AMARYL ORAL TABLET 4 MG.....	47
<i>alclometasone</i>	42	AMBISOME.....	8
<i>alcohol pads</i>	47	<i>amcinonide topical cream</i>	42
ALDACTAZIDE ORAL TABLET 25-25 MG.....	36	<i>amcinonide topical lotion</i>	42
ALDACTAZIDE ORAL TABLET 50-50 MG.....	36	<i>amcinonide topical ointment</i>	42
ALDURAZYME.....	47	<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	8
ALECENSA.....	17	<i>amiloride</i>	36
<i>alendronate oral solution</i>	55	<i>amiloride-hydrochlorothiazide</i>	36
<i>alendronate oral tablet 10 mg, 5 mg</i>	55	<i>aminophylline intravenous</i>	60
<i>alendronate oral tablet 35 mg, 70 mg</i>	55	AMINOSYN 10 %.....	63
<i>alendronate oral tablet 40 mg</i>	45	AMINOSYN 7 % WITH ELECTROLYTES.....	63
<i>alfuzosin</i>	62	AMINOSYN 8.5 %.....	63
ALIMTA.....	17	AMINOSYN 8.5 %-ELECTROLYTES.....	63
ALINIA ORAL SUSPENSION FOR RECONSTITUTION.....	8	AMINOSYN II 10 %.....	63
ALINIA ORAL TABLET.....	8	AMINOSYN II 15 %.....	63
ALIQOPA.....	17	AMINOSYN II 7 %.....	63
ALKERAN ORAL.....	17	AMINOSYN II 8.5 %.....	63
<i>allopurinol</i>	55	AMINOSYN II 8.5 %-ELECTROLYTES.....	63
<i>allopurinol sodium intravenous</i>	56	AMINOSYN M 3.5 %.....	63
ALOCRIL.....	58	AMINOSYN-HBC 7%.....	63
ALOMIDE.....	58	AMINOSYN-PF 10 %.....	63
<i>aloprim</i>	56	AMINOSYN-PF 7 % (SULFITE-FREE).....	63
<i>alosetron</i>	51	AMINOSYN-RF 5.2 %.....	63
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %.....	58	<i>amiodarone intravenous solution</i>	36
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %.....	58	<i>amiodarone intravenous syringe</i>	36
<i>alprazolam oral tablet</i>	23	<i>amiodarone oral tablet 100 mg</i>	36
ALREX.....	58	<i>amiodarone oral tablet 200 mg</i>	36
ALTACE ORAL CAPSULE 10 MG, 2.5 MG, 5 MG.....	36	<i>amiodarone oral tablet 400 mg</i>	36
<i>altavera (28)</i>	57	AMITIZA.....	51
ALTOPREV.....	36	<i>amitriptyline</i>	23
ALUNBRIG ORAL TABLET 180 MG.....	17	<i>amlodipine besylate oral tablet</i>	36
ALUNBRIG ORAL TABLET 30 MG.....	17	<i>amlodipine-atorvastatin</i>	36
ALUNBRIG ORAL TABLET 90 MG.....	17	<i>amlodipine-benazepril</i>	36
ALUNBRIG ORAL TABLETS,DOSE PACK.....	17	<i>amlodipine-olmesartan</i>	36
<i>alyacen 1/35 (28)</i>	57	<i>amlodipine-valsartan oral tablet 10-160 mg, 5-160 mg, 5-320 mg</i>	36
<i>alyacen 7/7/7 (28)</i>	57	<i>amlodipine-valsartan oral tablet 10-320 mg</i>	37
<i>amantadine hcl</i>	8	<i>amlodipine-valsartan-hydrochlorothiazide</i>	37
AMARYL ORAL TABLET 1 MG.....	47	<i>ammonium lactate</i>	42
		<i>amoxapine</i>	23
		<i>amoxicillin oral capsule</i>	8
		<i>amoxicillin oral suspension for reconstitution</i>	8
		<i>amoxicillin oral tablet</i>	8
		<i>amoxicillin oral tablet,chewable 125 mg</i>	9
		<i>amoxicillin oral tablet,chewable 250 mg</i>	9

<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>	9
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	9
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	9
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	9
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	9
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	9
<i>amphotericin b</i>	9
<i>ampicillin oral capsule 500 mg</i>	9
<i>ampicillin sodium injection</i>	9
<i>ampicillin sodium intravenous</i>	9
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	9
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	9
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	9
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	9
AMPYRA.....	23
ANADROL-50.....	47
<i>anagrelide</i>	45
<i>anastrozole</i>	17
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %).....	47
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM).....	47
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM).....	47
ANORO ELLIPTA.....	60
<i>apexicon e</i>	42
APOKYN.....	23
<i>apraclonidine</i>	59
<i>aprepitant oral capsule 125 mg</i>	51
<i>aprepitant oral capsule 40 mg</i>	51
<i>aprepitant oral capsule 80 mg</i>	51
<i>aprepitant oral capsule, dose pack</i>	51
<i>apri</i>	57
APRISO.....	51
APTIOM.....	23
APTIVUS ORAL CAPSULE.....	9
APTIVUS ORAL SOLUTION.....	9
<i>aranelle (28)</i>	57
ARCALYST.....	54
<i>aripiprazole oral solution</i>	23
<i>aripiprazole oral tablet 10 mg</i>	23
<i>aripiprazole oral tablet 15 mg</i>	23
<i>aripiprazole oral tablet 2 mg</i>	23
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	23
<i>aripiprazole oral tablet 5 mg</i>	23
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	23
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	23
ARNUTY ELLIPTA.....	60
ARRANON.....	17
ARZERRA.....	17
ASACOL HD.....	51
<i>aspirin-dipyridamole</i>	37
ASTAGRAF XL.....	17
ATACAND.....	37
ATACAND HCT.....	37
<i>atazanavir oral capsule 150 mg, 200 mg</i>	9
<i>atazanavir oral capsule 300 mg</i>	9
<i>atenolol</i>	37
<i>atenolol-chlorthalidone</i>	37
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	23
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	23
<i>atorvastatin</i>	37
<i>atovaquone</i>	9
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	9
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	9
ATRIPLA.....	9
<i>atropine injection solution 0.4 mg/ml</i>	51
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	51
<i>atropine ophthalmic (eye) drops</i>	59
ATROVENT HFA.....	61
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML.....	9
AVALIDE.....	37
AVAPRO.....	37
AVASTIN.....	17
AVELOX IN NACL (ISO-OSMOTIC).....	9
AVODART.....	62
AVONEX (WITH ALBUMIN).....	54
AVONEX INTRAMUSCULAR PEN INJECTOR KIT.....	54

AVONEX INTRAMUSCULAR SYRINGE	
KIT.....	54
azacitidine.....	17
AZACTAM.....	9
AZACTAM IN DEXTROSE (ISO-OSM).....	9
AZASITE.....	59
azathioprine.....	17
azathioprine sodium.....	17
azelastine nasal.....	46
azelastine ophthalmic (eye).....	59
azithromycin intravenous.....	9
azithromycin oral packet.....	9
azithromycin oral suspension for reconstitution 100	
mg/5 ml.....	9
azithromycin oral suspension for reconstitution 200	
mg/5 ml.....	9
azithromycin oral tablet 250 mg, 250 mg (6	
pack).....	9
azithromycin oral tablet 500 mg, 600 mg.....	9
AZOPT.....	59
aztreonam.....	9
azurette (28).....	57
baciim.....	9
bacitracin intramuscular.....	9
bacitracin ophthalmic (eye).....	59
bacitracin-polymyxin b ophthalmic (eye).....	59
baclofen.....	23
BACTROBAN NASAL.....	46
balsalazide.....	51
balziva (28).....	57
BANZEL ORAL SUSPENSION.....	23
BANZEL ORAL TABLET 200 MG.....	23
BANZEL ORAL TABLET 400 MG.....	23
BARACLUDE ORAL SOLUTION.....	9
BAVENCIO.....	17
BCG VACCINE, LIVE (PF).....	54
BECONASE AQ.....	61
BELEODAQ.....	17
benazepril.....	37
benazepril-hydrochlorothiazide.....	37
BENDEKA.....	17
BENLYSTA.....	56
benztropine injection.....	24
benztropine oral.....	24
BESIVANCE.....	59
BESPONSA.....	17
BETAGAN OPHTHALMIC (EYE) DROPS 0.5	
%.....	59

betamethasone dipropionate.....	42
betamethasone valerate topical cream.....	42
betamethasone valerate topical foam.....	42
betamethasone valerate topical lotion.....	42
betamethasone valerate topical ointment.....	42
betamethasone, augmented.....	42
BETASERON SUBCUTANEOUS KIT.....	54
betaxolol ophthalmic (eye).....	59
betaxolol oral.....	37
bethanechol chloride oral tablet 10 mg, 25 mg, 5	
mg.....	62
bethanechol chloride oral tablet 50 mg.....	62
BETIMOL.....	59
BETOPTIC S.....	59
bexarotene.....	17
BEXSERO.....	54
bicalutamide.....	17
BICILLIN C-R.....	9
BICILLIN L-A.....	9
BICNU.....	17
BIDIL.....	37
BIKTARVY.....	9
BILTRICIDE.....	9
bimatoprost ophthalmic (eye).....	59
bisoprolol fumarate.....	37
bisoprolol-hydrochlorothiazide.....	37
bleomycin.....	17
BLEPH-10.....	59
BLEPHAMIDE.....	59
BLEPHAMIDE S.O.P.....	59
BLINCYTO INTRAVENOUS KIT.....	17
blisovi fe 1.5/30 (28).....	57
BONIVA INTRAVENOUS.....	56
BOOSTRIX TDAP.....	54
BORTEZOMIB.....	17
BOSULIF ORAL TABLET 100 MG.....	17
BOSULIF ORAL TABLET 400 MG, 500	
MG.....	17
BRAFTOVI ORAL CAPSULE 50 MG.....	17
BRAFTOVI ORAL CAPSULE 75 MG.....	17
BREO ELLIPTA.....	61
briellyn.....	57
BRILINTA.....	37
brimonidine ophthalmic (eye) drops 0.15 %.....	59
brimonidine ophthalmic (eye) drops 0.2 %.....	59
BRIVIACT INTRAVENOUS.....	24
BRIVIACT ORAL SOLUTION.....	24
BRIVIACT ORAL TABLET 10 MG.....	24

BRIVIACT ORAL TABLET 100 MG, 75	
MG.....	24
BRIVIACT ORAL TABLET 25 MG.....	24
BRIVIACT ORAL TABLET 50 MG.....	24
<i>bromocriptine</i>	24
BROVANA.....	61
<i>budesonide inhalation suspension for nebulization</i>	
0.25 mg/2 ml, 0.5 mg/2 ml.....	61
<i>budesonide inhalation suspension for nebulization</i>	
1 mg/2 ml.....	61
<i>budesonide oral capsule, delayed, extend. release</i>	52
<i>bumetanide injection</i>	37
<i>bumetanide oral</i>	37
BUPHENYL ORAL TABLET.....	45
<i>buprenorphine hcl injection solution</i>	24
<i>buprenorphine hcl injection syringe</i>	24
<i>buprenorphine hcl sublingual tablet 2 mg</i>	24
<i>buprenorphine hcl sublingual tablet 8 mg</i>	24
<i>buprenorphine-naloxone sublingual tablet 2-0.5</i>	
<i>mg</i>	24
<i>buprenorphine-naloxone sublingual tablet 8-2</i>	
<i>mg</i>	24
<i>bupropion hcl (smoking deter)</i>	45
<i>bupropion hcl oral tablet 100 mg</i>	24
<i>bupropion hcl oral tablet 75 mg</i>	24
<i>bupropion hcl oral tablet extended release 24 hr 150</i>	
<i>mg</i>	24
<i>bupropion hcl oral tablet extended release 24 hr 300</i>	
<i>mg</i>	24
<i>bupropion hcl oral tablet sustained-release 12 hr 100</i>	
<i>mg</i>	24
<i>bupropion hcl oral tablet sustained-release 12 hr 150</i>	
<i>mg, 200 mg</i>	24
<i>bupirone oral tablet 10 mg</i>	24
<i>bupirone oral tablet 15 mg, 5 mg, 7.5 mg</i>	24
<i>bupirone oral tablet 30 mg</i>	24
<i>busulfan</i>	17
BUSULFEX.....	17
<i>butorphanol tartrate injection solution vial 1 mg/ml,</i>	
<i>2 mg/ml</i>	24
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/</i>	
<i>ml</i>	24
BYDUREON.....	47
BYDUREON BCISE.....	47
BYETTA SUBCUTANEOUS PEN INJECTOR	
10 MCG/DOSE(250 MCG/ML) 2.4 ML.....	47
BYETTA SUBCUTANEOUS PEN INJECTOR	
5 MCG/DOSE (250 MCG/ML) 1.2 ML.....	47
BYSTOLIC.....	37
<i>cabergoline</i>	47
CABOMETYX ORAL TABLET 20 MG.....	17
CABOMETYX ORAL TABLET 40 MG, 60	
MG.....	17
CALAN ORAL TABLET 120 MG.....	37
CALAN SR ORAL TABLET EXTENDED	
RELEASE 120 MG.....	37
<i>calcipotriene scalp</i>	42
<i>calcipotriene topical</i>	42
<i>calcipotriene-betamethasone</i>	42
<i>calcitonin (salmon)</i>	47
<i>calcitriol intravenous solution 1 mcg/ml</i>	47
<i>calcitriol oral capsule</i>	47
<i>calcitriol oral solution</i>	47
<i>calcitriol topical</i>	42
<i>calcium acetate oral capsule</i>	63
CALQUENCE.....	17
<i>camila</i>	57
CANASA.....	52
CANCIDAS.....	9
<i>candesartan</i>	37
<i>candesartan-hydrochlorothiazid</i>	37
CAPASTAT.....	9
CAPEX.....	42
CAPRELSA ORAL TABLET 100 MG.....	17
CAPRELSA ORAL TABLET 300 MG.....	17
<i>captopril</i>	37
<i>captopril-hydrochlorothiazide</i>	37
<i>carafate oral suspension</i>	52
CARBAGLU.....	45
<i>carbamazepine oral capsule, er multiphase 12</i>	
<i>hr</i>	24
<i>carbamazepine oral suspension 100 mg/5 ml</i>	24
<i>carbamazepine oral suspension 200 mg/10 ml</i>	24
<i>carbamazepine oral tablet</i>	24
<i>carbamazepine oral tablet extended release 12</i>	
<i>hr</i>	24
<i>carbamazepine oral tablet, chewable</i>	24
CARBATROL.....	24
<i>carbidopa-levodopa oral tablet</i>	24
<i>carbidopa-levodopa oral tablet extended release</i>	24
<i>carbidopa-levodopa oral tablet, disintegrating</i>	24
<i>carboplatin intravenous solution</i>	17
CARDIZEM LA ORAL TABLET EXTENDED	
RELEASE 24 HR 120 MG, 180 MG, 240	
MG.....	37

CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG.....	37
CARDURA XL.....	37
carisoprodol oral tablet 350 mg.....	24
carteolol.....	59
cartia xt.....	37
carvedilol.....	37
carvedilol phosphate.....	37
CAYSTON.....	9
caziant (28).....	57
ceftaclor oral capsule.....	9
ceftaclor oral suspension for reconstitution 125 mg/5 ml.....	9
ceftaclor oral suspension for reconstitution 250 mg/5 ml.....	10
ceftaclor oral suspension for reconstitution 375 mg/5 ml.....	10
ceftaclor oral tablet extended release 12 hr.....	10
cefadroxil oral capsule.....	10
cefadroxil oral suspension for reconstitution 250 mg/ 5 ml, 500 mg/5 ml.....	10
cefadroxil oral tablet.....	10
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml.....	10
cefazolin injection recon soln 1 gram, 500 mg.....	10
cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g.....	10
cefazolin intravenous.....	10
cefdinir oral capsule.....	10
cefdinir oral suspension for reconstitution.....	10
cefepime.....	10
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml.....	10
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml.....	10
cefixime.....	10
cefotaxime injection recon soln 1 gram, 2 gram, 500 mg.....	10
cefotetan.....	10
cefoxitin in dextrose, iso-osm.....	10
cefoxitin intravenous recon soln 1 gram, 2 gram.....	10
cefoxitin intravenous recon soln 10 gram.....	10
cefpodoxime oral suspension for reconstitution 100 mg/5 ml.....	10
cefpodoxime oral suspension for reconstitution 50 mg/5 ml.....	10
cefpodoxime oral tablet.....	10

ceftazidime injection recon soln 1 gram, 2 gram.....	10
ceftazidime injection recon soln 6 gram.....	10
ceftriaxone in dextrose,iso-os.....	10
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg.....	10
ceftriaxone injection recon soln 10 gram.....	10
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM.....	10
ceftriazone intravenous.....	10
cefuroxime axetil oral tablet.....	10
cefuroxime sodium injection recon soln 750 mg.....	10
cefuroxime sodium intravenous recon soln 1.5 gram.....	10
cefuroxime sodium intravenous recon soln 7.5 gram.....	10
celecoxib.....	24
CELLCEPT INTRAVENOUS.....	17
CELONTIN ORAL CAPSULE 300 MG.....	24
cephalexin oral capsule 250 mg, 500 mg.....	10
cephalexin oral capsule 750 mg.....	10
cephalexin oral suspension for reconstitution.....	10
cephalexin oral tablet.....	10
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT.....	47
cetirizine oral solution 1 mg/ml.....	61
cevimeline.....	45
CHANTIX.....	45
CHANTIX CONTINUING MONTH BOX.....	45
CHANTIX STARTING MONTH BOX.....	45
CHEMET.....	45
chloramphenicol sod succinate.....	10
chlorhexidine gluconate mucous membrane.....	46
chloroquine phosphate.....	10
chlorothiazide.....	37
chlorothiazide sodium.....	37
chlorpromazine injection.....	24
chlorpromazine oral tablet 10 mg, 25 mg, 50 mg.....	24
chlorpromazine oral tablet 100 mg, 200 mg.....	24
chlorthalidone oral tablet 25 mg, 50 mg.....	37
cholestyramine (with sugar) oral powder.....	37

<i>cholestyramine (with sugar) oral powder in packet</i>	37	<i>clindamycin phosphate topical swab</i>	42
<i>cholestyramine light oral powder</i>	37	<i>clindamycin phosphate vaginal</i>	57
<i>cholestyramine light oral powder in packet</i>	37	<i>clindamycin-benzoyl peroxide topical gel</i>	42
<i>ciclodan</i>	42	<i>clindamycin-tretinoin</i>	42
<i>ciclopirox topical cream</i>	42	CLINIMIX 2.75%/D5W SULFIT FREE.....	63
<i>ciclopirox topical gel</i>	42	CLINIMIX 4.25%-D20W SULF-FREE.....	63
<i>ciclopirox topical shampoo</i>	42	CLINIMIX 4.25%-D25W SULF-FREE.....	63
<i>ciclopirox topical solution</i>	42	CLINIMIX 4.25%/D10W SULF FREE.....	63
<i>ciclopirox topical suspension</i>	42	CLINIMIX 4.25%/D5W SULFIT FREE.....	45
<i>cilostazol</i>	37	CLINIMIX 5%-D20W(SULFITE-FREE).....	63
CIMDUO.....	10	CLINIMIX 5%/D15W SULFITE FREE.....	63
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg</i>	52	CLINIMIX 5%/D25W SULFITE-FREE.....	63
CIPRO HC.....	46	CLINIMIX E 2.75%/D10W SUL FREE.....	45
CIPRODEX.....	46	CLINIMIX E 2.75%/D5W SULF FREE.....	45
<i>ciprofloxacin er oral tablet, er multiphase 24 hr 500 mg, 1,000 mg</i>	10	CLINIMIX E 4.25%/D10W SUL FREE.....	63
<i>ciprofloxacin hcl ophthalmic (eye)</i>	59	CLINIMIX E 4.25%/D25W SUL FREE.....	63
<i>ciprofloxacin hcl oral tablet 100 mg</i>	10	CLINIMIX E 4.25%/D5W SULF FREE.....	63
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	11	CLINIMIX E 5%/D15W SULFIT FREE.....	63
<i>ciprofloxacin in 5 % dextrose</i>	11	CLINIMIX E 5%/D20W SULFIT FREE.....	63
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml</i>	11	CLINIMIX E 5%/D25W SULFIT FREE.....	63
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	11	CLINIMIX N14G30E 4.25%-D15W SF.....	63
<i>cisplatin</i>	17	CLINIMIX N9G15E 2.75%-D7.5W SF.....	63
<i>citalopram oral solution</i>	24	CLINIMIX N9G20E 2.75%-D10W(SF).....	45
<i>citalopram oral tablet 10 mg</i>	24	<i>clobetasol scalp</i>	42
<i>citalopram oral tablet 20 mg</i>	24	<i>clobetasol topical cream</i>	42
<i>citalopram oral tablet 40 mg</i>	24	<i>clobetasol topical foam</i>	42
<i>cladribine</i>	17	<i>clobetasol topical gel</i>	42
<i>claravis</i>	42	<i>clobetasol topical lotion</i>	42
<i>clarithromycin</i>	11	<i>clobetasol topical ointment</i>	42
<i>clemastine oral tablet 2.68 mg</i>	61	<i>clobetasol topical shampoo</i>	42
CLEOCIN HCL ORAL CAPSULE 75 MG.....	11	<i>clobetasol topical spray, non-aerosol</i>	42
CLEOCIN VAGINAL SUPPOSITORY.....	57	<i>clobetasol-emollient topical cream</i>	42
CLINDAGEL.....	42	<i>clobetasol-emollient topical foam</i>	42
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	11	CLOCORTOLONE PIVALATE.....	42
<i>clindamycin hcl oral capsule 75 mg</i>	11	CLODERM.....	43
<i>clindamycin in 5 % dextrose</i>	11	<i>clofarabine</i>	17
<i>clindamycin phosphate injection</i>	11	CLOLAR.....	17
<i>clindamycin phosphate intravenous</i>	11	<i>clomipramine</i>	24
<i>clindamycin phosphate topical foam</i>	42	<i>clonazepam oral tablet 0.5 mg</i>	24
<i>clindamycin phosphate topical gel</i>	42	<i>clonazepam oral tablet 1 mg</i>	25
<i>clindamycin phosphate topical lotion</i>	42	<i>clonazepam oral tablet 2 mg</i>	25
<i>clindamycin phosphate topical solution</i>	42	<i>clonazepam oral tablet, disintegrating 0.125 mg</i>	25
		<i>clonazepam oral tablet, disintegrating 0.25 mg</i>	25
		<i>clonazepam oral tablet, disintegrating 0.5 mg</i>	25
		<i>clonazepam oral tablet, disintegrating 1 mg</i>	25
		<i>clonazepam oral tablet, disintegrating 2 mg</i>	25
		<i>clonidine hcl oral tablet</i>	37
		<i>clonidine hcl oral tablet extended release 12 hr</i>	25

<i>clonidine transdermal patch</i>	37	CORLANOR.....	37
<i>clopidogrel oral tablet 300 mg</i>	37	CORTIFOAM.....	52
<i>clopidogrel oral tablet 75 mg</i>	37	<i>cortisone</i>	47
<i>clorazepate dipotassium</i>	25	CORTISPORIN TOPICAL.....	43
<i>clotrimazole mucous membrane</i>	11	COSENTYX (2 SYRINGES).....	43
<i>clotrimazole topical</i>	43	COSMEGEN.....	18
<i>clotrimazole-betamethasone topical cream</i>	43	COTELLIC.....	18
<i>clotrimazole-betamethasone topical lotion</i>	43	COUMADIN ORAL.....	37
<i>clozapine oral tablet 100 mg</i>	25	COZAAR.....	37
<i>clozapine oral tablet 200 mg</i>	25	CREON.....	52
<i>clozapine oral tablet 25 mg</i>	25	CRINONE.....	57
<i>clozapine oral tablet 50 mg</i>	25	CRIXIVAN ORAL CAPSULE 200 MG.....	11
<i>clozapine oral tablet, disintegrating 100 mg</i>	25	CRIXIVAN ORAL CAPSULE 400 MG.....	11
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	25	<i>cromolyn inhalation</i>	61
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG.....	25	<i>cromolyn ophthalmic (eye)</i>	59
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG.....	25	<i>cromolyn oral</i>	52
<i>clozapine oral tablet, disintegrating 25 mg</i>	25	<i>crotan</i>	43
COARTEM.....	11	<i>cryselle (28)</i>	57
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	25	<i>cyclafem 1/35 (28)</i>	57
<i>codeine sulfate oral tablet 60 mg</i>	25	<i>cyclafem 7/7/7 (28)</i>	57
COLCRYS.....	56	<i>cyclobenzaprine oral tablet</i>	25
<i>colesevelam</i>	37	CYCLOPHOSPHAMIDE ORAL CAPSULE.....	18
<i>colestipol oral granules</i>	37	CYCLOSET.....	47
<i>colestipol oral packet</i>	37	<i>cyclosporine intravenous</i>	18
<i>colestipol oral tablet</i>	37	<i>cyclosporine modified oral capsule 100 mg</i>	18
<i>colistin (colistimethate na)</i>	11	<i>cyclosporine modified oral capsule 25 mg, 50 mg</i>	18
<i>colocort</i>	52	<i>cyclosporine modified oral solution</i>	18
COLY-MYCIN S.....	46	<i>cyclosporine oral capsule</i>	18
COMBIGAN.....	59	<i>cyproheptadine oral tablet</i>	61
COMBIVENT RESPIMAT.....	61	CYRAMZA.....	18
COMETRIQ ORAL CAPSULE 100 MG/ DAY(80 MG X1-20 MG X1).....	17	CYSTADANE.....	52
COMETRIQ ORAL CAPSULE 140 MG/ DAY(80 MG X1-20 MG X3).....	17	CYSTAGON.....	62
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY).....	18	CYSTARAN.....	59
COMPLERA.....	11	<i>cytarabine</i>	18
<i>compro</i>	52	<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	18
CONDYLOX TOPICAL GEL.....	43	<i>cytarabine (pf) injection solution 20 mg/ml</i>	18
<i>constulose</i>	52	CYTOMEL.....	47
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML.....	25	<i>d10 %-0.45 % sodium chloride</i>	45
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML.....	25	<i>d2.5 %-0.45 % sodium chloride</i>	45
CORDRAN TAPE LARGE ROLL.....	43	<i>d5 % and 0.9 % sodium chloride</i>	45
COREG CR.....	37	<i>d5 %-0.45 % sodium chloride</i>	45
		<i>dacarbazine</i>	18
		<i>dactinomycin</i>	18
		<i>dalfampridine</i>	25
		DALIRESP.....	61

<i>danazol oral capsule 100 mg, 200 mg</i>	47	<i>desvenlafaxine succinate oral tablet extended release</i>	
<i>danazol oral capsule 50 mg</i>	47	24 hr 100 mg.....	25
<i>dantrolene oral capsule 100 mg</i>	25	<i>desvenlafaxine succinate oral tablet extended release</i>	
<i>dantrolene oral capsule 25 mg, 50 mg</i>	25	24 hr 25 mg.....	25
DAPSONE ORAL.....	11	<i>desvenlafaxine succinate oral tablet extended release</i>	
DAPTACEL (DTAP PEDIATRIC) (PF).....	54	24 hr 50 mg.....	25
<i>daptomycin intravenous recon soln 500 mg</i>	11	<i>dexamethasone intensol</i>	47
DARAPRIM.....	11	<i>dexamethasone oral elixir</i>	47
DARZALEX.....	18	<i>dexamethasone oral solution</i>	47
<i>dasetta 1/35 (28)</i>	57	<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg,</i>	
<i>dasetta 7/7/7 (28)</i>	57	1.5 mg, 4 mg.....	47
<i>daunorubicin intravenous solution</i>	18	<i>dexamethasone oral tablet 2 mg, 6 mg</i>	47
<i>decitabine</i>	18	<i>dexamethasone oral tablets,dose pack</i>	47
DELZICOL ORAL CAPSULE (WITH DEL		<i>dexamethasone sodium phos (pf)</i>	47
REL TABLETS).....	52	<i>dexamethasone sodium phosphate injection</i>	47
<i>demeclocycline</i>	11	<i>dexamethasone sodium phosphate ophthalmic</i>	
DEMSEER.....	37	(eye).....	59
DENAVIR.....	43	DEXILANT.....	52
<i>denta 5000 plus</i>	46	DEXPAK 10 DAY.....	47
<i>dentagel</i>	46	DEXPAK 13 DAY.....	47
DEPEN TITRATABS.....	56	DEXPAK 6 DAY.....	47
DEPO-ESTRADIOL.....	57	<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	18
DEPO-PROVERA INTRAMUSCULAR		<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	18
SUSPENSION 400 MG/ML.....	57	<i>dextroamphetamine oral tablet 10 mg</i>	25
DERMATOP TOPICAL OINTMENT.....	43	<i>dextroamphetamine oral tablet 5 mg</i>	25
DESCOVY.....	11	<i>dextroamphetamine-amphetamine oral capsule,</i>	
<i>desipramine</i>	25	<i>extended release 24hr</i>	25
<i>desmopressin injection</i>	47	<i>dextroamphetamine-amphetamine oral tablet 10</i>	
<i>desmopressin nasal spray with pump</i>	47	mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg.....	26
<i>desmopressin nasal spray,non-aerosol</i>	47	<i>dextroamphetamine-amphetamine oral tablet 30</i>	
<i>desmopressin oral</i>	47	mg.....	26
DESONATE.....	43	<i>dextrose 10 % and 0.2 % nacl</i>	45
<i>desonide topical cream</i>	43	<i>dextrose 10 % in water (d10w)</i>	45
<i>desonide topical lotion</i>	43	<i>dextrose 25 % in water (d25w)</i>	45
<i>desonide topical ointment</i>	43	<i>dextrose 30 % in water (d30w)</i>	45
<i>desoximetasone topical cream</i>	43	<i>dextrose 40 % in water (d40w)</i>	45
<i>desoximetasone topical gel</i>	43	<i>dextrose 5 % in water (d5w)</i>	45
<i>desoximetasone topical ointment 0.05 %</i>	43	<i>dextrose 5 %-lactated ringers</i>	45
<i>desoximetasone topical ointment 0.25 %</i>	43	<i>dextrose 5%-0.2 % sod chloride</i>	45
DESVENLAFAXINE ORAL TABLET		<i>dextrose 5%-0.3 % sod.chloride</i>	45
EXTENDED RELEASE 24 HR 100 MG.....	25	<i>dextrose 50 % in water (d50w) intravenous</i>	
DESVENLAFAXINE ORAL TABLET		<i>parenteral solution</i>	45
EXTENDED RELEASE 24 HR 50 MG.....	25	<i>dextrose 50 % in water (d50w) intravenous</i>	
DESVENLAFAXINE ORAL TABLET		<i>syringe</i>	45
EXTENDED RELEASE 24HR 100 MG.....	25	<i>dextrose 70 % in water (d70w)</i>	45
DESVENLAFAXINE ORAL TABLET		<i>dextrose with sodium chloride</i>	45
EXTENDED RELEASE 24HR 50 MG.....	25	DIASTAT.....	26
		DIASTAT ACUDIAL.....	26

<i>diazepam intensol</i>	26	<i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>	38
<i>diazepam oral concentrate</i>	26	DIOVAN HCT.....	38
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	26	DIPENTUM.....	52
<i>diazepam oral tablet 10 mg</i>	26	<i>diphenhydramine hcl injection solution 50 mg/</i>	
<i>diazepam oral tablet 2 mg</i>	26	<i>ml</i>	61
<i>diazepam oral tablet 5 mg</i>	26	<i>diphenhydramine hcl injection syringe</i>	61
<i>diazepam rectal</i>	26	<i>diphenoxylate-atropine oral liquid</i>	52
DIBENZYLINE.....	37	<i>diphenoxylate-atropine oral tablet</i>	52
<i>diclofenac potassium</i>	26	<i>disopyramide phosphate oral capsule</i>	38
<i>diclofenac sodium ophthalmic (eye)</i>	59	<i>disulfiram</i>	45
<i>diclofenac sodium oral</i>	26	DIURIL.....	38
<i>diclofenac sodium topical gel 1 %</i>	26	<i>divalproex oral capsule, delayed rel sprinkle</i>	26
<i>diclofenac sodium topical gel 3 %</i>	43	<i>divalproex oral tablet extended release 24 hr</i>	26
<i>diclofenac-misoprostol</i>	26	<i>divalproex oral tablet, delayed release (dr/ec)</i>	26
<i>dicloxacillin</i>	11	<i>docetaxel intravenous solution 160 mg/16 ml (10</i>	
<i>dicyclomine oral capsule</i>	52	<i>mg/ml), 20 mg/2 ml (10 mg/ml)</i>	18
<i>dicyclomine oral solution</i>	52	<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/</i>	
<i>dicyclomine oral tablet</i>	52	<i>ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml),</i>	
<i>didanosine oral capsule, delayed release(dr/ec) 200</i>		<i>80 mg/8 ml (10 mg/ml)</i>	18
<i>mg</i>	11	DOCETAXEL INTRAVENOUS SOLUTION	
<i>didanosine oral capsule, delayed release(dr/ec) 250</i>		<i>20 MG/ML</i>	18
<i>mg, 400 mg</i>	11	<i>dofetilide</i>	38
<i>diflorasone</i>	43	<i>donepezil oral tablet 10 mg, 5 mg</i>	26
<i>diflunisal</i>	26	<i>donepezil oral tablet 23 mg</i>	26
<i>digitek oral tablet 125 mcg</i>	37	<i>donepezil oral tablet, disintegrating</i>	26
<i>digitek oral tablet 250 mcg</i>	37	DORIPENEM INTRAVENOUS RECON	
<i>digox oral tablet 125 mcg</i>	37	<i>SOLN 250 MG</i>	11
<i>digox oral tablet 250 mcg</i>	37	<i>dorzolamide</i>	59
<i>digoxin injection solution</i>	37	<i>dorzolamide-timolol</i>	59
<i>digoxin oral solution 50 mcg/ml</i>	37	<i>doxazosin</i>	38
<i>digoxin oral tablet 125 mcg</i>	37	<i>doxepin oral</i>	26
<i>digoxin oral tablet 250 mcg</i>	37	<i>doxepin topical</i>	43
<i>dihydroergotamine injection</i>	26	<i>doxercalciferol intravenous</i>	47
<i>dihydroergotamine nasal</i>	26	<i>doxercalciferol oral capsule 0.5 mcg</i>	47
DILANTIN EXTENDED ORAL CAPSULE		<i>doxorubicin intravenous recon soln 10 mg</i>	18
<i>100 MG</i>	26	<i>doxorubicin intravenous recon soln 50 mg</i>	18
DILANTIN INFATABS.....	26	<i>doxorubicin intravenous solution</i>	18
DILANTIN ORAL CAPSULE 30 MG.....	26	<i>doxorubicin, peg-liposomal</i>	18
DILANTIN-125.....	26	<i>doxy-100</i>	11
DILATRATE-SR.....	37	<i>doxycycline hyclate intravenous</i>	11
<i>dilt-xr</i>	37	<i>doxycycline hyclate oral capsule</i>	11
<i>diltiazem hcl intravenous</i>	37	<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20</i>	
<i>diltiazem hcl oral capsule, ext. rel 24h</i>		<i>mg, 75 mg</i>	11
<i>degradable</i>	38	<i>doxycycline monohydrate oral capsule 100 mg, 50</i>	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	38	<i>mg</i>	11
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	38	<i>doxycycline monohydrate oral capsule 75 mg</i>	11
<i>diltiazem hcl oral capsule, extended release 24hr</i>	38	<i>doxycycline monohydrate oral suspension for</i>	
<i>diltiazem hcl oral tablet 120 mg</i>	38	<i>reconstitution</i>	11

<i>doxycycline monohydrate oral tablet 100 mg, 50 mg,</i>		ENBREL MINI.....	56
75 mg.....	11	ENBREL SUBCUTANEOUS RECON	
<i>doxycycline monohydrate oral tablet 150 mg.....</i>	11	SOLN.....	56
<i>dronabinol oral capsule 10 mg.....</i>	52	ENBREL SUBCUTANEOUS SYRINGE 25	
<i>dronabinol oral capsule 2.5 mg, 5 mg.....</i>	52	MG/0.5ML (0.51).....	56
<i>drospirenone-ethinyl estradiol.....</i>	57	ENBREL SUBCUTANEOUS SYRINGE 50	
DROXIA.....	18	MG/ML (0.98 ML).....	56
DUETACT ORAL TABLET 30-4 MG.....	47	ENBREL SURECLICK.....	56
DULERA.....	61	<i>endocet oral tablet 10-325 mg.....</i>	26
<i>duloxetine oral capsule, delayed release(dr/ec) 20</i>		<i>endocet oral tablet 5-325 mg, 7.5-325 mg.....</i>	26
<i>mg.....</i>	26	ENGERIX-B (PF) INTRAMUSCULAR	
<i>duloxetine oral capsule, delayed release(dr/ec) 30</i>		SUSPENSION.....	54
<i>mg.....</i>	26	ENGERIX-B (PF) INTRAMUSCULAR	
<i>duloxetine oral capsule, delayed release(dr/ec) 40</i>		SYRINGE.....	54
<i>mg.....</i>	26	ENGERIX-B PEDIATRIC (PF)	
<i>duloxetine oral capsule, delayed release(dr/ec) 60</i>		INTRAMUSCULAR SYRINGE.....	54
<i>mg.....</i>	26	<i>enoxaparin subcutaneous solution.....</i>	38
<i>duramorph (pf) injection solution 0.5 mg/ml.....</i>	26	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150</i>	
<i>duramorph (pf) injection solution 1 mg/ml.....</i>	26	<i>mg/ml.....</i>	38
DUREZOL.....	59	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80</i>	
<i>dutasteride.....</i>	62	<i>mg/0.8 ml.....</i>	38
<i>dutasteride-tamsulosin.....</i>	62	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml.....</i>	38
DYAZIDE.....	38	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml.....</i>	38
DYRENIUM.....	38	<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml.....</i>	38
<i>econazole.....</i>	43	<i>enpresse.....</i>	57
EDURANT.....	11	<i>entacapone.....</i>	26
<i>efavirenz oral capsule 200 mg.....</i>	11	<i>entecavir.....</i>	11
<i>efavirenz oral capsule 50 mg.....</i>	11	ENTRESTO.....	38
<i>efavirenz oral tablet.....</i>	11	<i>enulose.....</i>	52
ELAPRASE.....	47	ENVARSUS XR.....	18
ELIDEL.....	43	EPCLUSA.....	11
<i>elinest.....</i>	57	<i>epinastine.....</i>	59
ELIQUIS ORAL TABLET 2.5 MG.....	38	<i>epinephrine injection auto-injector 0.15 mg/0.15</i>	
ELIQUIS ORAL TABLET 5 MG.....	38	<i>ml.....</i>	61
ELITEK.....	18	EPINEPHRINE INJECTION AUTO-	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15		INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3	
ML.....	61	ML.....	61
ELLA.....	57	<i>epirubicin intravenous solution.....</i>	18
ELMIRON.....	62	<i>epitol.....</i>	26
EMADINE.....	59	EPIVIR HBV ORAL SOLUTION.....	11
EMCYT.....	18	<i>eplerenone.....</i>	38
<i>emoquette.....</i>	57	<i>eprosartan.....</i>	38
EMPLICITI.....	18	EQUETRO ORAL CAPSULE, ER	
EMSAM.....	26	MULTIPHASE 12 HR 100 MG.....	26
EMTRIVA ORAL CAPSULE.....	11	EQUETRO ORAL CAPSULE, ER	
EMTRIVA ORAL SOLUTION.....	11	MULTIPHASE 12 HR 200 MG.....	26
<i>enalapril maleate.....</i>	38	EQUETRO ORAL CAPSULE, ER	
<i>enalapril-hydrochlorothiazide.....</i>	38	MULTIPHASE 12 HR 300 MG.....	26

ERBITUX.....	18	<i>estropipate oral tablet 0.75 mg.....</i>	57
<i>ergoloid.....</i>	26	<i>ethacrynic acid.....</i>	38
ERGOMAR.....	26	<i>ethambutol.....</i>	12
ERIVEDGE.....	18	<i>ethosuximide oral capsule.....</i>	27
ERLEADA.....	18	<i>ethosuximide oral solution.....</i>	27
<i>errin.....</i>	57	<i>etidronate disodium.....</i>	45
ERWINAZE.....	18	<i>etodolac oral capsule.....</i>	27
<i>ery pads.....</i>	43	<i>etodolac oral tablet.....</i>	27
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg,</i>		<i>etodolac oral tablet extended release 24 hr.....</i>	27
<i>333 mg.....</i>	11	ETOPOPHOS.....	18
ERY-TAB ORAL TABLET,DELAYED		<i>etoposide intravenous.....</i>	18
RELEASE (DR/EC) 500 MG.....	11	EURAX.....	43
ERYPED 200.....	11	EVOMELA.....	18
ERYPED 400.....	11	EVOTAZ.....	12
<i>erythrocine (as stearate) oral tablet 250 mg.....</i>	12	EXELDERM.....	43
ERYTHROCIN INTRAVENOUS RECON		<i>exemestane.....</i>	18
SOLN 500 MG.....	12	EXFORGE.....	38
<i>erythromycin ethylsuccinate oral suspension for</i>		EXFORGE HCT.....	38
<i>reconstitution.....</i>	12	EXJADE.....	45
<i>erythromycin ethylsuccinate oral tablet.....</i>	12	<i>ezetimibe.....</i>	38
<i>erythromycin ophthalmic (eye).....</i>	59	<i>ezetimibe-simvastatin.....</i>	38
<i>erythromycin oral capsule,delayed release(dr/ec).....</i>	12	FABRAZYME.....	47
<i>erythromycin oral tablet.....</i>	12	<i>famciclovir oral tablet 125 mg, 250 mg.....</i>	12
<i>erythromycin with ethanol.....</i>	43	<i>famciclovir oral tablet 500 mg.....</i>	12
<i>erythromycin-benzoyl peroxide.....</i>	43	<i>famotidine (pf).....</i>	52
ESBRIET ORAL CAPSULE.....	61	<i>famotidine (pf)-nacl (iso-os).....</i>	52
ESBRIET ORAL TABLET 267 MG.....	61	<i>famotidine intravenous solution.....</i>	52
ESBRIET ORAL TABLET 801 MG.....	61	<i>famotidine oral suspension.....</i>	52
<i>escitalopram oxalate oral solution.....</i>	26	<i>famotidine oral tablet 20 mg.....</i>	52
<i>escitalopram oxalate oral tablet 10 mg.....</i>	26	<i>famotidine oral tablet 40 mg.....</i>	52
<i>escitalopram oxalate oral tablet 20 mg.....</i>	26	FANAPT ORAL TABLET 1 MG.....	27
<i>escitalopram oxalate oral tablet 5 mg.....</i>	27	FANAPT ORAL TABLET 10 MG, 12 MG.....	27
<i>esomeprazole magnesium.....</i>	52	FANAPT ORAL TABLET 2 MG.....	27
<i>esomeprazole sodium intravenous recon soln 20</i>		FANAPT ORAL TABLET 4 MG.....	27
<i>mg.....</i>	52	FANAPT ORAL TABLET 6 MG.....	27
<i>esomeprazole sodium intravenous recon soln 40</i>		FANAPT ORAL TABLET 8 MG.....	27
<i>mg.....</i>	52	FANAPT ORAL TABLETS,DOSE PACK.....	27
ESOMEPRAZOLE STRONTIUM ORAL		FARESTON.....	18
CAPSULE,DELAYED RELEASE(DR/EC)		FARYDAK ORAL CAPSULE 10 MG.....	18
49.3 MG.....	52	FARYDAK ORAL CAPSULE 15 MG, 20	
<i>estarylla.....</i>	57	MG.....	18
ESTRACE VAGINAL.....	57	FASLODEX.....	18
<i>estradiol oral.....</i>	57	<i>felbamate.....</i>	27
<i>estradiol transdermal patch weekly.....</i>	57	FELBATOL ORAL TABLET 400 MG.....	27
<i>estradiol vaginal.....</i>	57	<i>felodipine.....</i>	38
<i>estradiol valerate intramuscular oil 20 mg/ml, 40</i>		FEMRING.....	57
<i>mg/ml.....</i>	57	<i>fenofibrate micronized oral capsule 130 mg.....</i>	38
ESTRING.....	57		

<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	38
<i>fenofibrate nanocrystallized oral tablet 48 mg, 145 mg</i>	38
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	38
<i>fenofibric acid</i>	38
<i>fenofibric acid (choline) oral capsule, delayed release(dr/lec) 135 mg</i>	38
<i>fenofibric acid (choline) oral capsule, delayed release(dr/lec) 45 mg</i>	38
<i>fenoprofen oral tablet</i>	27
<i>fentanyl citrate</i>	27
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	27
<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	27
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK.....	27
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG.....	27
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG.....	27
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG.....	27
FINACEA.....	43
<i>finasteride oral tablet 5 mg</i>	62
FIRAZYR.....	61
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG.....	18
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG.....	18
FLAREX.....	59
<i>flavoxate</i>	62
<i>flecainide</i>	38
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION.....	61
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION.....	61
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION.....	61
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION.....	61

FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION.....	61
<i>fluconazole in dextrose(iso-o)</i>	12
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML.....	12
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	12
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	12
<i>fluconazole oral suspension for reconstitution</i>	12
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i>	12
<i>fluconazole oral tablet 50 mg</i>	12
<i>flucytosine oral capsule 250 mg</i>	12
<i>flucytosine oral capsule 500 mg</i>	12
<i>fludarabine intravenous recon soln</i>	18
<i>fludarabine intravenous solution</i>	18
<i>fludrocortisone</i>	47
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	61
<i>fluocinolone acetonide oil otic</i>	46
<i>fluocinolone and shower cap</i>	43
<i>fluocinolone topical cream</i>	43
<i>fluocinolone topical oil</i>	43
<i>fluocinolone topical ointment</i>	43
<i>fluocinolone topical solution</i>	43
<i>fluocinonide topical cream 0.05 %</i>	43
<i>fluocinonide topical cream 0.1 %</i>	43
<i>fluocinonide topical gel</i>	43
<i>fluocinonide topical ointment</i>	43
<i>fluocinonide topical solution</i>	43
<i>fluocinonide-e</i>	43
FLUOCINONIDE-EMOLLIENT.....	43
<i>fluoride (sodium) oral tablet</i>	63
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	63
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	63
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	63
<i>fluorometholone</i>	59
<i>fluorouracil intravenous</i>	18
<i>fluorouracil topical cream 5 %</i>	43
<i>fluorouracil topical solution</i>	43
<i>fluoxetine oral capsule 10 mg</i>	27

<i>fluoxetine oral capsule 20 mg</i>	27	FYCOMPA ORAL TABLET 2 MG.....	27
<i>fluoxetine oral capsule 40 mg</i>	27	FYCOMPA ORAL TABLET 4 MG.....	27
<i>fluoxetine oral solution</i>	27	FYCOMPA ORAL TABLET 6 MG.....	27
<i>fluoxetine oral tablet 10 mg</i>	27	FYCOMPA ORAL TABLET 8 MG.....	27
<i>fluoxetine oral tablet 20 mg</i>	27	<i>gabapentin oral capsule 100 mg</i>	27
FLUOXETINE ORAL TABLET 60 MG.....	27	<i>gabapentin oral capsule 300 mg</i>	27
<i>fluphenazine decanoate</i>	27	<i>gabapentin oral capsule 400 mg</i>	27
<i>fluphenazine hcl injection</i>	27	<i>gabapentin oral solution 250 mg/5 ml</i>	27
<i>fluphenazine hcl oral</i>	27	<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300</i>	
<i>flurbiprofen</i>	27	<i>mg/6 ml (6 ml)</i>	28
<i>flurbiprofen ophthalmic drops</i>	59	<i>gabapentin oral tablet 600 mg</i>	28
<i>flutamide</i>	18	<i>gabapentin oral tablet 800 mg</i>	28
<i>fluticasone nasal</i>	61	GABITRIL ORAL TABLET 12 MG.....	28
<i>fluticasone topical cream</i>	43	GABITRIL ORAL TABLET 16 MG.....	28
<i>fluticasone topical lotion</i>	43	<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	28
<i>fluticasone topical ointment</i>	43	<i>galantamine oral solution</i>	28
<i>fluvastatin oral tablet extended release 24 hr</i>	38	<i>galantamine oral tablet</i>	28
<i>fluvoxamine oral tablet 100 mg</i>	27	GAMUNEX-C.....	54
<i>fluvoxamine oral tablet 25 mg</i>	27	<i>ganciclovir sodium intravenous recon soln</i>	12
<i>fluvoxamine oral tablet 50 mg</i>	27	GARDASIL 9 (PF).....	54
FML FORTE.....	59	GATTEX 30-VIAL.....	52
FML S.O.P.....	59	GATTEX ONE-VIAL.....	52
FOLOTYN.....	18	<i>gauze pads 2 x 2</i>	48
<i>fomepizole</i>	54	<i>gavilyte-c</i>	52
<i>fondaparinux subcutaneous syringe 10 mg/0.8</i>		<i>gavilyte-g</i>	52
<i>ml</i>	38	<i>gavilyte-n</i>	52
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5</i>		GAZYVA.....	19
<i>ml</i>	38	<i>gemcitabine intravenous recon soln 1 gram, 200</i>	
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	38	<i>mg</i>	19
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6</i>		<i>gemcitabine intravenous recon soln 2 gram</i>	19
<i>ml</i>	38	<i>gemcitabine intravenous solution 1 gram/26.3 ml</i>	
FORTEO.....	56	<i>(38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	19
FOSAMAX ORAL TABLET 70 MG.....	56	GEMCITABINE INTRAVENOUS SOLUTION	
FOSAMAX PLUS D.....	56	100 MG/ML.....	19
<i>fosamprenavir</i>	12	<i>gemcitabine intravenous solution 2 gram/52.6 ml</i>	
<i>fosinopril</i>	38	<i>(38 mg/ml)</i>	19
<i>fosinopril-hydrochlorothiazide</i>	38	<i>gemfibrozil</i>	38
<i>fosphenytoin</i>	27	<i>generlac</i>	52
<i>freamine iii 10 %</i>	63	<i>engraf oral capsule 100 mg</i>	19
<i>furosemide injection</i>	38	<i>engraf oral capsule 25 mg</i>	19
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8</i>		<i>engraf oral solution</i>	19
<i>mg/ml)</i>	38	<i>gentak ophthalmic (eye) ointment</i>	59
<i>furosemide oral tablet</i>	38	<i>gentamicin in nacl (iso-osm) intravenous piggyback</i>	
FUZEON SUBCUTANEOUS RECON		<i>100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	12
SOLN.....	12	GENTAMICIN IN NACL (ISO-OSM)	
FYCOMPA ORAL SUSPENSION.....	27	INTRAVENOUS PIGGYBACK 100 MG/50	
FYCOMPA ORAL TABLET 10 MG, 12		ML, 120 MG/100 ML.....	12
MG.....	27		

<i>gentamicin in nacl (iso-osm) intravenous piggyback</i>		GLUCOTROL XL ORAL TABLET	
70 mg/50 ml, 80 mg/100 ml, 90 mg/100 ml.....	12	EXTENDED RELEASE 24HR 10 MG.....	48
<i>gentamicin injection</i>	12	GLUCOTROL XL ORAL TABLET	
<i>gentamicin ophthalmic (eye) drops</i>	59	EXTENDED RELEASE 24HR 2.5 MG.....	48
<i>gentamicin ophthalmic (eye) ointment</i>	59	GLUCOTROL XL ORAL TABLET	
<i>gentamicin sulfate (ped) (pf)</i>	12	EXTENDED RELEASE 24HR 5 MG.....	48
<i>gentamicin sulfate (pf) intravenous solution 100 mg/</i>		GLUCOVANCE ORAL TABLET 2.5-500	
10 ml.....	12	MG.....	48
GENTAMICIN SULFATE (PF)		GLUCOVANCE ORAL TABLET 5-500	
INTRAVENOUS SOLUTION 60 MG/6		MG.....	48
ML.....	12	<i>glyburide micronized oral tablet 1.5 mg</i>	48
<i>gentamicin topical</i>	43	<i>glyburide micronized oral tablet 3 mg</i>	48
GENVOYA.....	12	<i>glyburide micronized oral tablet 6 mg</i>	48
GEODON INTRAMUSCULAR.....	28	<i>glyburide oral tablet 1.25 mg</i>	48
GILENYA ORAL CAPSULE 0.5 MG.....	28	<i>glyburide oral tablet 2.5 mg</i>	48
GILOTRIF.....	19	<i>glyburide oral tablet 5 mg</i>	48
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	28	<i>glyburide-metformin oral tablet 1.25-250 mg</i>	48
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	28	<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500</i>	
<i>glatopa subcutaneous syringe 20 mg/ml</i>	28	<i>mg</i>	48
<i>glatopa subcutaneous syringe 40 mg/ml</i>	28	<i>glycopyrrolate injection</i>	52
GLEOSTINE.....	19	<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	52
<i>glimepiride oral tablet 1 mg</i>	48	GOLYTELY.....	52
<i>glimepiride oral tablet 2 mg</i>	48	<i>granisetron (pf)</i>	52
<i>glimepiride oral tablet 4 mg</i>	48	<i>granisetron hcl intravenous</i>	52
<i>glipizide oral tablet 10 mg</i>	48	<i>granisetron hcl oral</i>	52
<i>glipizide oral tablet 5 mg</i>	48	<i>griseofulvin microsize</i>	12
<i>glipizide oral tablet extended release 24hr 10</i>		<i>griseofulvin ultramicrosize</i>	12
<i>mg</i>	48	<i>guanfacine oral tablet</i>	38
<i>glipizide oral tablet extended release 24hr 2.5</i>		<i>guanfacine oral tablet extended release 24 hr</i>	28
<i>mg</i>	48	<i>guanidine</i>	28
<i>glipizide oral tablet extended release 24hr 5 mg</i>	48	HALAVEN.....	19
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	48	<i>halobetasol propionate</i>	43
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500</i>		HALOG.....	43
<i>mg</i>	48	<i>haloperidol decanoate</i>	28
GLUCAGEN HYPOKIT.....	48	<i>haloperidol lactate injection</i>	28
GLUCAGON EMERGENCY KIT		<i>haloperidol lactate intramuscular</i>	28
(HUMAN).....	48	<i>haloperidol lactate oral</i>	28
GLUCOPHAGE ORAL TABLET 1,000		<i>haloperidol oral tablet 0.5 mg</i>	28
MG.....	48	<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg,</i>	
GLUCOPHAGE ORAL TABLET 500 MG.....	48	<i>5 mg</i>	28
GLUCOPHAGE ORAL TABLET 850 MG.....	48	HARVONI.....	12
GLUCOPHAGE XR ORAL TABLET		HAVRIX (PF) INTRAMUSCULAR	
EXTENDED RELEASE 24 HR 500 MG.....	48	SUSPENSION 1,440 ELISA UNIT/ML.....	54
GLUCOPHAGE XR ORAL TABLET		HAVRIX (PF) INTRAMUSCULAR	
EXTENDED RELEASE 24 HR 750 MG.....	48	SUSPENSION 720 ELISA UNIT/0.5 ML.....	54
GLUCOTROL ORAL TABLET 10 MG.....	48	HAVRIX (PF) INTRAMUSCULAR SYRINGE	
GLUCOTROL ORAL TABLET 5 MG.....	48	1,440 ELISA UNIT/ML.....	54

HAVRIX (PF) INTRAMUSCULAR SYRINGE		
720 ELISA UNIT/0.5 ML.....	54	
<i>heather</i>	57	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	38	
<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>	39	
<i>heparin (porcine) in nacl (pf)</i>	39	
<i>heparin (porcine) injection cartridge</i>	39	
<i>heparin (porcine) injection solution</i>	39	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	39	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML.....	39	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	39	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	39	
<i>heparin, porcine (pf) injection</i>	39	
HEPATAMINE 8%.....	63	
HERCEPTIN.....	19	
HETLIOZ.....	28	
HEXALEN.....	19	
HIBERIX (PF).....	54	
HUMALOG JUNIOR KWIKPEN U-100.....	48	
HUMALOG KWIKPEN INSULIN.....	48	
HUMALOG MIX 50-50 INSULN U-100.....	48	
HUMALOG MIX 50-50 KWIKPEN.....	48	
HUMALOG MIX 75-25 KWIKPEN.....	48	
HUMALOG MIX 75-25(U-100)INSULN.....	48	
HUMALOG U-100 INSULIN.....	48	
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK).....	56	
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML.....	56	
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML.....	56	
HUMIRA PEN.....	56	
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML.....	56	
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML.....	56	
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML.....	56	
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML.....	56	
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML.....	56	
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML.....	56	
HUMULIN 70/30 U-100 INSULIN.....	49	
HUMULIN 70/30 U-100 KWIKPEN.....	49	
HUMULIN N NPH INSULIN KWIKPEN.....	49	
HUMULIN N NPH U-100 INSULIN.....	49	
HUMULIN R REGULAR U-100 INSULN.....	49	
HUMULIN R U-500 (CONC) INSULIN.....	49	
HUMULIN R U-500 (CONC) KWIKPEN.....	49	
<i>hydralazine injection</i>	39	
<i>hydralazine oral</i>	39	
<i>hydrochlorothiazide</i>	39	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	28	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	28	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	28	
<i>hydrocortisone butyr-emollient</i>	43	
<i>hydrocortisone butyrate topical cream</i>	43	
<i>hydrocortisone butyrate topical lotion</i>	43	
<i>hydrocortisone butyrate topical ointment</i>	43	
<i>hydrocortisone butyrate topical solution</i>	43	
<i>hydrocortisone oral</i>	49	
<i>hydrocortisone rectal</i>	52	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	43	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	52	
<i>hydrocortisone topical lotion 2.5 %</i>	43	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	43	
<i>hydrocortisone valerate topical cream</i>	44	
<i>hydrocortisone valerate topical ointment</i>	44	
<i>hydrocortisone-acetic acid</i>	46	
<i>hydrocortisone-min oil-wht pet</i>	44	
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML.....	28	

<i>hydromorphone (pf) injection solution 10 mg/ml</i>	28	<i>imipenem-cilastatin intravenous recon soln 250</i> mg.....	12
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	28	<i>imipenem-cilastatin intravenous recon soln 500</i> mg.....	12
<i>hydromorphone (pf) injection solution 4 mg/ml</i>	28	<i>imipramine hcl</i>	28
HYDROMORPHONE INJECTION		<i>imiquimod topical cream in packet</i>	44
SOLUTION 1 MG/ML.....	28	IMOVAX RABIES VACCINE (PF)	54
<i>hydromorphone injection solution 2 mg/ml</i>	28	INCRELEX	45
HYDROMORPHONE INJECTION		<i>indapamide</i>	39
SOLUTION 4 MG/ML.....	28	INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION.....	54
<i>hydromorphone injection syringe 1 mg/ml</i>	28	INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE.....	54
<i>hydromorphone injection syringe 2 mg/ml</i>	28	INLYTA ORAL TABLET 1 MG	19
<i>hydromorphone injection syringe 4 mg/ml</i>	28	INLYTA ORAL TABLET 5 MG	19
<i>hydromorphone oral liquid</i>	28	INSULIN PEN NEEDLE	49
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	28	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML.....	49
<i>hydromorphone oral tablet 8 mg</i>	28	INTELENCE ORAL TABLET 100 MG	12
<i>hydroxychloroquine</i>	12	INTELENCE ORAL TABLET 200 MG	12
<i>hydroxyprogesterone caproate</i>	57	INTELENCE ORAL TABLET 25 MG	12
<i>hydroxyurea</i>	19	<i>intralipid intravenous emulsion 20 %</i>	63
<i>hydroxyzine hcl intramuscular</i>	61	INTRALIPID INTRAVENOUS EMULSION 30 %.....	64
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	61	INTRON A INJECTION	54
<i>hydroxyzine hcl oral tablet</i>	61	<i>introvale</i>	57
HYPERRAB (PF)	54	INVANZ INTRAVENOUS	12
HYZAAR	39	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML.....	29
<i>ibandronate intravenous solution</i>	56	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML.....	29
<i>ibandronate intravenous syringe</i>	56	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML.....	29
<i>ibandronate oral</i>	56	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML.....	29
IBRANCE	19	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML.....	29
<i>ibu oral tablet 600 mg, 800 mg</i>	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML.....	29
<i>ibuprofen oral suspension</i>	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML.....	29
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML.....	29
<i>ibuprofen-oxycodone</i>	28	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML.....	29
ICLUSIG ORAL TABLET 15 MG	19	INVIRASE ORAL CAPSULE	12
ICLUSIG ORAL TABLET 45 MG	19	INVIRASE ORAL TABLET	13
<i>idarubicin</i>	19	IONOSOL-B IN D5W	64
IDHIFA ORAL TABLET 100 MG	19	IONOSOL-MB IN D5W	64
IDHIFA ORAL TABLET 50 MG	19		
<i>ifosfamide intravenous recon soln</i>	19		
<i>ifosfamide intravenous solution</i>	19		
ILARIS (PF) SUBCUTANEOUS SOLUTION.....	54		
ILEVRO	59		
<i>imatinib oral tablet 100 mg</i>	19		
<i>imatinib oral tablet 400 mg</i>	19		
IMBRUVICA ORAL CAPSULE 140 MG	19		
IMBRUVICA ORAL CAPSULE 70 MG	19		
IMBRUVICA ORAL TABLET	19		
IMFINZI	19		

IOPIDINE OPHTHALMIC (EYE)	
DROPPERETTE.....	59
IOPIDINE OPHTHALMIC (EYE) DROPS.....	59
IPOL.....	54
<i>ipratropium bromide inhalation</i>	61
<i>ipratropium bromide nasal</i>	46
<i>ipratropium-albuterol</i>	61
<i>irbesartan</i>	39
<i>irbesartan-hydrochlorothiazide</i>	39
IRESSA.....	19
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	19
<i>irinotecan intravenous solution 500 mg/25 ml</i>	19
ISENTRESS HD.....	13
ISENTRESS ORAL POWDER IN PACKET.....	13
ISENTRESS ORAL TABLET.....	13
ISENTRESS ORAL TABLET,CHEWABLE 100 MG.....	13
ISENTRESS ORAL TABLET,CHEWABLE 25 MG.....	13
ISOLYTE S PH 7.4.....	64
ISOLYTE-P IN 5 % DEXTROSE.....	64
ISOLYTE-S.....	64
<i>isoniazid injection</i>	13
<i>isoniazid oral solution</i>	13
<i>isoniazid oral tablet</i>	13
ISOPTO CARPINE.....	59
ISORDIL.....	39
<i>isosorbide dinitrate oral tablet</i>	39
<i>isosorbide dinitrate oral tablet extended release</i>	39
<i>isosorbide mononitrate oral tablet</i>	39
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>	39
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	39
<i>isradipine</i>	39
ISTALOL.....	59
ISTODAX.....	19
<i>itraconazole oral capsule</i>	13
<i>ivermectin</i>	13
IXEMPRA.....	19
IXIARO (PF).....	54
JAKAFI ORAL TABLET 10 MG.....	19
JAKAFI ORAL TABLET 15 MG.....	19
JAKAFI ORAL TABLET 20 MG.....	19
JAKAFI ORAL TABLET 25 MG.....	19
JAKAFI ORAL TABLET 5 MG.....	19
JALYN.....	62
<i>jantoven</i>	39
JANUMET.....	49
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG.....	49
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG.....	49
JANUVIA ORAL TABLET 100 MG.....	49
JANUVIA ORAL TABLET 25 MG.....	49
JANUVIA ORAL TABLET 50 MG.....	49
JARDIANCE.....	49
JENTADUETO.....	49
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG.....	49
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG.....	49
JEVTANA.....	19
<i>jinteli</i>	57
<i>jolessa</i>	57
<i>jolivet</i>	57
JULUCA.....	13
<i>junel 1.5/30 (21)</i>	57
<i>junel 1/20 (21)</i>	57
<i>junel fe 1.5/30 (28)</i>	57
<i>junel fe 1/20 (28)</i>	57
<i>k-effervescent</i>	64
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ.....	64
<i>k-tab oral tablet extended release 8 meq</i>	64
KADCYLA.....	19
KALETRA ORAL TABLET 100-25 MG.....	13
KALETRA ORAL TABLET 200-50 MG.....	13
KALYDECO ORAL TABLET.....	61
<i>kariva (28)</i>	57
KEDRAB (PF).....	54
<i>kelnor 1/35 (28)</i>	57
KENALOG TOPICAL.....	44
<i>ketoconazole oral</i>	13
<i>ketoconazole topical cream</i>	44
<i>ketoconazole topical shampoo</i>	44
<i>ketoprofen oral capsule 25 mg</i>	29
<i>ketoprofen oral capsule 75 mg</i>	29
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	29
<i>ketorolac ophthalmic (eye)</i>	59
<i>ketorolac oral</i>	29

KEYTRUDA INTRAVENOUS	
SOLUTION.....	19
KHEDEZLA ORAL TABLET EXTENDED	
RELEASE 24HR 100 MG.....	29
KHEDEZLA ORAL TABLET EXTENDED	
RELEASE 24HR 50 MG.....	29
KINRIX (PF) INTRAMUSCULAR	
SUSPENSION.....	54
KINRIX (PF) INTRAMUSCULAR	
SYRINGE.....	54
<i>kionex (with sorbitol)</i>	45
KISQALI FEMARA CO-PACK ORAL TABLET	
200 MG/DAY(200 MG X 1)-2.5 MG.....	19
KISQALI FEMARA CO-PACK ORAL TABLET	
400 MG/DAY(200 MG X 2)-2.5 MG.....	19
KISQALI FEMARA CO-PACK ORAL TABLET	
600 MG/DAY(200 MG X 3)-2.5 MG.....	19
KISQALI ORAL TABLET 200 MG/DAY (200	
MG X 1).....	20
KISQALI ORAL TABLET 400 MG/DAY (200	
MG X 2).....	20
KISQALI ORAL TABLET 600 MG/DAY (200	
MG X 3).....	20
<i>klor-con 10</i>	64
<i>klor-con 8</i>	64
<i>klor-con m10</i>	64
<i>klor-con m15</i>	64
<i>klor-con m20</i>	64
<i>klor-con/ef</i>	64
KORLYM.....	49
KRISTALOSE.....	52
KUVAN ORAL TABLET,SOLUBLE.....	49
KYPROLIS.....	20
<i>labetalol intravenous solution</i>	39
<i>labetalol oral</i>	39
LACRISERT.....	59
<i>lactated ringers intravenous</i>	64
<i>lactated ringers irrigation</i>	46
<i>lactulose oral solution</i>	52
<i>lamivudine oral solution</i>	13
<i>lamivudine oral tablet 100 mg</i>	13
<i>lamivudine oral tablet 150 mg</i>	13
<i>lamivudine oral tablet 300 mg</i>	13
<i>lamivudine-zidovudine</i>	13
<i>lamotrigine oral tablet</i>	29
<i>lamotrigine oral tablet, chewable dispersible</i>	29
LANOXIN ORAL TABLET 125 MCG, 62.5	
MCG.....	39
LANOXIN ORAL TABLET 250 MCG.....	39
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	52
LANTUS SOLOSTAR U-100 INSULIN.....	49
LANTUS U-100 INSULIN.....	49
LARTRUVO.....	20
<i>latanoprost</i>	59
LATUDA ORAL TABLET 120 MG, 60	
MG.....	29
LATUDA ORAL TABLET 20 MG.....	29
LATUDA ORAL TABLET 40 MG.....	29
LATUDA ORAL TABLET 80 MG.....	29
<i>leena 28</i>	57
<i>leflunomide</i>	56
LENVIMA ORAL CAPSULE 10 MG/DAY (10	
MG X 1), 12 MG/DAY (4 MG X 3), 4	
MG.....	20
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).....	20
LENVIMA ORAL CAPSULE 18 MG/DAY (10	
MG X 1-4 MG X2), 24 MG/DAY(10 MG X	
2-4 MG X 1).....	20
LESCOL XL.....	39
<i>lessina</i>	57
LETAIRIS.....	61
<i>letrozole</i>	20
<i>leucovorin calcium injection recon soln 100 mg, 200</i>	
<i>mg, 350 mg, 50 mg</i>	20
<i>leucovorin calcium injection recon soln 500 mg</i>	20
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5</i>	
<i>mg</i>	20
<i>leucovorin calcium oral tablet 25 mg</i>	20
LEUKERAN.....	20
<i>leuprolide subcutaneous kit</i>	20
<i>levalbuterol hcl inhalation solution for nebulization</i>	
<i>0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3</i>	
<i>ml</i>	61
<i>levalbuterol hcl inhalation solution for nebulization</i>	
<i>0.63 mg/3 ml</i>	62
LEVALBUTEROL HFA INHALER.....	62
LEVETIRACETAM IN NACL (ISO-OS)	
INTRAVENOUS PIGGYBACK 1,000 MG/	
100 ML, 1,500 MG/100 ML.....	29
LEVETIRACETAM IN NACL (ISO-OS)	
INTRAVENOUS PIGGYBACK 500 MG/100	
ML.....	29
<i>levetiracetam intravenous</i>	29
<i>levetiracetam oral solution 100 mg/ml</i>	29

<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	29	<i>lidocaine viscous</i>	44
<i>levetiracetam oral tablet</i>	29	<i>lidocaine-prilocaine topical cream</i>	44
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	29	<i>lindane topical shampoo</i>	44
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	29	<i>linezolid in dextrose 5%</i>	13
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	59	<i>linezolid oral suspension for reconstitution</i>	13
<i>levocarnitine (with sugar)</i>	46	<i>linezolid oral tablet</i>	13
<i>levocarnitine oral tablet</i>	46	<i>linezolid-0.9% sodium chloride</i>	13
<i>levocetirizine oral tablet</i>	62	LINZESS.....	52
<i>levofloxacin in d5w intravenous piggyback 250 mg/ 50 ml</i>	13	<i>liothyronine intravenous</i>	49
<i>levofloxacin in d5w intravenous piggyback 500 mg/ 100 ml, 750 mg/150 ml</i>	13	<i>liothyronine oral</i>	49
<i>levofloxacin intravenous</i>	13	LIPITOR ORAL TABLET 10 MG.....	39
<i>levofloxacin ophthalmic (eye)</i>	59	<i>lisinopril</i>	39
<i>levofloxacin oral solution</i>	13	<i>lisinopril-hydrochlorothiazide</i>	39
<i>levofloxacin oral tablet</i>	13	<i>lithium carbonate oral capsule</i>	29
<i>levoleucovorin intravenous recon soln 50 mg</i>	20	<i>lithium carbonate oral tablet</i>	29
<i>levonest (28)</i>	57	<i>lithium carbonate oral tablet extended release</i>	29
<i>levonorg-eth estrad triphasic</i>	57	<i>lithium citrate oral solution 8 meq/5 ml</i>	29
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	57	LIVALO.....	39
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	58	LOCOID LIPOCREAM.....	44
<i>levora-28</i>	58	LOCOID TOPICAL LOTION.....	44
<i>levorphanol tartrate</i>	29	LONSURF.....	20
<i>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</i>	49	<i>loperamide oral capsule</i>	52
<i>levothyroxine oral tablet 300 mcg</i>	49	LOPID.....	39
<i>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</i>	49	<i>lopinavir-ritonavir</i>	13
LEXIVA ORAL SUSPENSION.....	13	LOPRESSOR ORAL TABLET 50 MG.....	39
LEXIVA ORAL TABLET.....	13	<i>lorazepam intensol</i>	29
LIALDA.....	52	<i>lorazepam oral</i>	29
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	44	<i>loryna (28)</i>	58
<i>lidocaine hcl injection solution 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	44	<i>losartan</i>	39
<i>lidocaine hcl mucous membrane jelly</i>	44	<i>losartan-hydrochlorothiazide</i>	39
<i>lidocaine hcl mucous membrane jelly in applicator</i>	44	LOTEMAX OPHTHALMIC (EYE) DROPS, SUSPENSION.....	59
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	44	LOTEMAX OPHTHALMIC (EYE) OINTMENT.....	59
<i>lidocaine topical adhesive patch,medicated</i>	44	LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG.....	39
<i>lidocaine topical ointment</i>	44	<i>lovastatin</i>	39
		<i>low-ogestrel (28)</i>	58
		<i>loxapine succinate</i>	29
		<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	64
		<i>ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	64
		LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %.....	59
		LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG.....	20

LUPRON DEPOT-PED INTRAMUSCULAR	
KIT 7.5 MG (PED).....	20
<i>luter</i> (28).....	58
LYNPARZA ORAL CAPSULE.....	20
LYNPARZA ORAL TABLET.....	20
LYRICA ORAL CAPSULE 100 MG.....	29
LYRICA ORAL CAPSULE 150 MG.....	29
LYRICA ORAL CAPSULE 200 MG.....	30
LYRICA ORAL CAPSULE 225 MG, 300	
MG.....	30
LYRICA ORAL CAPSULE 25 MG.....	30
LYRICA ORAL CAPSULE 50 MG.....	30
LYRICA ORAL CAPSULE 75 MG.....	30
LYRICA ORAL SOLUTION.....	30
LYSODREN.....	20
<i>lyza</i>	58
M-M-R II (PF).....	54
<i>magnesium sulfate in water intravenous parenteral</i>	
<i>solution</i>	64
<i>magnesium sulfate in water intravenous piggyback</i>	
<i>2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	64
<i>magnesium sulfate in water intravenous piggyback</i>	
<i>4 gram/100 ml (4 %)</i>	64
<i>magnesium sulfate injection solution</i>	64
<i>magnesium sulfate injection syringe</i>	64
<i>malathion</i>	44
<i>maprotiline oral tablet 25 mg</i>	30
<i>maprotiline oral tablet 50 mg</i>	30
<i>maprotiline oral tablet 75 mg</i>	30
<i>marlissa</i>	58
MARPLAN.....	30
MARQIBO.....	20
MATULANE.....	20
<i>matzim la</i>	39
MAXIDEX.....	59
MAXZIDE.....	39
MAXZIDE-25MG.....	39
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	52
<i>meclofenamate oral capsule 100 mg</i>	30
<i>meclofenamate oral capsule 50 mg</i>	30
MEDROL ORAL TABLET 2 MG.....	49
<i>medroxyprogesterone intramuscular</i>	58
<i>medroxyprogesterone oral</i>	58
<i>mefenamic acid</i>	30
<i>mefloquine</i>	13
<i>megestrol oral suspension 400 mg/10 ml (10 ml),</i>	
<i>800 mg/20 ml (20 ml)</i>	20

<i>megestrol oral suspension 400 mg/10 ml (40 mg/</i>	
<i>ml)</i>	20
<i>megestrol oral tablet</i>	20
MEKINIST ORAL TABLET 0.5 MG.....	20
MEKINIST ORAL TABLET 2 MG.....	20
MEKTOVI.....	20
<i>meloxicam oral tablet</i>	30
<i>melphalan</i>	20
<i>melphalan hcl</i>	20
<i>memantine oral capsule,sprinkle,er 24hr</i>	30
<i>memantine oral solution</i>	30
<i>memantine oral tablet 10 mg</i>	30
<i>memantine oral tablet 5 mg</i>	30
MENACTRA (PF) INTRAMUSCULAR	
SOLUTION.....	55
MENEST.....	58
MENTAX.....	44
MENVEO A-C-Y-W-135-DIP (PF).....	55
<i>mercaptopurine</i>	20
<i>meropenem</i>	13
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2</i>	
<i>gram</i>	52
MESALAMINE ORAL TABLET,DELAYED	
RELEASE (DR/EC) 800 MG.....	52
<i>mesalamine rectal</i>	52
<i>mesalamine with cleansing wipe</i>	52
<i>mesna</i>	20
MESNEX ORAL.....	20
MESTINON ORAL SYRUP.....	30
<i>metaproterenol</i>	62
<i>metformin oral tablet 1,000 mg</i>	49
<i>metformin oral tablet 500 mg</i>	49
<i>metformin oral tablet 850 mg</i>	49
<i>metformin oral tablet extended release 24 hr 500</i>	
<i>mg</i>	49
<i>metformin oral tablet extended release 24 hr 750</i>	
<i>mg</i>	49
<i>metformin oral tablet extended release 24hr 1,000</i>	
<i>mg</i>	49
<i>methadone injection solution</i>	30
<i>methadone intensol</i>	30
<i>methadone oral concentrate</i>	30
<i>methadone oral solution 10 mg/5 ml</i>	30
<i>methadone oral solution 5 mg/5 ml</i>	30
<i>methadone oral tablet 10 mg</i>	30
<i>methadone oral tablet 5 mg</i>	30
<i>methadose oral concentrate</i>	30
<i>methazolamide</i>	59

<i>methenamine hippurate</i>	13	<i>miconazole-3 vaginal suppository</i>	58
<i>methenamine mandelate</i>	13	<i>microgestin 1.5/30 (21)</i>	58
<i>methimazole oral tablet 10 mg</i>	49	<i>microgestin 1/20 (21)</i>	58
<i>methimazole oral tablet 5 mg</i>	49	<i>microgestin fe 1.5/30 (28)</i>	58
<i>methotrexate sodium (pf) injection recon soln</i>	20	<i>microgestin fe 1/20 (28)</i>	58
<i>methotrexate sodium (pf) injection solution</i>	20	MICROZIDE	39
<i>methotrexate sodium injection</i>	20	<i>midodrine oral tablet 10 mg</i>	46
<i>methotrexate sodium oral</i>	20	<i>midodrine oral tablet 2.5 mg, 5 mg</i>	46
<i>methoxsalen</i>	44	<i>migergot</i>	30
<i>methscopolamine oral tablet 2.5 mg</i>	52	<i>miglitol oral tablet 100 mg</i>	50
<i>methscopolamine oral tablet 5 mg</i>	53	<i>miglitol oral tablet 25 mg</i>	50
<i>methyclothiazide</i>	39	<i>miglitol oral tablet 50 mg</i>	50
<i>methyldopa oral tablet 250 mg</i>	39	<i>miglustat</i>	50
<i>methyldopa oral tablet 500 mg</i>	39	<i>millipred dp</i>	50
<i>methylergonovine oral</i>	58	<i>millipred oral tablet</i>	50
<i>methyphenidate hcl oral tablet</i>	30	MINIPRESS ORAL CAPSULE 2 MG	40
<i>methylprednisolone</i>	49	<i>minocycline oral capsule 100 mg, 75 mg</i>	13
<i>methylprednisolone acetate</i>	49	<i>minocycline oral capsule 50 mg</i>	13
<i>methylprednisolone sodium succ injection recon soln</i>		<i>minocycline oral tablet 100 mg, 75 mg</i>	13
<i>125 mg, 40 mg</i>	50	<i>minocycline oral tablet 50 mg</i>	13
<i>methylprednisolone sodium succ intravenous</i>	50	<i>minoxidil oral</i>	40
<i>metipranolol</i>	59	MIRAPEX ORAL TABLET 0.25 MG, 0.75	
<i>metoclopramide hcl injection solution</i>	53	MG	30
<i>metoclopramide hcl injection syringe</i>	53	<i>mirtazapine oral tablet 15 mg</i>	30
<i>metoclopramide hcl oral solution</i>	53	<i>mirtazapine oral tablet 30 mg</i>	30
<i>metoclopramide hcl oral tablet</i>	53	<i>mirtazapine oral tablet 45 mg</i>	30
<i>metolazone</i>	39	<i>mirtazapine oral tablet 7.5 mg</i>	30
<i>metoprolol succinate</i>	39	<i>mirtazapine oral tablet,disintegrating 15 mg</i>	30
<i>metoprolol tartrate intravenous solution</i>	39	<i>mirtazapine oral tablet,disintegrating 30 mg</i>	30
<i>metoprolol tartrate intravenous syringe</i>	39	<i>mirtazapine oral tablet,disintegrating 45 mg</i>	30
<i>metoprolol tartrate oral</i>	39	<i>misoprostol</i>	53
<i>metoprolol tartrate-hydrochlorothiazide oral</i>		<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	20
<i>tablet</i>	39	<i>mitomycin intravenous recon soln 40 mg</i>	20
<i>metro i.v.</i>	13	<i>mitoxantrone</i>	20
<i>metronidazole in nacl (iso-os)</i>	13	<i>modafinil oral tablet 100 mg</i>	30
<i>metronidazole oral capsule</i>	13	<i>modafinil oral tablet 200 mg</i>	30
<i>metronidazole oral tablet 250 mg</i>	13	<i>moexipril</i>	40
<i>metronidazole oral tablet 500 mg</i>	13	<i>moexipril-hydrochlorothiazide</i>	40
<i>metronidazole topical cream</i>	44	<i>mometasone nasal</i>	62
<i>metronidazole topical gel 0.75 %</i>	44	<i>mometasone topical</i>	44
<i>metronidazole topical gel 1 %</i>	44	<i>mono-lynyah</i>	58
<i>metronidazole topical gel with pump</i>	44	<i>mononessa (28)</i>	58
<i>metronidazole topical lotion</i>	44	<i>montelukast oral granules in packet</i>	62
<i>metronidazole vaginal</i>	58	<i>montelukast oral tablet</i>	62
<i>mexiletine</i>	39	<i>montelukast oral tablet,chewable</i>	62
MIACALCIN INJECTION	50	MONUROL	13
MICARDIS	39	<i>morgidox oral capsule 50 mg</i>	13
MICARDIS HCT	39	<i>morphine (pf) injection solution 0.5 mg/ml</i>	30

<i>morphine (pf) injection solution 1 mg/ml</i>	30	MYLOTARG.....	21
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	30	<i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i>	44
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	30	MYRBETRIQ.....	63
<i>morphine concentrate oral solution</i>	30	<i>myzilra</i>	58
<i>morphine injection solution 10 mg/ml</i>	30	<i>nabumetone</i>	31
MORPHINE INJECTION SOLUTION 4 MG/ML.....	30	<i>nadolol</i>	40
<i>morphine injection solution 5 mg/ml</i>	30	<i>nadolol-bendroflumethiazide</i>	40
<i>morphine injection solution 8 mg/ml</i>	31	<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml</i>	13
<i>morphine injection syringe 10 mg/ml</i>	31	<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	13
<i>morphine injection syringe 2 mg/ml, 4 mg/ml</i>	31	<i>nafcillin injection recon soln 1 gram, 2 gram</i>	13
<i>morphine injection syringe 5 mg/ml</i>	31	<i>nafcillin injection recon soln 10 gram</i>	13
<i>morphine injection syringe 8 mg/ml</i>	31	<i>nafcillin intravenous</i>	13
<i>morphine intravenous cartridge 10 mg/ml</i>	31	NAFTIFINE TOPICAL CREAM 1 %.....	44
<i>morphine intravenous cartridge 2 mg/ml, 4 mg/ml</i>	31	<i>naftifine topical cream 2 %</i>	44
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML.....	31	NAFTIN TOPICAL CREAM 2 %.....	44
<i>morphine intravenous solution 10 mg/ml</i>	31	NAFTIN TOPICAL GEL.....	44
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML.....	31	NAGLAZYME.....	50
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	31	<i>nalbuphine injection solution 10 mg/ml</i>	31
<i>morphine oral solution 10 mg/5 ml</i>	31	<i>nalbuphine injection solution 20 mg/ml</i>	31
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	31	<i>naloxone injection solution</i>	31
<i>morphine oral tablet 15 mg</i>	31	<i>naloxone injection syringe 0.4 mg/ml</i>	31
<i>morphine oral tablet 30 mg</i>	31	<i>naloxone injection syringe 1 mg/ml</i>	31
<i>morphine oral tablet extended release 100 mg</i>	31	<i>naltrexone</i>	31
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	31	NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK.....	31
<i>morphine oral tablet extended release 200 mg</i>	31	NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR.....	31
MOVIPREP.....	53	NAMZARIC.....	31
<i>moxifloxacin in nacl (iso-osm)</i>	13	<i>naproxen oral suspension</i>	31
MOXIFLOXACIN OPHTHALMIC (EYE).....	59	<i>naproxen oral tablet</i>	31
<i>moxifloxacin oral</i>	13	<i>naproxen oral tablet,delayed release (dr/ec)</i>	31
MOZOBIL.....	55	<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	31
MULTAQ.....	40	<i>naratriptan</i>	31
<i>mupirocin calcium</i>	44	NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION.....	31
<i>mupirocin topical ointment</i>	44	NASONEX.....	62
MUSTARGEN.....	20	NATACYN.....	59
<i>mycophenolate mofetil hcl</i>	20	<i>nateglinide oral tablet 120 mg</i>	50
<i>mycophenolate mofetil oral capsule</i>	20	<i>nateglinide oral tablet 60 mg</i>	50
<i>mycophenolate mofetil oral suspension for reconstitution</i>	20	NATPARA.....	50
<i>mycophenolate mofetil oral tablet</i>	20	NEBUPENT.....	14
<i>mycophenolate sodium</i>	21	<i>necon 0.5/35 (28)</i>	58
		<i>necon 7/7/7 (28)</i>	58
		<i>needles, insulin disp.,safety</i>	50
		<i>nefazodone oral tablet 100 mg</i>	31
		<i>nefazodone oral tablet 150 mg</i>	31

<i>nefazodone oral tablet 200 mg</i>	31	NORDITROPIN FLEXPOR.....	55
<i>nefazodone oral tablet 250 mg</i>	31	<i>norethindrone (contraceptive)</i>	58
<i>nefazodone oral tablet 50 mg</i>	31	<i>norethindrone acetate</i>	58
<i>neo-polycin</i>	59	<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/ 0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	58
<i>neo-polycin hc</i>	59	NORMOSOL-M IN 5 % DEXTROSE.....	64
<i>neomycin</i>	14	NORMOSOL-R.....	64
<i>neomycin-bacitracin-poly-hc</i>	59	NORMOSOL-R IN 5 % DEXTROSE.....	64
<i>neomycin-bacitracin-polymyxin</i>	59	NORMOSOL-R PH 7.4.....	64
<i>neomycin-polymyxin b gu</i>	46	NORPACE ORAL CAPSULE 100 MG.....	40
<i>neomycin-polymyxin b-dexameth</i>	59	NORPACE ORAL CAPSULE 150 MG.....	40
<i>neomycin-polymyxin-gramicidin</i>	59	NORTHERA ORAL CAPSULE 100 MG.....	46
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	60	NORTHERA ORAL CAPSULE 200 MG.....	46
<i>neomycin-polymyxin-hc otic (ear)</i>	46	NORTHERA ORAL CAPSULE 300 MG.....	46
NEPHRAMINE 5.4 %.....	64	<i>nortrel 0.5/35 (28)</i>	58
NERLYNX.....	21	<i>nortrel 1/35 (21)</i>	58
NEULASTA.....	55	<i>nortrel 1/35 (28)</i>	58
NEUPOGEN.....	55	<i>nortrel 7/7/7 (28)</i>	58
NEUPRO.....	31	<i>nortriptyline oral capsule 10 mg, 25 mg</i>	31
NEVANAC.....	60	<i>nortriptyline oral capsule 50 mg, 75 mg</i>	31
<i>nevirapine oral suspension</i>	14	NORTRIPTYLINE ORAL SOLUTION.....	31
<i>nevirapine oral tablet</i>	14	NORVASC ORAL TABLET 10 MG.....	40
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	14	NORVASC ORAL TABLET 2.5 MG, 5 MG.....	40
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	14	NORVIR ORAL CAPSULE.....	14
NEXAVAR.....	21	NORVIR ORAL POWDER IN PACKET.....	14
<i>niacin oral tablet extended release 24 hr</i>	40	NORVIR ORAL SOLUTION.....	14
NIACOR.....	40	NORVIR ORAL TABLET.....	14
<i>nicardipine intravenous solution</i>	40	NOXAFIL ORAL SUSPENSION.....	14
<i>nicardipine oral</i>	40	NUEDEXTA.....	31
NICOTROL.....	46	NULOJIX.....	21
NICOTROL NS.....	46	NULYTELY WITH FLAVOR PACKS.....	53
<i>nifedipine oral tablet extended release</i>	40	NUPLAZID ORAL CAPSULE.....	31
<i>nifedipine oral tablet extended release 24hr</i>	40	NUPLAZID ORAL TABLET 10 MG.....	32
<i>nilutamide</i>	21	NUPLAZID ORAL TABLET 17 MG.....	32
<i>nimodipine</i>	40	NUVARING.....	58
NINLARO.....	21	<i>nyamyc</i>	44
NIPENT.....	21	<i>nystatin oral suspension</i>	14
<i>nitro-bid</i>	40	<i>nystatin oral tablet</i>	14
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	14	<i>nystatin topical</i>	44
<i>nitrofurantoin monohyd/m-cryst</i>	14	<i>nystatin-triamcinolone</i>	44
<i>nitroglycerin intravenous</i>	40	<i>nystop</i>	44
<i>nitroglycerin sublingual tablet 0.3 mg, 0.6 mg</i>	40	<i>ocella</i>	58
<i>nitroglycerin sublingual tablet 0.4 mg</i>	40	OCTAGAM.....	55
<i>nitroglycerin transdermal patch 24 hour</i>	40	<i>octreotide acetate injection solution 1,000 mcg/ ml</i>	21
<i>nizatidine oral capsule</i>	53	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	21
<i>nora-be</i>	58		

<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	21	ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG.....	46
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	21	ORFADIN ORAL CAPSULE 20 MG.....	46
ODEFSEY.....	14	ORFADIN ORAL SUSPENSION.....	46
ODOMZO.....	21	ORKAMBI ORAL TABLET.....	62
OFEV ORAL CAPSULE 150 MG.....	62	<i>orsythia</i>	58
<i>ofloxacin ophthalmic (eye)</i>	60	<i>oseltamivir</i>	14
<i>ofloxacin oral tablet 300 mg</i>	14	OSMOPREP.....	53
<i>ofloxacin oral tablet 400 mg</i>	14	<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	14
<i>ofloxacin otic (ear)</i>	46	<i>oxacillin injection recon soln 1 gram</i>	14
<i>ogestrel (28)</i>	58	<i>oxacillin injection recon soln 2 gram</i>	14
<i>okebo oral capsule 75 mg</i>	14	<i>oxaliplatin intravenous recon soln 100 mg</i>	21
<i>olanzapine intramuscular</i>	32	<i>oxaliplatin intravenous recon soln 50 mg</i>	21
<i>olanzapine oral tablet 10 mg</i>	32	<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	21
<i>olanzapine oral tablet 15 mg</i>	32	<i>oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	21
<i>olanzapine oral tablet 2.5 mg</i>	32	<i>oxandrolone oral tablet 10 mg</i>	50
<i>olanzapine oral tablet 20 mg</i>	32	<i>oxandrolone oral tablet 2.5 mg</i>	50
<i>olanzapine oral tablet 5 mg</i>	32	<i>oxaprozin</i>	32
<i>olanzapine oral tablet 7.5 mg</i>	32	<i>oxazepam</i>	32
<i>olanzapine oral tablet,disintegrating 10 mg</i>	32	<i>oxcarbazepine oral suspension</i>	32
<i>olanzapine oral tablet,disintegrating 15 mg</i>	32	<i>oxcarbazepine oral tablet</i>	32
<i>olanzapine oral tablet,disintegrating 20 mg</i>	32	<i>oxiconazole</i>	44
<i>olanzapine oral tablet,disintegrating 5 mg</i>	32	OXISTAT.....	44
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	32	<i>oxybutynin chloride oral syrup</i>	63
<i>olmesartan</i>	40	<i>oxybutynin chloride oral tablet</i>	63
<i>olmesartan-amlodipin-hcthiazid</i>	40	<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	63
<i>olmesartan-hydrochlorothiazide</i>	40	<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	63
<i>olopatadine nasal</i>	46	<i>oxycodone oral capsule</i>	32
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	60	<i>oxycodone oral concentrate</i>	32
<i>omega-3 acid ethyl esters</i>	40	<i>oxycodone oral solution</i>	32
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	53	<i>oxycodone oral tablet 10 mg, 5 mg</i>	32
OMNARIS.....	62	<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i>	32
ONCASPAR.....	21	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	32
<i>ondansetron hcl (pf)</i>	53	<i>oxycodone-aspirin</i>	32
<i>ondansetron hcl intravenous</i>	53	OXYCONTIN ORAL TABLET,ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG.....	32
<i>ondansetron hcl oral solution</i>	53	<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	40
<i>ondansetron hcl oral tablet 24 mg</i>	53	<i>paclitaxel</i>	21
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	53	<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	32
<i>ondansetron oral tablet, disintegrating</i>	53	<i>paliperidone oral tablet extended release 24hr 3 mg</i>	32
ONFI ORAL SUSPENSION.....	32		
ONFI ORAL TABLET 10 MG.....	32		
ONFI ORAL TABLET 20 MG.....	32		
OPDIVO.....	21		
<i>opium tincture</i>	53		
ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG.....	50		

<i>paliperidone oral tablet extended release 24hr 6 mg</i>	32	<i>penicillin v potassium oral tablet</i>	14
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	32	PENTACEL (PF).....	55
<i>pamidronate intravenous recon soln</i>	50	PENTAM.....	14
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	50	PENTASA.....	53
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	50	<i>pentoxifylline</i>	40
PANDEL.....	44	PERFOROMIST.....	62
PANRETIN.....	44	<i>perindopril erbumine</i>	40
<i>pantoprazole intravenous</i>	53	<i>periogard</i>	46
<i>pantoprazole oral</i>	53	PERJETA.....	21
<i>paregoric</i>	53	<i>permethrin topical cream</i>	44
<i>paricalcitol oral capsule 1 mcg</i>	50	<i>perphenazine oral tablet 16 mg</i>	32
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	50	<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	32
<i>paroex oral rinse</i>	46	<i>pfizerpen-g</i>	14
<i>paromomycin</i>	14	<i>phenelzine</i>	32
<i>paroxetine hcl oral tablet 10 mg</i>	32	<i>phenobarbital oral elixir</i>	32
<i>paroxetine hcl oral tablet 20 mg</i>	32	<i>phenobarbital oral tablet 100 mg</i>	32
<i>paroxetine hcl oral tablet 30 mg</i>	32	<i>phenobarbital oral tablet 15 mg</i>	32
<i>paroxetine hcl oral tablet 40 mg</i>	32	<i>phenobarbital oral tablet 16.2 mg</i>	33
PASER.....	14	<i>phenobarbital oral tablet 30 mg</i>	33
PATADAY.....	60	<i>phenobarbital oral tablet 32.4 mg</i>	33
PAXIL ORAL SUSPENSION.....	32	<i>phenobarbital oral tablet 60 mg</i>	33
PAZEO.....	60	<i>phenobarbital oral tablet 64.8 mg</i>	33
PEDIARIX (PF).....	55	<i>phenobarbital oral tablet 97.2 mg</i>	33
PEDVAX HIB (PF).....	55	<i>phenoxybenzamine</i>	40
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	53	PHENYTEK.....	33
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	53	<i>phenytoin oral suspension 100 mg/4 ml</i>	33
<i>peg-electrolyte soln</i>	53	<i>phenytoin oral suspension 125 mg/5 ml</i>	33
PEGANONE.....	32	<i>phenytoin oral tablet, chewable</i>	33
PEGASYS.....	55	<i>phenytoin sodium extended</i>	33
PEGASYS PROCLICK.....	55	<i>phenytoin sodium intravenous solution</i>	33
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML.....	55	<i>phenytoin sodium intravenous syringe</i>	33
<i>penicillin g potassium</i>	14	<i>philith</i>	58
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	14	PHOSPHOLINE IODIDE.....	60
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	14	PHYSIOLYTE.....	46
<i>penicillin g sodium</i>	14	PHYSIOSOL IRRIGATION.....	46
<i>penicillin v potassium oral recon soln 125 mg/5 ml</i>	14	PICATO.....	44
<i>penicillin v potassium oral recon soln 250 mg/5 ml</i>	14	<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	60
		<i>pilocarpine hcl oral</i>	46
		<i>pimozide</i>	33
		<i>pindolol</i>	40
		<i>pioglitazone oral tablet 15 mg</i>	50
		<i>pioglitazone oral tablet 30 mg</i>	50
		<i>pioglitazone oral tablet 45 mg</i>	50
		<i>pioglitazone-glimepiride</i>	50
		<i>pioglitazone-metformin</i>	50
		<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	14

<i>pirmella oral tablet 1-35 mg-mcg</i>	58	<i>potassium chloride-d5-0.9%nacl intravenous</i>	
<i>piroxicam</i>	33	<i>parenteral solution 20 meq/l</i>	65
PLASMA-LYTE 148.....	64	<i>potassium chloride-d5-0.9%nacl intravenous</i>	
PLASMA-LYTE A.....	64	<i>parenteral solution 40 meq/l</i>	65
PLEGRIDY.....	55	<i>potassium citrate</i>	63
<i>podofilox</i>	44	PRADAXA.....	40
<i>polycin</i>	60	PRALUENT PEN.....	40
<i>polyethylene glycol 3350</i>	53	<i>pramipexole oral tablet</i>	33
<i>polymyxin b sulf-trimethoprim</i>	60	<i>prasugrel</i>	40
POMALYST ORAL CAPSULE 1 MG.....	21	PRAVACHOL ORAL TABLET 20 MG.....	40
POMALYST ORAL CAPSULE 2 MG.....	21	<i>pravastatin</i>	40
POMALYST ORAL CAPSULE 3 MG, 4		<i>praziquantel</i>	14
MG.....	21	<i>prazosin</i>	40
<i>portia</i>	58	PRECOSE ORAL TABLET 100 MG.....	50
PORTRAZZA.....	21	PRECOSE ORAL TABLET 25 MG.....	50
<i>potassium bicarb and chloride</i>	64	PRECOSE ORAL TABLET 50 MG.....	50
<i>potassium bicarb-citric acid</i>	64	PRED MILD.....	60
<i>potassium chlorid-d5-0.45%nacl intravenous</i>		PRED-G.....	60
<i>parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>		PRED-G S.O.P.....	60
<i>l</i>	64	<i>prednicarbate</i>	44
<i>potassium chlorid-d5-0.45%nacl intravenous</i>		<i>prednisolone acetate</i>	60
<i>parenteral solution 20 meq/l</i>	64	<i>prednisolone oral solution 15 mg/5 ml</i>	50
<i>potassium chloride in 0.9%nacl intravenous</i>		<i>prednisolone sodium phosphate ophthalmic (eye)</i>	60
<i>parenteral solution 20 meq/l, 40 meq/l</i>	64	<i>prednisolone sodium phosphate oral solution 15 mg/</i>	
<i>potassium chloride in 5 % dex intravenous parenteral</i>		<i>5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg</i>	
<i>solution 20 meq/l, 30 meq/l, 40 meq/l</i>	64	<i>base/5 ml (6.7 mg/5 ml)</i>	50
<i>potassium chloride in lr-d5 intravenous parenteral</i>		<i>prednisone intensol</i>	50
<i>solution 20 meq/l</i>	64	<i>prednisone oral solution</i>	50
<i>potassium chloride in lr-d5 intravenous parenteral</i>		<i>prednisone oral tablet</i>	50
<i>solution 40 meq/l</i>	64	<i>prednisone oral tablets,dose pack</i>	50
<i>potassium chloride in water intravenous piggyback</i>		PREMARIN ORAL.....	58
<i>10 meq/100 ml, 10 meq/50 ml</i>	64	PREMARIN VAGINAL.....	58
<i>potassium chloride in water intravenous piggyback</i>		<i>premasol 10 %</i>	65
<i>20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml,</i>		PREMASOL 6 %.....	65
<i>40 meq/100 ml</i>	64	PREMPRO.....	58
<i>potassium chloride intravenous solution</i>	64	<i>prenatal vitamin oral tablet</i>	65
<i>potassium chloride oral capsule, extended release</i>	64	<i>prevalite</i>	40
<i>potassium chloride oral liquid</i>	64	<i>previfem</i>	58
<i>potassium chloride oral tablet extended release</i>	64	PREZCOBIX.....	14
<i>potassium chloride oral tablet,er particles/</i>		PREZISTA ORAL SUSPENSION.....	14
<i>crystals</i>	64	PREZISTA ORAL TABLET 150 MG.....	14
<i>potassium chloride-0.45 % nacl</i>	65	PREZISTA ORAL TABLET 600 MG, 800	
<i>potassium chloride-d5-0.2%nacl intravenous</i>		MG.....	14
<i>parenteral solution 20 meq/l</i>	65	PREZISTA ORAL TABLET 75 MG.....	14
<i>potassium chloride-d5-0.2%nacl intravenous</i>		PRIFTIN.....	14
<i>parenteral solution 30 meq/l, 40 meq/l</i>	65	PRIMAQUINE.....	14
<i>potassium chloride-d5-0.3%nacl intravenous</i>		<i>primidone</i>	33
<i>parenteral solution 20 meq/l</i>	65		

PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG.....	40	PROQUAD (PF).....	55
PROAIR HFA.....	62	PROSOL 20 %.....	65
PROAIR RESPICLICK.....	62	PROTONIX INTRAVENOUS.....	53
<i>probenecid</i>	56	<i>protriptyline</i>	33
<i>probenecid-colchicine</i>	56	<i>prudoxin</i>	44
<i>procainamide injection solution 100 mg/ml</i>	40	PULMOZYME.....	62
<i>procainamide injection solution 500 mg/ml</i>	40	PURIXAN.....	21
PROCALAMINE 3%.....	65	<i>pyrazinamide</i>	14
PROCARDIA.....	40	<i>pyridostigmine bromide oral tablet</i>	33
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG.....	40	<i>pyridostigmine bromide oral tablet extended release</i>	33
<i>prochlorperazine</i>	53	QUADRACEL (PF).....	55
<i>prochlorperazine edisylate injection solution 10 mg/ 2 ml (5 mg/ml)</i>	53	<i>quasense</i>	58
<i>prochlorperazine maleate</i>	53	<i>quetiapine oral tablet 100 mg</i>	33
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ 2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML.....	55	<i>quetiapine oral tablet 200 mg</i>	33
PROCRT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML.....	55	<i>quetiapine oral tablet 25 mg</i>	33
<i>procto-pak</i>	53	<i>quetiapine oral tablet 300 mg</i>	33
<i>proctosol hc topical</i>	53	<i>quetiapine oral tablet 400 mg</i>	33
<i>proctozone-hc</i>	53	<i>quetiapine oral tablet 50 mg</i>	33
<i>progesterone micronized</i>	58	<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	33
PROGLYCEM.....	50	<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	33
PROGRAF INTRAVENOUS.....	21	<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	33
PROLASTIN-C INTRAVENOUS RECON SOLN.....	46	<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	33
PROLASTIN-C INTRAVENOUS SOLUTION.....	46	<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	33
PROLEUKIN.....	55	<i>quinapril</i>	40
PROLIA.....	56	<i>quinapril-hydrochlorothiazide</i>	40
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG.....	40	<i>quinidine sulfate oral tablet 200 mg</i>	40
PROMACTA ORAL TABLET 50 MG.....	40	<i>quinidine sulfate oral tablet 300 mg</i>	41
<i>promethazine injection solution</i>	62	<i>quinine sulfate</i>	14
<i>promethazine oral tablet</i>	62	RABAVERT (PF).....	55
<i>propafenone oral capsule,extended release 12 hr</i>	40	<i>raloxifene</i>	56
<i>propafenone oral tablet</i>	40	<i>ramipril</i>	41
<i>propantheline</i>	53	RANEXA.....	41
<i>propranolol intravenous</i>	40	<i>ranitidine hcl injection</i>	53
<i>propranolol oral capsule,extended release 24 hr</i>	40	<i>ranitidine hcl oral syrup</i>	53
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	40	<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	53
<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	40	RAPAFLO.....	63
<i>propranolol oral tablet</i>	40	RAPAMUNE ORAL SOLUTION.....	21
<i>propranolol-hydrochlorothiazid</i>	40	<i>rasagiline</i>	33
<i>propylthiouracil</i>	50	RAVICTI.....	46
		RAZADYNE ORAL TABLET 4 MG.....	33
		<i>reclipsen (28)</i>	58

RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ ML.....	55	<i>rifampin intravenous</i>	15
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML.....	55	<i>rifampin oral</i>	15
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML.....	55	RIFATER.....	15
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML.....	55	<i>riluzole</i>	46
<i>regonol</i>	33	<i>rimantadine</i>	15
RELENZA DISKHALER.....	14	<i>ringer's intravenous</i>	65
RELISTOR SUBCUTANEOUS SOLUTION.....	53	<i>ringer's irrigation</i>	46
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML.....	53	<i>risedronate oral tablet 150 mg</i>	56
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML.....	53	<i>risedronate oral tablet 30 mg</i>	46
REMICADE.....	53	<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	57
REMODULIN.....	41	<i>risedronate oral tablet 5 mg</i>	57
REVELA ORAL TABLET.....	46	<i>risedronate oral tablet, delayed release (dr/ec)</i>	57
<i>repaglinide oral tablet 0.5 mg</i>	50	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML.....	33
<i>repaglinide oral tablet 1 mg</i>	50	RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML.....	33
<i>repaglinide oral tablet 2 mg</i>	50	<i>risperidone oral solution</i>	33
<i>repaglinide-metformin</i>	50	<i>risperidone oral tablet 0.25 mg</i>	33
REPATHA PUSHTRONEX.....	41	<i>risperidone oral tablet 0.5 mg</i>	33
REPATHA SURECLICK.....	41	<i>risperidone oral tablet 1 mg</i>	33
REPATHA SYRINGE.....	41	<i>risperidone oral tablet 2 mg</i>	33
REQUIP ORAL TABLET 1 MG.....	33	<i>risperidone oral tablet 3 mg</i>	34
REQUIP ORAL TABLET 4 MG, 5 MG.....	33	<i>risperidone oral tablet 4 mg</i>	34
RESCRIPTOR ORAL TABLET.....	14	<i>risperidone oral tablet, disintegrating 0.25 mg</i>	34
RESCRIPTOR ORAL TABLET, DISPERSIBLE.....	14	<i>risperidone oral tablet, disintegrating 0.5 mg</i>	34
RETROVIR INTRAVENOUS.....	14	<i>risperidone oral tablet, disintegrating 1 mg</i>	34
REVLIMID ORAL CAPSULE 10 MG.....	21	<i>risperidone oral tablet, disintegrating 2 mg</i>	34
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG.....	21	<i>risperidone oral tablet, disintegrating 3 mg</i>	34
REVLIMID ORAL CAPSULE 5 MG.....	21	<i>risperidone oral tablet, disintegrating 4 mg</i>	34
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG.....	33	<i>ritonavir</i>	15
REXULTI ORAL TABLET 3 MG, 4 MG.....	33	RITUXAN.....	21
REYATAZ ORAL CAPSULE 150 MG, 200 MG.....	14	RITUXAN HYCELA.....	21
REYATAZ ORAL CAPSULE 300 MG.....	15	<i>rivastigmine tartrate</i>	34
REYATAZ ORAL POWDER IN PACKET.....	15	<i>rivastigmine transdermal patch</i>	34
<i>ribasphere oral tablet 200 mg, 400 mg</i>	15	<i>rizatriptan</i>	34
<i>ribasphere oral tablet 600 mg</i>	15	ROMIDEPSIN.....	21
<i>ribavirin oral capsule</i>	15	<i>ropinirole oral tablet</i>	34
<i>ribavirin oral tablet 200 mg</i>	15	<i>ropinirole oral tablet extended release 24 hr</i>	34
<i>rifabutin</i>	15	<i>rosadan topical cream</i>	44
		<i>rosadan topical gel</i>	44
		<i>rosuvastatin</i>	41
		ROTARIX.....	55
		ROTATEQ VACCINE.....	55
		<i>roweepra oral tablet 500 mg</i>	34
		ROZEREM.....	34
		RUBRACA ORAL TABLET 200 MG.....	21

RUBRACA ORAL TABLET 250 MG, 300 MG.....	21
RUCONEST.....	62
RYDAPT.....	21
SABRIL ORAL POWDER IN PACKET.....	34
SABRIL ORAL TABLET.....	34
SAMSCA ORAL TABLET 15 MG.....	50
SAMSCA ORAL TABLET 30 MG.....	50
SANDIMMUNE ORAL SOLUTION.....	21
SANTYL.....	44
SAPHRIS SUBLINGUAL TABLET 10 MG.....	34
SAPHRIS SUBLINGUAL TABLET 2.5 MG.....	34
SAPHRIS SUBLINGUAL TABLET 5 MG.....	34
SAVELLA ORAL TABLET 100 MG.....	57
SAVELLA ORAL TABLET 12.5 MG.....	57
SAVELLA ORAL TABLET 25 MG.....	57
SAVELLA ORAL TABLET 50 MG.....	57
SAVELLA ORAL TABLETS,DOSE PACK.....	57
<i>scopolamine base</i>	53
<i>selegiline hcl</i>	34
<i>selenium sulfide topical lotion</i>	44
SELZENTRY ORAL SOLUTION.....	15
SELZENTRY ORAL TABLET 150 MG, 300 MG.....	15
SELZENTRY ORAL TABLET 25 MG.....	15
SELZENTRY ORAL TABLET 75 MG.....	15
SENSIPAR ORAL TABLET 30 MG.....	50
SENSIPAR ORAL TABLET 60 MG.....	50
SENSIPAR ORAL TABLET 90 MG.....	51
SEREVENT DISKUS.....	62
<i>sertraline oral concentrate</i>	34
<i>sertraline oral tablet 100 mg</i>	34
<i>sertraline oral tablet 25 mg</i>	34
<i>sertraline oral tablet 50 mg</i>	34
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	46
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	46
<i>sevelamer carbonate oral tablet</i>	46
<i>sf 5000 plus</i>	46
SHINGRIX (PF).....	55
SIGNIFOR.....	21
<i>sildenafil (antihypertensive) intravenous</i>	62
<i>sildenafil (antihypertensive) oral</i>	62
<i>silver sulfadiazine</i>	44
SIMBRINZA.....	60

SIMULECT INTRAVENOUS RECON SOLN 10 MG.....	21
SIMULECT INTRAVENOUS RECON SOLN 20 MG.....	21
<i>simvastatin</i>	41
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG.....	34
<i>sirolimus</i>	21
SIRTURO.....	15
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	65
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)</i>	65
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 8.4 % (1 meq/ml)</i>	65
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	65
<i>sodium chloride 0.45 % intravenous piggyback</i>	65
<i>sodium chloride 0.9 % intravenous</i>	46
<i>sodium chloride 3 %</i>	65
<i>sodium chloride 5 %</i>	65
<i>sodium chloride intravenous</i>	65
<i>sodium chloride irrigation</i>	46
<i>sodium lactate</i>	65
<i>sodium phenylbutyrate</i>	46
<i>sodium polystyrene (sorb free)</i>	46
<i>sodium polystyrene sulfonate oral</i>	46
<i>sodium polystyrene sulfonate rectal</i>	46
SOLTAMOX.....	21
SOMATULINE DEPOT.....	21
SOMAVERT.....	51
<i>sorine oral tablet 120 mg, 80 mg</i>	41
<i>sorine oral tablet 160 mg</i>	41
<i>sorine oral tablet 240 mg</i>	41
<i>sotalol af oral tablet 120 mg, 160 mg</i>	41
<i>sotalol af oral tablet 80 mg</i>	41
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	41
<i>sotalol oral tablet 80 mg</i>	41
SPIRIVA RESPIMAT.....	62
SPIRIVA WITH HANDIHALER.....	62
<i>spironolacton-hydrochlorothiaz</i>	41
<i>spironolactone oral tablet 100 mg, 50 mg</i>	41
<i>spironolactone oral tablet 25 mg</i>	41
<i>sprintec (28)</i>	58
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG.....	34
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG.....	34

SPRYCEL.....	21	SURMONTIL.....	34
<i>sps (with sorbitol) oral</i>	46	SUSTIVA ORAL CAPSULE 200 MG.....	15
<i>sps (with sorbitol) rectal</i>	46	SUSTIVA ORAL CAPSULE 50 MG.....	15
<i>sronyx</i>	58	SUSTIVA ORAL TABLET.....	15
<i>ssd topical cream 1%</i>	44	SUTENT ORAL CAPSULE 12.5 MG.....	21
STAMARIL (PF).....	55	SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG.....	22
<i>stavudine oral capsule 15 mg, 20 mg</i>	15	<i>syeda</i>	58
<i>stavudine oral capsule 30 mg, 40 mg</i>	15	SYLATRON.....	55
STIMATE.....	51	SYMBYAX ORAL CAPSULE 12-25 MG.....	34
STIVARGA.....	21	SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG.....	34
STREPTOMYCIN.....	15	SYMBYAX ORAL CAPSULE 3-25 MG.....	34
STRIBILD.....	15	SYMFI.....	15
STROMECTOL.....	15	SYMFI LO.....	15
SUBOXONE SUBLINGUAL FILM 12-3 MG.....	34	SYMLINPEN 120.....	51
SUBOXONE SUBLINGUAL FILM 2-0.5 MG.....	34	SYMLINPEN 60.....	51
SUBOXONE SUBLINGUAL FILM 4-1 MG.....	34	SYNAGIS.....	15
SUBOXONE SUBLINGUAL FILM 8-2 MG.....	34	SYNAREL.....	51
SUCRAID.....	53	SYNERCID.....	15
<i>sucrafate oral tablet</i>	53	SYNJARDY.....	51
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG.....	41	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG.....	51
<i>sulfacetamide sodium (acne)</i>	44	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG.....	51
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	60	SYNRIBO.....	22
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	60	SYNTHROID.....	51
<i>sulfacetamide-prednisolone</i>	60	SYPRINE.....	46
<i>sulfadiazine</i>	15	TABLOID.....	22
<i>sulfamethoxazole-trimethoprim intravenous</i>	15	TACLONEX TOPICAL SUSPENSION.....	44
<i>sulfamethoxazole-trimethoprim oral suspension</i>	15	<i>tacrolimus oral capsule 0.5 mg</i>	22
<i>sulfamethoxazole-trimethoprim oral tablet</i>	15	<i>tacrolimus oral capsule 1 mg, 5 mg</i>	22
SULFAMYLON TOPICAL CREAM.....	44	<i>tacrolimus topical</i>	44
<i>sulfasalazine</i>	53	<i>tadalafil (antihypertensive)</i>	62
<i>sulindac</i>	34	TAFINLAR.....	22
<i>sumatriptan nasal spray</i>	34	TAGRISSO ORAL TABLET 40 MG.....	22
<i>sumatriptan succinate oral</i>	34	TAGRISSO ORAL TABLET 80 MG.....	22
<i>sumatriptan succinate subcutaneous cartridge</i>	34	TAMIFLU ORAL CAPSULE.....	15
<i>sumatriptan succinate subcutaneous pen injector</i>	34	TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION.....	15
<i>sumatriptan succinate subcutaneous solution</i>	34	<i>tamoxifen oral tablet 10 mg</i>	22
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML.....	15	<i>tamoxifen oral tablet 20 mg</i>	22
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML.....	15	<i>tamsulosin</i>	63
SUPREP BOWEL PREP KIT.....	53	TANZEUM.....	51
		TAPAZOLE.....	51
		TARCEVA ORAL TABLET 100 MG, 150 MG.....	22
		TARCEVA ORAL TABLET 25 MG.....	22

TARGRETIN TOPICAL.....	22	<i>theophylline oral tablet extended release 12 hr.....</i>	62
TASIGNA ORAL CAPSULE 150 MG, 200 MG.....	22	<i>theophylline oral tablet extended release 24 hr.....</i>	62
TASIGNA ORAL CAPSULE 50 MG.....	22	<i>thioridazine.....</i>	35
<i>tazarotene.....</i>	44	<i>thiotepa.....</i>	22
TAZORAC.....	44	<i>thiothixene.....</i>	35
<i>taztia xt.....</i>	41	THYMOGLOBULIN.....	55
TECENTRIQ.....	22	<i>tiagabine.....</i>	35
TECFIDERA.....	34	TIAZAC.....	41
TECHNIVIE.....	15	TICE BCG.....	55
TEFLARO.....	15	TIGECYCLINE.....	15
TEGRETOL ORAL SUSPENSION.....	34	<i>tilia fe.....</i>	58
TEGRETOL ORAL TABLET.....	35	<i>timolol maleate ophthalmic (eye) drops.....</i>	60
TEGRETOL XR.....	35	<i>timolol maleate ophthalmic (eye) drops, once daily.....</i>	60
TEKTURNA.....	41	<i>timolol maleate ophthalmic (eye) gel forming solution.....</i>	60
TEKTURNA HCT.....	41	<i>timolol maleate oral.....</i>	41
<i>telmisartan.....</i>	41	TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %.....	60
<i>telmisartan-amlodipine.....</i>	41	TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %.....	60
<i>telmisartan-hydrochlorothiazid.....</i>	41	TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %.....	60
<i>temazepam oral capsule 15 mg, 30 mg.....</i>	35	TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.5 %.....	60
TEMOVATE TOPICAL CREAM.....	44	<i>tinidazole oral tablet 250 mg.....</i>	15
TEMOVATE TOPICAL OINTMENT.....	44	<i>tinidazole oral tablet 500 mg.....</i>	15
<i>temsirolimus.....</i>	22	TIVICAY ORAL TABLET 10 MG.....	15
TENIVAC (PF) INTRAMUSCULAR SYRINGE.....	55	TIVICAY ORAL TABLET 25 MG, 50 MG.....	15
<i>tenofovir disoproxil fumarate.....</i>	15	<i>tizanidine oral capsule.....</i>	35
<i>terazosin oral capsule.....</i>	41	<i>tizanidine oral tablet.....</i>	35
<i>terbinafine hcl oral.....</i>	15	TOBRADEX OPHTHALMIC (EYE) OINTMENT.....	60
<i>terbutaline.....</i>	62	TOBRADEX ST.....	60
<i>terconazole vaginal cream.....</i>	58	<i>tobramycin.....</i>	60
<i>terconazole vaginal suppository.....</i>	58	<i>tobramycin in 0.225% nacl for nebulization.....</i>	15
<i>testosterone cypionate.....</i>	51	<i>tobramycin sulfate injection recon soln.....</i>	15
<i>testosterone enanthate.....</i>	51	<i>tobramycin sulfate injection solution.....</i>	15
<i>testosterone transdermal gel in packet 1 % (25 mg/ 2.5gram).....</i>	51	<i>tobramycin-dexamethasone ophthalmic suspension.....</i>	60
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM).....	51	<i>tolazamide oral tablet 250 mg.....</i>	51
TETANUS,DIPHThERIA TOX PED(PF).....	55	<i>tolazamide oral tablet 500 mg.....</i>	51
TETANUS-DIPHThERIA TOXOIDS-TD.....	55	<i>tolbutamide.....</i>	51
<i>tetrabenazine oral tablet 12.5 mg.....</i>	35	<i>tolcapone.....</i>	35
<i>tetrabenazine oral tablet 25 mg.....</i>	35	<i>tolmetin oral capsule.....</i>	35
<i>tetracycline.....</i>	15	<i>tolmetin oral tablet 200 mg.....</i>	35
THALOMID ORAL CAPSULE 100 MG, 50 MG.....	22	<i>tolmetin oral tablet 600 mg.....</i>	35
THALOMID ORAL CAPSULE 150 MG, 200 MG.....	22	<i>tolterodine oral capsule,extended release 24hr.....</i>	63
<i>theophylline oral elixir.....</i>	62		
<i>theophylline oral solution.....</i>	62		

<i>tolterodine oral tablet 1 mg</i>	63	<i>tretinoin topical gel 0.01 %, 0.025 %</i>	45
<i>tolterodine oral tablet 2 mg</i>	63	TREXALL.....	22
<i>topiramate oral capsule, sprinkle 15 mg</i>	35	<i>tri-estarylla</i>	58
<i>topiramate oral capsule, sprinkle 25 mg</i>	35	<i>tri-legest fe</i>	58
<i>topiramate oral tablet 100 mg</i>	35	<i>tri-linyah</i>	58
<i>topiramate oral tablet 200 mg</i>	35	<i>tri-previfem (28)</i>	58
<i>topiramate oral tablet 25 mg</i>	35	<i>tri-sprintec (28)</i>	58
<i>topiramate oral tablet 50 mg</i>	35	<i>triamcinolone acetonide dental</i>	46
<i>toposar</i>	22	<i>triamcinolone acetonide injection</i>	51
<i>topotecan intravenous recon soln</i>	22	<i>triamcinolone acetonide nasal</i>	62
<i>topotecan intravenous solution</i>	22	<i>triamcinolone acetonide topical aerosol</i>	45
TORISEL.....	22	<i>triamcinolone acetonide topical cream</i>	45
<i>torsemide oral tablet 10 mg</i>	41	<i>triamcinolone acetonide topical lotion 0.025 %</i>	45
<i>torsemide oral tablet 100 mg, 20 mg, 5 mg</i>	41	<i>triamcinolone acetonide topical lotion 0.1 %</i>	45
TOUJEO MAX U-300 SOLOSTAR.....	51	<i>triamcinolone acetonide topical ointment 0.025 %</i>	45
TOUJEO SOLOSTAR U-300 INSULIN.....	51	<i>triamcinolone acetonide topical ointment 0.1 %, 0.5 %</i>	45
TOVIAZ.....	63	<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	41
TPN ELECTROLYTES.....	65	<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	41
TRACLEER ORAL TABLET.....	62	<i>triamterene-hydrochlorothiazid oral tablet</i>	41
TRACLEER ORAL TABLET FOR SUSPENSION.....	62	TRICOR ORAL TABLET 48 MG.....	41
TRADJENTA.....	51	<i>triderm topical cream</i>	45
<i>tramadol oral tablet</i>	35	<i>trientine</i>	46
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	35	<i>trifluoperazine oral tablet 1 mg, 2 mg, 5 mg</i>	35
<i>tramadol-acetaminophen</i>	35	<i>trifluoperazine oral tablet 10 mg</i>	35
<i>trandolapril</i>	41	<i>trifluridine</i>	60
<i>trandolapril-verapamil</i>	41	<i>trihexyphenidyl</i>	35
<i>tranexamic acid intravenous</i>	41	TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 45 MG.....	41
<i>tranexamic acid oral</i>	58	<i>trilyte with flavor packets</i>	53
TRANSDERM-SCOP.....	53	<i>trimethoprim</i>	15
<i>tranylcypromine</i>	35	<i>trimipramine</i>	35
<i>travasol 10 %</i>	65	<i>trinessa (28)</i>	58
TRAVATAN Z.....	60	TRINTELLIX ORAL TABLET 10 MG.....	35
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	35	TRINTELLIX ORAL TABLET 20 MG.....	35
<i>trazodone oral tablet 300 mg</i>	35	TRINTELLIX ORAL TABLET 5 MG.....	35
TREANDA INTRAVENOUS RECON SOLN.....	22	TRISENOX INTRAVENOUS SOLUTION 2 MG/ML.....	22
TRECATOR.....	15	TRIUMEQ.....	15
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML.....	22	<i>trivora (28)</i>	58
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML.....	22	TROGARZO.....	16
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML.....	22	TROPHAMINE 10 %.....	65
<i>tretinoin (chemotherapy)</i>	22	TROPHAMINE 6%.....	65
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	44	<i>trospium oral tablet</i>	63
<i>tretinoin topical cream 0.1 %</i>	45	TRULICITY.....	51

TRUMENBA.....	55	<i>vancomycin intravenous recon soln 1,000 mg, 10</i>	
TRUVADA.....	16	<i>gram, 5 gram, 500 mg.....</i>	16
TWINRIX (PF) INTRAMUSCULAR		VANCOMYCIN INTRAVENOUS RECON	
SYRINGE.....	55	SOLN 250 MG.....	16
TWYNSTA ORAL TABLET 40-10 MG, 40-5		VANCOMYCIN INTRAVENOUS RECON	
MG, 80-5 MG.....	41	SOLN 750 MG.....	16
TYBOST.....	16	<i>vancomycin oral capsule 125 mg.....</i>	16
TYKERB.....	22	<i>vancomycin oral capsule 250 mg.....</i>	16
TYPHIM VI INTRAMUSCULAR		<i>vandazole.....</i>	58
SOLUTION.....	55	VAQTA (PF).....	55
TYPHIM VI INTRAMUSCULAR		VARIVAX (PF).....	55
SYRINGE.....	55	VARIZIG INTRAMUSCULAR	
TYSABRI.....	35	SOLUTION.....	55
TYVASO INSTITUTIONAL START KIT.....	62	VASCEPA.....	41
TYVASO REFILL KIT.....	62	VASERETIC.....	41
TYVASO STARTER KIT.....	62	VASOTEC ORAL TABLET 2.5 MG.....	41
ULORIC.....	57	VECAMYL.....	41
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg,</i>		VECTIBIX.....	22
<i> 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg,</i>		VELCADE.....	22
<i> 50 mcg, 75 mcg, 88 mcg.....</i>	51	<i>velivet triphasic regimen (28).....</i>	58
<i>unithroid oral tablet 137 mcg.....</i>	51	VENCLEXTA ORAL TABLET 10 MG.....	22
UNITUXIN.....	22	VENCLEXTA ORAL TABLET 100 MG.....	22
UPTRAVI ORAL TABLET.....	41	VENCLEXTA ORAL TABLET 50 MG.....	22
UPTRAVI ORAL TABLETS,DOSE PACK.....	41	VENCLEXTA STARTING PACK.....	22
<i>ursodiol.....</i>	53	<i>venlafaxine oral capsule,extended release 24hr 150</i>	
UVADEX.....	45	<i> mg.....</i>	35
VAGIFEM.....	58	<i>venlafaxine oral capsule,extended release 24hr 37.5</i>	
<i>valacyclovir oral tablet 1 gram.....</i>	16	<i> mg.....</i>	35
<i>valacyclovir oral tablet 500 mg.....</i>	16	<i>venlafaxine oral capsule,extended release 24hr 75</i>	
VALCHLOR.....	45	<i> mg.....</i>	35
<i>valganciclovir oral tablet.....</i>	16	<i>venlafaxine oral tablet 100 mg.....</i>	35
<i>valproate sodium.....</i>	35	<i>venlafaxine oral tablet 25 mg.....</i>	35
<i>valproic acid.....</i>	35	<i>venlafaxine oral tablet 37.5 mg.....</i>	35
<i>valproic acid (as sodium salt) oral solution 250 mg/</i>		<i>venlafaxine oral tablet 50 mg.....</i>	35
<i> 5 ml.....</i>	35	<i>venlafaxine oral tablet 75 mg.....</i>	35
<i>valproic acid (as sodium salt) oral solution 250 mg/</i>		VENTAVIS.....	62
<i> 5 ml (5 ml), 500 mg/10 ml (10 ml).....</i>	35	VENTOLIN HFA.....	62
<i>valsartan.....</i>	41	<i>verapamil intravenous solution.....</i>	41
<i>valsartan-hydrochlorothiazide.....</i>	41	<i>verapamil intravenous syringe.....</i>	41
VANCOMYCIN IN 0.9 % SODIUM CHL		<i>verapamil oral capsule, 24 hr er pellet ct.....</i>	41
INTRAVENOUS PIGGYBACK.....	16	<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg,</i>	
VANCOMYCIN IN DEXTROSE 5 %		<i> 180 mg, 240 mg.....</i>	41
INTRAVENOUS PIGGYBACK 1 GRAM/200		<i>verapamil oral capsule,ext rel. pellets 24 hr 360</i>	
ML.....	16	<i> mg.....</i>	41
VANCOMYCIN IN DEXTROSE 5 %		<i>verapamil oral tablet 120 mg, 80 mg.....</i>	41
INTRAVENOUS PIGGYBACK 500 MG/100		<i>verapamil oral tablet 40 mg.....</i>	41
ML, 750 MG/150 ML.....	16	<i>verapamil oral tablet extended release.....</i>	42
		VERSACLOZ.....	35

VERZENIO.....	22	WELCHOL.....	42
VESICARE.....	63	XALKORI.....	23
VIBATIV INTRAVENOUS RECON SOLN		XARELTO ORAL TABLET 10 MG, 20	
750 MG.....	16	MG.....	42
VIBRAMYCIN ORAL SYRUP.....	16	XARELTO ORAL TABLET 15 MG.....	42
VICTOZA 2-PAK.....	51	XARELTO ORAL TABLETS,DOSE PACK.....	42
VICTOZA 3-PAK.....	51	XATMEP.....	23
VIDEX 2 GRAM PEDIATRIC.....	16	XELJANZ.....	57
VIDEX 4 GRAM PEDIATRIC.....	16	XGEVA.....	23
VIDEX EC ORAL CAPSULE,DELAYED		XIFAXAN ORAL TABLET 200 MG.....	16
RELEASE(DR/EC) 125 MG.....	16	XIIDRA.....	60
<i>vigabatrin</i>	35	XOLAIR.....	62
VIIBRYD ORAL TABLET 10 MG.....	35	XTANDI.....	23
VIIBRYD ORAL TABLET 20 MG.....	35	<i>xulane</i>	58
VIIBRYD ORAL TABLET 40 MG.....	36	XYREM.....	36
VIIBRYD ORAL TABLETS,DOSE PACK 10		YERVOY.....	23
MG (7)- 20 MG (23).....	36	YF-VAX (PF).....	55
VIMPAT INTRAVENOUS.....	36	YONDELIS.....	23
VIMPAT ORAL SOLUTION.....	36	YONSA.....	23
VIMPAT ORAL TABLET 100 MG.....	36	<i>yuvafem</i>	58
VIMPAT ORAL TABLET 150 MG, 200		<i>zafirlukast</i>	62
MG.....	36	<i>zaleplon oral capsule 10 mg</i>	36
VIMPAT ORAL TABLET 50 MG.....	36	<i>zaleplon oral capsule 5 mg</i>	36
<i>vinblastine intravenous solution</i>	22	ZALTRAP.....	23
<i>vincasar pfs intravenous solution 1 mg/ml</i>	22	ZANOSAR.....	23
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	22	<i>zarah</i>	58
<i>vincristine</i>	22	ZARONTIN ORAL CAPSULE.....	36
<i>vinorelbine</i>	23	ZAVESCA.....	51
<i>viorele (28)</i>	58	ZEJULA.....	23
VIRACEPT ORAL TABLET 250 MG.....	16	ZELBORAF.....	23
VIRACEPT ORAL TABLET 625 MG.....	16	<i>zenchent (28)</i>	58
VIRAMUNE ORAL SUSPENSION.....	16	ZENPEP ORAL CAPSULE,DELAYED	
VIREAD ORAL POWDER.....	16	RELEASE(DR/EC) 10,000-32,000 -42,000	
VIREAD ORAL TABLET.....	16	UNIT, 15,000-47,000 -63,000 UNIT, 20,000-	
VOLTAREN TOPICAL.....	36	63,000- 84,000 UNIT, 25,000-79,000- 105,	
<i>voriconazole intravenous</i>	16	000 UNIT, 3,000-10,000 -14,000-UNIT, 40,	
<i>voriconazole oral suspension for reconstitution</i>	16	000-126,000- 168,000 UNIT, 5,000-17,000-	
<i>voriconazole oral tablet 200 mg</i>	16	24,000 UNIT.....	54
<i>voriconazole oral tablet 50 mg</i>	16	ZERIT ORAL RECON SOLN.....	16
VOSEVI.....	16	ZESTORETIC.....	42
VOTRIENT.....	23	ZESTRIL ORAL TABLET 10 MG, 20 MG, 40	
VPRIV.....	51	MG, 5 MG.....	42
VRAYLAR ORAL CAPSULE.....	36	ZIAC ORAL TABLET 10-6.25 MG, 5-6.25	
VRAYLAR ORAL CAPSULE,DOSE PACK.....	36	MG.....	42
VYTORIN 10-10.....	42	ZIAGEN ORAL SOLUTION.....	16
VYXEOS.....	23	ZIANA.....	45
<i>warfarin</i>	42	<i>zidovudine oral capsule</i>	16
<i>water for irrigation, sterile</i>	46	<i>zidovudine oral syrup</i>	16
		<i>zidovudine oral tablet</i>	16

<i>ziprasidone hcl oral capsule 20 mg</i>	36	ZOSTAVAX (PF).....	55
<i>ziprasidone hcl oral capsule 40 mg</i>	36	<i>zovia 1/35e (28)</i>	58
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	36	ZOVIRAX ORAL TABLET.....	16
ZIRGAN.....	60	ZOVIRAX TOPICAL CREAM.....	45
ZITHROMAX ORAL PACKET.....	16	ZYDELIG.....	23
ZITHROMAX ORAL TABLET 250 MG.....	16	ZYKADIA.....	23
ZITHROMAX Z-PAK.....	16	ZYLET.....	60
ZOCOR ORAL TABLET 10 MG.....	42	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG.....	36
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	51	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG.....	36
<i>zoledronic acid-mannitol-water 5 mg/100 ml</i>	46	ZYTIGA ORAL TABLET 250 MG.....	23
ZOLINZA.....	23	ZYTIGA ORAL TABLET 500 MG.....	23
<i>zolmitriptan oral tablet</i>	36	ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML.....	17
<i>zolpidem oral tablet</i>	36		
ZOMETA INTRAVENOUS PIGGYBACK.....	51		
ZONALON.....	45		
<i>zonisamide</i>	36		
ZORTRESS ORAL TABLET 0.25 MG.....	23		
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG.....	23		



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 Rocky Mountain Hospital and Medical Service, Inc. 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.

This formulary was updated on October 1, 2018. For more recent information or other questions, please contact Anthem Blue MedicareRx Premier (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>.